



NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in 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:

NHSGGC 'Leading the Way' Nursing and Midwifery Strategy 2024-2029

Is this a: Current Service Service Development Service Redesign New Service New Policy X 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 Leading the Way Strategy directs associated staff to deliver high quality compassionate care through workforce transformation which is underpinned by respect, value and investment. It sets out strategic priorities for the nursing and midwifery workforce across 2024 – 2029. It contains 4 key priorities:

1. **How we lead** – the expected behaviours of leadership and how these are modelled within the workforce
2. **How we develop our profession** – appropriate and proportionate investment is made to advance nursing and midwifery practice and develop roles for the future
3. **How we assure quality of care** – develop quality improvement, assurance and measurement tools based on best evidence and people's experience of care
4. **How we care for our service users** – ensure the highest standards of equitable care are provided through listening to people and integrating learning into person centred care.
How we care for each other – listen to staff experience and provide workforce supports that nurture and celebrate success

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 reflects NHSGGC's aims of Better Health, Better Care, Better Value and Better workplace by providing the highest attainable standards of nursing and midwifery care. It is critical that care is delivered in a way that is sensitive and responsive to the needs of protected characteristic groups and that it meets the 3 parts of the public sector equality duty.

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:
Michelle Magennis

Date of Lead Reviewer Training:
November 2023

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):

Laura Moore – Chief Nurse Inverclyde HSCP
Leanne Connell – Chief Nurse East Dunbartonshire HSCP

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>1. What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>The information below gives an indication of the scope and complexity of NHS Greater Glasgow and Clyde:</p> <ul style="list-style-type: none"> • 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 <p>NHS Greater Glasgow and Clyde serves the people of:</p> <ul style="list-style-type: none"> • East Dunbartonshire • East Renfrewshire • Glasgow City <ul style="list-style-type: none"> • Inverclyde • Renfrewshire • West Dunbartonshire <p>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%),</p>	<p>The Strategy and aligned programmes of work will be subject to EQIA and appropriate adjustments will be made to ensure that investment in service change does not exacerbate experience of inequality across protected characteristic groups.</p>

			<p>Other (0.42%), mixed/multiple (0.39%) and Caribbean/black (0.19%).</p> <p>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.</p> <p>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).</p> <p>The population growth demographics for Glasgow and Clyde Health Board therefore illustrate an ageing population.</p> <p>Given that the 'Leading the Way' Strategy covers all nursing and midwifery services across NHS GGC, including Inpatients, Community Services, Primary care, Prison Healthcare and Police Custody, and Mental Health Services, 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 strategy on the population.</p> <p>Within Trakcare a demographic section pre-exists where patient details are recorded This includes the following protected characteristic information:</p> <ul style="list-style-type: none"> • Age • Gender (sex) 	
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			<ul style="list-style-type: none"> • Religion • Ethnicity • Interpreter requirements and language required • Written communication format • Marital status or civil partnership <p>Within the Digital Clinical Notes (DCN) Nursing Admission Assessment 1 document there is inquiry about disability.</p> <p>When demographic information is entered into Trakcare this is automatically retained on the system and visible to all healthcare and clerical staff who access the records.</p> <p>The DCN professional team work closely with InterSystems (ISC) to feedback on current product design. It is anticipated that the move to digitalised records will streamline recording of information in one place and afford opportunities to capture protected characteristics data in a timelier manner. It will also support the development of a more meaningful narrative about how, as a system, we can use the data to better understand service patterning by protected characteristics.</p> <p>Prior to using DCN, all staff are required to complete online Learn-pro modules followed up by individual facilitative support within the ward environment from eHealth facilitators (this support is 24/7 during the implementation phase).</p>	
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			<p>Additionally, the focus of the nursing documentation on Person Centred care plans ensures detailed information is recorded in relation to the patients care needs and that care is planned appropriately. As the records are digital this allows ease of access/viewing patients' notes and where appropriate captures appropriate data (e.g. protected characteristics).</p> <p>The data snapshot below shows the % of the NHSGGC Nursing and Midwifery Workforce by Pay Band for; Ethnicity, Sexual Orientation, Religion and Disability.</p> <p> Protected Characteristics by Pay</p> <p>This data is shared at an overall NHSGGC level at the Workforce Equality Group and is included in the individual Sectors/HSCPs storyboards for all job families combined in their area.</p> <p>While there is a considerable volume of staff in the 'Data Not Available' column of each characteristic, this is reducing year on year and work is underway to support the GGC workforce to complete eESS equality data.</p> <p>The % GGC Demographic is taken from the 2022 census data of the population of Greater Glasgow and Clyde.</p>	
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		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were</i></p>	<p>In the development of the 'Leading the Way' strategy we have continually engaged with staff, public partners, and people with lived experience throughout all stages of the consultation 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 that is representative of our population, those requiring or providing care, and those with a stake in the planning and outcomes of the strategy.</p> <p>Detailed demographic analysis of the NHSGGC population is available and will inform the design and implementation plan for the 'Leading the Way' Strategy to ensure engagement with all protected characteristics categories.</p>	<p>Understanding NHSGGC's diverse population and potential barriers experienced when accessing services will assist sensitive and inclusive planning. The Strategy and aligned programmes of work will be subject to EQIA and appropriate adjustments will be</p>

