

# NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

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

Name of I	Policy/Service Review/Service Development/Service Redesign/New Service:
NHSGO	SC Workforce Strategy 2025-2030
	Current Service   Service Development   Service Redesign   New Service   New Policy   Policy Review   Policy Review    Policy Review   Policy
	on of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).
empow health, families	orkforce Strategy 2025-2030 for NHS Greater Glasgow and Clyde (NHSGGC) outlines a comprehensive plan to support, develop, and ser its workforce over the next five years. It aims to create a safe, inclusive, and forward-looking working environment that enhances the wellbeing, and engagement of staff while ensuring the delivery of high-quality, person-centred care to patients, service users, and their. The strategy is structured around four pillars:  Safety, Health and Wellbeing  Culture and Leadership  Learning and Careers  Recruitment and Retention  ith specific objectives to ensure that NHSGGC remains a leading employer and healthcare provider.
technol	ategy focuses on addressing emerging challenges such as demographic changes, increasing demand for healthcare services, ogical advancements, and evolving workforce expectations. By embedding inclusivity, flexibility, and continuous professional oment, the strategy aims to attract and retain a talented, diverse workforce capable of meeting the needs of the communities it serves.
Key obi	ectives include:

- Ensuring the physical and mental wellbeing of staff through robust support systems.
- Promoting a culture of respect, collaboration, and innovation.
- Providing career development opportunities to foster professional growth.
- Enhancing recruitment and retention practices to secure a resilient workforce.

The Workforce Strategy was selected for Equality and Quality Impact Assessment (EQIA) because it is central to NHSGGC's ability to deliver equitable and high-quality care to its diverse population. The strategy directly aligns with the organisation's priorities as articulated in its Corporate Objectives, Moving Forward Together programme, and Equality Outcomes Report. Specifically, it underpins NHSGGC's commitment to:

- Fostering a diverse and inclusive workforce that reflects the communities it serves.
- Promoting equal opportunities for all staff, irrespective of their background.
- Complying with legal obligations under the Equality Act 2010, including the Public Sector Equality Duty, to eliminate discrimination, advance equality, and foster good relations.

The EQIA ensures that the strategy proactively identifies and mitigates potential inequalities, particularly for staff from protected characteristic groups, and maximises its positive impact. The rationale for its selection also considers:

- The proportionality and relevance of workforce policies to organisational success.
- Potential legal and reputational risks associated with failing to address equality concerns effectively.
- The strategy's role in addressing locally identified outcomes, such as reducing employment inequalities, promoting diversity in leadership, and improving staff health and wellbeing.

This EQIA offers a high-level assessment of possible risk associated with the content and possible application of the Workforce Strategy. Where additional streams of work are generated by the Strategy, they will be subject to their own EQIA assessment to ensure a robust, system-wide approach is undertaken. Through this EQIA process, NHSGGC seeks to reinforce its dedication to transparency, accountability, and the continuous improvement of its workforce practices, ensuring alignment with both organisational goals and legal standards.

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name:	Date of Lead Reviewer Training:
Mathew Pay	15 June 2010 (Refreshed December 2024)

## 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):

Mathew Pay – Workforce Strategy Manager Liam Spence – Head of Staff Experience

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.

## Service Evidence Provided

For the implementation of the Workforce Strategy 2025–2030, NHSGGC routinely collects equalities information from its workforce as part of its legal and organisational commitment to equality, diversity, and inclusion. This includes data from the following sources:

## Employee records:

 Collected during recruitment and updated throughout employment, covering protected characteristics such as age, sex, ethnicity, disability, religion or belief, sexual orientation, and marital status.

## Staff surveys:

 Tools such as iMatter and the Staff Health Survey capture data on staff experiences, wellbeing, and engagement. These surveys often include questions to identify trends

## Possible negative impact and Additional Mitigating Action Required

While NHSGGC strives for comprehensive equalities data collection, several challenges exist:

#### Data disclosure reluctance:

 Some staff may be hesitant to disclose personal information, particularly regarding characteristics such as disability, sexual orientation, or gender identity.

## Inconsistent data updating

 Employees may not update their equality information regularly, leading to outdated records.

## Complex data needs:

 The intersectionality of characteristics can be difficult to assess and address within standard reporting frameworks. On this basis, NHSGGC has updated our or disparities across protected characteristics.

## Occupational health data:

 Information is gathered through staff interactions with Occupational Health services, highlighting any specific needs related to disability or health conditions.

#### Recruitment and retention metrics:

 Analysis of recruitment, retention, and promotion data ensures fairness and inclusivity. This includes data on applicants' demographics and progression within the organisation.

#### Feedback mechanisms:

 Formal grievance reports, informal concerns, and engagement sessions with staff, trade unions, and equality networks help identify equalityrelated challenges.

## Mandatory training data:

 Compliance rates for training on equality, diversity, and inclusion are routinely monitored.

As this strategy represents a continuation of NHSGGC's existing workforce initiatives, the

onboarding processes to ensure a high level of data collection for new starts and has conducted a number of communication campaigns such as Ple-EESS Update your EESS

## Survey response rates:

 While tools like iMatter are valuable, response rates can vary, potentially skewing the representativeness of the data.

