Title

Meeting the Requirement of Equality Legislation: A Fairer NHS Greater Glasgow and Clyde 2016-20

Workforce Equality Action Plan 2016-17

A Fairer NHS Greater Glasgow and Clyde Monitoring Report for 2015-16

Recommendation

Approve the contents of the above reports.

Purpose of Paper

Over the last 7 years, NHSGGC has demonstrated our commitment to addressing discrimination and delivering services that are fair and equitable for all. We have met our responsibilities as required by the Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012.

As a public sector organisation we are required to report on our mainstreaming and equality outcomes in April 2016 for the next four years and report on progress in 2018.

The attached report, Meeting the Requirement of Equality Legislation: A Fairer NHS Greater Glasgow and Clyde 2016-20, sets out the actions we are intending to take to ensure that we continue to meet our commitment to tackle inequalities across all of NHSGGC’s core functions. It also includes outcomes and actions where we have identified an area for specific improvement. The Workforce Equality Action Plan, which is highlighted in the report, sets out our aspirations for 2016-17 on workforce diversity, supporting staff to tackle inequality and acting as a fair employer.

The report has been developed with colleagues across the organisation and based on engagement with over 400 patients from equality groups and voluntary sector organisations, the latest research evidence and feedback from staff.

The Acute Health Improvement and Inequalities Group will oversee the governance of the actions in the 2016-20 report. The Workforce Equality Group will oversee the actions in the Workforce Equality Action Plan.
The attached report, *A Fairer NHS Greater Glasgow and Clyde Monitoring Report for 2015-16*, highlights what we have achieved in the previous year and concludes our actions under the Equality Scheme 2013-16.

**Key Issues to be considered**

We are seeking views on the report and support for the actions.

**Any Patient Safety /Patient Experience Issues**

Patient safety and patient experience are at the heart of our commitment to addressing equality issues in our services. Patients will be actively involved in feeding back on how we are meeting the actions in the equality scheme.

**Any Financial Implications from this Paper**

The actions will be delivered through existing staff and budgets. Meeting the requirements of equality legislation is essential to protect the organisation from financial risk relating to legal claims.

**Any Staffing Implications from this Paper**

Building staff capacity building is core to delivering the actions in the report. The Workforce Equality Group over see the governance of these actions and their action plan for 2016-17 is attached.

**Any Equality Implications from this Paper**

The actions in the paper will support our aspiration to ensure fair access and treatment for all of our patients.

**Any Health Inequalities Implications from this Paper**

The actions in the paper will support our aspiration to tackle health inequality, for example poverty and socio-economic inequality.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.

Equality impact assessment of service redesigns and financial decisions form a core part of the mainstreaming actions in the paper.

**Highlight the Corporate Plan priorities to which your paper relates**

The paper potentially relates to all of the Corporate Plan priorities as part of our commitment to mainstream fairness and equality in all of our services.

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**Tel No** 0141 201 4560  
**Date** 19th April 2016
Meeting the Requirements of Equality Legislation

A Fairer NHS
Greater Glasgow & Clyde
2016-2020
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I’m very pleased to present NHS Greater Glasgow and Clyde’s (NHSGGC) equality mainstreaming actions and outcomes for 2016-20. Our mainstreaming actions are the objectives we would like to achieve across all of our services. Our outcomes are where we want to make a difference for particular groups of patients.

This is our 3rd ‘Fairer NHSGGC’ report setting out our actions. Since the first report was published in 2009 we have taken huge steps forward in meeting the needs of people from equality groups who rely on and use our services. For example:

- We have the largest in-house interpreting service in the UK which provides communication support for 450 patients a day and we are committed to making continued improvements to provide the best possible service.
- In the last year alone, 13,597 NHSGGC staff received training on aspects of inequality - nearly a third of our workforce.
- We have engaged with hundreds of people from equality groups to understand better what action we should be taking to improve access to our services.
- We have helped access £20 million for patients through referral to money advice services and assistance with debt worries.
- Since 2010 we have carried out 360 Equality Impact Assessments to ensure that we are planning services to meet the needs of all of our patients.

This work demonstrates our commitment to providing the highest quality services which are transparently fair and equitable for everyone.

The Equality and Human Rights Commission in Scotland recently published a national Equality and Human Rights Report Card. It concluded that there was “good progress, work still to do.” This sums up our approach in NHSGGC and this report reflects the actions we plan to take in the next 4 years so that we can continue to make improvements.

Equality issues affect every one of us - both personally and in how we deliver all of our hospital and community services. I want to take this opportunity to thank all of our staff, partners and volunteers for their achievements and commitment to this important work and I am confident that we will be able to continue to make NHSGGC fairer in everything that we do.
Introduction

Over the last 7 years, NHSGGC has demonstrated our commitment to addressing discrimination and delivering services that are fair and equitable for all. We have met our responsibilities as required by the Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012. Details of the wide range of work undertaken across all services can be found on our website www.equality.scot.nhs.uk

In this section you will find the mainstreaming actions we are intending to take over the next 4 years to ensure that we are tackling inequality across all of NHSGGC’s core functions. As our work develops, this activity to tackle inequality will become embedded into NHSGGC’s day to day work. The outcomes in this report (see Section on Equality Outcomes) are the areas where we want to make improvements for specific groups of patients.
NHSGGC’s progress on mainstreaming responsibilities

All public authorities in Scotland, including Health Boards, must comply with the public sector equality duty set out in the Equality Act 2010.

This means that all public authorities, as part of their day to day business, must show how they will:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between groups of people with different ‘protected characteristics’;
- Foster good relations between these different groups.

The protected characteristics referred to, as listed in the Equality Act are; age, marriage and civil partnership, disability, religion and belief, gender reassignment, pregnancy and maternity, race, sex and sexual orientation. We are all likely to have more than one protected characteristic which make up our individual identities. Many people with protected characteristics experience poverty and other forms of social inequality such as homelessness or isolation. Therefore we have reflected this in our engagement and actions for 2016-20.

The purpose of this section of the document is to describe how we are mainstreaming this work, i.e. integrating this activity into our core functions. These core functions are:

- Planning and delivering fairer services;
- Leadership on tackling inequality;
- Listening to patients and taking their needs into account in improving services;
- Working towards fairer health outcomes and tackling the underlying causes of differential health outcomes;
- Creating a diverse workforce, supporting staff to tackle inequalities and acting as a fair employer;
- Measuring performance and improving data collection;
- Resource allocation, fair financial decision making and procurement.
In the process of developing our equality outcomes for 2016 – 20, we have used a range of evidence and patient engagement to assess our priorities. As a consequence, we have now mainstreamed some of the areas of work relating to the outcomes from 2013 – 16. These are now embedded into our core functions and are as follows:

- Clear to All accessible information policy and interpreting service;
- Gender reassignment protocol;
- Removal of unjustified age cut offs in service provision;
- Homelessness service;
- Prison Health service;
- Asylum seekers and refugees service;
- Inequalities sensitive practice / Person centred care;
- Hate Crime work.

Progress against these outcomes can be found in NHSGGC monitoring reports available at www.equality.scot.nhs.uk.

From the 30th April 2016 Integrated Joint Boards (IJBs) are the legal entities responsible for delivering an Equalities Mainstreaming Report and Equality Outcomes relating to their functions. IJBs provide governance for the Health and Social Care Partnerships (HSCPs). This report will therefore relate only to the specific functions of the Health Board and not the new integrated bodies.
Planning and delivering fairer services

Where NHSGGC issues new policies or makes changes to the way services are delivered that might impact on patient care, we conduct an equality impact assessment (EQIA). This identifies any associated risks to groups of service users and takes appropriate mitigating action. NHSGGC’s EQIA approach is now delivered through an online system. This package includes training for lead reviewers and quality assurance and will continue to be available to HSCPs.

Planning activities have been informed by engagement with equality groups. i.e. groups of people with protected characteristics. For example:

- Engagement with older people and those with impairments as part of the Clinical Services Review;
- Engagement with British Sign Language users on their use of mental health services;
- Shaping our response to female genital mutilation by engaging with women who have been affected or who are potentially affected.

The Acute Health Improvement and Inequalities Group will oversee the delivery of the mainstreaming actions with support from the Corporate Inequalities Team, Human Resources, Public Health, specific equality leads and other managers and staff as required.

Future action

- We will equality impact assess future changes to acute services to ensure they meet the needs of equality groups and plan services to meet these needs.
Leadership on tackling inequality

The Chief Executive is ultimately accountable for ensuring equality legislation is upheld and services are designed and delivered in a way that meets the general and specific duties. This responsibility is delegated to the Director of Corporate Planning and Policy who is the lead director for equalities with support from the Director of Human Resources and Organisational Development.

The NHSGGC Board approves the equality outcomes and associated monitoring reports. There are specific governance routes within acute services through the Acute Health Improvement and Inequalities Group.

Implementation of the equality outcomes is supported by the Corporate Inequalities Team (CIT), the Equality and Diversity lead within the Human Resources Directorate and a range of leads for specific actions, for example Clear to All Leads (accessible patient information), Gender Based Violence Leads and EQIA Lead Reviewers. Support is also offered to the Integrated Joint Boards where we have shared patient pathways and integrated services.

Future action

• NHSGGC will continue to report our progress against the Equality Act 2010 and produce new outcomes in 2021.
Listening to patients and taking their needs into account in improving services

NHSGGC has embedded listening to our patients into the delivery of our services. There are a wide range of engagement structures including Patient Partnership Fora, Managed Clinical Networks, Patients Panels and a Mental Health Network.

Since 2010 we have engaged with over 400 patients specifically relating to NHSGGC’s equality outcomes. Additionally, we have regularly met with specific groups of people with protected characteristics to consult, engage and take action to reduce their experience of discrimination in our services. These include two patient Health Reference Groups, our Human Library volunteers, the British Sign Language (BSL) champions, our Asylum Seeker peer educators, our Roma peer educators, patients with Learning Disabilities and our Better Access To Health (BATH) Group. The BATH group is made up of disabled patients who advise on the adjustments required in our buildings to ensure that they are accessible. We have also spoken to hundreds of our patients at area-wide events such as the Mela and Pride festivals over the last three years. We have developed innovative methods of patient engagement including Conversation Cafes, the Human Library and a British Sign Language mediator to gather feedback from Deaf BSL users.