	<p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics. X</p> <p>4) Not applicable X</p>	<p><i>introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>		<p>made to ensure that investment in service change and improvement does not exacerbate experience of inequality across protected characteristic groups.</p>
		<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result</i></p>	<p>Throughout the development of the strategy, the NHSGGC Equalities Team worked with the strategy planning team to review sections of the strategy and to offer advice from an equality and diversity perspective. This approach aligns with developments taking place across nursing and midwifery services.</p> <p>For example, in order to meet the commitments made in the Amma Birth Companions' Report and associated action plan, the GGC CEO and Board requested that the W&C Directorate develop their own action plan to address the recommendations from the publication. This focus included a commitment to provide anti-racist education to all maternity staff as a key action with the aim of ensuring</p>	<p>The Strategy and aligned programmes of work will be subject to EQIA and appropriate adjustments will be made to ensure that investment in service change and improvement does not exacerbate experience of inequality across</p>

	<p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>that all maternity staff have the education and support they require to become more aware of discrimination, racism, and the needs of our growing global majority population.</p> <p>This initial tranche of Anti-Racism training will provide the senior leadership team with this education so that they are able to promote and implement the changes required across their workforce and services. Further sessions for all levels of midwifery staff are being planned for delivery in 2025/26.</p>	<p>protected characteristic groups.</p>
		<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>4.</p>	<p>Can you give details of how you have engaged with equality groups with regard to the 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</p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone</i></p>	<p>A key part of the development phase of the strategy was consultation across a broad range of patient, staff, and public partner groups.</p> <p>The schedule of meetings where the strategy was presented for review and feedback can be accessed below:</p> <div style="text-align: center;">  <p>NM Strategy Engagement Events -</p> </div>	<p>As the strategy moves towards implementation the deliverables will be included in a strategy implementation plan. There is a commitment that engagement will be ongoing with the public which will involve ongoing engagement with,</p>

