Meeting the Requirements of Equality Legislation

A Fairer NHS Greater Glasgow & Clyde

Monitoring Report

2025 – 2026

A Fairer NHSGGC Progress Report 2025-26

Contents

Introduction and summary of progress in 2024-25

1. Aim of the report

In April 2025, NHS Greater Glasgow and Clyde (NHSGGC) published 'Meeting the requirements of Equality legislation: A Fairer NHSGGC 2025-29.' The report sets out a range of equality-related activities to be delivered over a 4-year reporting period and serves to evidence NHSGGC's due regard to meeting legislative responsibilities set out in the Equality Act 2010 Public Sector Equality Duty (PSED) and the (Specific Duties) (Scotland) Regulations 2012. Equality-related activities comprise both 'mainstreaming' actions which help evidence legislative compliance in the organisation's day-to-day business, and 'specific' equality outcomes. The specific outcomes describe actions considered proportionate to better meet the needs of named protected characteristic groups.

This document is the monitoring report for our agreed targets and details progress across NHSGGC to meet the mainstreaming and specific equality outcomes covering the period between April 2025 and March 2026.

These workstreams are woven into our Corporate Plan priorities of:

- Better Care
- Better Health
- Better Workplace
- Better Value

We have delivered actions under each of the priorities and have summarised in the following sections. Each section states our agreed actions and how well we have achieved them.

We have avoided publishing information in tables to support use of assistive technologies such as screen readers.

2. Our Mainstreaming Actions

2.1 Better Care

2.11 Communication Support for patients

Across the 4-year life of the report, we said we would:

- **Review our provision of telephone interpreting to ensure best value is measured equally with best quality**
- **Provide effective and timely interpreting**
- **Engage with patients and gather feedback**
- **Enhance complaints and other feedback mechanisms for Deaf BSL users**

- **Develop quality translation of mainstream online patient information**

What we delivered in 2025/26:

Through close monitoring of the contracted telephone interpreting service and the annual delivery of approximately 170,000 telephone interpreting appointments (up from 156,000 across 2024/25, see table 1), we investigated a limited number of concerns raised and put in place improvement programmes to maintain delivery standards. To protect expected standards across coming years, we created an interpreting contract oversight group that will ensure robust checks and balances are central to any re-tender for interpreting provision (set for March 2027). The group includes representation from frontline services and is informed by feedback from service users who require spoken language communication support.

Table 1: Annual delivery of contracted telephone Interpreting appointments *

Year	Number of contacts
2020-21	94,653
2021-22	115,121
2022-23	158,828
2023-24	141,362
2024-25	156,000
2025-26	170,000

*2020-22 covers the Covid-19 pandemic.

Our Complaints Team worked with the Equality and Human Rights Team to create accessible complaints pathways for Deaf BSL users, enabling complaints to be made and replies to be provided directly via BSL video.

We also provided a broader range of communication support such as note-takers, British Sign Language Interpreters and Guide Communicators.

2.12 Listening to Patients

Across the 4-year life of the report we said we would:

- **Ensure our Patient Engagement and Public Involvement function (PEPI) establishes sustainable connections to under-served communities**

- **Ensure NHSGGC is prepared to meet inclusive communication requirements as directed nationally**

What we delivered in 2025/26:

Our Equality and Human Rights Team (EHRT) worked closely with the Patient Experience and Public Involvement (PEPI) function on several important engagement programmes across the year, sharing understanding and approaches to ensure specialist engagement learning is mainstreamed within the mainstream corporate engagement function. Activities included joint engagement for delivery of the digital ‘My Health Navigator’, Emergency Department resource development and a multi-team engagement programme with patients across our Emergency Departments.

While we await developments in the Scottish Government's efforts to strengthen rights to accessible communication in legislation, we have aligned to the step change in provision demanded by The Alliance in Scotland. Through our interpreting and translation investment and 3rd sector relationships, we have the necessary resources in place to continue to provide information in a range of formats and languages, including spoken languages, British Sign Language, Easy Read, audio and Braille.

In 2025-26 there were 1599 written translation requests (covering patient letters, information etc) in 49 community languages. 14% (n= 230) were categorised as urgent. This does not include BSL or other formats. In addition, as part of the proactive approach to support the anti-racism plan, 28 key maternity publications were translated into the top 10 community languages in 2025-26.
This is an increase in translated resources compared to previous monitoring reporting periods (number of translated resources: 1,461 over two year monitoring period 2020–22; 1,773 over two year monitoring period 2022–24, 1,398 over one year period 2024).