Key themes from engagement with people from equality groups

- Knowing more about me
- Communicating with me
- Improving my access to services
- Giving me more time
- Meeting my additional needs
- Your attitudes and assumptions
The Jeannie Brown Group was set up in 2013 to provide an advisory forum and expertise to support the Person-Centred Health and Care Collaborative. The group considers the Patient Rights Act, the Equality Act and Participation Standards in relation to integrating patient involvement into person-centred health and care.

A programme of meetings with voluntary organisations is in place to identify potential barriers for patients and gather patient stories and views.

**Future actions**

- Develop innovative ways to engage with equality groups in partnership with the voluntary sector organisations who support them.
- Use staff and patient feedback to ensure that we address concerns around the provision of BSL interpreters.
- Include the BATH Group in assessing action plans for new buildings and existing estate improvements.
- Promote opportunities for voluntary organisations to feed back directly to services on the experiences of those with a shared protected characteristic.
Inequalities Sensitive Practice (ISP) is a way of working which responds to the life circumstances that affect people’s health. Evidence shows that if these issues are not taken into account by the health service, opportunities are missed to improve health and to reduce inequalities. ISP will continue to be embedded into all of our service provision, putting patients at the centre of our patient / clinician interactions. Person-centred care forms part of ISP and work in these areas can improve outcomes for patients.

Access to fair and equitable NHSGGC services is dependent on a number of factors. These include communication support needs, physical access needs and an understanding of how NHSGGC services operate. It also depends on the complexity of the health problems experienced by equality groups and people experiencing poverty. NHSGGC has a range of policies and activities to help provide services that are effective, equitable and continuously improving to meet the changing demands of our patients. These include:

- Clear to All Policy for accessible information;
- Interpreting and Communication Support Policy (and in-house interpreting services);
- Assistance Dog Policy;
- Faith and Belief Manual;
- Signage Policy;
- Good Practice Guidelines on Sensory Impairment;
- Transgender Policy;
- Augmentative and Alternative Communication (AAC) Partnership;
- Care Assurance and Accreditation System;
- Person Centred Care team.
NHSGGC aims to improve health outcomes for patients from equality groups through data collection and equality monitoring as well as inequalities sensitive practice.

Understanding the experiences of different groups helps service planning to improve health outcomes. Data collection and equality monitoring enables us to inform service development and improvement and take action where differences exist between groups. We will continue to improve our data collection through a review of electronic recording systems.

Work has been underway since 2013 to use our data referral systems to alert staff in acute services to the additional support needs of patients coming into hospital or attending out-patient appointments. This work will be developed to include a question in hospital referrals to ask if the “Patient needs staff assistance” with a corresponding drop down list -

- Deafblind
- Hard of hearing
- Learning disability
- Speech impairment
- Severe mental health problem
- Visual impairment
- Dementia
- Requires bariatric equipment

We will assess the impact of this development on day to day practice to ensure staff are equipped to meet patients’ access needs.

NHSGGC has a wide range of work to tackle the determinants of health, and this is described in the Director of Public Health Report, which is available on the NHSGGC website www.nhsggc.org.uk. The report highlights our commitment to address health inequalities faced by groups such as prisoners, those living in poverty and older people. This work is necessarily driven through partnership working with agencies other than the NHS. This includes education, housing, transport and other public services which impact on the underlying causes of poor health.

The experience of discrimination in itself can lead to poorer health, which is why addressing health inequalities is a core function of NHSGGC and is reflected in our strategic priorities.
Welfare reform is having a significant impact on many equality groups, particularly disabled people, lone parents (who are mostly women), people experiencing homelessness and young men. This leads to increased poverty, food and fuel poverty and, for some people, destitution as a result of benefit sanctions. NHSGGC will continue to take action to mitigate poverty by referring patients for financial inclusion support.

**Future actions**

- Promote inequalities sensitive practice to acute staff, including routine enquiry on gender based violence, money worries and support into work, using existing service improvement methods such as person centred care.

- Mainstream patients’ access support needs into data systems and review practice in primary care and at ward level.
Creating a diverse workforce, supporting staff to tackle inequalities and acting as a fair employer

NHSGGC has 38,000 staff and delivering the equality agenda is everyone’s responsibility. We help our staff to deliver on our commitments to the Equality Act through support and training. This includes our Facing the Future Together (FTFT) initiative, which is designed to look at how staff support each other to do their jobs and provide the best service possible for patients.

Since 2012, more than 250 members of staff have been trained to conduct formal Equality Impact Assessments. In addition to this, a further 302 members of staff have attended Equality Act 2010 training. We offer a wide range of learning opportunities for staff to understand the equality agenda and challenge views and practices in a learning environment.

Employee data is regularly published and reported on at two major committees within the Health Board; the Staff Governance Committee and the Area Partnership Forum. The workforce data is published on the staff intranet (StaffNet) and on the Equalities in Health website. Equality data is presented to the Staff Governance Committee using the ‘Smart Metrics’ approach which focuses on identifying areas for improvement. NHSGGC’s approach has been highlighted as good practice by the Equalities and Human Rights Commission.

We will continue to build on the work we have done to increase the diversity of our workforce and particularly support disabled staff through our Staff Disability Forum.

The ‘Fairer NHSGGC’ staff survey is completed every 3 years and is reported fully in our Fairer NHSGGC Monitoring Reports. The survey was circulated in January 2016 and was completed by 3161 staff - 400 more than in 2013.

86% of respondents either strongly agreed or agreed that NHSGGC could improve its health care if staff had a better understanding of discrimination. This means that a significant majority of this group of NHSGGC staff recognise the link between discrimination and health. This compares to 64% in the last survey.
58% of staff think that NHSGGC has become better at recognising and responding to the health effects of discrimination on patients (compared to 42% in 2013).

The groups where people feel more needs to be done are as follows (older people were at the top in 2013):

- People in poverty 53%
- Older people 52%
- Disabled people 46%
- People who have reassigned their gender 31%
- Religion and Belief 27%
- Black and Minority Ethnic communities 26%

Staff views have been used to inform the equality outcomes for 2016-20 and will be analysed in detail to inform future campaigns and key messages.

**Future Actions**

- Deliver the Workforce Equality Action Plan which covers a wide range of activity on workforce planning and analytics, recruitment and resourcing, learning and education and organisational development.
- Develop future staff fora on other protected characteristics where a need is identified.
- Produce and distribute a Transitioning in the Workplace Guide on how to support staff reassigning their gender.
Measuring performance and improving data collection

In October 2015, an ‘Equality Counts’ report was presented to the NHSGGC Board on using data to understand and tackle inequality.

Collecting data is one way to help us raise awareness of the diverse nature of our population with staff and to enable us to know when and where we are impacting on differential health outcomes.

It has been challenging to find measures that will enable us to assess whether we are closing the health gaps between groups even though we routinely collect data on sex, age and socio-economic status. This is further compounded by a lack of disaggregated data in many NHS data collection systems on other protected characteristics covered by the Equality Act 2010 (disability, ethnicity, religion and belief and sexual orientation). However, the report was able to present some areas where we have made progress in performance monitoring, screening data and using referral information to prepare for people’s additional support requirements when attending hospital e.g. interpreters, guides or equipment. The Board agreed improvement measures which will form our future actions for 2016-20.

Future actions

- Ensure that new data systems or migrated data systems will always include fields to collect equality data and undertake an improvement programme to update existing data systems.
- Include in the Performance Framework measures based on identified gaps in health outcomes for people with protected characteristics and by deprivation and seek to show improved health outcomes through related measures.
- Put in place data collection and performance measures to track progress on the mainstreaming and equality outcomes for the Board for 2016-20.
- Follow up actions to target differentials in screening uptake and health outcomes to ensure action has taken place.
- Seek to influence national systems to include equalities data.
Resource allocation, fair financial decisions and procurement

NHSGGC has a process in place to assess any risks in relation to the equality impact of costs savings. A Rapid Impact Assessment Tool is used to support a quick and effective risk assessment of proposed cost saving areas with regard to equality groups. This does not replace the need for all service redesigns to be EQIA’d but is an additional process to equality proof all cost savings.

NHSGGC is required to ensure that the procurement of goods and services is not discriminatory. In order to achieve this, our procurement process includes equalities assessment in the tendering process. NHSGGC aims to promote fair employment practices through our procurement process to bring about wider social benefits in the communities we serve.

Future actions

• Continue to refine the process of rapid impact assessments in our commitment to making fair financial decisions.
• Explore wider social benefits through our procurement processes.
Introduction

NHSGGC’s equality outcomes are based on evidence gathered since 2013 which highlights where we should aim to make a significant difference for patients. The evidence appearing here has been drawn from a wider report, NHSGGH Evidence Review 2013-2016 which is available on our website www.equality.scot.nhs.uk

Governance for the delivery and monitoring of the outcomes is through the Acute Health Improvement and Inequalities Group who will link with Strategic Management Groups and relevant people across acute services and other directorates. Governance for outcomes which relate to staff is through the Workforce Equality Group. Support and expertise will be provided by the Corporate Inequalities Team.

Equality Outcomes

General Duty:

Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.

Equality Outcome 1.

• Disabled people and people experiencing poverty can access NHSGGC services without barriers and in ways that meet their needs.

Protected characteristics covered:

All

Evidence:

Disability Access

The health of disabled people is detrimentally affected by poor physical access to health services (1.). Unmet need in 20% of disabled people was due to difficulty accessing health service buildings.
**General Duty:**
Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.

**Equality Outcome 1.**
- Disabled people and people experiencing poverty can access NHSGGC services without barriers and in ways that meet their needs.

**Protected characteristics covered:** All

**Evidence:**

**Disability Access**
The health of disabled people is detrimentally affected by poor physical access to health services (1.). Unmet need in 20% of disabled people was due to difficulty accessing health service buildings. Recent engagement with disabled people in NHSGGC has shown that we still have barriers to acute service such as: doors that are too heavy to get through in a wheelchair; signs that are difficult to read; poor way-finding for visually impaired people; lack of dropped pavements and safe crossing points for those with mobility issues and visual impairments; insufficient accessible parking spaces and drop off points not kept free for disabled people and frail people to use (2.). While many of these issues are resolved on a case by case basis we would like to continue an emphasis on physical access, particularly as our population ages.

