NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

NHSGG's Stakeholder Communications and Engagement Plan

Is this a: Current Service ☐ Service Development x Service Redesign ☐ New Service ☐ New Policy ☐ Policy Review ☐

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

The Stakeholder Communications and Engagement Strategy sets the strategic direction for NHS Greater Glasgow and Clyde in how we will actively communicate with and listen to patients, carers, families and broader stakeholders ensuring we are building lasting relationships with our communities to facilitate effective and meaningful engagement and communication and fostering a culture of transparency and co-production in service development and redesign. The strategy outlines a series of high level communications and engagement approaches and recognises that further detailed plans setting out responsibilities, outputs, impacts and timescales are required to support the strategy.

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.)

This is the first 'Stakeholder Communications and Engagement Strategy for NHSGGC. As such it's important we understand its relevance to our diverse communities and identify any areas that might represent risk to specific groups or missed opportunities for maximising engagement and two way communication potential. The strategy is a high level document and it's expected that additional assessments will be undertaken within specific programmes concerned with more targeted communication and engagement activity.

This strategy document sets out our approach to engaging with stakeholders external to the organisation including patients, their carers and families, local communities, general public, the third sector, charities, further education, Universities, wider public health partners, MSPs and other elected representatives. NHSGGCs Stakeholder Communications and Engagement Strategy will be accessible and designed to ensure we communicate and engage with all groups and communities.

It will also draw on legislation set out in the Patients' Rights (Scotland) Act and the Community Empowerment (Scotland) Act which state that NHS Boards, as public bodies, have a duty to involve people in the design, development and delivery of the health care services they provide for them. Also, this Strategy recognises and adheres to the guidance and principles set out in Scottish Government Health Directorate CEL 4(2010).

The CEL 4(2010) sets out the phases and process that need to be applied, proportionately, by a Board to any service change they propose. It states that NHS Boards are responsible for ensuring:
- That engagement processes and activities are fully accessible
- That any potential adverse impact on equality groups must be taken into account by undertaking an equality impact assessment.

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: Paul Hayes	Date of Lead Reviewer Training: 12/10/20

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):

Paul Hayes Nicole McInally Laura Nixon Sandra Bustillo

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	**What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.**	*A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.*	NHSGGC will use in house equalities monitoring forms to capture equalities information from engagement activity. https://www.nhsggc.org.uk/media/258743/equalities_equality_monitoring_form.pdf Capture of equalities information will be standard practice with all digital engagement activity undertaken by NHSGGC, this will continue with all digital and face to face engagement going forward using an appropriate method to capture equalities impact information even where surveys are not possible. When planning engagement and communications activity, teams across NHS GGC will be supported to utilise service data to identify key stakeholders and ensure that they are reaching those most impacted by service improvements and changes and that any gaps in knowledge are compensated for during engagement. The Scotland Census Data will help provide NHSGGC with a broad overview of demographic makeup and this will be supplemented/compared against data captured within NHSGGC moving forward, by captured protected characteristic. We will also work to ensure we are reaching those who may face additional barriers to engagement using data sources such as https://simd.scot/	When using Social Media (e.g. facebook, twitter) it can be difficult to capture equalities data when posing less formal questions and encouraging answers in comments, We will work to use a range of communications and engagement approaches and targeted social media contact to ensure our messages are going through the relevant channels e.g. BSL groups to reach protected groups and augment our engagement and communication with different methodologies e.g. dedicated mailing lists, or audio messages. Ensure any engagement activities include a monitoring form when appropriate and that the data is recorded. We will use a range of approaches to gather equalities information if a written form is not appropriate. Creation of robust and accessible guidance to ensure any teams undertaking communications or

				engagement activity ensure that they actively work to involve all communities.
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
2.	**Please provide details of how data captured has been/will be used to inform policy content or service design.** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation =** **2) Promote equality of opportunity =**	*A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)*	Data captured will be used to ensure that we are engaging with all nine protected characteristics, and that we are capturing a balanced and proportional view of people from across NHSGGC, in line with CEL 4 guidance which sets out the phases and process that need to be applied, proportionately, by a Board to any service change they propose. Data collected and policy requirements will be used to ensure that we are engaging openly and self-assessed for any gaps that will be addressed. As a Board NHGGC will encourage inclusive participation and actively seek out the voices of those communities who face health inequalities as well as excluded and disadvantaged groups to promote equality of opportunity.	If particular protected characteristics are under-represented, a targeted / augmented engagement approach may be required.