2.13 Inclusive Person-Centred Care

Across the 4-year life of the report we said we would:

- **Test and embed a person-centred care standard**

- **Ensure that our Quality Strategy is embedded in relevant functions and supports delivery of Equality Impact Assessments and Frontline Equality Assessments**

What we delivered in 2025/26:

Quality, Everyone, Everywhere (2024-2029) is NHSGGC's Quality Strategy and it makes a clear commitment to protecting the rights of patients on the grounds of their protected characteristics. The Strategy prefaces its framework for change with a lead section focusing on compliance with the Equality Act 2010. The Strategy has gone further by supporting the development of Person-Centred Care Standards that include explicitly capturing experience of discrimination and associated impact on service experience.

To better understand how well we deliver equality-sensitive person-centred care, we have completed more than 20 Frontline Equality Assessments across 2025/26, with a further 15 scheduled for completion before April 2026. The assessments offer operational ward staff an opportunity to review local practice in relation to meeting the needs of different protected characteristic groups.

Delivery of the Frontline Equality Assessments saw excellent engagement with the process from acute ward staff and there were multiple teachable moments during these interactions to raise awareness of NHS policy including Clear to All. An information pack was used with staff that allowed collaborative discussion in an unthreatening way, increasing knowledge of and confidence

about the available supports available to staff and patients. Often staff were well versed on the Interpreting policy but were less aware of the translation policy. The Access audits demonstrated that where oversights or minor issues were identified these were often easily rectified after liaison with Estates and Facilities e.g. the provision of handrails and bins that meet accessibility criteria.

2.14 Assurance of Equity in Delivering Digital Solutions

Across the 4-year life of the report we said we would:

- **Equality impact assess proposed service redesigns where digital solutions offer alternatives to existing care pathways**

- **Engage with protected characteristic groups to better understand experience of using digital solutions**

What we delivered in 2025/26:

Our Digital team have committed significant resources to ensure all planned developments undertake an agreed equality impact assessment process. This commitment extends from the NHSGGC's Digital Strategy which gave the assurance that any digital developments would not leave people who are digitally excluded unsupported.

Early focus has centred on equality proofing implementation of our planned Hospital at Home pathway developed in partnership with Doccla – a provider of virtual care solutions. Our Digital team have created a digitally inclusive EQIA template which is applied to any aligned redesigns, ensuring read-across and consistency in considerations. Ultimately, the aspiration for creating a virtual hospital that delivers 1000 additional beds will be underpinned by the commitment that 'no one is left behind'.

As this work continues across 2026/27 EHRT and PEPI will work together to engage with people at higher risk of digital exclusion and inform inclusive pathways.

2.15 Assess Service Transitions from Acute to Community-Based Health and Social Care Settings.

Across the 4-year life of the report we said we would:

- **Ensure all proposed services changes are robustly examined using the EQIA tool**

- **All repurposed buildings will be assessed to ensure they are accessible**

What we delivered in 2025/26:

Over the course of the reporting period, we completed 11 EQIAs covering core service amendments and policy implementation ranging from our Primary

Care Workforce Review and our NHSGGC Workforce Strategy to adjustments to the local Vale of Leven patient bus service.

We are currently developing a partnership approach to delivering a programme of Disability Discrimination Audits with Third Sector agencies to ensure environments for delivering care are fit for purpose for all. Our partnership work includes developing supporting lay volunteering roles.

2.2 Better Health

Across the 4-year life of the report we said we would:

- **Deliver improvements for people with a learning disability**
- **Remove barriers to screening and vaccination services**
- **Fully implement the BSL Action Plan**

What we delivered in 2025/26

Our Acute Learning Disability and Autism Group have driven forward a programme of work across 2025/26 to deliver significant improvements to the experiences of people with a learning disability. The Group have developed the 'Getting to Know Me Autism Checklist'' - a pre-admission planning tool to reduce sensory overload. The tool links to a poster highlighting rights to adjusted care environments. Both resources are currently being tested and will be implemented later in 2026.

Our learning disability and screening programmes have worked over the reporting period to improve awareness and accessibility to services for people with a learning disability. Key achievements include enhanced screening conversations embedded within the Learning Disability Health Check, supported by new screening assessment tools, staff training and accessible resources. Examples of practice include a range of published screening information in easy read formats, video testimonies from our patient champions and implementation of dedicated enhanced service pathways underpinned by user-informed adjustments. Over 700 enhanced screening conversations as part of health checks were recorded during the project period, alongside identification of red-flag symptoms requiring onward clinical follow-up.