**Learning Disability**
The quality of health and social care given to those with a learning disability is shown to be deficient in meeting their needs (3.). Many health professionals are not aware of the specific needs of those with learning disabilities or are unable to adapt their practice to suit the needs of this group of patients. 37% of deaths were found to be avoidable for people with a learning disability as compared to 11% in the general population (4.). Improving access to mainstream services for people with a learning disability is a priority for NHSGGC.
Poverty
Early prevention is more likely to reduce health inequalities than either treatment of illness or measures to change behaviours delivered to individuals. A review of 10 years of evidence produced by Glasgow Centre for Population Health identified poverty as the main issue in relation to Glasgow’s poorer health and proposed that tackling poverty and reducing income inequalities be at the core of all policies and practices (5.). Low pay is also affecting many families living in poverty, combined with rising food costs and benefit sanctions. NHSGGC has helped access over £20 million for patients through financial inclusion activity such as the Healthier Wealthier Children project, showing the effectiveness of health service approaches.

Multiple Protected Characteristics
An individualised care approach that recognises all aspects of people’s identity - such as race, religion and sexual orientation - as well as their disability or socioeconomic status is essential to encourage early help-seeking among different population groups (6.). Work to ensure people’s additional needs are known before they attend a hospital appointment can reduce barriers to health care.

Activity:

• Improve the physical accessibility of our buildings through a planned approach to auditing new buildings and our existing estate.

• Support patients to access expenses to attend appointments and link to money advice where appropriate.

• Increase our understanding of financial barriers to services through engagement work and seek to remove those barriers.

• Consider patients’ access support needs and prepare for when they are admitted to hospital and out-patient clinics.
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<th>Measures:</th>
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<tr>
<td>• 3 DDA audits per year carried out in priority areas.</td>
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<td>• Disabled people involved in audit process.</td>
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<tr>
<td>• Numbers of people with protected characteristics who use Cashier’s Office and make enquiries at Support and Information Services and an increase in appropriate claims by all people with protected characteristics.</td>
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<tr>
<td>• Numbers of patients engaged on access issues.</td>
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<td>• Increased money advice referrals.</td>
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<td>• Increased recording of patients’ access support needs.</td>
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<td>• Patient feedback on access support needs being met.</td>
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**Lead area:** Facilities Directorate, Acute Service (Sectors / Directorates), Health and Information Technology (Medical Records), Public Health.
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<th><strong>General Duty:</strong></th>
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<td>Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.</td>
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<tr>
<th><strong>Equality Outcome 2.</strong></th>
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<tr>
<td>• People who require communication support in British Sign Language (BSL) receive it.</td>
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<th><strong>Protected characteristics covered:</strong> Disability</th>
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<th><strong>Evidence:</strong></th>
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<td>Research on the NHS within Scotland (7.) shows that Deaf peoples' access to the NHS is affected by the provision of British Sign Language interpreters. Feedback from Deaf people highlighted the following areas of concern: management of communications support and the process of booking interpreters in hospitals; confidentiality, as the Deaf community is small and close-knit; choice of interpreter, including the sex of interpreters; appropriateness of online interpreting in some situations. This research is corroborated by our own engagement with Deaf patients. (See 6)</td>
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<th><strong>Activity:</strong></th>
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<tr>
<td>• Ensure all staff always book a BSL interpreter as part of an agreed communication plan for in-patients and at out-patient appointments.</td>
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<tr>
<td>• Deliver an online British Sign Language interpreting service to augment face to face BSL interpreting.</td>
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<tr>
<td>• Scope innovative ways to deliver a note-taking service to support patients with hearing loss in appointments.</td>
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<th><strong>Measures:</strong></th>
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<tr>
<td>• Numbers of staff trained in using the BSL interpreting service and a year on year increase in BSL supported appointments.</td>
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<tr>
<td>• Number of complaints from BSL users.</td>
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<tr>
<td>• Patient feedback on their communication needs being met.</td>
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| **Lead area:** Acute Service (Acute Sectors / Directorates), Public Health. |
**General Duty:**
Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.

**Equality Outcome 3.**
- People who have migrated to our area, asylum seekers and refugees, know how to access acute services.

**Protected characteristics covered:** Race

**Evidence:**
Knowledge of the healthcare system in Scotland is a prerequisite for accessing appropriate care (8.). There are gaps in the knowledge of migrant, refugees and particularly asylum seekers accessing out-of-hours and emergency care, mental health services and support for gender based violence (9.).

Our engagement with refugees and asylum seekers shows areas which can affect access to healthcare: lack of financial support (e.g. destitution); knowledge of our health care system; staff not being aware of people’s rights to healthcare; and staff not booking interpreters (See 6).

**Activity:**
- Ensure migrant, asylum seeker and refugee populations have clear information on NHSGGC services and how to access them.
- Ensure migrant, asylum seeker and refugee populations are aware of their right to an interpreter.

**Measures:**
- Number of translated leaflets available.
- Improved patient satisfaction.

**Lead area:** Acute Service (Acute Sectors / Directorates), Public Health.
## General Duty:
Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.

### Equality Outcome 4.
- People who have reassigned their gender are not discriminated against in our services.

### Protected characteristics covered: Gender reassignment

### Evidence:
People who have reassigned their gender experience high levels of discrimination in society and this is reflected in their experience of the NHS (10.). In this study, for nearly 30% of respondents a healthcare professional had refused to discuss a gender reassignment-related health concern.

### Activity:
- Ensure people who have reassigned their gender are addressed by their preferred name and letters are received with the appropriate pronoun.
- Targeted training for staff to support the implementation of the Transitioning in the Workplace Guide.

### Measures:
- Improved patient satisfaction.
- Numbers of staff trained on gender reassignment issues.

### Lead area: Acute Service (Sectors / Directorates), Health and Information Technology (Medical Records).
### General Duty:
Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.

### Equality Outcome 5.
- Disabled young people receive support and information to enable them to successfully transition to acute adult services from acute children’s services.

### Protected characteristics covered: Disability, age.

### Evidence:
A review by the Care Quality Commission (11.) spoke to 180 young people, or parents of young people, between the ages of 14 and 25 with complex disabilities. It found that the transition process is variable and that previous good practice guidance had not always been implemented. Young people and families are often confused, and at times distressed, by the lack of information, support, and services available to meet their complex health needs. They were often caught up in arguments between children’s and adult health services as to where care should come from.

### Activity:
- Review transition pathway for young people with Cerebral Palsy.
- Engage young people and carers in developing transition pathways.

### Measures:
- Patient and carer satisfaction.

### Lead area: Acute Service (Sectors / Directorates/ Planning), Public Health.
### General Duty:

Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.

### Equality Outcome 6.

- People whose health is affected by their social circumstances as a result of inequality have their needs identified and addressed through routine sensitive enquiry as part of person-centred care.

### Protected characteristics covered: All

### Evidence:

**General**

Health inequalities can be mitigated through equitable provision of services and programmes, sensitive to social context. “For example, treatment for a mental health problem stimulated or exacerbated by domestic abuse will be more effective if the abuse is dealt with, or instructions for treatment might not be followed if the service provider is unaware that the patient cannot read well or is not fully conversant with the English language. Services’ contributions to reducing inequalities come through ensuring that social factors are addressed, and that equal access to services is available to all regardless of circumstances or ability to articulate or understand health issues. The focus is on improving health of individuals, but in a way that recognises the barriers to health related to social circumstances and takes action on them where possible” (12.).

**Gender Based Violence (gbv)**

Gender based violence significantly impacts on women’s physical, psychological, sexual and reproductive health. Forty-two percent of women who have been physically and/or sexually abused by their partners have experienced injuries as a result of that violence (13.). Whilst it is mostly women and girls who are affected by gbv some men are also survivors of gbv.

Intimate partner violence and abuse can include physical assault and injury or unprotected sex and pregnancy or sexually transmitted infections. Health staff have a unique and crucial role in identifying and supporting all those affected by gbv (14.). National Institute for Health Research, School for Social Care Research (15.) highlighted high levels of gbv experienced by women with learning disabilities; Berg et al (16.) address issues relating to Female Genital Mutilation (FGM).
Money Worries
There are worse end of life outcomes for people in more disadvantaged socioeconomic positions (17.). There is a differential impact of benefit changes on different groups, in particular lone parents (who are mostly women), disabled people and young people. People with learning disabilities are at greater risk of rent arrears due to payment of the housing element of Universal Credit directly to tenants. Disabled people who work up to 16 hours a week will have the ‘disabled worker’ element of Working Tax Credit withdrawn under Universal Credit (18.).

Black/ Minority Ethnic
Some of the key issues identified by Coalition for Equality and Rights (19.) through their Community Ambassadors Programme were as follows:

- The NHS should be more aware of different needs and experiences and how they impact on health;
- There are barriers to health services for Black / Minority Ethnic groups as a consequence of language, lack of knowledge of the health service, stigma around health conditions and lack of cultural sensitivity;
- Concerns about surcharges to some migrant populations.

Activity:

• Staff carry out routine sensitive enquiry on gender based violence and money worries.
• Identify and strengthen best practice on responding to gender based violence experienced by people with learning disabilities.
• Pathways for preventing and responding to FGM will be established and human trafficking guidance will be reviewed.
• Staff deliver healthcare which meets the needs and understands the experience of Black and Minority Ethnic Communities

Measures:

• Numbers of routine sensitive enquiry for gbv and money worries.
• Numbers of staff trained in priority areas on equalities sensitive conversations.
• Staff undertaking Hate Crime training.