	3) Foster good relations between protected characteristics. ☐ **4) Not applicable** ☐			
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
3.	**How have you applied learning from research evidence about the experience of equality groups to the service or Policy?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	*Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people.* *(Due regard to removing discrimination, harassment and victimisation and fostering good relations).*	The strategy is supported by the work of NHSGGC's Equality and Human Rights Team to ensure that NHSGGC maintain a strong understanding of how best to communicate and engage with protected characteristic groups, working with the Corporate Communications and PEPI Team to augment their current approaches to ensure we are actively mitigating any barriers to communication and engagement. As a health board we will work to engage with people in their communities in safe spaces they are familiar with and able to access. Research has also shown a number of benefits to engaging and involving people from a range of backgrounds, including: • empowering people to make decisions that affect their health and wellbeing, increasing people's involvement and management of their own health and care which can lead to better healthcare outcomes • improving quality and safety of care provided by organisations • improving communication and information provision about services, public health and how people and communities can stay healthy • improving health inequalities across a wide range of health and wellbeing conditions, by empowering people to feel ownership of their own health service. • improving an organisation's accountability amongst the public and improving trust and legitimacy in decision making	Wider work to be carried out under this strategy will be the development of more robust communication channels with communities across NHSGGC as part of ongoing stakeholder mapping, working to augment existing approaches in partnership with groups and organisations across NHSGG.

As part of this strategy, wider work will include the development of more robust communication channels with communities across NHSGGC, working to augment existing approaches in partnership with existing groups and organisations.

A key partner that NHSGGC will continue to learn from and work with is Health Care Improvement Scotland, with this Strategy drawing from the organisations recent Engaging Differently EQIA completed in June 2020.

We will remain committed to ensuring there is time to engage with those with protected characteristics; to ensure accessible formats, time to orientate people to get involved and to go through due process to reach those seldom heard.'

		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
4.	**Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?**	*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*	The NHSGGC Stakeholder Reference Group, which is made up of public and third sector partners from across NHSGGC has also been consulted on the strategy, with their views taken into account during its development, they will also play a key role in the ongoing action plan that will complement the strategy. This strategy will ensure patients, families, carers, staff and our communities are enabled to be involved to influence and shape the design, development and delivery of our services. This	Engagement with protected characteristic group will play a key role in the ongoing implementation and embedding of the Stakeholder Communications and Engagement Strategy with inclusive involvement and communication a key component that will feature in the ongoing action plan.

	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ ☐ **4) Not applicable** ☐	*issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.* *(Due regard to promoting equality of opportunity)* ** The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.*	includes people from protected characteristics, with the key outcome of the strategy being the increased involvement of people from across NHSGGC. Sentiment analysis will be carried out to inform the long-term implementation of the strategy and ensure we are communicating effectively with people across NHSGGC, questions for this analysis will be developed and shaped in partnership with NHSGGC's Stakeholder Reference Group and with the Consultation Institute, a well-established not-for-profit best practice Institute, who have, since 2003, promoted high-quality public and stakeholder consultation in the public, private and voluntary sectors. The CI bring particular specialisms in involving 'seldom heard' groups. Further engagement will be undertaken to ensure protected characteristic groups are able to shape the action plan to embed the key aims and objectives identified as part of the Stakeholder Communications and Engagement Strategy roll out across NHSGGC.	NHSGGCs Equalities and Human Rights team will help ensure sentiment analysis questions and information is shared with all our communities across NHSGGC
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
5.	**Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?**	*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*	When arranging engagement events or developing communications approaches/tools NHSGGC will adhere to the guidance produced by the Equalities and Human Rights Team: https://www.nhsggc.org.uk/media/258747/equalities_how_to_run_an_acessible_event.pdf	