The Screening Inequalities Action Plan 25-26 - NHSGGC provides a comprehensive update on the wider screening related work over the reporting year.

Our Minority Health & Wellbeing Survey report was published in October 2025 and engagement on the findings was launched with an audience of public sector colleagues and community partners in November 2025. The Survey captured feedback from more than 2600 minority ethnic people and shone a light on lived experience of using health and social care services. The report focused on 6 key themes:

- Perception of health and wellbeing
- Screening and access to health services
- Health behaviours
- Social health
- Social capital
- Financial wellbeing

A commitment to build on the findings of the survey report and reduce racialised health inequalities will be reflected in named services that align to our Anti-Racism Plan. This will be underpinned by strengthened community development approaches.

Our Peer Educator programme is delivered by a Peer Co-ordinator and peer workers. The peer workers reach out to community groups and organisations to provide information on specific topics and gather feedback on people's experiences, both positive and negative, of health and social care services. This is fed back to services and the information is analysed to inform priorities and planning.

The programme has engaged with 273 individuals during the reporting period with examples of engagement including:

- Support to the incident management of a cluster of measles cases: Providing information in multiple languages on MMR vaccinations and directing patients to local drop-in MMR clinics, in response to confirmed Measles cases.

- Breast screening information sessions, to help patients understand the importance of screening, how to access appointments and what to expect during the appointment.

- Using the Arts as a medium to engage our Sub Saharan African and South Asian populations in issues around travelling safe and supporting them to engage with our Travel Health Service to receive a risk assessment and relevant vaccinations prior to travel.

As well as supporting patients with access to services, peer workers also signpost individuals to other services, including GPs, money advice services and services to support with food security.

The model is valued by the peer workers, with several moving on to fulltime employment within similar areas of community work. A further recruitment campaign was launched in August 2025, with successful candidates being offered positions in November and currently progressing through the onboarding process.

We are responsible for delivering a local NHSGGC BSL Action Plan that reflects expectations set out in the Scottish Government's BSL National Plan (2023-2029). As detailed in our local plan, BSL interpreter bookings for the 12-month period totalled 4398, down slightly from the previous year (4588). The overall fill rate for bookings stands at 91%. During this period, we saw a significant increase in the use of supported online BSL interpreting, with video provision in out-of-hours settings doubling across the reporting period compared to the previous year.

Our BSL Mediator is an essential link to better understanding challenges experienced by Deaf BSL users accessing our services. Across the reporting period the Mediator supported 516 queries and helped 10 Deaf patients raise complaints, working with our adapted Complaints process which now enables submission and response in BSL.

Our partnership with Deafblind Scotland ensured that we fully supported all 220 health appointments for people with dual sensory impairment and offered further Guide Communicator support to 1500 hours of health activities.

Across the reporting period our Clear to All Team processed 1218 requests for information in other languages, ranging from provision of heath information to detailed translation of medical records. Close monitoring of our contracted translation service has ensured standards are kept through reviewed improvement programmes with the contracted supplier.

The adult community vaccination service increased the number of clinics to 21 across all of NHSGGC, aiming to have venues in the heart of the community with easy access and on transport routes for patients and staff.

The Scottish Ambulance Mobile unit has also supported throughout 2025 in offering vaccinations in areas of multiple deprivation or with poorer transport links for mass vaccination programmes such as Shingles, Covid and Flu.

The winter Flu programme in 2025 was also supported by 170 community pharmacies allowing patients who were eligible free vaccination to visit their local pharmacy. To date we have seen over 13,000 patients vaccinated via this route.

In the summer of 2025 the Adult Immunisation service introduced Drop in and Chat sessions for any patient to come and discuss any vaccination with a registered professional without an appointment, to discuss any barriers and if be vaccinated if eligible for shingles, and Pneumococcal. Over 200 opportunistic Shingles and Pneumococcal vaccinations were administered at 14 clinics sessions. This has ran again in the last two weeks of February 2026 with 54 patients dropping in for Shingles vaccination and 32 for pneumococcal and will continue to operate in 2026.