Lead area: Acute Service (Sectors / Directorates), Public Health.
<table>
<thead>
<tr>
<th>General Duty:</th>
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<tbody>
<tr>
<td>Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.</td>
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</table>

<table>
<thead>
<tr>
<th>Equality Outcome 7.</th>
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<tbody>
<tr>
<td>• Patients who require augmented support in acute care as a result of their protected characteristics are linked to appropriate voluntary sector organisations.</td>
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</table>

<table>
<thead>
<tr>
<th>Protected characteristics covered: Disability</th>
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<tr>
<th>Evidence:</th>
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<tbody>
<tr>
<td>Support and Information Services have identified people with unmet needs in our acute services where the voluntary sector can offer tailored support for example, disability, ethnicity, gender, addictions and financial issues. NES (20.) has suggested a number of recommendations to strengthen the links between NHS and the voluntary sector including: a formal strategic engagement process; a system wide accessible contacts database of the voluntary sector; partnership working and shadowing and continuation of existing and successful partnerships.</td>
</tr>
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<tr>
<th>Activity:</th>
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<tr>
<td>• Audit and map voluntary sector involvement in our patient pathways, assess gaps and make recommendations to address deficits.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measures:</th>
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<tr>
<td>• Referrals for voluntary sector support.</td>
</tr>
</tbody>
</table>

**General Duty:**  
Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.

**Equality Outcome 8.**  
- Older people receive services based on their needs.

**Protected characteristics covered:** Age

**Evidence:**  
There is evidence that some services have operated explicit age restrictions on accessing services which have little justifiable clinical basis. Age discrimination is more often covert and subtle and is implicit in a general lack of priority for older people’s services. Discrimination is sometimes difficult to separate from other issues around gender, poverty, ethnicity and the way in which people with disabilities and long term illness are treated (21.). Older people have difficulty with travel to hospital due to mobility issues and poverty (22.). Evidence from primary care showed that although practices in more disadvantaged areas have younger populations, they also have higher levels of complex multi-morbidity occurring at a much younger age, demonstrating that services should be needs led rather than organised around biological age (23.).

**Activity:**  
- Review impact of Frailty Assessment Tool in developing a needs-led service.

**Measures:**  
- Impact of Frailty Assessment Tool on people’s health and care.  
- Increased patient satisfaction.

**Lead area:** Acute Service (Sectors / Directorates), Public Health.
### General Duty:
Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.

### Equality Outcome 9.
- Disabled staff receive appropriate reasonable adjustments and young disabled people are supported to access modern apprenticeships in NHSGGC

### Protected characteristics covered: Disability

### Evidence:
Previous NHS Scotland Staff Surveys have shown that disabled staff who have received support from their managers to do their job are among the happiest in the workforce. However, when they do not tell their manager they are the least content. NHSGGC is committed to improving the number of staff declaring a disability (24.).

Less than 0.5% of all Modern Apprenticeship placements are taken by someone with a declared disability. Around 8% of the target population (16-24) is disabled (25.)

### Activity:
- Deliver Double Tick Action Plan in consultation with Staff Disability Forum.
- Produce and disseminate a manager’s guide to reasonable adjustments.
- Ensure that young disabled people access NHSGGC modern apprenticeships.
- Review recruitment practices to ensure fair access to employment opportunities by protected characteristic.

### Measures:
- Increase in staff declaring a disability.
- Increase the number of young people with disabilities who are admitted to NHSGGC’s Modern Apprenticeship programme.

### Lead area: Human Resources.
**General Duty:**
Fostering good relations between people who share a protected characteristic and those who do not.

**Equality Outcome 10.**
- Lesbian, Gay and Bisexual (LGB) patients and staff are not subject to discrimination, including assumptions of heterosexuality.

**Protected characteristics covered:** Sexual Orientation

**Evidence:**
Stonewall (26.) interviewed NHS staff and identified evidence of: bullying and discrimination in health and social care; failure to support LGBT patients; staff afraid to speak up and unequipped to challenge prejudice. Eliot et al (27.) reported that sexual minorities were two to three times more likely to report having a longstanding psychological or emotional problem than heterosexual counterparts. Sexual minorities were also more likely to report fair/poor health than the rest of the population.

**Activity:**
- Challenge assumptions of heterosexuality.

**Measures:**
- Number of staff trained on sexual orientation issues in priority areas.
- Improved patient and staff satisfaction in how the organisation includes Lesbian, Gay and Bi-sexual people.

**Lead area:** Acute Service (Sectors / Directorates), Public Health.
**General Duty:**

Fostering good relations between people who share a protected characteristic and those who do not.

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**Equality Outcome 11.**

- Patients and staff have an increased understanding of discrimination and unconscious bias.

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**Protected characteristics covered:** All

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**Evidence:**

Evidence suggests that one-off activities make less impact on addressing and removing discrimination; better results come from sustained activities over a period of time. Some short-term projects may still be effective, however these should be part of a wider framework that emphasises long-term education and opportunities for long-term contact with the potential for cross-group friendships (28). Interventions should take place within a broader context of commitment to diversity in terms of institutional and cultural change. For example, organisations holding diversity training courses should also be addressing under-represented equality groups in senior positions within their workforce. Interventions which facilitate positive inter-group contact, or are based on principles of perspective or empathy, are considered to be effective.

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**Activity:**

- Run events in public areas for patients and staff to understand other people’s experience of difference and how it impacts on their health.

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**Measures:**

- Feedback from events.
- Feedback from staff and patients on perceived cultural change e.g. Fairer NHS Survey, patient engagement.

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**Lead area:** Human Resources, Acute Service (Sectors / Directorates), Public Health.
Appendix 1

References


11. Care Quality Commission (2014) From the pond into the sea Children’s transition to adult health services.


## Glossary

| Access | The extent to which people are able to receive the information, services or care they need and are not discouraged from seeking help (e.g. premises suitable for wheelchairs; information in Braille/ large print and other formats and languages; and the provision of culturally appropriate services). |
| Age | A person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds). Age may refer to actual or perceived age based on appearance or assumptions. |
| Asylum Seeker | This is a person who has submitted an application for protection under the Geneva Convention and is waiting for the claim to be decided by the Home Office. |
| BME | BME is an abbreviated term for Black/Minority Ethnic and is used to describe people from minority ethnic groups, particularly those who have suffered racism or are in the minority because of their skin colour and /or ethnicity. |
| Culture | Relates to a way of life. All societies have a culture, or common way of life, which includes:  
  • Language - the spoken word and other communication methods  
  • Customs - rites, rituals, religion and lifestyle  
  • Shared system of values - beliefs and morals  
  • Social norms - patterns of behaviour that are accepted as normal and right (these can include dress and diet). |
<p>| Disability | A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. |</p>
<table>
<thead>
<tr>
<th><strong>Discrimination</strong></th>
<th>Unfair treatment based on prejudice. In health and social care, discrimination may relate to a conscious decision to treat a person or group differently and to deny them access to relevant treatment or care.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diversity</strong></td>
<td>Appreciating diversity goes beyond the mere recognition that everyone is different; it is about valuing and celebrating difference and recognising that everyone through their unique mixture of skills, experience and talent has their own valuable contribution to make.</td>
</tr>
<tr>
<td><strong>Equality Duty</strong></td>
<td>Under equalities legislation public authorities have general duties and specific duties. These are things that have to be done by the authority in order to meet the requirements of the law.</td>
</tr>
<tr>
<td><strong>Equal Opportunities</strong></td>
<td>This is a term used for identifying ways of being disadvantaged either because of, for example, race, disability, gender, age, religion/belief or sexuality. 'Equal Opportunities' is an attempt to provide concrete ways to take action on the inequalities revealed by analysis of the differences and barriers that exist for people in the above groups.</td>
</tr>
<tr>
<td><strong>Equalities</strong></td>
<td>This is a short hand term for all work carried out by an organisation to promote equal opportunities and challenge discrimination, both in employment and in carrying out functions and delivering services.</td>
</tr>
<tr>
<td><strong>Equality</strong></td>
<td>Equality is about making sure people are treated fairly and given fair chances. Equality is not about treating everyone in the same way, but it recognises that their needs are met in different ways.</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td>A sense of cultural and historical identity based on belonging by birth to a distinctive cultural group.</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>Gender is the term used to describe key characteristics of male and female behaviour. Our gender is learned behaviour.</td>
</tr>
<tr>
<td><strong>Gender Reassignment</strong></td>
<td>The process of transitioning from one gender to another.</td>
</tr>
<tr>
<td><strong>Hate Crime</strong></td>
<td>Hate crimes are any crimes that are targeted at a person because of hostility or prejudice towards that person’s: disability; race or ethnicity; religion or belief, sexual orientation or transgender identity.</td>
</tr>
<tr>
<td><strong>Homophobia</strong></td>
<td>An irrational fear of, aversion to, or discrimination against people who are lesbian, gay or bisexual.</td>
</tr>
<tr>
<td><strong>Indirect Discrimination</strong></td>
<td>Setting rules or conditions that apply to all, but which make it difficult for a group to comply with on the grounds of race, disability, gender, age, religion or belief, gender reassignment, pregnancy or maternity status, marriage or civil partnership status or sexual orientation.</td>
</tr>
<tr>
<td><strong>Inequality</strong></td>
<td>Refers to the experience of discrimination and oppression. It is concerned with differentials in terms of allocation of power, wealth, status, access to resources and equality of opportunity.</td>
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<tr>
<td>---------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
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<tr>
<td><strong>Interpreting</strong></td>
<td>The conversion of one language into another, enabling communication between people who do not share a common language.</td>
</tr>
<tr>
<td><strong>Marginalised Groups</strong></td>
<td>Some marginalised groups are not generally covered by legislation but are discriminated against for a range of reasons which have a negative impact on their health. For example, homeless people, asylum gypsy travellers and prisoners have poorer health than the rest of the population. However, some gypsy travellers are covered by equality legislation as they are defined as an ethnic group.</td>
</tr>
<tr>
<td><strong>Marriage and Civil Partnership</strong></td>
<td>Employees who are in a civil partnership or marriage are protected by the law against discrimination. Whatever benefits married employees and their spouses are given, must also be given to employees who are in civil partnerships and to their civil partners.</td>
</tr>
<tr>
<td><strong>Migrant</strong></td>
<td>An inclusive term meaning someone who has migrated here from another country e.g. Polish people, Roma, South Asian populations, Chinese people.</td>
</tr>
<tr>
<td><strong>Monitoring</strong></td>
<td>The process of collecting and analysing information about people’s gender, racial or ethnic origins, disability status, sexual orientation, religion or belief, age or postcode to see whether all groups are fairly represented.</td>
</tr>
<tr>
<td><strong>Multicultural</strong></td>
<td>Of, or relating to many cultures; including people who have many different customs and beliefs. For example, Britain is increasingly a multicultural society.</td>
</tr>
<tr>
<td><strong>Pregnancy &amp; Maternity</strong></td>
<td>Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.</td>
</tr>
<tr>
<td><strong>Prejudice</strong></td>
<td>Is a negative assumption or judgement about a person - or a group of people.</td>
</tr>
<tr>
<td><strong>Protected Characteristics</strong></td>
<td>People’s identity which are protected by the Equality Act 2010 from behaviour such as discrimination, harassment and victimisation. The protected characteristics are: Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion and belief, Sex, and Sexual orientation.</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td>Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.</td>
</tr>
<tr>
<td><strong>Refugee</strong></td>
<td>A refugee is someone who has had their claim for asylum accepted.</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td>The term religion - sometimes used interchangeably with faith or belief system - is commonly defined as belief concerning the supernatural, sacred, or divine, and the moral codes, practices and institutions associated with such belief.</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td>A man or a woman.</td>
</tr>
<tr>
<td><strong>Sexism</strong></td>
<td>A prejudice based on a person’s sex in which one sex is seen as inferior. Also may be used to describe discrimination on grounds of gender.</td>
</tr>
</tbody>
</table>
| **Sexual Orientation** | Sexual orientation is defined as:  
- An orientation towards persons of the same sex (lesbians and gay men)  
- An orientation towards persons of the opposite sex (heterosexual)  
- An orientation towards persons of the same sex and opposite sex (bisexual) |
| **Social Class** | Social Class refers to the hierarchical arrangements of people in society based on occupation, wealth and income. Higher social classes have more power and status. In Britain class is also determined by values and behaviours such as accent, education and family background rather than purely money. The difference in status between social classes leads to inequalities of resources, including income, education, work, housing and health. |
| **Transgender** | A person who identifies with a gender other than their biological one. |
This action plan has been produced to support the delivery of the Board’s equality scheme, “A Fairer NHS Greater Glasgow and Clyde 2016-20” and help fulfil the employment obligations as outlined in the specific duties of the Equality Act (2010).