NHSGGC acknowledges that some protected characteristic data, such as gender reassignment or specific health conditions, may not be comprehensively collected due to disclosure sensitivities and current system limitations. Where data is incomplete or unavailable, NHSGGC compensates by:

- Encouraging anonymous feedback through surveys and engagement events.
- Collaborating with equality networks and employee resource groups to understand underrepresented voices.
- Focusing on qualitative feedback alongside quantitative data to address gaps.

equalities data gathered from current employees is highly relevant to the development and application of the policy. Key data includes:  • Trends in workforce diversity reflecting the communities served by NHSGGC.  • Disparities in access to learning, career progression, or wellbeing resources for different protected characteristic groups.  • Representation levels in leadership roles across age, gender, ethnicity, and other protected characteristics.  • Evidence from local population demographics to ensure the workforce aligns with the needs of the diverse communities in Greater Glasgow and Clyde.  All the above are congruent with responsibilities outlined in the Equality Act (Specific Duties)(Scotland) Regulations 2012 which require NHSGGC to gather and use employee information to better perform the duty.	By addressing these barriers, NHSGGC aims to continually improve its equality data collection processes, ensuring that the Workforce Strategy promotes fairness and inclusivity across all aspects of its implementation.  Possible negative impact and Additional
Service Evidence Provided	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 parts of the General Duty have been considered (tick relevant boxes).	
	1) Remove discrimination, harassment and victimisation	✓
	2) Promote equality of opportunity	<b>√</b>
	3) Foster good relations between protected characteristics.	<b>✓</b>
	4) Not applicable	

Data on grievances and complaints, particularly those related to discrimination, informs the development of a more inclusive culture. For instance, feedback from iMatter and equality networks highlighted the need to reinforce respect and collaboration within teams, influencing the inclusion of initiatives such as the Civility Saves Lives programme.

Recruitment and retention data, including diversity metrics, help ensure inclusive hiring practices and equitable opportunities for progression. For example, disparities identified in representation led to the introduction of measures such as unconscious bias training for hiring managers and diversity-focussed recruitment marketing.

Workforce diversity data has informed the design of career pathways to ensure all staff, regardless of background, have equitable access to opportunities. For example, structured career pathways and mentorship schemes aim to address underrepresentation of specific groups in leadership roles.

Insights from Occupational Health and staff feedback have driven improvements in flexible working policies and wellbeing Certain protected groups may not provide equality data due to privacy concerns, leading to incomplete insights that could unintentionally perpetuate inequalities.

 Increase efforts to build trust and improve anonymous data collection methods to encourage disclosure.

If data analysis is not robust or lacks a focus on intersectionality, policies could fail to address the nuanced needs of diverse groups.

 Employ diverse analytical teams and consult equality networks to ensure data is interpreted inclusively. For example, all our data is presented to our Workforce Equality Group quarterly.

A reliance on numerical data may overshadow qualitative insights, potentially missing lived experiences of marginalised staff.

 Balance quantitative analysis with focus groups and regular engagement with equality-focused employee networks.

			initiatives, ensuring accessibility for staff with disabilities or caring responsibilities.  Analysis of feedback from staff equality networks and surveys informed the inclusion of peer support programmes and culture change initiatives to strengthen relationships within teams.  Data from training compliance reports led to enhanced provision of equality, diversity, and inclusion training, ensuring all staff are equipped to contribute to a respectful and inclusive workplace.	
			Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	How have you applied learning from research evidence about the experience equality groups to the service or Policy?  Your evidence should show which of the parts of the General Duty have been considered (tick relevant boxes).  1) Remove discrimination, harassment	3	Evidence shows that diverse leadership teams drive better organisational performance and innovation. This informed NHSGGC's commitment to tackling bias in recruitment, increasing representation in leadership, and implementing leadership development programmes tailored to underrepresented groups.	The strategy may not fully reflect the experiences of marginalised groups if evidence is overly general or not specific to NHSGGC's workforce.  • Conduct targeted engagement sessions with equality networks and use qualitative research to complement broader studies.
	and victimisation	<b>√</b>	Research indicates flexible working improves	Staff resistance to inclusive practices (e.g.,
	2) Promote equality of opportunity	✓	staff wellbeing, especially for women, carers, and disabled employees. This shaped the	bias training) could limit the effectiveness of policy implementation.
	3) Foster good relations between protected characteristics	✓	inclusion of flexible working options and	policy implementation.

	4) Not applicable	organisational redesigns prioritising work-life balance.  Studies highlight that certain groups, such as ethnic minorities and LGBTQ+ staff, face higher rates of workplace stress. This informed NHSGGC's focus on enhanced wellbeing resources, such as stress management training and access to tailored Occupational Health support.  Evidence about unconscious bias and cultural competence has led to mandatory equality and diversity training for all staff, ensuring inclusive practices in patient care and internal staff relationships.	Embed inclusion into organisational values through leadership-led culture change and continuous communication.
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.	Engaged staff, including those from protected characteristic groups, to gather insights into workplace experiences and needs. This highlighted the importance of wellbeing resources, inclusive leadership, and equitable career opportunities.  Input from equality networks (e.g., LGBTQ+, disability, and ethnic minority groups) helped shape policy decisions, such as introducing	Some protected groups may not participate fully in engagement activities, resulting in an incomplete understanding of their experiences.  • Increase outreach and targeted engagement to ensure all groups, including marginalised voices, are represented - such as through our staff led equality groups