<p>matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics X</p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>Through the Big Conversation a broad range of nursing and midwifery staff from across NHS GGC attended roadshows, webinars, as well as conversations held within their local teams and provided feedback on what matters to them as nurses and midwives in NHS GGC both now and in the future.</p> <p>The engagement undertaken in relation to the strategy via the NHS GGC Virtual Network Group with the support of the PEPI Team was entirely anonymous. 198 responses were received and an example of how the information was broken down for analysis is as follows:</p> <p>The demographics of those who completed the survey was as follows:</p> <ul style="list-style-type: none"> • 60% were patients • 34% were carers/relatives • 3% were third sector staff • The remaining 3% were made up of Former nurses, members of the public and NHS GGC staff <p>Participants were also asked when their last experience of Nursing & Midwifery care took place:</p> <ul style="list-style-type: none"> • 61% in the last 6 months • 17% between 6 months and a year • 10% in 1 to 2 years • 10% Over 2 years • 2% had no recent experience <p>Participants were asked who their experiences of care were with which can be broken down as follows:</p>	<p>and feedback from, equality groups for all service changes.</p>
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			<ul style="list-style-type: none"> • 84% were with Nursing • 9% were with Midwifery • 7% were with both. <p>A number of stakeholder engagement sessions to present the strategy and also to ask for feedback on three key questions were also held within HSCP settings.</p> <p>The 3 key questions asked were:</p> <ol style="list-style-type: none"> 1. How does it feel to be a nurse or midwife right now? 2. What are your 3 priorities for the future of nursing and midwifery? 3. How will we work together to move these priorities forward. <p>These sessions were attended by a diverse range of people in terms of age and gender, and through the discussions held we also learned that a number of the participants were living with a disability and others had caring roles looking after loved ones, neighbours, or friends.</p> <p>The feedback from these sessions and the responses received through the NHSGGC Virtual Network were collated and synthesised and the key themes that emerged from the analysis lie at the heart of our strategy and the four strategic priorities and actions that we will take collectively as a profession to deliver them over the next five years. There was significant alignment between</p>	
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			staff feedback and stakeholder engagement sessions, and agreement over the four priorities.	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected</p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>Given the nature of Nursing and Midwifery and the need to deliver care across a diverse range of settings including home environments, nurses and midwives are required to deliver reasonable adjustments when needed to facilitate and ensure the highest standards of patient care.</p> <p>The NHSGGC 'Leading the Way' Strategy 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 systems and accessibility software, including speech readers and the ability to change colours and screen contrast in addition to printing the strategy if desired.</p> <p>We will ensure translation of key sections of the strategy that will be of most interest to people.</p> <p>We will also make available a black and white (greyscale) version of the PDF as advised by our Staff Disability Forum.</p>	<p>The Strategy and aligned programmes of work will be subject to EQIA and appropriate adjustments will be made to ensure that investment in service change and improvement does not exacerbate experience of inequality across protected characteristic groups.</p>

<p>characteristics. X</p> <p>4) Not applicable <input type="checkbox"/></p>		<p>In all aspects of the delivery of the NHSGGC Leading the Way Strategy and aligned service developments, our focus will be to ensure adjustments are made where proportionate to facilitate inclusion and dialogue.</p> <p>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.</p> <p>The strategy promotes equal access and opportunity across NHSGGC services and aims to:</p> <ul style="list-style-type: none"> • 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. <p>When arranging engagement events related to the strategy, NHSGGC will adhere to the guidance produced by the Equalities and Human Rights Team: 'Patient Involvement – NHSGGC'. Patient Involvement - NHSGGC</p>	
	<i>Example</i>	Service Evidence Provided	Possible negative impact and

			Additional Mitigating Action Required
<p>6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics X</p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>The 'Leading the Way' 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:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation • Enhance equality of opportunity between groups of people with different protected characteristics • Foster good relations between these different groups <p>A person-centred approach to communication has been taken by adhering to the Board's 'Clear to All' policy.</p> <p>Ongoing communication during the policy development included a regular, easy to read, interactive digital newsletter. The newsletter keeps all internal stakeholders informed of progress and invites their participation and involvement in key activities relating to the development and implementation of the Leading the Way Strategy. The NHSGGC PEPI Team and public reference group will engage with the public and with service users as part of the Year 1 implementation plan.</p> <p>The Big Conversation will continue with staff as part of the Year 1 Implementation Plan. This will provide</p>	<p>Individual programmes of work associated with implementation of the 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.</p> <p>In this way NHSGGC will ensure transformation in the way we deliver care while ensuring no-one is left behind.</p>

	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.		opportunities for staff to provide feedback on their experiences which will help us to shape the strategic priorities and actions that we have committed to on an ongoing basis as part of the strategy.	
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>If this decision is likely to impact on children and young people (below the age of 18) you will need to evidence how you have considered the General Principles of the United Nations Convention on the Rights of the Child. Please include this in Section 10 of the form.</p>	<p>The 'Leading the Way' Strategy will inform the delivery of care to people of all ages and will be shaped appropriately to take age-specific needs into account.</p> <p>Engagement with patients and carers will be sought through Best Start, PACE, feedback from service engagement and include those young people transitioning to adult services.</p> <p>The feedback will be from all patient age groups ensuring those with communication challenges are included. Patient and carers will also be informed of the aspirations of the nursing and midwifery strategy and will be invited to provide feedback during Year 1 of the implementation plan.</p>	<p>The Strategy and aligned programmes of work will be subject to EQIA and appropriate adjustments will be made to ensure that there is no disproportionate impact on people due to differences in age, including the impact on children and young people as relevant,</p>	