				Possible negative impact and Additional Mitigating Action Required
	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	*have the doors retained by magnets that could deactivate in the event of a fire.* *(Due regard to remove discrimination, harassment and victimisation).*	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 practices. (National EQIA to reference as above)	
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
6.	**How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**	***Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.*** ***Written materials were offered in other languages and formats.***	Delivering clear and accessible communication is a core responsibility of NHSGGC, the Strategy Document references our compliance and intent to work in line with a range of key strategy documents, including Fairer Scotland 2018 and the Equality Act 2010 to ensure we are delivering a range of fully accessible and appropriate services. We will also adhere to the NHSGGC Clear to All: Accessible Information Policy when undertaking communication and engagement activities. Some patients may not wish to communicate or engage with us via virtual or digital means and will be offered more traditional forms of engagement and communication. These could be focus groups, the use of print media and reaching out to community partners.	Key messages are not routinely shared in other languages, as an organisation we will work to ensure more targeted and effective communication with our communities going forward taking into account particular needs or challenges faced by people. Videos and media sharing protocols will be further developed to ensure we are consistently adding high quality subtitles to videos we are producing as standard

	1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐ **The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.**	*(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).*	NHSGGC is committed to meeting the requirements of the British Sign Language (BSL) Act 2017 and has written an extensive plan setting out measures to facilitate promotion and understanding of BSL that is consistent with the National Plan. Given the extensive work to develop barrier-free communication for our patient and service user groups, any service-related outcomes of the high level strategy will be delivered in a way that will meet all three parts of the General Duty. We would be proactive in trying to ensure as wide and accessible communication as possible when targeting a wide patient group. When communicating with a more specific patient group we will communicate effectively taking into account the needs of the patient group.	
7	**Protected Characteristic**		**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(a)	**Age** **Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the**		As a health board we will tailor our engagement and communications approaches to ensure we are reaching a wide range of age groups, be these approaches face to face or digital.	Lack of technology/access to broadband is a barrier to digital engagement that we need to take cognisance of.

	service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design). **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ ☐ **4) Not applicable** ☐	Some patients may be uncomfortable using technology or cannot use technology for reasons of frailty. However, physical distancing measures may negatively impact on their ability to participate if digital methods are the only options available. (HIS Community Engagement Team) Digital engagement decreases as age rises, with the over 70s particularly less likely to engage digitally https://www.lloydsbank.com/assets/media/pdfs/banking_with_us/whats-happening/lb-consumer-digital-index-2020-report.pdf Conversely engagement with young people and those of working age has traditionally seen as difficult to achieve, with the move to embrace more digital technology, creative digital methods of engagement may offer opportunities for increased participation. 100 percent of young people aged 16-24 use the internet (Scottish Government 2019). As a health board we will need to remain mindful that many young people face additional challenges and can often be found in vulnerable positions, and we will need to support them to safely share their lived experiences.	As a health board NHSGGC will work to empower members of the public seeking to engage with us virtually in the use of technology. We will achieve this by providing training and advice on how to use technology like MS Teams to join and contribute to video calls for public events, allowing people interested in engagement group to engage with NHSGGC services effectively and meaningfully in a socially distanced and safe way, working with them and others to offer alternative access if this support is not possible. The Scottish Government – getting people online initiative is a £5 million fund that will help connect people who are considered at clinically high risk so they can access services and support. https://www.gov.scot/news/getting-people-online/
(b)	**Disability** **Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?**	As part of our stakeholder mapping outlined in the strategy we will develop stronger links with third sector and community groups supporting those with disabilities to ensure their voices are heard and they are given the chance to be meaningfully involved in engagement activities. This greater focus on	Design of activities and communications should ensure physical accessibility and appropriateness of approach is always considered.