2.21 Weakened Immune System and Vulnerable Populations

Significant new work was undertaken with outpatient services who routinely review care and treatment for patients with a weakened immune system and services who work with those who are experiencing addictions and homelessness e.g. Thistle Injecting Rooms, Complex Needs Service. The work involved a number of strands including personalised letters to COPD patients from their respiratory physician recommending uptake of flu to delivery of flu vaccination across a number of services. The work is still being evaluated but has to date identified key issues including the identification of patients who are eligible but who are not on nationally generated cohort files. Further work needs to be undertaken to understand this more including whether this is a coding issue or algorithm issue. To date more than 22 services have participated in this. A teams channel was used to support all service participating in the programme and feedback is being given to all services. Over 1,700 patients have received flu vaccinations via this new route.

2.22 Prisons

Vaccination uptake in prisons is extremely low across the GGC prison estate. Joint work with the Prison Health Improvement Team identified the need for research to understand more clearly the reasons for this. The research identified key findings including:

- Many prisoners thought vaccination was either for the very young or very old
- There was a lack of understanding of the potentially increased risk of transmission of infections in prison e.g. Flu
- There was an information void in prisons around vaccination and therefore this void was filled with other information often misinformation

Prisoners identified the need for information including video resources, radio sound bites and posters and that providing outline information on immunisation for people living in prisons was important and that it should, aim at encouraging uptake and engagement with vaccination programmes. This video would consist of people living in prison discussing vaccination with members of the prison healthcare and health improvement teams.

The resources were launched in September 2025 just prior to the start of the Winter Programme. Lists of eligible prisoners were provided to the Prison Healthcare Team from the national eligible cohort file. This list is not exclusive as health records from community can take up to 6 months to transfer across so local work was required by the prison healthcare team to identify other eligible prisoners particularly those who are immunosuppressed who would be eligible for covid. Funding was also identified to support the provision of a bank nurse 1 day per week together with admin support to deliver a clinic within Barlinnie as part of a Test of Change process. The clinic commenced on 23rd October and will ran until 30th January approximately 12 weeks.

- A total of 401 individuals resident within Barlinnie were invited to be immunised against influenza and, when eligible, COVID-19.
- The majority of those offered vaccination accepted, at significantly higher rates than those eligible from the general population in NHS GGC: 65% (vs. 61.1% in the general population) for COVID-19 and 67.6% (vs. 49.6% in the general population) for influenza. Several of those who initially declined vaccination later accepted the offer.
- Influenza vaccination coverage in the prison was estimated 19.4%, compared to 4% the previous year.[1]
- Weekly clinics are continuingand are currently providing MMR and Twinrix vaccination.

Further work needs to be undertaken to support the prison healthcare team to plan for large scale programmes such as winter and Hepatitis B Vaccination as there is not enough capacity within the current staffing to meet the demands of the winter programme over the timelines set by Scottish Government. A bank staffing contingency model is required but these staff need to have

[1] Uptake estimates the percentage vaccinated out of those eligible and thus invited for the vaccine i.e. due to their age or underlying condition.
Coverage estimates the percentage vaccinated out of the average prison population of ~1400, regardless of eligibility (caveat: high turnover in population)

completed additional training to work in the prison. Following this intervention the prison healthcare team plan to continue weekly clinics and staff have now completed PEIP modules. A FAQ leaflet on vaccination was also developed for SPS Staff. A full evaluation is currently underway.

2.3 Better Value

Across the 4-year life of the report we said we would:

- **Equality Proof our Sustainability and Value Schemes**
- **Equality Proofed Procurement Process**
- **Deliver Fairer Scotland Duty**

What we delivered in 2025/26:

We have applied robust EQIA process to strategic decisions which includes a specific field noting whether decisions are linked to agreed financial savings. We will continue to deliver this aspect of impact assessment but will test and implement a specific tool in 2026/27 that pro-actively assesses risk of identified sustainability and value scheme proposals.

The requirement for suppliers to have an Equality and Diversity policy forms a key part of our pre-qualification process for any local tendering activity. It is also part of our standard terms and conditions that suppliers must comply with the Equality Act. We ensure various ethical standards are enshrined in all local contracting activity where appropriate, including Human Rights, Modern Slavery, Whistleblowing, application of the requirements under the Health and Care (Staffing) (Scotland) Act, application of the Serious Organised Crime Protocol within high-risk industries and use of Fairtrade products.

We have successfully integrated our responsibilities as set out in the Fairer Scotland Duty into our Equality Impact Assessment process, ensuring that every decision subject to assessment is also scrutinised to ensure we pay due regard to reduce inequality of outcome caused by socio-economic disadvantage. While there is some variance in the EQIA tools that each of our 6 Health and Social Care Partnerships use, they all take account of poverty-related disadvantage ensuring consistency across the system.