parts of the General Duty have been considered (tick relevant boxes).  Direct feedb	tailored wellbeing initiatives and leadership development programmes.  Direct feedback from underrepresented groups provided qualitative insights on	Frequent consultations may lead to staff disengagement or survey fatigue, limiting th quality of input.  • Use concise, well-targeted engagement tools and ensure		
1) Remove discrimination, harassment and victimisation	<b>✓</b>	barriers in recruitment, progression, and workplace culture, leading to practical interventions.	feedback visibly informs policy to demonstrate value to participants.	
<ul><li>2) Promote equality of opportunity</li><li>3) Foster good relations between protected characteristics</li></ul>	✓	Regular discussions with trade unions and partnership representatives ensured equality	Regular discussions with trade unions and Insights from engagement may not nuanced, intersectional issues face	Insights from engagement may not reflect nuanced, intersectional issues faced by specific groups.
4) Not applicable		considerations were prioritised in policy development.  Highlighted the need for greater representation in leadership roles, more support for reasonable adjustments, and enhanced flexible working practices.	<ul> <li>Cross-reference quantitative surved data with qualitative feedback to capture a complete picture of experiences.</li> <li>Implementation of policies informed by engagement (e.g., unconscious bias training may encounter resistance from some staff.</li> <li>Embed equality initiatives within the organisational culture, with leadership visibly supporting these changes.</li> </ul>	
		Service Evidence Provided	Possible negative impact and Addition Mitigating Action Required	

everyo	or service physically accessible to one? If this is a policy that impacts ment of service users through area ere potential barriers that need to be ssed?	IS	NHSGGC ensures compliance with accessibility standards across its facilities, including ramps, lifts, accessible toilets, and signage for people with physical disabilities. Regular audits assess accessibility gaps.	Older premises may lack full compliance with modern accessibility standards, posing challenges for staff or service users with disabilities.  • Conduct targeted refurbishment of older facilities, prioritising
parts	evidence should show which of the of the of the General Duty have been dered (tick relevant boxes).	3	Occupational Health services offer adjustments to support staff with disabilities, ensuring the workplace environment is inclusive.	accessibility enhancements.  Staff and managers may not fully understand the available resources or processes for
	move discrimination, harassment ictimisation	<b>✓</b>	Policies include flexible and remote working	workplace adjustments.  • Increase awareness of accessibility
	mote equality of opportunity	<b>✓</b>	options, reducing physical accessibility barriers for staff who may face challenges	policies through targeted training and communications.
	ster good relations between cted characteristics.	<b>✓</b>	commuting or navigating physical spaces.	Remote and flexible working tools may not
	applicable		NHSGGC incorporates accessibility into service redesigns, ensuring new developments meet or exceed accessibility requirements.  Regular engagement with staff, including disability networks, identifies potential barriers and informs improvements to physical spaces and workplace adjustments.	be fully accessible to staff with visual or auditory impairments.  • Ensure digital platforms and tools comply with Web Content Accessibility Guidelines (WCAG) and provide training on their use.  Renovations or service redesigns could temporarily limit accessibility.  • Communicate changes proactively and provide alternative arrangements during disruptions.
			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.

NHSGGC employs multiple communication methods, including written, verbal, digital, and face-to-face formats, to ensure accessibility for all staff and service users, irrespective of their abilities or preferred communication styles.

Digital platforms comply with accessibility standards, such as Web Content Accessibility Guidelines (WCAG), to ensure inclusivity for individuals with visual, auditory, or cognitive impairments.

Documents and communications are routinely provided in alternative formats, such as large print, Braille, or audio, upon request.

Easy-read formats and translations into different languages are available to accommodate staff and service users with literacy challenges or for whom English is not a first language.

Regular feedback sessions with equality networks and staff forums help identify potential communication barriers.

Clear communication pathways for staff with disabilities or other protected characteristics ensure their voices are heard during consultations or policy discussions.

Not all staff or service users may have access to or familiarity with digital communication tools.

 Provide alternative methods for nondigital communication and training for staff on how to use digital tools effectively.

Non-English speakers or those with literacy difficulties may find it challenging to access or understand key information.

 Expand translation services and use pictorial or easy-read materials to complement written communications.

Some teams may not consistently provide accessible formats or apply inclusive practices.

 Introduce regular audits to ensure compliance with accessibility and inclusivity standards across all communication channels.

Feedback from equality networks and forums may not always be acted upon, reducing trust.

• Establish transparent processes to show how feedback influences policy and communication changes.

7	Protected Characteristic	Equality, diversity, and inclusion training includes modules on inclusive communication practices to ensure staff understand how to communicate equitably.  Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	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).  If this decision is likely to impact on children and young people (below the age of 18) you will need to evidence how you have considered the General Principles of the United Nations Convention on the Rights of the Child. Please include this in Section 10 of the form.	The Workforce Strategy 2025–2030 is designed to be inclusive across all age groups, ensuring equitable opportunities for professional development, wellbeing support, and flexible working options.  Career pathways are aligned to support employees of all ages seeking development and adaptation to career-ending transitions or flexible retirement for older staff.  Data from workforce feedback and demographic trends informed the policy's focus on catering to intergenerational differences:  • Younger staff - initiatives such as apprenticeships, early career development programmes, and	Tailored policies for specific age groups (e.g., early career programmes) might be perceived as inequitable by other staff.  • Communicate clearly that age-focused initiatives address identified needs and gaps while ensuring equal access to opportunities for all employees.  Young employees may not fully engage with policies or initiatives due to a lack of tailored communication.  • Use targeted messaging, mentorship opportunities, and peer-led engagement strategies to ensure inclusion.  If career opportunities for younger entrants
	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).	<ul> <li>mentorship schemes.</li> <li>Older staff - support for managing health challenges, phased retirement</li> </ul>	(e.g., apprenticeships) are insufficiently promoted, NHSGGC may miss opportunities to support workforce diversity.

