**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**](mailto:CITAdminTeam@ggc.scot.nhs.uk) **for further details or call 0141 2014560.**

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

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| NHSGGC Digital Strategy 2023-28 |

**Is this a: Current Service  Service Development  Service Redesign  New Service  New Policy**  **Policy Review**

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

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| ***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 NHS Greater Glasgow & Clyde digital strategy has been produced to provide information to our citizens, patients, staff, clinicians, and partners. The strategy outlines a five year plan, covering important themes and programmes that will be the focus of the Board’s Digital Delivery Plan 2023-28. The aim of the strategy is to provide direction for our staff, and reassurance for our citizens that NHSGGC is aware of and delivering the priorities that matter to them and aligned with NHSGGC aims and objectives and operational priorities. A key aim of the strategy is to communicate how important digital technology and online services are across services within NHSGGC and how this will continue to grow and expand over the coming years. The strategy references various projects, programmes and initiatives that are either underway, or will be implemented to deliver positive improvements to health and care across greater Glasgow and Clyde, the West of Scotland and nationally. The strategy will be available in a universal file format (PDF) that can be viewed on any device, printed or attached to an email. It will also be available on the Web.  There will be a requirement for specific programmes and projects aligned to this strategy to follow the EQIA process.  ***Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)***  The strategy requires that an EQIA be conducted due to its wide-reaching scope, whereby digital technology is supporting many aspects of our work at NHSGGC (across all services, sites, settings and specialities) and will bring benefits to citizens and patients over the next five years. However, there is an acknowledgement that digital technology may not be equitably accessed by all and that any investment in digitally supported service provision cannot ‘leave some people behind’ due to protected characteristics or other factors. The strategy has been designed to support and deliver NHSGGC corporate aims, objectives and operational priorities. |

**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)**

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| **Name:**  Dr Alastair Bishop, Interim Head of Strategy & Programmes | **Date of Lead Reviewer Training:**  13/10/2022 |

**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):**

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| Dr Alastair Bishop, Interim Head of Strategy & Programmes  Ian Patterson, eHealth Programme Manager  Dr Nagore Penades, Joint eHealth Clinical Lead  Gillian Ferguson, Joint eHealth AHP Lead  Denise Lyden, PMO Manager  Dr Andrew Winter, Joint eHealth Clinical Lead  Dr Brian Choo-Kang, Joint eHealth Clinical Lead  Dr Keith Mercer, Joint eHealth Clinical Lead  James Monaghan, Joint eHealth Nurse Lead  Christopher Grant-Pantrey, Joint eHealth Clinical Lead  Rob Puckett, Pharmacy Lead |