		community and third sector relationships will also augment our existing communications approaches helping ensure we are sharing content that is accessible for all. Disabled people face many barriers to community engagement, due to a range of issues, potentially; financial issues, physical accessibility or a lack of understanding regarding the variety of issues that they face (Attree et al 2011). With digital engagement and communication presenting a number of opportunities and potential barriers for those with sensory and/or physical impairments, that will require closer working relationships with key communities and charities to navigate.	Digital engagement and communication needs to be accessible via assistive technology – as a health board we will work with people and charities with experience of sensory and/or physical impairments to ensure our engagement and communication remain accessible.
	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ ☐ **4) Not applicable** ☐	For some disabled and/ frail people, however, digital methods may provide opportunities to participate without the common barriers of having to travel far or sit/stand for long periods of time (Edwards 2001) and NHSGGC will work to capture good practice and learning and share openly.	We will ensure the methodologies we use to engage and communicate are appropriate to the groups and we will remain flexible and work to take a different approach to ensure inclusivity.
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(c)	**Gender Identity** **Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐	The strategy does not present an increased risk of disadvantaging people due to their gender identity. NHSGGC will remain committed to providing safe open spaces for people to share their views with us, providing a range of public private engagement and communication approaches for people to use.	We will provide a range of engagement and communication options to service users to help ensure safe, confidential avenues to receive private communication and become as involved as they wish in service development and design

	3) Foster good relations between protected characteristics ☐ **4) Not applicable** ☐		
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(d)	**Marriage and Civil Partnership** **Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	The strategy does not present an increased risk of disadvantaging people due to their Marriage or Civil Partnership status. NHSGGC will remain committed to providing safe open spaces for people to share their views with us, providing a range of public/and private engagement and communication approaches for people to use.	We will provide a range of engagement and communication options to service users to help ensure safe, confidential avenues to receive private communication and become as involved as they wish in service development and design
(e)	**Pregnancy and Maternity**	We will work to ensure all families accessing care and support through our services have the chance to communicate with NHSGGC. When carrying out key engagement or	Perceptions from staff can lead to assumptions about how easy or difficult a group will be to engage

	Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity? **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	communications activity NHSGGC will actively work to ensure that barriers to engagement faced by those who are pregnant or have recently given birth are mitigated, providing carer support and childcare if required to take part in activities.	with, we need to listen to women about how they want to be involved in services, working to deliver a flexible and tailored approach where possible.
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(f)	**Race** **Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐	Minority ethnic people are often underrepresented in engagement activities. Cultural and language differences are notable barriers to successful outreach (Liljas et al 2017). NHSGGCs Communications and Engagement Directorate will work closely with the Equalities and Human Rights team to ensure we are providing equitable access to engagement opportunities and service information for all communities across NHSGGC This strategy will encourage the use of appropriate communication support for those seeking to share with us, including use of interpreting and translation services.	Perceptions from services can lead to assumptions about how easy or difficult a group will be to engage with, we need to listen to the communities we are working to engage with about how they want to be involved in services, working to deliver a flexible and tailored approach where possible. NHS GGC will continue to work on developing a more robust relationship with BME communities and third sector partners to ensure we maintain an in-depth

	3) Foster good relations between protected characteristics ☐ **4) Not applicable** ☐		understanding of the needs of the community to empower people to engage meaningfully with their health and help them to become as involved as they want to be in its development and design.
(g)	**Religion and Belief** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	We will be sensitive to religions and beliefs that may impact people's opportunity to attend events or receive communications.	We will develop a relationship with our staff interfaith group that is being currently being set up to better understand any barriers to communication and engagement due to religion or other beliefs
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(h)	**Sex** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?**	There is no scope for the strategy to disproportionality affect people on the grounds of Sex, although it is recognised that male participation in engagement activity is less common than female and is a challenge faced across the NHS.	Activities will be undertaken in a way to ensure we are actively seeking out groups that are less likely to engage and empower them to share their experiences in a safe way.