	1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity 3) Foster good relations between protected characteristics. 4) Not applicable	✓ ✓	options, and accommodations for physical or cognitive changes.	Enhance outreach efforts to schools and colleges to raise awareness of career pathways within NHSGGC.
(b)	Disability  Could the service design or policy contents have a disproportionate impact on people due to the protected characteristic of disability?  Your evidence should show which of the parts of the General Duty have been considered (tick relevant boxes).	le	The Workforce Strategy 2025–2030 emphasises the importance of reasonable adjustments for employees with disabilities, ensuring their needs are met through policies that facilitate inclusive working environments.  Regular audits and feedback mechanisms assess the implementation and effectiveness of adjustments, such as accessible workspaces, adaptive technology, and	Not all teams may implement reasonable adjustments effectively or in a timely manner.  • Strengthening monitoring and accountability measures to ensure adjustments are consistently applied across the organisation such as the new survey launched in 2024  Employees and managers may not be aware of available disability support services or
	1) Remove discrimination, harassment and victimisation  2) Promote equality of opportunity  3) Foster good relations between protected characteristics.  4) Not applicable	✓ ✓ ✓	flexible working arrangements.  Dedicated Occupational Health services provide tailored mental and physical health support for employees with disabilities. This includes physiotherapy, mental health counselling, and guidance on workplace accommodations.	<ul> <li>Improve communication and training to raise awareness of resources and procedures, ensuring all staff can access necessary support. For example, through Disability History Month communications.</li> </ul>

(c)	Gender Reassignment  Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?	The Workforce Strategy 2025–2030 commits to fostering an inclusive environment, explicitly addressing the needs of transgender and non-binary employees. Policies support gender transition in the workplace, including time off for medical	Transgender employees may face unconscious bias or microaggressions, negatively affecting their experience at work.  • Enhance EDI training and create peer-support programmes to build
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
		such as diversity-focused job advertisements and unconscious bias training for hiring managers, ensuring that candidates with disabilities are treated equitably.  Career pathways and training programmes are designed to be accessible to all, removing barriers to progression.  Input from disability networks and individual staff feedback ensures that the voices of employees with disabilities inform policy development and service design.	staff in their use.  Employees with disabilities may face stigma or unconscious bias in the workplace, impacting their experience and career progression.  • Continue to promote inclusive culture initiatives, such as Disability History Month, the Reasonable Adjustment Passport and peer support programmes, to foster respect and understanding.
		Stress risk assessments and digital health checks are incorporated to proactively address workplace challenges faced by staff with disabilities.  Recruitment processes include measures	Digital tools and systems may not fully comply with accessibility standards, impacting employees with visual, auditory, or cognitive impairments.  • Regularly review and update digital platforms to meet accessibility guidelines and provide training for

	Your evidence should show which of the parts of the General Duty have been considered (tick relevant boxes).	3	appointments and adjustments to uniform or dress codes.  Equality, diversity, and inclusion training includes specific modules on gender identity	understanding and foster allyship among staff.  Some managers may lack knowledge or
	Remove discrimination, harassment and victimisation	<b>✓</b>	to reduce stigma, raise awareness of the challenges faced by transgender employees,	confidence in supporting transgender employees during gender transition processes.
	2) Promote equality of opportunity	<b>√</b>	and equip staff to be allies.	<ul> <li>Provide managers with clear guidance on implementing gender-</li> </ul>
	3) Foster good relations between protected characteristics	<b>✓</b>		inclusive policies consistently.
	4) Not applicable			Transgender employees may hesitate to disclose their gender identity due to fear of
			undergo, currently undergoing or who have undergone a process to reassign their sex.  Engagement with equality networks and staff forums ensures transgender voices are heard and informs policy improvements to address potential barriers in recruitment, career progression, and workplace culture.	discrimination or lack of trust in confidentiality.  • Foster a culture of trust through visible leadership support, confidential reporting systems, and active promotion of inclusivity, such as through our Trans Day of Remembrance Event held with Police Scotland.
	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 disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?	ith	NHSGGC ensures that workplace policies, such as leave entitlements, spousal benefits, and pensions, apply equally to employees in marriages and civil partnerships.	Employees in civil partnerships may perceive or experience inequities compared to those in marriages, especially regarding spousal benefits.

	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).	e 3	Recruitment and employment processes are designed to prevent discrimination based on marital or civil partnership status. Policies explicitly prohibit bias or preferential treatment linked to this protected	Ensure through the Once For Scotland process that policies to ensure parity between marriage and civil partnership entitlements reflect equality and communicate this
	1) Remove discrimination, harassment and victimisation	<b>✓</b>	characteristic.	clearly to staff.
	2) Promote equality of opportunity	<b>✓</b>	Wellbeing resources, such as counselling services and employee assistance	A focus on policies for married or civil partnership employees might unintentionally
	Foster good relations between protected characteristics	<b>✓</b>	programmes (EAPs), are accessible to all employees, including those in marriages or	exclude or disadvantage single employees.  • Ensure policies and benefits are
	4) Not applicable		civil partnerships, recognising the potential impact of personal relationships on mental health and work-life balance.  Regular employee surveys and equality monitoring ensure that staff with marital or	inclusive of all relationship statuses, not solely focused on marriage or
				civil partnerships.  Employees in civil partnerships may feel underrepresented in engagement activities or feedback mechanisms.  • Actively engage all relationship groups to ensure diverse perspectives inform policy development.
(e)	Pregnancy and Maternity  Could the service change or policy have disproportionate impact on the people with the protected characteristics of Pregnan and Maternity?	/ith	NHSGGC provides comprehensive maternity leave and pay entitlements, alongside policies for shared parental leave and flexible working arrangements to support employees during pregnancy and after childbirth.	Employees on or returning from maternity leave may face unconscious bias or lack of opportunities for career progression.  • Provide training for managers to ensure transparent, equitable access to career development for