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|  | | ***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’s Digital Strategy sets out how digital technology will support service/system access for both NHSGGC employees in their professional roles and for citizens as service users. To better understand the population demographics we have referred to NHSGGC workforce monitoring reports and wider GGC population breakdowns ([nhsggc-workforce-monitoring-report-2021-2022.pdf)](https://www.nhsggc.org.uk/media/272026/nhsggc-workforce-monitoring-report-2021-2022.pdf)  NHS Greater Glasgow and Clyde (GGC) health board has a total population of 1,185,040 residents, according to the latest available National Records of Scotland (NRS) mid-year population estimates for 2021.  Based on 2020 mid-year estimates, over a third (34%) of the population of NHS Greater Glasgow and Clyde are resident in the most deprived quintile of Scottish data zones (Quintile 1) (source [Population Estimates by Scottish Index of Multiple Deprivation (SIMD) | National Records of Scotland (nrscotland.gov.uk)](https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/2011-based-special-area-population-estimates/population-estimates-by-simd-2016))  Figure below illustrates *NHSGGC population distribution by age group, mid year estimates for 2021 compared to 2011 (source: NRS)* | We know from demographic analysis and recent experience of connectivity during the COVID-19 Pandemic that some communities experience disproportionate levels of digital exclusion. This is primarily due to language and communication barriers associated with the protected characteristics of Race, Disability and Age but also because of poverty, which is an inhibitor when considering digital inclusion/exclusion.  The Strategy and aligned programmes of work will be subject to EQIA and appropriate adjustments made to ensure that investment in digital development does not exacerbate experience of inequality across protected characteristic groups or leave anyone behind. |
|  | | ***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**  **3) Foster good relations between protected characteristics.**  **4) Not applicable** | ***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)*** | * To develop the digital strategy, we collected information from citizens through an online survey, face to face meetings and direct enquiries. * The online survey was supported by the Corporate Communications Team at NHSGGC. * No personally identifiable information was collected and all responses were anonymous. * 1-2-1 interviews were conducted with patients, partners and NHSGGC staff, and the engagement included over 100 people in total. * An annual Clinical Links Event was held to capture strategic views and input from across clinical services * Engagement sessions took place with a variety of staff groups, including with protected characteristic groups:   + Staff Disability Forum   + BME Network   + Staff LGBTQ+ Forum   The data captured formed the basis of discussion by the digital strategy development group and directly informed development of the digital strategy. Discussion topics included (but were not limited to):   1. **Socio/Economic equality**  * Digital poverty. * Digital inclusion, literacy. * Gender, Race, Minority & Ethnic groups. * Non-English language speaking. * Disability.   **2. Access**   * Backwards compatibility – “to ensure people do not feel left behind.” * Reliability, business continuity and Disaster Contingency/Recovery. * Digital connectivity/access (including rural areas).   **3. Design**   * People-centred digital * Citizen & Workforce (workforce are citizens too). * Scotland Gov Digital Service Design. * User Testing. * Ongoing citizen & workforce engagement (eHealth engagement Hub, HiStories Living Library).   The discussion points were designed to directly correlate with key aspects of the Equality Impact Assessment, as follows:  Diagram  Description automatically generated | As above, understanding Greater Glasgow and Clyde’s diverse population and potential barriers experienced when accessing services with digital components will assist sensitive and inclusive planning. |
|  | | ***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).*** | Learning from research evidence has informed the Digital Strategy. This includes feedback provided by citizens, patients, staff and partners that have been contributed to the following sections of the strategy:   * Strategy engagement * Strategy engagement / Citizens * Strategy engagement / Staff * Strategy engagement / Clinical * Strategy engagement / Partners * Digital equality * Digital equality / Designing for equality * Workforce digital literacy & skills * Workforce digital literacy & skills / Aims * Workforce digital literacy & skills / Accessibility   Within these sections we outline our strategic challenges, aims and objectives over the next five years (2023-28). |  |
|  | | ***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?**  **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** | ***A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.***  ***(Due regard to promoting equality of opportunity)***  ***\* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.*** | Engagement sessions took place with a variety of staff groups, including with protected characteristic groups:   * Staff Disability Forum * BME Network * Staff LGBTQ+ Forum   These sessions were run by providing an advance framework for open answers and debate, where any topic could be discussed with ample time to engage.    Discussion highlights from these sessions included the points below, which have informed the digital strategy:   * Importance of catering for Non-English language speakers. * Understanding what languages are appropriate to use, for which individuals, including regional variations and dialects. * Complexity and sensitivity of translating clinical and medical information into other languages. * Have translation service using remote digital tools, eg LanguageLine * Where appropriate and possible, considering provision of suitable alternatives, to ensure that people who cannot access digital services are able to communicate in other ways. * Limiting the risk of our citizens and staff feeling left behind, in terms of their ability to access online solutions and having the knowledge to use them. * Interest towards the independent Health inequalities in Scotland review being conducted by the Health Foundation Review, which will strengthen evidence to tackle health inequalities in Scotland. * The role eHealth can play in providing support and guidance across all NHSGGC services, to ensure citizen-facing online properties meet required legislative, accessibility, compliance and coding standards – to be accessible for everyone. * How digital accessibility for our staff involves supporting specialist technologies, such a voice-to-text dictation, speech readers and colour changing digital overlays. * The importance of adhering to accessibility standards when procuring and creating digital solutions. * Having the ability to change typefaces, font sizes and colours when using systems and software. * How a structured model that caters for the needs of individuals by grouping digital accessibility needs could help our IT function administer accessibility tools and software across the organisation. * The value of reviewing our systems from an accessibility perspective. * The importance of design, structure and storage of data to respect equality rights including gender sensitivity.   Engagement was also undertaken with citizens in partnership with NHSGGC’s Public Engagement and Patient Involvement team. This included people with protected characteristics. We have identified some gaps and have discussed how we address those and also continue the engagement to reach digitally excluded groups or those who may face other barriers, particularly during the life of the strategy implementation.  We will design for digital equality from the start, including the requirement for non-digital alternatives if needed, language translation where appropriate and non-gender bias as standard. We will continue to develop our core systems and data to be more equality-sensitive, with gender/sex/ethnicity standards that can be adopted across our services.  We will work in partnership with citizens and staff to find practical ways to listen to and learn from citizens and staff, to involve them on an ongoing basis as part of our digital solution/service design. For example, over 700 citizens responded to an online survey to share their experience of medicines processes, and help us identify priorities for improvement as part of the eMedicines Programme.  We will enhance our approach to user testing to better represent the diversity of our citizens. And we will apply the Scottish Approach to Service Design to support its vision: “that the people of Scotland are supported and empowered to actively participate in the definition, design and delivery of their public services”. |  |