The aim of the plan is to support the delivery of organisational values, by enhancing leadership and promoting a behavioural approach which will promote the principles of dignity and respect across our workforce. This plan continues to build on actions and approaches demonstrated through our previous action plan “Creating and Monitoring a Diverse Workforce 2013-2016”. There are a number of areas highlighted in this plan which will support the mainstreaming of equality and diversity across core HR services. These include:

- Workforce Planning and Analytics
- Recruitment and Resourcing
- Learning and Education
- Organisational Development

The plan will be monitored through the CIT:HR Equality Group which meets quarterly and actions will be refreshed on an annual basis. We will work with our Heads of People and Change to ensure local accountability for actions and ensure that there is wider ownership of actions across the organisation. The Acute Health Improvement and Inequalities Group oversees the delivery of the Board’s equality scheme and partnerships have their own equality outcomes to deliver. The CIT:HR Equality Group will support acute and partnerships where appropriate to deliver their requirements under the Equality Act 2010.
Objectives

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010 and less favourable treatment of staff as set out within other relevant legislation;

   By removing or minimising disadvantages suffered by people due to their protected characteristics and creating an environment in which individual differences and the contributions of all staff are recognised and valued.

2. Advance equality of opportunity between people who share a protected characteristic (i.e. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation) and those who do not;

   By taking steps to meet the needs of people from protected groups where these are different from the needs of other people.

3. Foster good relations between people who share a protected characteristic and those who do not;

   By taking steps to reduce underrepresentation of people with particular protected characteristics and increase the diversity of our workforce, both at an organisational level and within different job roles.

4. Ensure that the Board has due regard for the European Convention of Human Rights (ECHR) in the discharge of its function;

   By taking a zero tolerance approach to intimidation, bullying or harassment, recognising that all staff are entitled to a working environment that promotes dignity and respect for all.
**WORKFORCE PLANNING AND ANALYTICS**

**ACTION**- Collect, analyse and produce a range of workforce equality metrics on existing workforce.

**What we have achieved so far:**

- Equality and Diversity data is included within quarterly reports to the Staff Governance Committee.
- Professor Findlay’s Smart Metrics Report highlighted in EHRC Review of Public Sector Equality Duties as an example of good practice.
- NHSGG&C has produced an annual Board paper on how NHSGGC is meeting the specific duties (employment) contained in the Equality Act 2010.

**What we aim to achieve in 2016/17**

- Consolidate our data collection process and where possible present the data through the HR Performance Matrix.
- Develop hypothesis and analyse our data to identify key trends and patterns. Develop actions and recommendations where we would want to make a significant change.
- Address gaps in data on Equality and Diversity and develop plans to gather data, e.g. on Hate Crime.

<table>
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<tr>
<th>ACTIVITY</th>
<th>OUTCOME</th>
<th>RESPONSIBILITIES</th>
<th>TIMESCALE</th>
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</thead>
<tbody>
<tr>
<td>1. Conduct EQIA of Human Resources Service Catalogue</td>
<td>Identify areas where there is likely to be adverse impact on equality groups in relation to “new tiered services”</td>
<td>Imran Shariff, Jackie Erdman</td>
<td>EQIA has been completed and actions to be completed by April 2016</td>
</tr>
<tr>
<td>2. Ensure HSCPs can deliver the Equality Act 2010 requirements for their NHS staff in relation to recruitment and retention</td>
<td>HCSP’s can access disaggregated data on workforce demographic within their area and can report of employment duties.</td>
<td>Heads of People and Change (Partnerships), Jonathan Pender</td>
<td>2016/2017</td>
</tr>
<tr>
<td>3. Discuss how we presently collect and present equality data and review this process to identify areas of risk where we want to make significant</td>
<td>We can demonstrate measurable improvement on equal opportunities which meets the needs of the organisation.</td>
<td>Jonathan Pender, Workforce Statistics Group (APF)</td>
<td>Identify activity by June 2016 and timeline for 2016-19 to achieve changes.</td>
</tr>
</tbody>
</table>
change and monitor progress.

4. Occupational Health
   Ensure NHSGG&C has a process in place to monitor implementation of reasonable adjustments.
   Rona Wall
   Jonathan Pender
   June 2016

5. Develop manager’s guidance on impairment and reasonable adjustments.
   Funding has been allocated to support creation of guidance for line managers on making reasonable adjustments.
   Jackie Erdman
   April – September 2016

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**STAFF GOVERNANCE**

**ACTION- Ensure all staff are treated fairly and consistently as part of the Staff Governance Standards**

**What we have achieved so far:**
- Staff Governance Reports are published quarterly and includes equality data (workforce, training, recruitment and discipline/)
- An Equal Pay Statement on men and women has been published (2013)

**What we aim to achieve in 2016-2017:**
- Continue to publish Staff Governance reports on equality and make improvements to process based on feedback from the Workforce Statistics APF.
- Carry out preparatory work to review and publish Equal Pay statement for men and women identifying appropriate actions.
- Carry out preparatory work to publish Equal Pay statements on disability and ethnic minorities in 2017 identifying appropriate actions.

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<th>OUTCOME</th>
<th>RESPONSIBILITIES</th>
<th>TIMESCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Equality and Diversity reports prepared and presented to Staff Governance Committee.</td>
<td>Ensure Staff Governance Committee is aware of changes in the equality demographic in the workforce and are alerted to potential risks in relation to the Equality Act 2010.</td>
<td>Lyndsay Lauder</td>
<td>Reports produced quarterly.</td>
</tr>
<tr>
<td>2. Prepare to</td>
<td>Ensure we are</td>
<td>Neil Russell</td>
<td>March 2017</td>
</tr>
</tbody>
</table>
| Review and publish an Equal Pay statement on men and women | Gathering and analysing data to support the requirements of the Equality Act 2010 in relation to equal pay. | Jonathan Pender  
Lyndsay Lauder  
Jackie Erdman |

### LEARNING AND EDUCATION

**ACTION-** Continue to build and develop the Equality and Diversity Learning and Education Plan to reduce discrimination in the workplace.

**What we have achieved so far:**

- A learning and education plan has been developed
- A suite of training (both classroom and e-learning) is available for staff.
- Training activity is monitored and reported on 6 monthly basis.
What we aim to achieve in 2016-17:

- Refresh equality and diversity training in line with the new Equality Scheme and Human Rights Action Plan
- Staff continue to access e-modules which are up to date and relevant to the needs of our patients.
- Development of tools to support awareness of “unconscious bias”

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<th>OUTCOME</th>
<th>RESPONSIBILITIES</th>
<th>TIMESCALE</th>
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</thead>
<tbody>
<tr>
<td>1. Review and redesign equality and diversity training on Core Stat/Mandatory training day and e-learning</td>
<td>Staff are aware of the importance of the Equality Act and Human Rights.</td>
<td>Moira MacDonald, Imran Shariff</td>
<td>Complete by June 2016</td>
</tr>
<tr>
<td>2. Monitor, review and publish training uptake on a 6 monthly basis in Acute and HSCPs.</td>
<td>Heads of People and Change, line managers are able to monitor access to equality and diversity training in their area and identify gaps.</td>
<td>Imran Shariff</td>
<td>Bi-annual (2016, 2017, 2018)</td>
</tr>
<tr>
<td>3. Ensure FTFT Core Values are embedded within our training programmes within the Learning and Education Calendar.</td>
<td>All staff are clear on the organisational responsibilities and values of our organisation and can access resources/advice/support to foster a positive workplace culture</td>
<td>Alastair Low, Moira MacDonald</td>
<td>March 2017</td>
</tr>
<tr>
<td>4. Continue to support training on equality and diversity in response to unmet needs or gaps in services. E.g. tackling behaviours/stereotypes</td>
<td>The organisation is responding to changing requirements of our patients and is addressing areas of concern as identified through EQIA’s, complaints and feedback from HR – Advice and Support unit</td>
<td>Alastair Low, Imran Shariff, Moira MacDonald, Jennifer Hardy</td>
<td>Review gaps at 6 monthly intervals and</td>
</tr>
</tbody>
</table>
ORGANISATIONAL DEVELOPMENT

ACTION- Culture Change.

What we have achieved so far:
- CIT and Learning and Education have piloted new methods of training including unconscious bias and the Human Library.
- CIT and Health and Safety have supported a wide ranging programme of work on hate crime.
- CIT have supported a range of staff forums which are in the early stages of development.

What we aim to achieve in 2016-17:
- Focus on developing and integrating “unconscious bias” tools in relevant training.
- Continue to monitor training uptake by HSCP/ Acute Directorate.