2.4 Better Workplace

Across the 4-year life of the report we said we would:

- **Continue to deliver progress against our key ambitions for a Better Workplace, as overseen by the Workforce Equality Group**

What we delivered in 2025/26:

The Board Workforce Equality Group (WEG) leads the development of NHS Greater Glasgow and Clyde as an inclusive organisation that engages with staff across all aspects of employment, in a way that reaches to the core of our organisational values and meets and exceeds our legal requirements as an equal opportunities' employer.

The WEG is responsible for the development and delivery of the NHSGGC Workforce Equality Plan. The group works in partnership and includes representatives from the Staff Disability Forum, the Black and Minority Ethnic Staff Network and the LGBT+ Forum, plus three non-Executive Diversity champions demonstrating leadership from the very top of the organisation. The NHSGGC Workforce Equality Plan covers the following overarching ambitions, which have been updated for the new Fairer NHSGGC report in partnership and working with our staff led equality groups:

- All our staff are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued
- Our data collection is legally compliant and is used to improve equality and diversity of our workforce
- Continuing to build an inclusive culture, where all staff feel listened to and are confident in speaking up.
- We have taken all the actions in our control to reduce equal pay gaps by sex, disability and ethnicity
- Attract, develop, and retain a workforce at all levels that reflects the communities we serve.

Annually, the WEG translates these ambitions in a programme of key deliverables, with outcomes reported through the WEG, APF and People and Staff Governance Committee. Details can be found in our in-year action plan. Workforce Equality Group Key deliverables over the course of the Equality report for the WEG include:

- We will continue to deliver the workforce-facing element of NHSGGC's anti-racism plan in partnership with our BME Staff Network, Staff Side partners and broader Workforce Equality Group membership
- We will continue to deliver the 'Sexual Harassment: Cut it Out' programme, to create an inclusive culture where there is zero tolerance for sexual harassment and everyone at work feels safe.
- Mainstreaming our reasonable adjustment guidance and workforce adjustment passport to ensure a Think Yes culture in every part of NHSGGC
- Continuing to promote an inclusive culture through a programme of events, learning and activities that recognises the contribution of all our staff

- Annual reporting as per Specific Duties for workforce demographics (protected characteristics) Workforce Equality - NHSGGC

3.0 Our Specific Equality Outcomes

Our agreed equality outcomes for 2025-29 were based on evidence gathered from our communities and highlighted areas where there was a requirement for additional focus to deliver our commitment to equity, non-discrimination and fostering good relations for named groups.

3.1 Equality Outcome 1

The needs of Autistic and Neurodivergent people are better met in Acute services

Actions taken – 2025/26

In 2025-26, NHSGGC:

- Reviewed the evidence base around needs of people who are neurodiverse in co-production models
- Explored with Glasgow Centre for Inclusive Living and 3rd sector charities, a co-production approach to delivering this equality outcome across 2025-29
- Tested NHSGGC's ADHD self-help resource with a range of 3rd sector partners and amended the resource based on findings
- Developed and tested an Acute Services neuro-affirmative checklist with service users, carers and 3rd sector representatives
- Produced an Autism and Neurodivergence Pathway app for staff which is now available on Health Improvement Scotland's Right Decision Service
- Completed 20 Frontline Equality Assessments including capture of specific provision of support for Autistic patients accessing care. These also showed existing areas of good practice in some wards to inform learning across the system e.g. finding side rooms or bays for neurodivergent people to limit overstimulation; low lighting in some areas; allowing family or carers to stay with the patient.

3.2 Equality Outcome 2

Supporting Urgent Care to meet the needs of people with protected characteristics

Actions taken – 2025/26

In 2025-26, NHSGGC:

- Developed a universal language icon for inclusion on Emergency Department (ED) information. The icon provides an instantly recognisable gateway to a multi-language webpage explaining the range of interpreting and translation services available to people who do not have English as a first language. The icon was extensively tested with our minority ethnic communities and can be seen on the final page of this document

- Tested and developed ED specific material explaining the role of our emergency departments and appropriate alternatives

- Delivered 400+ patient interviews in emergency departments to better understand the experiences of using our services and any barriers people experience on the grounds of a protected characteristic

- Completed Frontline Equality Assessments reports across our emergency departments

- Introduced a QR code resource in all ED areas providing Deaf BSL users with an immediate link to online communication support.