	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	We will work to provide opportunities to engage and share experiences that are safe for people experiencing gender based violence.	We will provide a range of engagement and communication options to service users to help ensure those experiencing gender based violence have safe avenues to receive private communication and become as involved as they wish in service development and design
(i)	**Sexual Orientation** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	We will always work to encourage LGBT+ people to engage and share with us in an appropriately targeted and sensitive manner.	As a key part of ongoing stakeholder mapping NHSGGC will continue to build and maintain relationships with the LGBT community across NHSGGC and ensure we are provide appropriate and safe engagement opportunities.

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	**Socio – Economic Status & Social Class** **Could the proposed service change or policy have a disproportionate impact on the people because of their social class or experience of poverty and what mitigating action have you taken/planned?** **The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage in strategic planning. You should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.**	Community engagement is generally skewed in favour of people with higher socio-economic status (Ryfe & Stalsburg 2012) due to them having the finance, time and ability to engage. Evidence further shows that people who are in low income households are consistently less likely to participate in activities addressing public concern (Marcinkiewicz et al 2016). Public bodies also often use jargon which can be intimidating and off-putting which can present an additional though often unintended barrier to engagement for many. There is evidence that providing reimbursement of expenses and help to encourage participation can support people on low income to get involved (Roberts and Escobar 2015). Financial support is important as many people may not be able to participate without childcare, transportation or wage replacement. Some of these issues could be addressed by flexible digital methods of engagement, if people have access to broadband and a suitable device. However, there is a strong relationship between the Scottish Index of Multiple Deprivation (SIMD) and internet uptake in Scotland, with those on low income significantly less likely to have access to the internet.	A key aim of this strategy is to ensure all information provided by NHSGGC will be accessible and jargon free to encourage open communication and engagement and maximise full engagement with all. We will explore alternative approaches to digital engagement that ensure those unable to access online spaces are still able to share their voices and become aware of changes that may affect them, initially exploring stronger peer networking and information sharing to ensure information reaches those it needs to.
(k)	**Other marginalised groups** **How have you considered the specific impact on other groups including homeless people, prisoners and ex-**	Those who experience social exclusion due to their lived experience can find barriers to engagement.	To ensure effective communication and engagement with more marginalised groups NHSGGC will initially rely on the development of

	offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?		stronger relationships with key third sector and community organisations supporting marginalised people. Working with HSCP engagement staff as an initial key link alongside board wide and national charities to better understand the needs of these groups when carrying out communications and engagement activity. If we are specifically engaging with a group on their lived experiences, we will go to where they are. We will also seek support and advice from the Consultation Institute and similar organisations to draw on their experience and support to develop inclusive approaches to support marginalised groups to share their voice.
8.	**Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐	The Strategy is not a response to cost savings measurers but should result in a more effective use of finite resources in delivering engagement activities across NHSGGC	

	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2) Promote equality of opportunity ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐		
9. **What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.**	Carried out mandatory EQIA training. In addition the strategy commits to delivering learning to staff to meet the full scope of expectations of role, alongside the development of improved web space and toolkits for staff to effectively engage and communicate with people.	

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.

The strategy will not act in a way that could impact on the human rights of patients, service users or staff, we will ensure that we will hold peoples data safely and securely in accordance with GDPR. We will ensure we do not systematically exclude any particular groups from participating in NHS engagement activity. The Strategy will remain a living document and take into account developments in policy over its lifetime.

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* .

*

- **F**acts: What is the experience of the individuals involved and what are the important facts to understand?
- **A**nalyse rights: Develop an analysis of the human rights at stake
- **I**dentify responsibilities: Identify what needs to be done and who is responsible for doing it
- **R**eview actions: Make recommendations for action and later recall and evaluate what has happened as a result.