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<tr>
<th>ACTIVITY</th>
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<th>RESPONSIBILITIES</th>
<th>TIMESCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop unconscious bias training tools which can be used in targeted training programmes and as part of wider FTFT culture change.</td>
<td>Training programmes raise awareness of unconscious bias with in staff Staff are able to reflect on their attitudes/behaviours and the impact on patients and staff.</td>
<td>Doug Mann Alastair Low Imran Shariff.</td>
<td>December 2016</td>
</tr>
<tr>
<td>2. Support staff to identify report and challenge hate crime through the Boards Dignity at Work Policy</td>
<td>Hate crime incidents are routinely recorded (both staff and patients) and where they do occur, are appropriately handled.</td>
<td>Ken Fleming Alastair Low Doug Mann</td>
<td>December 2016</td>
</tr>
<tr>
<td>3. Develop LGBT Forum.</td>
<td>LGBT staff have a voice in the organisation to elicit views/concerns and ideas on how NHSGG&amp;C can be more LGBT friendly.</td>
<td>Alastair Low</td>
<td>March 2016 and ongoing</td>
</tr>
<tr>
<td>4. Deliver Human</td>
<td>Staff have the</td>
<td>Nuzhat Mirza</td>
<td>January 2016 and</td>
</tr>
<tr>
<td>Library events in acute sites</td>
<td>opportunity to challenge their own prejudices in a safe environment.</td>
<td>ongoing</td>
<td></td>
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</table>

### SUPPORT SERVICES

#### WORKFORCE EMPLOYABILITY

**ACTION- Recruitment and retention of a diverse workforce**

**What we have achieved so far:**
- Double Tick standard reviewed and awarded in September 2015.
- Recruiting managers follow up on recruitment of disabled applicants.
- Recruitment data is analysed by protected characteristic at the Staff Governance Committee.
- Significant achievements in developing modern apprenticeships which have been recognised as best practice.

**What we aim to achieve in 2016-17:**
- We need to raise awareness with managers of the Double Tick standards beyond the recruitment process.
- We need to continue to market opportunities e.g. MA and wider employability programme to people from protected characteristics groups and monitor applications.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>OUTCOME</th>
<th>RESPONSIBILITIES</th>
<th>TIMESCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Deliver actions to increase the number of younger people in the workforce (including young people from equality groups) and support the recruitment of people with additional barriers or from equality groups.</td>
<td>Develop a diverse workforce which meets the needs of the organisation and reflects the population we serve.</td>
<td>HR Employment Group Strategic Employment and Health Strategic Group</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2. Monitor, review and report on recruitment</td>
<td>Identify areas of risk and ensure we meet the Equality</td>
<td>Lyndsay Lauder</td>
<td>Quarterly reports sent to Staff Governance</td>
</tr>
</tbody>
</table>

8
| data through the Staff Governance process. | Act 2010 | Committee and APF |

**ACTION-** Prepare a Disability Improvement Plan to support the 2 tick award for Disability for NHSGG&C in 2016 and thereafter.

**What we have achieved so far;**

- NHSGG&C has been awarded the two tick disability symbol for 2016.
- Members of the Disability Staff Forum have participated in the Disability two tick steering group to help formulate this plan.

**What we aim to achieve in 2016-17;**
- Continue to raise awareness with managers of the Double Tick standards and what this means in practice
- Develop governance processes to monitor the application of 5 commitments as part of the Disability Symbol award process.

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<thead>
<tr>
<th>ACTIVITY</th>
<th>OUTCOME</th>
<th>RESPONSIBILITIES</th>
<th>TIMESCALE</th>
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<tbody>
<tr>
<td><strong>Communication/Marketing</strong></td>
<td>Raise awareness of the Disability two tick symbol beyond the recruitment process. Ensure HR Connect has clear information for line managers on responsibilities for managers on the two tick symbol. Ensure there is information on Occupational Health and Access to Work. Develop communication materials e.g., Staff News and ensure that there is one article on Disability in the workplace per year. Support the Disability Staff Forum road shows in 2016</td>
<td>Managers and staff awareness of the Double Tick standards will increase. Managers will be more aware of Disability in the workplace and be able to support staff retention</td>
<td>Disability Staff Forum members Jackie Erdman Imran Shariff HR Connect</td>
</tr>
<tr>
<td><strong>Learning and Education</strong></td>
<td>Ensure that two tick disability is included in relevant training programmes, e.g. Equality and Diversity induction/core statutory mandatory and People Management.</td>
<td>There is greater visibility of the two tick symbol and managers will become more aware of what this means and the responsibilities associated with this.</td>
<td>Lyndsay Lauder</td>
</tr>
<tr>
<td><strong>Recruitment/Workforce Employability</strong></td>
<td></td>
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<tr>
<td>Ensure workforce employability/recruitment processes are sensitive to people who may as a result of Disability may have a lack of qualifications and can be signposted accordingly.</td>
<td>Recruitment staff are able to ascertain qualifications equivalency for staff that may have a Disability and meet the minimum requirement.</td>
<td>Recruitment Services Workforce Employability Review in September 2016</td>
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<tr>
<td><strong>Transition</strong></td>
<td>Ensure Disability issues are captured as part of the routine transition process.</td>
<td>HR staff will be aware of certain job roles that may not be suited for staff that have a particular Disability and as such can signpost staff to alternative positions.</td>
<td>Heads of People and Change Review in September 2016</td>
</tr>
</tbody>
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Meeting the Requirements of Equality Legislation

A Fairer NHS
Greater Glasgow & Clyde

Monitoring Report
2015 – 2016
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Foreword: Robert Calderwood, Chief Executive of NHS Greater Glasgow and Clyde

I’m very pleased to present this report which reviews our action in 2015-16 to meet the requirements of equality legislation. This report demonstrates our commitment to provide the highest quality services which are transparently fair and equitable for everyone.

The Equality and Human Rights Commission Scotland recently published a national Equality and Human Rights Report Card. The report concluded that there was “good progress, work still to do.” This sums up our position in NHS Greater Glasgow and Clyde (NHSGGC). This report, and previous monitoring reports, show the wide range of work underway across all services which is contributing towards a fair and equitable health service. However, we are fully aware that certain groups are at risk of being left behind.

The new Health and Social Care Partnerships have been working towards publishing their own mainstreaming reports and equality outcomes in April 2016. NHSGGC will also publish new equality outcomes in April 2016 and through this we believe we can continue to achieve positive change to tackle inequality.

Equality issues affect every one of us - both personally and in how we deliver all of our hospital and community services. I want to take this opportunity to thank all of our staff, partners and volunteers for their achievements and commitment to this important work.
1. Introduction

1.1 All public sector organisations, including Health Boards, are required to comply with the Equality Act 2010. The Act establishes a Public Sector General Equality Duty which requires organisations, in the course of their day to day business, to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between groups of people with different ‘protected characteristics’
- Foster good relations between these different groups.

1.2 The characteristics referred to in the Equality Act 2010 have been identified as: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race and ethnicity, religion and belief, sex, sexual orientation.

1.3 To help achieve the General Duty, secondary legislation, the Equality Act 2010 (Specific Duties) (Scotland) Regulations, have also been put in place. The specific duties are designed to support the delivery of the General Duty and require public bodies to:

- Report progress on mainstreaming the public sector duty
- Publish equality outcomes and report progress
- Assess and review policies and practices (impact assessment)
- Gather and use employee information
- Publish statements on equal pay
- Consider award criteria and conditions in relation to public procurement
- Publish in a manner that is accessible.
1.4 In June 2015 the Integrated Joint Boards in our 6 local authority areas were named in law as covered by the The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. This means that the new Health and Social Care Partnerships have been working towards publishing their own mainstreaming reports and equality outcomes in April 2016. However, unlike many other public bodies in Scotland, an HSCP has limited responsibility in terms of the Specific Duties. Requirements of the Specific Duties relating to the publishing of gender pay gap information, publishing statements on equal pay, gathering and using employee information and considerations relating to public procurement remain the responsibility of NHS Greater Glasgow and Clyde (NHSGGC) and the local authority. The two organisations continue as employers of HSCP staff and their respective policies and protocols governing how goods and services are purchased are also retained.
2. Aims and structure of the Monitoring Report

2.1 The purpose of this document is to describe how NHSGGC has met the requirements of the Public Sector Equality Duty in 2015-16.

2.2 In Section 3 the report highlights the progress the organisation has made to embed an understanding of inequalities and discrimination into its core functions (mainstreaming).

In Section 4 the report presents progress made on delivering NHSGGC’s Equality Outcomes.
3. Progress on Mainstreaming Equality into NHSGGC

3.1 Policy, Planning and Monitoring Performance

3.1.1 Board Papers

In 2015-16 three key papers went to NHSGGC Board on tackling inequality.

In April 2015, the Monitoring Report 2013-15 was presented to the Board outlining progress on meeting our legislative requirements in relation to the Equality Act 2010. The report was fully endorsed by the Board and widely circulated to partners and equality groups.

In October 2015, a Board paper was prepared by Public Health and the Corporate Inequalities Team on NHSGGC’s approach to financial inclusion and welfare reform. The paper outlined the role of the NHS in tackling poverty and the groups who have been most affected by benefit changes, such as disabled people and lone parents, who are mostly women and young people. The Board heard that giving staff tools to tackle health inequality, which help to mitigate the impact of poverty and welfare reform, has been key to the success of NHSGGC's approach. Since 2011 NHSGGC staff have made over 32,000 referrals to Money Advice Services with £37 million financial gain for many vulnerable patients. The Board agreed to continue this work and to appoint a poverty champion from the Non-Executive Directors.

In December 2015, a Board paper was presented entitled Equality Counts: using data to understand and tackle equality issues in NHSGGC. The paper described how collecting data can help raise awareness of the diverse nature of our population with staff and enable us to know when and where we are making a difference to improving differential health outcomes. The paper gave detailed information on:
• collection of patient data by protected characteristic and actions required to improve the collection;
• using patient information on additional support needs to improve access and quality of service in Acute;
• using equality data to monitor performance on tackling inequality and to drive change which will improve health outcomes;
• using equality data to prevent ill-health through screening;
• using equality population data to plan services, and;
• a set of recommendations to achieve improvements.

The recommendations in the reports were agreed by the Board.