|  | | ***Example*** | **Service Evidence Provided** | **Possible negative impact and Additional Mitigating Action Required** |
| **5.** | **Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?**  **Your evidence should show which of the 3 parts of the General Duty have been 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** | ***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).*** | The digital strategy itself will be accessible via the NHSGGC Website, which uses the common website publishing technology: WordPress. WordPress supports access via a variety of digital device types (desktop, tablet or smart phone). The primary file format is a PDF (Portable Document Format) which supports a wide variety of operating system and accessibility software, including speech readers and the ability to change colours and screen contrast in addition to printing the strategy if desired.  We will consider translation of key sections of the strategy that will be of most interest to citizens.  We will also make available a black and white (greyscale) version of the PDF on the advice of our Staff Disability Forum.  The strategy promotes equal access and opportunity across NHSGGC digital services and aims to:   * Promote equality of opportunity and engagement * Ensure equality of access for people with protected characteristics and other marginalised groups * Capture the data required to measure and improve digital equality * Design, structure and store data to respect equality rights including gender sensitivity * Continue to improve systems and online information to be accessible for everyone   In all aspects of the delivery of the Digital Strategy and aligned service developments, focus will be brought to ensure adjustments are made where proportionate to facilitate inclusion. |  |
|  | | ***Example*** | **Service Evidence Provided** | **Possible negative impact and Additional Mitigating Action Required** |
| **6.** | **How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?**  **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**  **1) Remove discrimination, harassment and victimisation**  **2) Promote equality of opportunity**  **3) Foster good relations between protected characteristics**  **4) Not applicable**  **The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve 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.** | ***Following a service review, an information video to explain new procedures was hosted on the organisation’s YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.***  ***Written materials were offered in other languages and formats.***  ***(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).*** | Engagement with staff as part of this strategy has been in-depth, and broad in scope.  Highlights of our engagement with staff include:   * Improving implementation of large technology systems whether new, replacement or updated technologies. This should be based on positive lessons learned from successful large-scale roll-out of programmes * Providing ongoing engagement with staff to help reduce any perceived ‘fear factor’ associated with digital change and new systems. * Effective staff engagement, by listening to feedback and learning from staff experiences. * Help staff to become more confident with digital by providing basic skills as well as training for specific or specialist systems. * To consider a range of accessibility feedback. * Continue to use remote meeting technology to support blended working, including remote meetings where appropriate. * Have translation service using remote digital tools, eg LanguageLine |  |
| **7** | **Protected Characteristic** | | **Service Evidence Provided** | **Possible negative impact and Additional Mitigating Action Required** |
| **(a)** | **Age**  **Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).**  **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**  **1) Remove discrimination, harassment and victimisation**  **2) Promote equality of opportunity**  **3) Foster good relations between protected characteristics.**  **4) Not applicable** | | Although age is not in itself a barrier to using digital, many of the factors that can make this difficult are more common for older people (familiarity, access to internet, disability) as reported in Age Concern UK’s *Digital Inclusion report (UK), March 2022* [digital-inclusion-policy-position-march-2022.pdf (ageuk.org.uk)](https://www.ageuk.org.uk/globalassets/age-uk/documents/policy-positions/active-communities/digital-inclusion-policy-position-march-2022.pdf)   * 2.2 million (40 per cent) of people aged 75+ and 800,000 (12 per cent) of people aged 65-74 in the UK had not used the internet in the last three months. * The pandemic has not led to a greater proportion of people aged 65+ getting online than would be expected by the trend in increased use over the last decade. * Not everyone who goes online, stays online – five per cent of people aged 75+ do not use the internet but have done in the past, while some internet users only carry out limited activities online. * At the start of 2020, 53% of people aged 65 and over in GB used a smartphone.   Figure below illustrates *NHSGGC population distribution by age group, mid year estimates for 2021 compared to 2011 (source:* [Population Estimates by Scottish Index of Multiple Deprivation (SIMD), National Records of Scotland (www.nrsscotland.gov.uk)](https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/2011-based-special-area-population-estimates/population-estimates-by-simd-2016) | Individual programmes of work associated with the Digital Strategy will be subject to equality impact assessment and where disproportionate impact on the grounds of Age is identified, reasonable adjustments will be put in place. In this way NHSGGC will ensure transformation in the way we deliver care while ensuring no-one is left behind. |
| **(b)** | **Disability**  **Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?**  **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**  **1) Remove discrimination, harassment and victimisation**  **2) Promote equality of opportunity**  **3) Foster good relations between protected characteristics.**  **4) Not applicable** | | While there will be positive impacts resulting from the ongoing commitment to deliver digital solutions to service challenges, we appreciate that digital still presents barriers to access for some disabled people. | Individual programmes of work associated with the Digital Strategy will be subject to equality impact assessment and where disproportionate impact on the grounds of disability is identified, proportionate adjustments will be put in place. In this way NHSGGC will ensure transformation in the way we deliver care while ensuring no-one is left behind. |
|  | **Protected Characteristic** | | **Service Evidence Provided** | **Possible negative impact and Additional Mitigating Action Required** |
| **(c)** | **Gender Reassignment**  **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**  **3) Foster good relations between protected characteristics**  **4) Not applicable** | | There is no anticipated impact on employees or service users with the protected characteristic of gender reassignment. | Individual programmes of work associated with the Digital Strategy will be subject to equality impact assessment and where disproportionate impact on the grounds of gender reassignment is identified, proportionate adjustments will be put in place. In this way NHSGGC will ensure transformation in the way we deliver care while ensuring no-one is left behind. |