Your evidence should show which of the parts of the General Duty have been considered (tick relevant boxes).	3	Risk assessments are routinely conducted for pregnant employees to ensure workplace safety and necessary adjustments. Wellbeing Resources:	employees returning from maternity leave.  Pregnant employees might not receive timely or adequate adjustments to their work
1) Remove discrimination, harassment and victimisation	<b>✓</b>	Occupational Health services and Employee Assistance Programmes (EAPs) include	<ul><li>environment, impacting their health or safety.</li><li>Strengthen monitoring of risk</li></ul>
2) Promote equality of opportunity	<b>✓</b>	support specifically for employees who are pregnant or returning to work after maternity	assessments and ensure adjustments are consistently
3) Foster good relations between protected characteristics.	<b>√</b>	leave, addressing physical and mental health needs.	implemented.
4) Not applicable		Employees on maternity leave are supported to stay connected with their teams and organisational developments through Keeping in Touch (KIT) days, ensuring smooth reintegration into the workplace.  Flexible working arrangements postmaternity leave enable employees to balance work and childcare responsibilities.  Staff feedback through surveys and equality networks helps identify barriers faced by employees during pregnancy and maternity, ensuring policies remain responsive.	Employees on extended leave might feel disconnected from organisational updates or team dynamics.  • Increase the use of KIT days and ensure managers actively communicate with employees during maternity leave.  Limited awareness or inconsistent implementation of flexible working policies could disadvantage employees returning after maternity leave.  • Promote flexible working options consistently across teams and monitor uptake to identify and address gaps.
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	<b>✓</b>
2) Promote equality of opportunity	<b>✓</b>
3) Foster good relations between protected characteristics	<b>✓</b>
4) Not applicable	

NHSGGC has implemented diversity-focused recruitment strategies, such as targeted advertising and unconscious bias training, to address barriers faced by underrepresented racial and ethnic groups.

Monitoring of recruitment data ensures fair representation of diverse racial groups across all roles and levels.

Career pathways and leadership programmes are designed to be accessible to employees from all racial backgrounds, addressing potential disparities in progression opportunities.

Equality, diversity, and inclusion training includes cultural competence and anti-racism modules to reduce bias and foster mutual respect among staff.

Engagement with racial and ethnic minority staff networks ensures their voices inform policy and identify barriers related to recruitment, progression, and workplace culture.

Support mechanisms, including confidential reporting systems for racism or discrimination, ensure employees can address concerns safely and effectively.

Employees from racial and ethnic minority groups may face systemic or unconscious bias, limiting opportunities for career advancement.

 Regularly review progression data and ensure leadership programmes actively support underrepresented groups.

Employees may experience racism or microaggressions that impact their workplace experience.

 Strengthen anti-racism training and provide clear reporting mechanisms with visible consequences for discriminatory behaviour.

Employees for whom English is not their first language may face challenges in accessing training or engaging fully in workplace activities.

 Offer language support services and ensure workplace communications are clear and accessible.

## (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	<b>✓</b>
2) Promote equality of opportunity	<b>✓</b>
3) Foster good relations between protected characteristics.	<b>✓</b>
4) Not applicable	

NHSGGC ensures that its policies respect and accommodate diverse religious beliefs, including providing space and time for prayer or religious observance and accommodating dress codes related to faith.

Equality, diversity, and inclusion training includes awareness of religious and cultural diversity, aimed at reducing discrimination and fostering respect for all beliefs.

Flexible working policies consider religious observances, such as allowing adjustments during religious holidays or fasting periods (e.g., Ramadan).

Regular engagement with staff from various religious backgrounds through forums and surveys ensures their needs are identified and addressed in policy development.

Catering services within NHSGGC facilities include options to meet diverse dietary requirements related to religion, such as halal, kosher, or vegetarian options.

Employees may lack access to appropriate spaces for prayer or other religious practices.

 Conduct audits of facilities to ensure sufficient provision for quiet rooms or prayer spaces, and make adjustments as necessary.

Work schedules may inadvertently conflict with religious holidays or observance requirements.

 Promote awareness among managers about accommodating religious observances and provide guidance on flexible scheduling.

Employees may experience microaggressions or lack of understanding related to their religious practices.

 Strengthen cultural competency training and ensure a clear pathway for reporting and addressing complaints of religious discrimination.

Policies that accommodate certain religious practices may be perceived as preferential treatment by other staff.

 Clearly communicate the rationale for accommodations to foster understanding and inclusivity.