3.1.2 Human Rights

In 2015, NHSGGC developed an action plan on human rights to test a more explicit approach to this issue. The plan includes:

• Completion of an NHSGGC briefing on human rights
• Integration of human rights questions into the Equality Impact Assessment (EQIA) process.

An analysis of the EQIAs and other evidence found that Human Rights are perceived to have greater relevance within specific settings where risk of breach is more apparent, for example Mental Health services. However, some services reflected a broader understanding of human rights and made efforts to engage with service users at risk of trafficking or gender based violence.

Work was carried out in Learning Disability Residential Services, Directorate of Forensic Mental and Learning Disability and Inverclyde Mental Health Inpatient Services. They found that combining human rights and equalities face to face training makes a difference to staff’s understanding and practice. The work has involved working with service users and members of national networks, such as the National Involvement Network (a national learning disability network). An analysis of complaints in Mental Health Services found human rights issues are often evident in patient complaints.
This information has been used to develop further actions for 2016/17 including work to promote the Scottish Government ‘Fly the Flag’ human rights campaign and exploring further links with the Scottish National Action Plan Health and Social Care Planning Group. In addition, guidance has been given to Health and Social Care Partnerships on mainstreaming human rights into their Equalities Plans 2016-19. The work has been supported by the Centre for Health Policy in the University of Strathclyde on human rights approaches in health and social care. A test of change with Glasgow Association for Mental Health service users and staff will be completed by March 2016.

3.1.3 Planning and Performance

2015-16 has been a transition year for NHSGGC in terms of moving toward integrated Health and Social Care Partnerships (HSCPs). This has meant developing new planning and performance monitoring processes which reflect the new structures. The Corporate Inequalities Team (CIT) has worked closely with equality leads, planning managers and other key staff in the HSCPs to support the transition. Joint work to improve patient pathways between partnerships and acute services is reflected throughout the report. In July 2015, the CIT arranged a learning event with representatives from 6 HSCPs in the NHSGGC area. The session was to establish leadership and accountability corporately and locally for equality legislation in the new integrated partnerships. The session was written up and well received by the participants.

The Acute Health Improvement and Inequalities Group is the main governance structure for NHSGGC’s equalities work in Acute services. The group meets bi-monthly to review progress and report to relevant committees in Acute. There are close working links between Public Health and CIT to deliver the action plan for the group.

The overall responsibility for supporting the organisation to meet the requirements of equality legislation remains with the Director of Corporate Policy and Planning, supported by the Head of Inequalities and the Corporate Inequalities Team. This includes governance, performance monitoring, planning and supporting the organisation to deliver the actions in the equality scheme.
3.2 Leadership and Accountability

NHSGGC continues to rise to the challenge of delivering the most effective ways to advance the three parts of the Public Sector Equality Duty and minimise any unintended negative consequences. The Chief Executive regularly reports on equalities issues in Team Brief which goes to all staff via their managers and Staff News regularly highlights equality issues to all NHSGGC staff.

Items covered in Staff News in 2015-16 have included the following:

- Person Centred Care
- NHS Credit Union
- Launch of a new Scottish Government British Sign Language (BSL) online Video Relay Interpreting Service
- Fairer NHS 2013-15 Monitoring Report
- Release Potential Disability Staff Forum
- HIV Staff Attitudes Campaign
- New Patient Support & Information Service
- Healthier Wealthier Children poverty initiative achieves £10 million in patient gains

3.3 Listening to Patients

3.3.1 Equalities Health Reference Group

The Equalities Health Reference Group has continued to develop a programme of activity during 2015 informing a number of key pieces of NHSGGC service delivery. These include:

- Devising a new training event on hate crime aimed at members of the public.
- Individual presentations to the group on issues relating to their experiences and particular areas of interest.
- Training for trainers for the group to develop their skills.
- Advising the organisation on the development of the new Equality Outcomes.
3.3.2 Conversation Cafés

The Corporate Inequalities Team facilitated 6 Conversation Café events in 2015. The discussions have explored subjects such as:

- Improving care for older LGB patients
- The experiences of women in relation to welfare reform and the links to health
- Understanding the experiences of Gender Based Violence for women who have a learning disability
- Improving opportunities for Asylum Seekers and Refugees for volunteering in the NHS
- How we can ensure gender equality within NHS services.

Overall, the café events have been well received, with 64 people taking part. Issues identified within discussions during the Conversation Cafes have informed the development of key areas of the CIT work programme, particularly Welfare Reform and GBV.

3.3.3 Engagement with Patients with Learning Disabilities

CIT have developed a working partnership with People First to discuss issues relating to patients experiences of using NHS services. This partnership has been beneficial in improving the quality of our direct patient engagement. Members of People First have stated that they feel confident that their issues and comments are being treated seriously and that they can see outcomes from their participation and feedback. In November 2015, CIT facilitated a patient discussion event to review the current equality outcomes and to inform the writing of the new ones for 2016 - 19. This session was attended by services users from a range of support services working with people with learning disabilities. This will inform our approach to patient engagement in the future.
3.3.4 Somali Community

A follow up session to the consultation with the Somali community regarding the Khat ban in 2014 was held in June 2015 attended by 33 people. Community members asked for a specific community health programme. This was delivered to a men's group, a women's group and a young person's group and covered information on how the NHS works including drug and alcohol services, Female Genital Mutilation and visits to new Queen Elizabeth University Hospital. The sessions were attended by 60 members of the Somali community. The working group is exploring a peer education programme with Somali Association volunteers to promote NHS services in 2016.

3.3.5 Equalities in Health Website

The Equalities in Health website contains targeted information for staff and patients as well as links to NHSGGC policies, Equality Impact Assessments and evidence supporting our current activities. Since its redesign in 2014/15, the web site has continued the trend of increasing the number of visitors per month. The introduction of responsive templates has made the site more accessible via other devices such as mobile phones and tablets and this accounts for over 12% of usage in 2015/16.

3.3.6 Third Sector Engagement Work

A training programme was delivered with third sector organisation staff to promote NHS services such as the interpreting service and entitlement for patients. The training sessions provided the opportunity to build ongoing relationships to enable service user feedback. The feedback has helped to shape the equality outcomes for 2016-19 and ongoing improvement for our services.
3.3.7 On line Patient Feedback

NHSGGC’s online patient feedback website offers patients and carers the opportunity to provide suggestions for improvements, comment on poor experiences of care and give positive comments. From April 2015 to mid January 2016, 1272 comments were made.

An analysis of that data by protected characteristics shows the following:

- most comments come from female patients
- there is a good range of ages
- there is a range of people with disabilities (50% of comments had a health condition)
- 19 people who provided comments had gender reassignment (24 prefer not to answer)
- In relation to sexual orientation, there were 544 heterosexual, 13 Gay / Lesbian and 6 Bisexual respondents. (13 stated ‘other’ and 88 preferred not to answer)
- More could be done to encourage Black and Minority Ethnic communities (15 comments) and some religious communities to comment (e.g. Buddhist, Hindu, Jewish and Muslim accounted for 13 responses ).

There are significant barriers to Deafblind people using the patient feedback website. CIT works closely with Deafblind Scotland to ensure Deafblind people have the opportunity to provide feedback on care. 7 Deafblind people were supported to give feedback on their experience of services. A key theme was staff not taking into account needs around Deafblindness, even when a guide communicator was present to discuss needs required for ongoing care (e.g. BSL interpreter when guide communicator not available). However, some Deafblind people wished to comment on their positive experiences of care.

A scoping exercise with third sector agencies was carried out to support the development of the new Equality Outcomes (42 disability organisations, 12 organisations with asylum seekers and refugees and 6 LGBT organisations).
3.3.8 Health and Social Care Partnerships

**Glasgow HSCP**

In developing its strategic plan and Equality Outcomes, Glasgow HSCP consulted with a range of protected characteristics groups and marginalised groups. This included the Public Partnership Forum, NHSGGC’s Health Reference group and Voices for Change, which covers a range of equalities issues. In addition, a survey was distributed widely to residents, HSCP staff and staff in HSCP partner organisations. 48 staff and residents attended a consultation event on Equalities Outcomes and mainstreaming on 28th January 2016. Equalities monitoring of this event found a good range of ages, male and female participants and other protected characteristics.

Glasgow HSCP’s Thriving Places initiative holds an annual equalities event and works throughout the year to engage people on equalities issues. For example, in September 2015, 3 events were held with Black and Minority Ethnic (BME) communities. A user consultation report found that:

- Glasgow has experienced major change in the profile of BME communities in the last year
- Peer education approaches were more successful
- There is a need to engage more with BME Third Sector organisations
- More training and awareness raising is required for public sector staff
- A consistent and ongoing programme of targeted community engagement is needed
- There needs to be consideration of additional support needs and equalities intersectionality e.g. childcare, language and other communication needs.

**East Dunbartonshire HSCP**

East Dunbartonshire HSCP embraced the impending requirements of the Equality Act 2010 and was an early adopter, developing a set of equality outcomes in consultation with community groups and local citizens.
**East Renfrewshire HSCP**

In developing its strategic plan, East Renfrewshire HSCP carried out a wide range of engagement with equalities groups, from which it developed an accessible communication strategy to meet the needs of different protected characteristics groups. See: [http://www.eastrenfrewshire.gov.uk/health-and-social-care-integration](http://www.eastrenfrewshire.gov.uk/health-and-social-care-integration)

The strategic plan and equalities outcomes were developed and circulated to users, carers and staff involved in the HSCP. The feedback was positive about the direction of the plan and the equalities outcomes.

Further examples of engagement were via service user consultation of the Mental Health Services Redesign and testing of an exit survey in addiction services. The first survey had 32 service user responses, 60% female, majority 40 plus years and from mixed areas of high and low deprivation. Findings indicated that patients were very positive about the recovery model but barriers to accessing services needed more focus. Addiction Services had 15 surveys returned, mainly from clients in areas of high deprivation. 7 identified as having a disability and the majority were 30 plus years and white British. Respondents were very positive about the service in terms of supporting them to move on, although only one response was from a female.