|  | **Protected Characteristic** | | **Service Evidence Provided** | **Possible negative impact and Additional Mitigating Action Required** |
| **(d)** | **Marriage and Civil Partnership**  **Could the** **service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?**  **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**  **1) Remove discrimination, harassment and victimisation**  **2) Promote equality of opportunity**  **3) Foster good relations between protected characteristics**  **4) Not applicable** | | No anticipated impact on the grounds of marriage and civil partnership. |  |
| **(e)** | **Pregnancy and Maternity**  **Could the** **service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?**  **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**  **1) Remove discrimination, harassment and victimisation**  **2) Promote equality of opportunity**  **3) Foster good relations between protected characteristics.**  **4) Not applicable** | | No anticipated impact on the grounds of pregnancy and maternity. | Where digital developments are implemented in care pathways associated with pregnancy and maternity they will be assessed to ensure they are inclusive of the needs of different protected characteristic groups. This may mean delivering the same level of support differently to ensure no one is ‘left behind’. |
|  | **Protected Characteristic** | | **Service Evidence Provided** | **Possible negative impact and Additional Mitigating Action Required** |
| **(f)** | **Race**  **Could the** **service change or policy have a disproportionate impact on people with the protected characteristics of Race?**  **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** | | While there will be positive impacts resulting from the ongoing commitment to deliver digital solutions, we appreciate that digital still presents barriers to access for some BME people. It’s not clear why access differentials by ethnicity exist – The NHS Race & Health Observatory suggests possible mistrust of data use, less access to digital devices and/or lower levels of digital literacy for older BME people. Recommendations for inclusion include support in various mediums and languages and mandatory equality impact assessments for services moving to digital platforms. | NHSGGC is committed to ensuring that inclusion through interpreting provision and translated resources remains an essential mainstream support available to all.  Service changes aligned to the Digital Strategy will be subject to equality impact assessment. |
| **(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** | | No anticipated impact on the grounds of religion and belief. | Religion and Belief information has already been included in electronic nurse record developments in order to ensure needs are met in service delivery. This matches NHSGGC’s Equality Outcome 4 – Ensure the religious beliefs of patients are understood and acted on.  As aligned programmes of work develop, they will be subject to equality impact assessment to determine relevance for this protected characteristic. |
|  | **Protected Characteristic** | | **Service Evidence Provided** | **Possible negative impact and Additional Mitigating Action Required** |
| **(h)** | **Sex**  **Could the** **service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?**  **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**  **1) Remove discrimination, harassment and victimisation**  **2) Promote equality of opportunity**  **3) Foster good relations between protected characteristics.**  **4) Not applicable** | | No anticipated impact on the grounds of sex. |  |
| **(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** | | No anticipated impact on the grounds of sexual orientation. |  |
|  | **Protected Characteristic** | | **Service Evidence Provided** | **Possible negative impact and Additional Mitigating Action Required** |
| **(j)** | **Socio – Economic Status & Social Class**  **Could the** **proposed** **service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?**  **The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here:** [Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)](https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/)  Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:  1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?  2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?  3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?  4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?  5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?  6. How has the evidence been weighed up in reaching our final decision?  7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)21 provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement22 should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision. | | Poverty is often cited as the single biggest determinant of digital exclusion, compounding barriers for other protected characteristic groups. The Carnegie Trust (2016) found a strong relationship between SIMD and internet uptake with uptake amongst the 10% most deprived areas in Scotland sitting at 53% compared to 81% for the 10% least deprived areas. The Digital Poverty Alliance state that 53% of people who are offline can’t afford to pay an average monthly broadband bill. | Individual programmes of work associated with the Digital Strategy will be subject to equality impact assessment and where disproportionate impact on the grounds of socio-economic status is identified, proportionate adjustments will be put in place. In this way NHSGGC will ensure transformation in the way we deliver care while ensuring no-one is left behind.  We will work with Local Authority and 3rd sector partners to determine how means of accessing digital services can be enhanced and improved for people affected by poverty and/or digital exclusion. |
| **(k)** | **Other marginalised groups**  **How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?** | | There may be some groups who experience higher levels of digital exclusion and therefore may not benefit (or may be further removed) from digital-based service improvements. | Individual programmes of work associated with the Digital Strategy will be subject to equality impact assessment and where disproportionate impact for other marginalised groups is found, proportionate adjustments will be put in place. In this way NHSGGC will ensure transformation in the way we deliver care while ensuring no-one is left behind. |
| **8.** | **Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?**  **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**  **1) Remove discrimination, harassment and victimisation**  **2) Promote equality of opportunity**  **3) Foster good relations between protected characteristics.**  **4) Not applicable** | | Individual projects and programmes may deliver cost savings through reducing admin burden and other means. It is not anticipated that any of these would disproportionately impact on protected characteristic groups.  All major programmes will follow a business case approach and this will include an EQIA to determine any disproportionate impact on people with protected characteristics. |  |
|  | | | **Service Evidence Provided** | **Possible negative impact and Additional Mitigating Action Required** |
| **9.** | **What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.** | | The 2023-28 digital strategy was developed in close collaboration with equality specialists at NHSGGC, having consideration of equality responsibilities when developing the strategy from the outset. Considerable time was spent engaging and collating a wide range of equality topics from a diverse spectrum of stakeholders.  Engagement with the public was undertaken through the use of an online questionnaire.  These topics were captured and analysed for discussion with the digital strategy development (DSD) group. The DSD group was chosen to reflect the needs of the organisation having a suitable mix of sex, ethnicity, age and roles from across the organisation. To discuss matters of equality, and ensure these topics were included in the strategy, a series of working sessions to educate and raise awareness of these topics, including specialist aspects of digital equality were undertaken. |  |