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics. X</p> <p>4) Not applicable <input type="checkbox"/></p>		<p>dependent on the service.</p>
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p>	<p>As set out at section 4 above, a number of stakeholder engagement sessions to present the strategy and to ask for feedback on three key questions were also held within HSCP settings. These sessions were attended by a diverse range of people in terms of age and gender, and through discussion and engagement with individual group members we also learned that a number of the participants were living with a disability, and others had caring roles looking after loved ones, neighbours, or friends.</p> <p>The feedback from these sessions and the responses received through the NHSGGC Virtual Network were collated and synthesised and the key themes that emerged from the analysis lie at the heart of the strategy, our five strategic priorities, and the actions that we will take to deliver them over the next five years.</p>	<p>Individual programmes of work associated with implementation of the 'Leading the Way' Strategy will be subject to individual EQIAs and where disproportionate impact relating to Disability is identified, reasonable adjustments will be put in place. In this way NHSGGC will</p>

	<p>3) Foster good relations between protected characteristics. X</p> <p>4) Not applicable <input type="checkbox"/></p>		<p>ensure transformation in the way we deliver care while ensuring no-one is left behind and all voices are heard.</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(c)</p>	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics X</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The 'Leading the Way' Strategy sits alongside the NHSGGC Gender Reassignment Policy which will inform the direction of nursing and midwifery care for trans people and people with the related protected characteristics. The Staff LGBTQ+ Forum will also provide advice and support during the implementation phase of the strategy with support in place and available to enable LGBTQ+ staff to attend these forums.</p> <p>Provision of care to trans people will be in line with the EHRC's guide for providers of single and separate sex services which is available to all staff.</p>	<p>Individual programmes of work associated with implementation of the 'Leading the Way' Strategy will be subject to individual EQIAs and where disproportionate impact relating to gender reassignment is identified, reasonable adjustments will be put in place. In this way NHSGGC will ensure</p>

			transformation in the way we deliver care while ensuring no-one is left behind and all voices are heard.
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p>	<u>Not relevant</u>	Individual programmes of work associated with implementation of the Leading the Way Strategy will be subject to individual EQIAs and where disproportionate impact relating to marriage and civil partnership is identified, reasonable

	<p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics X</p> <p>4) Not applicable <input type="checkbox"/></p>		<p>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.</p>
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics. X</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The 'Leading the way' Strategy aligns with other strategies and programmes of work relating to Pregnancy and Maternity, such as Best Start, and the NHSGGC Maternity and Neonatal Strategy.</p> <p>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. This ambition aligns with the five strategic priorities for action within the Leading the Way Strategy as well as the strategies and programmes of work that relate to Pregnancy and Maternity as a protected characteristic.</p> <p>This coordinated approach across NHSGGC strategies and shared priorities can help to reduce the impact of inequalities and deprivation which can have longer-term health consequences for children and families.</p>	<p>Individual programmes of work associated with implementation of the Leading the Way Strategy will be subject to individual EQIAs and where disproportionate impact relating to The protected characteristics of pregnancy and maternity is identified, reasonable adjustments will be put in place. In this way NHSGGC will ensure transformation in</p>