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

☐   Option 1: No major change (where no impact or potential for improvement is found, no action is required)

☐   Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

☐   Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

☐   Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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

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)
Engagement with protected characteristic group will play a key role in the ongoing implementation and embedding of the Stakeholder Communications and Engagement Strategy with inclusive involvement and communication a key component that will feature in the ongoing action plan.	Ongoing	SB
We will work to use a range of communications and engagement approaches and targeted social media contact to ensure our messages are going through the relevant channels to reach protected groups		SB
All engagement activities carried out by dedicated engagement staff will include the use of an equalities monitoring form when appropriate with the data recorded securely. We will develop alternative approaches to gather equalities information where a written form wouldn't be appropriate, it is also expected all staff carrying out engagement capture this data.	16/04/21	SB
Creation of robust and accessible guidance to ensure any teams undertaking communications or engagement activity ensure that they actively work to involve communities.	16/04/21	SB
Carry out initial Stakeholder Mapping and embed ongoing refreshing and relationship building activities with communities across NHSGGC to develop stringer relationships with protected characteristic groups	Ongoing	SB
As an organisation we will work to ensure key messages are shared in other languages, and take into account particular needs or challenges faced by people. We will also ensure that videos and media sharing protocols will be further developed to ensure we are consistently adding subtitles to videos we are producing, as a health board we will also work with visually impaired people and charities to ensure our engagement and communication is accessible.	16/04/21	SB

NHS GGC will continue to work on developing a more robust relationship with BME communities and third sector partners to ensure we maintain an in-depth understanding of the needs of the community, building on and mainstreaming work carried out in 2018/19 by the equalities and human rights team.	Ongoing	SB
We will develop a relationship with our planned staff interfaith group to better understand any barriers to communication and engagement due to religion or other beliefs	Ongoing	SB
NHSGGC will continue to build and maintain relationships with the LGBT community across NHSGGC and ensure we are providing appropriate and safe communication and engagement opportunities.	Ongoing	SB
A key aim of this strategy is to ensure all communications and engagement information provided by NHSGGC will be accessible and Jargon free to encourage open communication and engagement.	Ongoing	SB

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

April 20th 2021

Lead Reviewer: **Name**   **Paul Hayes**
EQIA Sign Off: **Job Title**   **Patient Experience, Public involvement Manager**
                                            Signature
                                            Date   **13/10/2020**

Quality Assurance Sign Off: **Name**
                                           Job Title
                                           Signature
                                           Date

NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
REVIEW SHEET

Name of Policy/Current Service/Service Development/Service Redesign:

NHSGG's Stakeholder Communications and Engagement Plan	

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:	Engagement with protected characteristic group will play a key role in the ongoing implementation and embedding of the Stakeholder Communications and Engagement Strategy with inclusive involvement and communication a key component that will feature in the ongoing action plan.	Ongoing	
Status:	Engagement with protected characteristic group has been a key part of engagement planning with the PEPI team involving the Equality and Human Rights team in engagement planning. Recent example shave been NHSGGC GPOOH service evaluation v2 and recruitment of a more inclusive SRG, with a number of BME community groups attending in November. Follow up one2ones being undertaken between them and PEPI to gauge interest in ongoing membership	Ongoing	
Action:	We will work to use a range of communications and engagement approaches and targeted social media contact to ensure our messages are going through the relevant channels to reach protected groups	Ongoing	
Status:	Development of a new social media strategy to maximise reach and engagement with the Board's corporate social media sites (Facebook, Twitter, Instagram, LinkedIn) is underway which will guide online communications. Work is also ongoing through the digital engagement officer to map a range of community groups online.	Awaiting Sign off	Communications
Action:	All engagement activities carried out by dedicated engagement staff will include the use of an equalities monitoring form when appropriate with the data recorded securely. We will develop alternative approaches to gather equalities information where a written form wouldn't be appropriate, it is also expected all staff carrying out engagement capture this data.	16/04/21	PEPI