**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.**

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| The digital strategy advocates use of online technology in healthcare to benefit everyone, including those who may not be able to use technology themselves. Application of equality impact assessments to each aligned development will ensure a transparent process for checking any potential risk to Human Rights Articles. |

**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\*.**

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| The Digital Strategy was developed with extensive engagement with citizens via the PEPI team. An online survey gathered responses from 245 citizens and this directly informed the Digital Strategy. The Scottish Approach to Service Design vision will be adopted: “that the people of Scotland are supported and empowered to actively participate in the definition, design and delivery of their public services”. |

\*

* **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.**

|  |
| --- |
| The digital strategy has been developed by following guidance provided by the NHSGGC Equality Team and EQIA framework. We have produced a series of stories that reflect the needs and experience of citizens and staff. This process was inclusive and designed to reflect the diverse needs of many groups. The stories have been collected into a ‘living library’ that shows the diversity and range of what digital technology currently and will in future enable across NHSGGC. We will continue to record these stories on an ongoing basis. |

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| --- | --- | --- |
| Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward. | **Date for completion** | **Who is responsible?(initials)** |
|  | |  | |

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

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| --- |
|  |

**Lead Reviewer:** **Name** **Dr Alastair Bishop**

**EQIA Sign Off:** **Job Title** **Interim Head of Strategy & Programmes**

**Signature**

**Date 13 October 2022**

**Quality Assurance Sign Off:** **Name** Alastair Low

**Job Title** Planning and Development Manager

**Signature**

**Date 25/10/22**

**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:**

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

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| --- | --- | --- | --- |
|  | | **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**

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| --- | --- | --- | --- |
|  | | **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**

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|  |

**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**](mailto:alastair.low@ggc.scot.nhs.uk)