		As an example, in line with the strategic priority to continuously develop our professions and to care for each other, nurses and midwives who are on maternity leave will be given the opportunity to take part in Keeping in Touch (KIT) days with their managers and will be provided with protected time when they return to work to enable them to review their PDP and CPD needs and to plan ahead for Learning and Education opportunities commensurate with their role.	the way we deliver care while ensuring an inclusive approach.
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p>	<p>The 'Leading the Way' Strategy aligns with 'A Fairer NHSGGC' to work towards identifying and removing some of the barriers that some BME people have told us they need to navigate to receive equitable care.</p> <p>NHSGGC also has developed a BME staff network with staff supported to attend and share their experiences.</p> <p>When planning the Big Conversation in 2023, the planning team linked with the NHSGGC PEPI Team to ensure that the work was fully aligned with equality and diversity principles. This included conversations with the BME network and LGBTQ groups across NHSGGC.</p>	Individual programmes of work associated with implementation of the Leading the Way Strategy will be subject to individual EQIAs and where disproportionate impact relating to The protected characteristic of

	<p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics X</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>During the implementation phase of the strategy we will continue to seek advice and feedback from the BME staff network on the impact of the actions aligned to the strategic priorities and from those with lived experience of the delivery of care from nurses and midwives to inform and help shape the strategy moving forward.</p> <p>NHSGGC has committed to delivering an Anti-Racism Plan across the next 4 years and will integrate outcomes into all key service areas. One of the named service areas in aligned national guidance is Neonatal care and best practice already being modelled across the midwifery workforce will be cascaded to other areas.</p>	<p>race is identified, reasonable adjustments will be put in place. In this way NHSGGC will ensure transformation in the way we deliver care while ensuring an inclusive approach.</p>
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p>	<p><u>N/A:</u> Provision is made to support both health professionals and those receiving care in relation to spiritual care and wellbeing. The NHSGGC Spiritual Care Team is comprised of registered healthcare chaplains that provide spiritual care for patients and staff of all faiths and none.</p>	

	<p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected X characteristics.</p> <p>4) Not applicable <input type="checkbox"/></p>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics. X</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Recent analysis undertaken by NHS Scotland found that the nursing and midwifery workforce in Scotland is 89.1% female and 10.9% male. Nationally, schools, colleges and universities do promote nursing as a profession but for various reasons it is not attractive to males, for reasons such as salary, and stereotyping of nursing roles as being predominantly for females.</p> <p>When attending school fairs, careers fairs, etc., NHSGGC PEFs work with recruitment staff to ensure that we send male staff along to these events and we strive and take every opportunity to promote nursing as a gender-neutral profession.</p> <p>An example of this is 'The Future Nurse' tunics project which had the overarching aim of promoting nursing as a profession to school children in an effort to break down</p>	<p>Individual programmes of work associated with implementation of the 'Leading the Way' Strategy will be subject to individual EQIAs and where disproportionate impact relating to the protected characteristic of sex is identified, reasonable adjustments will be put in place. In this way NHSGGC will ensure</p>

		<p>barriers caused by stereotyping and promote nursing as a gender-neutral profession.</p> <p>Our work with staff and other key stakeholders includes training for staff on the importance of identifying and addressing unconscious-bias, using gender-neutral language, images, and avoiding use of terms such as 'male nurse'.</p>	<p>transformation in the way we deliver care while ensuring an inclusive approach.</p>
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics. X</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>NHSGGC has undertaken research which has found that 57% of people reported to be discriminated against due to their sexual orientation.</p> <p>Ongoing consultation during the implementation phase of the Leading the Way Strategy will include dialogue with LGBT+ people, including members of the staff LGBTQ+ Forum. Together nurses and midwives 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 to them.</p>	<p>Individual programmes of work associated with implementation of the 'Leading the Way' Strategy will be subject to individual EQIAs and where disproportionate impact relating to the protected characteristic of sexual orientation is identified, reasonable adjustments will be put in place. In this way NHSGGC will ensure transformation in the way we deliver care while ensuring</p>