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Status:	All virtual engagement surveys make use of a standard NHSGGC Equalities form as an optional additional questionnaire, with the PEPI team seeing good return rates on this. Equalities forms will be updated to remain in line with those used by the equalities and human rights team.	Complete/Ongoing	PEPI
Action:	Creation of robust and accessible guidance to ensure any teams undertaking communications or engagement activity ensure that they actively work to involve communities.	16/04/21	
Status:	Review of the PEPI webpages are underway with initial aim to create staff focused pages. These pages will provide good practice guidance and directions to external resources such as planning with people guidance and HIS community engagement pages to help ensure engagement advice and support is readily accessible, this will consider equalities aware engagement advice	Ongoing	PEPI
Action:	Carry out initial Stakeholder Mapping and embed ongoing refreshing and relationship building activities with communities across NHSGGC to develop stringer relationships with protected characteristic groups	Ongoing	
Status:	Social media mapping activity has been undertaken with further mapping work being taken out throughout the year to organically build the PEPI engagement network, activity taken to develop site specific Newsletters is also a key factor in mapping key community/interest groups for key sites.	Ongoing	PEPI
Action:	As an organisation we will work to ensure key messages are shared in other languages, and take into account particular needs or challenges faced by people. We will also ensure that videos and media sharing protocols will be further developed to ensure we are consistently adding subtitles to videos we are producing, as a health board we will also work with visually impaired people and charities to ensure our engagement and communication is accessible.	16/04/21	
Status	PEPI has been working with the EQHRT team to ensure we are following engagement best practice and promote engagement opportunities to a broad range of patients ensuring our communication is accessible. Videos produced for promotion, and patient information have subtitles created and included as standard, media produced is also translated for communities when required. **Further update required from comms**.	Ongoing	Directorate
Action:	NHS GGC will continue to work on developing a more robust relationship with BME communities and third sector partners to ensure we maintain an in-depth understanding of the needs of the community, building on and mainstreaming work carried out in 2018/19 by the equalities and human rights team.	Ongoing	
Status	Social media mapping activity has been undertaken with further mapping work being taken out throughout the year to organically build the PEPI engagement network with third sector groups. The development of stronger links with the NHSGGC Equalities and Human Rights team has increased the ease that the directorate can reach out to and engage with a range of	Ongoing	PEPI

	BME communities, with recommendations focusing on going to where communities are and engaging with pre existing groups.		
Action:	We will develop a relationship with our planned staff interfaith group to better understand any barriers to communication and engagement due to religion or other beliefs	Ongoing	
Status:	Catherine Ospedale is a key contact for the NHSGGC interfaith group, with regular contact between the directorate and group planned throughout the year	Ongoing	Communications
Action:	NHSGGC will continue to build and maintain relationships with the LGBT community across NHSGGC and ensure we are providing appropriate and safe communication and engagement opportunities.	Ongoing	
Status:	The directorate continues to link with the LGBT staff forum through communications. LGBT support and charity groups are a key area for mapping and relationship building, with PEPI reaching out to a range of local and national charities to develop our relationships	Ongoing	PEPI
Action:	A key aim of this strategy is to ensure all communications and engagement information provided by NHSGGC will be accessible and Jargon free to encourage open communication and engagement.	Ongoing	
Status:	PEPI engagement activity is written to ensure it is clear, accessible and in an easy read format. **Further update required from comms**.	Ongoing	Directorate

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:			
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	**Initials**
Action:	Develop participation training and develop at toolkit to equip staff to confidently engage with and involve all our communities.	December 2021	
Reason:	Objective identified to build on new national community engagement guidance to further embed good engagement practice and tools in NHSGGC, ensuring equalities best practice is considered throughout work of the communications and public engagement directorate	Ongoing	
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: Paul Hayes

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