	Protected Characteristic		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	Could the service change or policy have disproportionate impact on the people with the protected characteristic of Sex?  Your evidence should show which of the parts of the General Duty have been considered (tick relevant boxes).	ith	policies to promote gender equity, such as ensuring fair recruitment, retention, and promotion processes for all employees, regardless of sex.  Monitoring of gender representation across roles and leadership positions ensures progress towards reducing disparities.  Occupational Health and wellbeing	<ul> <li>Women may remain underrepresented in senior roles, perpetuating gender disparities.</li> <li>Implement and monitor targeted leadership development programmes for women and set measurable diversity goals for leadership teams.</li> <li>Unconscious gender bias may influence decision-making in recruitment, promotion, or team dynamics.</li> <li>Strengthen unconscious bias training and regularly audit processes to identify and address disparities.</li> <li>Male-dominated professions within NHSGGC</li> </ul>
	1) Remove discrimination, harassment and victimisation	<b>✓</b>		
	2) Promote equality of opportunity	<b>√</b>		
	3) Foster good relations between protected characteristics.	<b>✓</b>		
	4) Not applicable			may discourage female participation or advancement due to workplace culture or lack of representation.  • Promote role models and mentorship programmes to encourage diversity in traditionally male-dominated areas.
			Regular engagement with staff, including analysis of survey responses by sex, ensures that gender-specific concerns are identified and addressed.	Women may disproportionately face barriers to career progression due to caregiving responsibilities.  • Expand flexible working opportunities and offer support for

			Equality and diversity training includes modules to prevent sex-based discrimination, harassment, or bias.	employees balancing caregiving with career development.
(i)	Sexual Orientation  Could the service change or policy have disproportionate impact on the people with the protected characteristic of Sexual Orientation?  Your evidence should show which of the	vith	The Workforce Strategy 2025–2030 ensures that policies, including benefits, parental leave, and workplace accommodations, are equally applicable to employees of all sexual orientations.  NHSGGC supports LGBTQ+ staff networks that provide safe spaces for employees to	Employees may face stigma, microaggressions, or discriminatory behaviour related to their sexual orientation.  • Strengthen anti-discrimination training, promote allyship initiatives, and ensure robust systems for reporting and addressing concerns.
	parts of the General Duty have been considered (tick relevant boxes).	, <b>J</b>	share experiences and offer feedback on organisational policies and practices.	Employees may feel reluctant to disclose their sexual orientation due to fear of bias or lack of trust.
	1) Remove discrimination, harassment and victimisation	✓	Equality and diversity training includes modules on preventing discrimination and	<ul> <li>Encourage anonymous feedback mechanisms and create a culture of</li> </ul>
	2) Promote equality of opportunity	<b>✓</b>	harassment based on sexual orientation, fostering a culture of respect and	trust to improve engagement from all staff.
	3) Foster good relations between protected characteristics.	<b>✓</b>	understanding.	Inclusive policies may not be consistently
	4) Not applicable		Regular engagement with LGBTQ+ employees through surveys and forums informs policy changes, ensuring the needs of all sexual orientations are addressed.	<ul> <li>applied across all teams or departments.</li> <li>Increase awareness and training for managers to ensure policies are uniformly implemented.</li> </ul>
			Initiatives like Pride celebrations, allyship programmes, and visible leadership support help normalise discussions around sexual	LGBTQ+ staff may feel burdened by visibility efforts or perceive tokenism in inclusion initiatives.

		orientation and create an inclusive workplace culture.	<ul> <li>Work collaboratively with LGBTQ+ networks to design meaningful, sustainable, and authentic inclusion strategies.</li> </ul>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	Socio – Economic Status & Social Class	NHSGGC ensures inclusive recruitment practices that target economically	Individuals from low-income backgrounds may face challenges in meeting entry
	Could the proposed service change or	disadvantaged areas through outreach	requirements for certain roles.
	policy have a disproportionate impact on	programmes, apprenticeships, and entry-	<ul> <li>Expand access to apprenticeships,</li> </ul>
	people because of their social class or	level opportunities.	provide pre-employment training
	experience of poverty and what mitigating		programmes, and collaborate with
	action have you taken/planned?	Recruitment campaigns highlight flexible	local communities to raise
		pathways into NHS roles to remove barriers	awareness about NHS career
	In addition to the above, if this constitutes	for individuals with limited prior experience or	opportunities.
	a 'strategic decision' you should evidence	qualifications.	
	due regard to meeting the requirements of		Employees may struggle with indirect costs,
	the Fairer Scotland Duty (2018). Public	Policies include access to affordable travel	such as transport, childcare, or uniforms,
	bodies in Scotland must actively consider	schemes, salary advances, and financial	which can disproportionately affect those
	how they can reduce inequalities of	wellbeing resources, such as guidance on	from disadvantaged backgrounds.
	outcome caused by socioeconomic	managing income and access to external financial advice services.	Offer financial support schemes,
	disadvantage when making <u>strategic</u> decisions and complete a separate	ilitaticiai auvice services.	such as subsidised transport and
	assessment. Additional information	Flexible working policies support employees	childcare, and ensure uniform
	available here: Fairer Scotland Duty:	with caregiving responsibilities, which often	policies are equitable.
	guidance for public bodies - gov.scot	disproportionately affect those experiencing	Employees experiencing poverty may feel
	(www.gov.scot)	socioeconomic disadvantage.	excluded or face stigma in workplace
			interactions.
		NHSGGC adheres to the Scottish Living Wage and promotes internal progression to	Promote an inclusive culture that normalises discussions about

		enable employees to achieve financial stability.  Regular monitoring ensures pay equity and highlights opportunities for further improvement.  Free or low-cost wellbeing programmes, including mental health support and counselling, are available to all staff, with targeted efforts to ensure accessibility for those affected by socioeconomic challenges.  NHSGGC has conducted strategic assessments to ensure that decisions related to workforce policies actively address inequalities caused by socioeconomic disadvantage, focusing on improving outcomes for those most at risk.	financial wellbeing and provides confidential access to support resources.  Employees from lower-income households may lack access to necessary technology or connectivity for digital training.  • Provide on-site access to digital resources and flexible, non-digital learning options.
(k)	Other marginalised groups  How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, exservice personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?	NHSGGC's recruitment strategies are designed to remove barriers for marginalised groups, such as ex-offenders, asylum seekers, and ex-service personnel, by offering tailored entry-level opportunities and outreach programmes.  Collaboration with third-sector organisations supports individuals with complex histories (e.g., homelessness or addiction) to access meaningful employment pathways.	Employees or service users from marginalised groups may face stigma, discrimination, or lack of understanding from colleagues or management.  • Enhance training on unconscious bias and lived experiences of these groups, and establish peer-support networks to foster understanding and inclusion.