			an inclusive approach.
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>In addition to the above, if this constitutes a ‘strategic decision’ you should evidence due regard to meeting the requirements of the Fairer Scotland Duty (2018). Public bodies in Scotland must actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions and complete a separate assessment. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p>	<p>Implementation of the ‘Leading the Way’ strategy will help to reduce inequality of outcomes based on socio-economic disadvantage in line with the requirements of The Fairer Scotland Duty.</p> <p>As a system-wide strategy which is underpinned by other programmes of work developing in NHSGGC, we will work together to tackle the adverse effects of socio-economic disadvantage on those that we care for. In doing so, we will continue to engage with and consult a diverse range of service users from across the socio-economic landscape and work in partnership with them to understand the barriers to care that they are experiencing due to their economic status to ensure that all people have access to the same high quality of nursing care and positive outcomes and experience when they need it.</p>	<p>Individual programmes of work associated with implementation of the ‘Leading the Way’ Strategy will be subject to individual EQIAs and where disproportionate impact relating to the protected characteristics of socio-economic status and social class is identified, reasonable adjustments will be put in place. In this way NHSGGC will</p>

			ensure transformation in the way we deliver care while ensuring an inclusive approach.
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>The 'Leading the Way' strategy applies to all NHSGGC nursing and midwifery staff and those who support them including students and Healthcare Support Workers. The services that we provide are available to all people including those from marginalised groups within our communities who require compassionate and person-centred care the most. These groups include asylum seekers, members of the traveller community, prisoners, and the homeless.</p>	
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation</p> <p>2) Promote equality of opportunity</p>	<p><u>Not applicable</u></p>	<p>*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</p>

	<p>3) Foster good relations between protected characteristics.</p> <p>4) Not applicable X</p>		<p>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.</p>
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	<p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p>	<p>NHSGGC has a proven track record of providing high-quality, safe, effective, and person-centred nursing and midwifery care. Central to this approach is equipping nursing and midwifery staff at all levels with the skills, knowledge, and resources to continuously improve care. This includes reducing unwarranted variation and improving equity and consistency across the system in relation to safety and care experiences.</p> <p>All nurses and midwives are required to complete the Board's suite of Statutory and Mandatory training courses which includes a specific module on Equality and Diversity</p>	<p>Individual programmes of work associated with implementation of the 'Leading the Way' Strategy will be subject to individual EQIAs and where disproportionate resources in relation to learning opportunities that</p>

		<p>as well as training and education that is specific to nursing and midwifery roles and responsibilities. These courses are provided both in-house and by external providers depending on staff requirements. In addition, funding is made available through the NHSGGC Healthcare Charity (endowments) for nursing and midwifery staff to attend a range of accredited courses offered by HE colleges and HEIs.</p> <p>The Board has also invested significantly in local and national Quality Improvement training for staff across the organisation and over 3000 staff have completed these training programmes to date.</p> <p>NHSGGC is committed to developing nursing and midwifery staff so that they have the knowledge and skills to improve their own practice and services and to provide care that respects the diversity of the population we serve. The next five years will see an ambitious programme of training, development, and support for all levels of nurses and midwives who will have access and support provided to develop their skills and confidence, share best practice, and apply their learning across a diverse range of care settings in order to meet the strategic objectives and actions that we have committed to in the strategy.</p>	<p>promote equality, diversity and human rights is identified, reasonable adjustments will be put in place. In this way NHSGGC will ensure transformation in the way we deliver care while ensuring an inclusive approach.</p>
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10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

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

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

Nursing and midwifery staff are often the frontline guardians of an individual's human rights. All nursing practice is informed by a human rights approach as part of accepted professional conduct standards which apply to all registered nursing and midwifery staff.

The Nursing and Midwifery (NMC) Code presents the professional standards that nurses, midwives and nursing associates must uphold in order to be registered to practise in the UK.

It is structured around four themes – prioritise people; practise effectively; preserve safety; and promote professionalism and trust. [The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council](#) The values and principles set out in the NMC Code can be applied in a range of different practice settings, but they are not negotiable or discretionary.

Commented [MM1]: Aisha will you add the link to the current NMC Code here

The Code sets out common standards of conduct and behaviour for those on our register. This provides a clear, consistent and positive message to patients, service users and colleagues about what they can expect of those who provide nursing or midwifery care.

Prioritise people

You put the interests of people using or needing nursing or midwifery services first. You make their care and safety your main concern and make sure that their dignity is preserved and their needs are recognised, assessed and responded to. You make sure that those receiving care are treated with respect, that their rights are upheld and that any discriminatory attitudes and behaviours towards those receiving care are challenged.