3.3 Equality Outcome 3

Deliver an Anti-Racism Plan for NHSGGC

Actions taken – 2025/26

In 2025/26 NHSGGC delivered a range of patient facing and workforce-related outcomes.

Patient-facing:

- Completed our Minority Ethnic Health and Wellbeing Survey and formally launched engagement with staff and community partners in November 2025

- Improved ethnicity data recording for acute outpatient appointments (88.25%). Targeted improvements in Maternity Services and Mental Health Inpatient Services have returned data capture figures of 99.6% and 92.5% respectively. [2]

- Continued to develop a comprehensive range of anti-racism approaches in Maternity Services including delivery of anti-racism training as part of a broader 44-point Equality and Human Rights Action Plan

- Engaged with a diverse range of minority ethnic stakeholders to inform resource design that better explains how our unscheduled care services work

[2] For comparison between boards, and trends over time – please see PHS website, showing data to December 2024.

- Grew our partnership with the Minority Ethnic Carers of People Project (MECOPP) to support vaccination uptake for Gypsy, Roma and Traveller communities and the development of a Rights to Healthcare resource. Our work with MECOPP will continue across 2026/27 and build on the recommendations of the Gypsy/Traveller Community Health Worker Service. A recent request from this community, for information on meningococcal vaccination (community concerns regarding the cluster of cases in Kent) and the newly introduced MMR-V vaccine, serves as an example of impact of this work on nurturing trust. In addition to written information, the NHSGGC immunisation team delivered an information session in Spring 2026, in response to this request.

- Completed the NHSGGC pathway app, 'Meeting the needs of our Black and Minority Ethnic Patients' now hosted on the Health Improvement Scotland Right Decisions Service

Workforce-facing

- Partnered with the Coalition of Race Equality and Rights (CRER) to deliver development sessions with senior leaders and BME Staff Network members

- Completed cohort 3 of our workplace minority ethnic leadership programme

- Ongoing delivery of equality and human rights training to all middle and senior NHSGGC managers with anti-racism component

- Continued development/refinement of our Hate Incident reporting programme

- Continued development of our minority ethnic employee mentoring programme

Our Anti-Racism Plan will continue to develop across its 4-year reporting period, informed by minority ethnic employee and patient feedback.

4.0 Looking Ahead to 2026/27

In December 2025, the Scottish Government published the Regulation 12 Report: Published Proposals to Enable Better Performance of the Public Sector Equality Duty (PSED) in Scotland 2025-2029. In brief the report sets out proposals for substantial improvement in performance against the PSED for public bodies in Scotland. It focuses on 5 key areas:

- Pay Gap Action Plans – a scoping exercise will be undertaken on how the Scottish Government can exercise its regulatory powers to introduce a duty on listed authorities to develop and publish Pay Gap Action Plans.

- Stakeholder involvement and engagement – the existing national Stakeholder Reference Group will be further supported to focus on PSED improvements

- Fostering Good Relations – Focused action to improve understanding and engagement with the fostering good relations element of the PSED.

- Leadership and building capacity – Scottish Government will set a positive example through sharing their approach to PSED due regard

- Leadership and accountability – increase accountability for Scottish Government senior leaders and their support of Scottish Ministers

As national proposals take shape, we will incorporate any additional direction within the existing Fairer NHSGGC 2025-29 mainstreaming and specific outcomes. However, we are confident that the diverse and comprehensive workstreams currently underway place us in a strong position to meet any future challenges. We will further evidence this through future reporting that is mapped against the Scottish Government's Equality and Human Rights Toolkit, clearly detailing how its six key drivers have been considered and informed practice.

Our EQIA programme will continue to monitor intersectional understanding between our duties as set out in the Equality Act, with developing activity to protect the rights of children and young people.

We will carry forward our Frontline Equality Assessment programme, supporting our staff to deliver person-centred care that is fully legislatively compliant.

As recent court judgements relating to the Equality Act and the protected characteristics of Gender Reassignment and Sex translate into approved codes of practice for public sector bodies, we will ensure compliance across all associated policy and resource development, underpinned by robust and transparent engagement with affected parties.

Our focus will remain on delivering evidence-based and legally compliant services and decision making across our diverse range of operations. The programme of work will function within the parameters of the agreed Governance structure for NHSGGC. This will be fulfilled via the publication of the Fairer NHSGGC Monitoring Report, as approved through the People and Staff Governance Committee and the Board.

5.0 Accessible formats

This publication has been produced in line with NHS Greater Glasgow and Clyde's Accessible Information Guidelines. It is available in a range of formats and languages.

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