Occupational Health services and Employee Assistance Programmes (EAPs) provide tailored mental health and addiction support, addressing the specific needs of staff from these groups.

Flexible working policies and reasonable adjustments ensure equitable participation in the workforce for those with additional challenges, such as health issues related to addiction or the effects of trauma.

Equality and diversity training includes modules on understanding the experiences and challenges of vulnerable groups, such as asylum seekers, refugees, and travellers, fostering a culture of empathy and support.

NHSGGC works with local community groups and charities to better understand the needs of vulnerable populations, ensuring their voices are considered in policy and service design.

Policies ensure that employees and service users are not disadvantaged due to their legal or social status, such as those involved in prostitution or asylum seekers awaiting status determination.

Individuals with non-standard employment histories, such as prisoners or ex-offenders, may face difficulties accessing roles due to perceived risks.

 Develop targeted employment schemes for ex-offenders and partner with rehabilitation services to ensure a fair chance for employment.

Vulnerable individuals may be unaware of or unable to access support services due to their transient or precarious living situations.

> Enhance communication channels and partnerships with community organisations to ensure support is widely known and accessible.

Travellers may face difficulties in accessing flexible work arrangements or being understood within workplace culture.

 Provide cultural competency training and work closely with traveller community representatives to identify barriers and solutions. 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	<b>✓</b>
2) Promote equality of opportunity	<b>✓</b>

- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Any cost-saving measures within the Workforce Strategy 2025–2030 are designed to minimise the risk of negative impacts on protected characteristic groups. This includes prioritising efficiency improvements, such as streamlining processes, over reductions in staffing or resources.

Cost savings are balanced with maintaining or enhancing support services critical for protected groups, such as wellbeing initiatives, flexible working arrangements, and equality training.

Stakeholder engagement, including input from equality networks and trade unions, ensures that proposed cost-saving measures are reviewed for potential disproportionate impacts on specific groups.

Regular evaluation of cost-saving impacts ensures that unintended consequences on protected groups are identified and addressed promptly.

Cost-saving measures may inadvertently reduce access to services disproportionately relied upon by certain groups, such as mental health support or flexible working resources.

 Ring-fence funding for critical equality-related services and prioritise cost savings in areas with minimal direct impact on protected groups.

Measures such as reduced travel allowances or increased out-of-pocket expenses could disproportionately affect low-income employees, including those from disadvantaged socioeconomic backgrounds.

 Ensure cost reductions do not target benefits critical to financially vulnerable employees and offer financial support options, such as travel subsidies or salary advance schemes.

Reduced budgets for equality, diversity, and inclusion training could hinder progress on fostering inclusivity.

 Maintain core training programmes and explore cost-effective alternatives, such as digital or peerled training initiatives.

			Cost-saving measures might lead to reduced staffing levels or support, increasing workload and stress, potentially impacting groups already facing workplace barriers (e.g., carers or employees with disabilities).  • Monitor workload impacts and ensure adequate staffing to prevent disproportionate strain on specific groups.
		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.	NHSGGC requires all staff to complete statutory and mandatory training programmes covering equality, diversity, and human rights, ensuring a foundational understanding of inclusivity and anti-discrimination principles.  Recorded completion rates for this training are regularly monitored and reported to ensure compliance across the organisation. Current data shows a high completion rate, with consistent efforts to achieve 100% compliance.  In addition to mandatory training, NHSGGC offers tailored learning opportunities for managers and teams, focusing on areas such as unconscious bias, cultural competence, and anti-racism.	Some teams or departments may have lower compliance with mandatory training requirements.  • Implement targeted follow-ups and reminders to ensure all staff complete required training within specified timeframes.  Staff may perceive mandatory training as repetitive or disengaging, reducing its impact.  • Introduce engaging, scenario-based learning and incorporate real-life examples to enhance relevance and interest.  Training programmes may not adequately address the intersectionality of protected characteristics.

Specific modules address the unique challenges faced by protected characteristic groups, such as supporting gender transition, accommodating disabilities, and fostering LGBTQ+ inclusion.

Equality networks actively contribute to the design and delivery of learning programmes, ensuring content reflects real workplace experiences and challenges.

Peer-led workshops and discussion forums

Peer-led workshops and discussion forums promote dialogue between staff from diverse backgrounds, fostering mutual understanding and collaboration.

Leadership programmes include a focus on inclusive leadership practices, equipping managers with the skills to support diverse teams and address workplace discrimination effectively.

Learning content is regularly reviewed and updated based on staff feedback, legislative changes, and organisational priorities to maintain relevance and effectiveness.

 Update learning content to include case studies and examples that reflect the overlapping experiences of individuals with multiple protected characteristics.

Digital learning platforms may present accessibility challenges for some employees (e.g., those with disabilities).

 Ensure all training is accessible by adhering to Web Content Accessibility Guidelines (WCAG) and offering alternative formats, such as face-to-face sessions or printed materials. 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.

