

Equality Impact Assessment Report

The Quality Framework: Evaluating and Improving
Healthcare

September 2018

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1. Introduction

Healthcare Improvement Scotland is required to assess the impact of applying a proposed new or revised policy, against the needs of the general equality duty, namely the duty to:

- eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people who share a protected characteristic and people who do not share it, and
- foster good relations between people who share a protected characteristic and people who do not share it.

The relevant protected characteristics are:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race
- religion and belief
- sex
- sexual orientation, and
- marriage and civil partnership (relates to the elimination of discrimination only).

The recommendations made in this report seek to improve equality and to help meet the specific needs of people with the relevant protected characteristics, where possible.

Our impact assessment report also considers if the Quality Framework has the potential to impact on health inequalities.

Health inequalities are disparities in health outcomes between individuals or groups. Health inequalities arise because of inequalities in society, in the conditions in which people are born, grow, live, work, and age.

Health inequalities are influenced by a wide range of factors, including access to education, employment and good housing; equitable access to healthcare; individuals' circumstances and behaviours, such as their diet and how much they drink, smoke or exercise; and income levels.

The potential impact of the Quality Framework on an individual's human rights has also been considered. In line with our corporate parenting duty, as outlined in the Children and Young People (Scotland) Act 2014, we have also considered if the Quality Framework has the potential to adversely impact care experienced children or young people.

2. Aim/purpose of the Quality Framework

The Quality Framework is a key component of Healthcare Improvement Scotland's quality of care approach. It is a tool that has been designed to support both self-evaluation and external quality assurance activity. The content of the framework was developed over time, starting with a review of international literature and with subsequent versions being informed and shaped through national consultation, feedback from key stakeholders and the outcomes of a variety of testing exercises.

The Quality Framework is intended to support improvements in healthcare for everyone. It has been developed to align with the *Health and Social Care Standards: My support, my life*¹. Service providers, users of services and Healthcare Improvement Scotland should also take account of these standards when considering the quality of care provision.

¹ <http://www.gov.scot/Publications/2017/06/1327>

3. Assessment of impact

The potential difference in experience of protected characteristic groups when accessing health and care services has been considered. We reviewed published reports from the Scottish Government, third sector organisations that represent the interests of protected characteristic groups and we discussed the relevant issues identified.

We are aware that potential barriers exist for certain groups of people when seeking to be involved with the design and development of public services.

The Scottish Government's *Race Equality Framework for Scotland 2016–2030*² sets out the following visions:

- 'Minority ethnic participation and representation is valued, effective, fair and proportionate at all levels of political, community and public life.'
- 'Minority ethnic communities in Scotland have equality in physical and mental health as far as is achievable, have effective healthcare appropriate to their needs and experience fewer inequalities in housing and home life.'

Stonewall's *Unhealthy Attitudes*³ report emphasised that there is a lack of confidence among health and social care staff, including those most relevant health and social care practitioners with direct responsibility for patient care, in their ability to understand and meet the needs of LGBT patients and service users.

Additionally, the Scottish Youth Parliament's report titled, *Our Generation's Epidemic*⁴, highlighted that there is a need to increase young people's involvement in developing health services, specifically those relating to mental health.

Quantitative data and intelligence is an intrinsic part of evaluating the quality of care.

² <http://www.gov.scot/Resource/0049/00497601.pdf>

³ https://www.stonewall.org.uk/sites/default/files/unhealthy_attitudes.pdf

⁴ Scottish Youth Parliament Report

⁵ <http://www.gov.scot/Resource/0050/00504809.pdf>

Good use of existing data, knowledge and intelligence can identify the strengths, weaknesses, gaps and trends in service delivery and help to build up a picture of how well an organisation or service is performing.

The Scottish Index of Multiple Deprivation (SIMD) official tool presented in *The Scottish Index of Multiple Deprivation 2016*⁵ shows where Scotland's most deprived areas are, so organisations know where their work can have the biggest impact and to ensure equality of opportunity across their areas.

4. Recommendations for change

The following actions were recommended for consideration. They are intended to address potential inequalities.

1. The Quality Framework should be explicit about its intention to support fair treatment for everyone. On page 2, include a paragraph that sets out that the framework is intended to help advance equality and eliminate discrimination, and that **recommended practice throughout should be interpreted as being inclusive of everyone living in Scotland.**
2. The Quality Framework could signpost organisations to their duties under the Equality Act, Human Rights Act and other legislation intended to promote fair treatment. In Section 1.2 (page 7), consider including information about the legislation that is relevant, including equality related legislation.
3. Evidence shows that barriers to participation in the design and development of public services exist for certain protected characteristic groups. On pages 8 and 9 – Section 2.2 (**Success in involving carers and families**) and 4.1 (**The organisation’s success in working with and engaging the local community**) – highlight that some people/families/carers/communities might be less likely to get involved because of reasons that could be overcome with a bit of additional consideration.
4. On page 15, highlight that sometimes additional support or positive action is required to obtain the views of certain groups who might otherwise not provide feedback.
5. On page 15, under Data and intelligence, reference the availability of [SIMD](#) data, the [Scottish Government Evidence Finder](#) and other sources of equality data.
6. In Section 2.1 (page 19 – 3rd bullet point), explain what a human rights based approach means in practice.
7. In Section 2.1 (page 19 – 6th bullet point), update this to reflect the nine protected characteristics in the Equality Act 2010 and any other status.
8. In Section 2.1 (page 19 – 8th and 9th bullet points), consider updating wording to state: “Staff are appropriately supported to challenge discrimination” and “Staff are appropriately supported to challenge bullying and

harassment.” This could help put the onus on the organisation to provide staff with training and support to help them understand and challenge any potential unfair treatment.

9. In Section 2.1 (page 19 – 18th bullet point), consider updating: “The organisation reaches out to seldom-heard groups” to: “The organisation ensures that everyone has the ability to get involved in their care and takes steps to remove any potential barriers to participation, including reaching out to seldom-heard groups, who are known to be more likely to experience health inequalities.”

(All recommendations have been implemented in the Quality Framework document, with the exception of recommendations 2 and 5. Information relating to recommendations 2 and 5 is intended to be included in the supporting guidance document.)

It is not believed the changes recommended will create any new, adverse, impacts.

5. Who carried out the impact assessment?

The impact assessment of the Quality Framework was carried out by Josephine Elliott.

EQIA completed by – Josephine Elliott, Edel Sheridan, Jane Byrne

EQIA reviewed by – Mario Medina

6. Contact information

If you have any comments or questions about this report, or if you would like us to consider producing this report in an alternative format, please contact our Equality and Diversity Advisor:

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