Practise effectively

You assess need and deliver or advise on treatment or give help (including preventative or rehabilitative care) without too much delay and to the best of your abilities, on the basis of the best evidence available and best practice. You communicate effectively, keeping clear and accurate records and sharing skills, knowledge and experience where appropriate. You reflect and act on any feedback you receive to improve your practice.

Preserve safety

You make sure that patient and public safety is not affected. You work within the limits of your competence, exercising your professional 'duty of candour' and raising concerns immediately whenever you come across situations that put patients or public safety at risk. You take necessary action to deal with any concerns where appropriate.

Promote professionalism and trust

You uphold the reputation of your profession at all times. You should display a personal commitment to the standards of practice and behaviour set out in the Code. You should be a model of integrity and leadership for others to aspire to. This should lead to trust and confidence in the profession from patients, people receiving care, other health and care professionals and the public.

Caring with Confidence is a series of bite-sized animations about key aspects of the role as a nursing or midwifery professional, and how the Code can support you, including in relation to inclusivity and challenging discrimination.

All nursing and midwifery services that are involved with children and young people are reviewing guidance and approaches to care in line with the United Nations Convention for the Rights of Children.

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* .

Through our work on the Big Conversation over the past year and through our patient and public engagement sessions, we have exercised the 'P' (participation) component of the PANEL Principles and will continue to do so throughout implementation of the strategy in the first year. Strict care standards are embedded in other aspects of the PANEL principles.

*

- 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.

United Nations Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 came into force on the 16th July 2024. All public bodies may choose to evidence consideration of the possible impact of decisions on the rights of children (up to the age of 18). Evidence should be included below in relation to the General Principles of the Act. The full list of articles to be considered is available [here](#) for information.

No Discrimination: Where the decision may have an impact, explain how the EQIA has considered discrimination on the grounds of protected characteristics for children. You may have considered children in each of the EQIA sections and returned relevant evidence.

The Best start programme is currently in development.

The Rights of the Child Group ensures our organisational focus on the wellbeing and safety of children in our care and delivery of services. This is a multiagency group with third sector input and Acute and Community as well as paediatric and adult representation.

Best Interests of the child: Where the decision may have an impact, explain how the EQIA has evaluated possible negative, positive or neutral impacts on children. You may find that options considered need to be reframed against the best possible outcome for children.

Care Opinion is one key example of how feedback can be gathered online from young people and carers who are invited to comment on their experiences of service and care provision.

Ward housekeeping audits, PEWS, and CAS Standards sets all contribute to ensuring a continuous drive for quality service provision for children and young people. Policies such as 'Was not Brought', Child Protection guidelines, Complex discharge and the NHSGGC Neglect policy are all in place in the event of the need for any member of staff to intervene on behalf of the child's best interests.

Life, survival and development: Where the decision may have an impact, explain how the EQIA has considered a child's right to health and more holistic development opportunities.

Across all sites where children and young people receive treatment and care, all staff are trained in Child Protection at a variety of different levels. Inpatients, especially those children and young people with a significant length of stay, have educational input and liaison with their school through our Hospital Education colleagues. Provision of play services which incorporates services to assist in distraction is available to inpatients and outpatients at RCH.

Respect of children's views: Where the decision may have an impact, explain how the views of children have been sought and responded to. You need to consider what steps were taken in Q4 in relation to this.

The views of all age groups will be considered utilizing our 'Best Start' programme, PACE groups, and feedback from children and young people through their acute and community based clinical and non-clinical teams.

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: Full mitigation of identified risk not made, decision to continue without objective justification (Lead Reviewer to provide explanatory note here):
- Option 5: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)
No actions identified		

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

28th October 2025.

Lead Reviewer:	Name	Michelle Magennis
EQIA Sign Off:	Job Title	Business and Programme Manager
	Signature	M Magennis
	Date	03/03/25

Quality Assurance Sign Off:	Name	Alastair Low
(NHSGGC Assessments)	Job Title	Planning Manger
	Signature	A Low
	Date	10/03/25

Where unmitigated risk has been identified in this assessment, responsibility for appropriate follow-up actions sits with the Lead Reviewer and the associated delivery partner.

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