NHSGGC's Workforce Strategy 2025–2030 prioritises the protection of human rights for staff, patients, and service users across all aspects of policy and service design. The strategy explicitly aligns with key rights under the Human Rights Act, such as the right to dignity and privacy, by ensuring that workplace and service environments respect confidentiality, personal preferences, and cultural needs. Mechanisms like genderappropriate facilities, communication aids, and safeguards for personal data are integral to maintaining these rights.

The strategy also addresses the right to freedom from discrimination by embedding equality, diversity, and inclusion principles throughout recruitment, career progression, and workplace practices. Training on cultural competence and anti-discrimination ensures staff are equipped to recognise and address potential biases or barriers.

NHSGGC acknowledges potential risks, such as gaps in communication support for those with specific needs, which could infringe on the right to freedom of expression. Mitigating actions include expanding interpretation services and training staff to use communication tools effectively. Similarly, policies ensure that staff and service users are involved in decisions that affect them, aligning with the right to respect for private and family life. This is supported by regular engagement through surveys, equality networks, and consultation processes.

Cultural and religious needs are respected under the right to freedom of thought, belief, and religion, with flexibility in policies to accommodate diverse practices. Privacy audits and robust data safeguards address potential breaches of the right to respect for private and family life, particularly in open-plan environments or digital systems.

By proactively identifying risks and implementing mitigations, the strategy ensures that NHSGGC upholds human rights in its workforce policies and service design, fostering a culture of respect, dignity, and inclusion for all.

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\*.

## Participation:

Regular engagement with equality networks, trade unions, and staff forums ensures that diverse voices inform policy development. Staff surveys, focus groups, and consultations provide opportunities for all employees, particularly those from underrepresented groups, to contribute their perspectives.

• Implementation of targeted initiatives based on staff feedback, such as flexible working policies, improved mental health support, and career development opportunities.

## **Accountability**

Clear accountability mechanisms are embedded, including regular audits of equality practices and reporting progress to governance committees.

 Monitoring of key performance indicators (KPIs) related to recruitment diversity, training completion rates, and the effectiveness of adjustments for employees with specific needs.

## Non-discrimination and equality

Anti-discrimination policies and mandatory equality, diversity, and human rights training are implemented to foster an inclusive environment. Recruitment practices are reviewed to eliminate bias and ensure fairness.

• Introduction of diversity-focused recruitment strategies, unconscious bias training, and targeted support for vulnerable groups.

#### **Empowerment**

Staff are empowered to understand and assert their rights through training, accessible resources, and clear communication channels. Support systems, such as employee assistance programmes and equality networks, enhance awareness and confidence.

• Development of educational materials and tools to enable employees to navigate workplace challenges and advocate for themselves effectively.

## Legality

The strategy aligns with legal obligations under the Equality Act 2010 and the Human Rights Act 1998, ensuring that all actions are compliant with human rights law.

• Ongoing legal reviews to ensure all policies meet statutory requirements.

• Facts: What is the experience of the individuals involved and what are the important facts to understand?

• Analyse rights: Develop an analysis of the human rights at stake

• Identify responsibilities: Identify what needs to be done and who is responsible for doing it

• Review actions: Make recommendations for action and later recall and evaluate what has happened as a result.

## United Nations Convention on the Rights of the Child

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

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

The EQIA process explicitly addresses discrimination against children by considering the potential impact of the Workforce Strategy on protected characteristic groups, including young people. Key actions include:

Inclusive employment practices:

30

• Apprenticeship and early-career programmes are designed to ensure equitable access for young people, regardless of socioeconomic background, disability, race, or other protected characteristics.

## Support for young carers:

• Flexible working options and wellbeing initiatives indirectly benefit children who are dependents of NHSGGC employees, ensuring their care needs are not compromised.

### Diverse and inclusive recruitment:

 Outreach initiatives target younger demographics, especially those from underrepresented groups, ensuring equal access to employment opportunities.

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

The Workforce Strategy indirectly supports the best interests of children by enabling NHSGGC employees who are parents, guardians, or carers to balance their work and caregiving responsibilities. This includes:

## Parental leave policies:

Robust parental leave provisions ensure employees can care for their children without detriment to their employment.

## Flexible working options:

Policies allow parents and guardians to manage work-life balance effectively, ensuring children receive adequate care and attention.

## Access to support services:

Employees with caregiving responsibilities for children can access mental health and financial wellbeing resources, reducing stress and promoting family stability.

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

The strategy supports the development of young employees (up to the age of 18) through:

Apprenticeship and training opportunities:

Dedicated early-career programmes equip young people with skills and experience, fostering professional growth and independence.

Mentorship and career pathways:

Clear career pathways are in place to guide young employees through their professional development while respecting their rights as young workers.

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

Not applicable
----------------

This can be cross-checked via the Quality Assurance process:				
	Option 1: No major change (where no impact or potential for improvement is found, no action is required)			
	Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)			
	Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)			
	Option 4: Full mitigation of identified risk not made, decision to continue without objective justification (Lead Reviewer to provide explanatory note here):			
	Option 5: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)			

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment.

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.

Not applicable.			
Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)	
No actions identified.			

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

Not applicable.

Lead Reviewer: Name Mathew Pay

EQIA Sign Off: Job Title Workforce Strategy Manager

Signature *M.Pay* 

Date 25 November 2024

Quality Assurance Sign Off: Name Alastair Low (NHSGGC Assessments) Job Title Planning Manager

Signature A Low Date 25/11/24

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