**Renfrewshire HSCP**

Renfrewshire HSCP identified a range of barriers that visually impaired people (VIP) faced when using health services. Working in partnership with the VIP group, it was decided to produce a card that people would carry to identify themselves to staff as having a visual impairment (VI). An awareness raising DVD and a storybook of the lives of someone with a VI are planned and will be used by staff to increase understanding of the issues/barriers faced by someone with a VI. Additionally, there will be discussions at team meetings to remind staff to be aware of the barriers/ issues.
West Dunbartonshire HSCP

As part of a joint engagement and listening exercise between the Heath Board and the new Integrated Partnerships, West Dunbartonshire HSCP has been consulting on the paper ‘Developing GP Services: Engaging and Listening’. A focus group with members of the Local Engagement Networks in West Dunbartonshire took place on 3rd December 2015. Surveys were also circulated to different community groups including the Community Care Forum and the Addictions Service Users Group. The comments and views expressed in the surveys and the focus group session were incorporated into a report submitted to NHSGGC and the WD HSCP Board (the local IJB) to inform the development of primary care services.

On 1st July 2015 the West Dunbartonshire Community Health and Care Partnership, became a Health and Social Care Partnership. Within the HSCP arrangements, two localities were identified: Alexandria/Dumbarton and Clydebank. Based on this and after extensive consultation with the now former Public Partnership Forum, it was agreed to establish two Locality Engagement Networks (LENs) covering the same geographical areas to enable routine engagement and partnership working at a locality level. Membership of the LENs consists of representatives from LGBTI, young people, parents with disabled children, carers, older people, BME people and many other equality or marginalised groups.

As well partnership working with the LENs, consultation is ongoing with all of the groups using a range of communication tools, including surveys, focus groups, and information sharing, e.g. WDHSCP website.

3.4 Service Delivery

NHSGGC is a large and complex organisation and it is challenging to bring about change to ensure that everyone’s care is sensitive to the discrimination, prejudice and inequality which they may be experiencing. Below are some examples of equalities sensitive service delivery from across NHSGGC.
3.4.1 Acute

Each of the new entities in the Acute Services structure have a work plan for health improvement and inequalities activity. This combines action across all services (e.g. equality impact assessment and provision of interpreters) with more focused projects such as work with ophthalmology to improve services for visually impaired people or improving uptake of British Sign Language interpreting.

3.4.2 Augmentative and Alternative Communication

The Augmentative and Alternative Communication (AAC) Board-wide led partnership group has reviewed access to AAC assessment equipment in health, education, social work and the voluntary sector, with toolkits being used for both educational and individual assessment purposes.

The ongoing programme of awareness-raising about AAC has delivered training to over 400 frontline catering, portering and domestic staff and AAC champions established to support further training. The Facilities Directorate now have 10 AAC champions to act as points of contact for their staff, with 8 supervisors completing the AAC online learning modules. Training has also been taken up by Allied Health Professions including Podiatry, Orthotics, Dietetics, Physiotherapy and Occupational Therapy (in Podiatry and Orthotics all staff attended training).

Volunteering services at the Queen Elizabeth University Teaching Hospital have implemented a sustainable approach with nominated staff attending AAC training.

The AAC project has supported the use of software for symbol production and communication systems.

An NHSGGC conference took place in February 2015, with senior managers and practitioners from multi agency services in attendance, to share the learning from local initiatives funded by Right to Speak.
The pilot of the “Talking Mats” system was successfully concluded and was presented at the Person Centred Health and Care Collaborative national event on 25th February to show how communication aids can support person centred care.

The NHSGGC Staff Lottery funded the purchase of electro larynxes in selected services.

A Youth AAC Conference was hosted in October 2015, in partnership with Glasgow City Education, Glasgow Life, and PACE Theatre Company. Pupil delegates from each of the 73 secondary schools were invited to a performance and participated in workshops, considering the barriers to inclusion for people with communication needs.

3.4.3 Volunteering

Volunteers have been recruited as Wayfinders in the Queen Elizabeth University Teaching Hospital. These volunteers assist and welcome people coming into the hospital and help them to find the clinic, ward or area they require. Links have been made with the Autism Resource Centre and Visibility so that the right support can be given to people on the autistic spectrum accessing this new hospital.

3.4.4 Health and Social Care Partnerships

Glasgow HSCP

Glasgow HSCP has maintained a city-wide Equalities Group and each Sector has an Equalities Action Plan. The NHSGGC ‘Fairer NHS’ staff survey was analysed in early 2015 to inform workforce development. In preparation for HSCP Equality outcomes and a mainstreaming report by 30th April 2016, each Sector Equality Group used mind mapping to identify what worked well in 2015/16 on equalities work in their sector and what could be even better in 2016/17. Each sector carried out equalities work to improve services. This included a new ‘Checking it Out’ equalities tool which is used with staff groups to improve services, developing Roma peer educators, reviewing work on refugees and asylum seekers in health improvement, work with LGBT communities and work with disability organisations.
**East Renfrewshire HSCP**

A comprehensive consultation and EQIA of the HSCP strategic plan was carried out: [http://www.eastrenfrewshire.gov.uk/health-and-social-care-integration](http://www.eastrenfrewshire.gov.uk/health-and-social-care-integration)

East Renfrewshire is mapping its equality outcomes against the national wellbeing outcomes, which will be submitted to their IJB early April. Key areas of action include: integrating of equalities into place based work (e.g. on early years and long term conditions) and hate crime public and staff awareness.

Their mainstreaming report was signed off by the IJB in February with the following EQIAs identified for 2016/17:

- New Eastwood Health and Social Care Centre
- Carers strategy
- Service redesigns by their nature, often straddle financial years. EQIAs for Mental Health Recovery Redesign; Criminal Justice Redesign; Children’s Services Redesign will be completed in 2016/17

**Mental Health, Addiction & Learning Disability Services**

These services continue to be leaders in NHSGGC on developing and sharing good practice in addressing inequalities. The 3 services have a joint equalities improvement plan called 'Equal Minds' for 2014-16. An [annual report](#) has been produced for the 4th year running.

Work plans are supported by staff equalities groups and include: integration of human rights and equalities approaches into the new regional Care Assurance and Accreditation Standards; HSCP assessments for specific equalities outcomes (e.g. equality outcome related to the HEAT target psychological therapies); integration of Inequalities Sensitive Practice, Person Centred Care and Human Rights approaches; anti-stigma programmes; and patient experience, staff experience and workforce development programmes which reflect equalities issues.
3.5 Improving Health Outcomes

NHSGGC aims to improve health outcomes for patients from equality groups through data collection and equality monitoring and inequalities sensitive practice.

3.5.1 Data collection and equality monitoring

Sexual Orientation
Data collection and equality monitoring enables us to inform service development and improvement and take action where differences exist between groups. Health Information and Information Technology conducted a review of electronic recording systems. This found that all systems collect age, sex and postcode status, with some collecting disability and religion / belief but routine use of this data was inconsistent. Sexual orientation status was collected only on one standard electronic system (i.e. Sandyford sexual health services). Some systems collect data on relationship status. Staff have reported that they are uncomfortable asking about sexual orientation which reflects the continuing prejudice against Lesbian, Gay and Bisexual (LGB) people. CIT have run a campaign in GP surgeries and at Pride to encourage people to tell their GP their sexual orientation and there is evidence that practice is changing (e.g. some Primary Care Mental Health Teams collect sexual orientation although it is not a field on their electronic system). A Board paper was presented in December, which outlined a more systematic approach to equalities data in Acute Services in the future.

Gender analysis
We continue to monitor gender discrimination and how it affects people's health e.g. women, particularly lone parents, are affected more by welfare reform and our children and families financial inclusion initiative, 'Healthier Wealthier Children' is reaching this target group. A case study on carers followed over the lifetime of the 2013-16 Equality Scheme, indicated improvements over 3 years.
Ethnicity Monitoring

Standardised Mortality Ratio (SMR) ethnicity collection rates are a proxy improvement measure around data recording. The ethnicity data collection rate for hospital discharge in NHSGGC in August 2015 (SMR01) was 82.2% showing an increase from the previous year. The collection rate for new outpatient appointments in August 2015 was 74.7%, also showing an increase from the previous year.

Improvements in Service Monitoring

Over that past few years it has become increasingly apparent that hospitals are not always taking patients’ additional support needs into account when offering appointments. This was highlighted by Audit Scotland in 2010 and 2013 and subsequently by the Parliamentary Public Audit Committee. There are a number of national directives to improve NHSGGC’s response to additional needs, including in the 18 week RTT. To ensure that the 18 week RTT is fairly accessed by all patients it has been proposed that in the longer term there is mandatory sharing of additional needs information, which will include interpreting requirements. NHSGGC has robust processes for flow of spoken language and BSL interpreter requirements from primary to secondary care. For other Additional Support Needs the Corporate Inequalities Team have been working with Patient Records and Primary Care to improve data sharing between Primary Care and hospitals.

This work will be developed to include a question in hospital referrals to ask if the “Patient needs staff assistance” with a corresponding drop down list:

- Deafblind
- Hard of Hearing
- Learning Disability
- Speech Impairment
- Severe Mental Health problem
- Visual Impairment
- Requires bariatric equipment
- Unknown
A small test of change is being conducted in Acute Services to assess impact on day to day practice to ensure staff are equipped to meet patients access needs.

An improvement plan for primary care ethnicity data is in place to offer support to practices with less than 20% ethnicity data recorded. At February 2016, 65% of GP referrals to hospitals had ethnicity recorded with around 34% blank information. This varied from 58% in one CHCP area to 77% in another.

3.5.2 Inequalities Sensitive Practice

Inequalities Sensitive Practice (ISP) is a way of working which responds to the life circumstances that affect people's health. Evidence shows that if these issues are not taken into account by the health service, opportunities are missed to improve health and to reduce inequalities. ISP should be embedded across all of our service provision, putting patients at the centre of our patient / clinician interactions. Person centred care forms part of ISP and work in these areas can improve patient outcomes. A range of actions have been taken forward from the strategic consultation on inequalities sensitive practice. These are summarised below.

Caring to Ask

The ‘Caring to Ask’ approach has continued to be rolled out in NHSGGC. The approach aims to tackle inequality by promoting compassionate care and the ISP section on the Equalities in Health website contains detailed information on the above approach. In 2015-16, this has included:

- Development of a staff measurement guide on Caring to Ask in Glasgow HSCP North East Sector. The guide covers a simple visual diagram of service improvements using the Caring to Ask approach including a good practice example of a service user feedback report
- Use of the approach in East Renfrewshire Long Term Conditions Plan events, which builds on exemplar work funded by the Reshaping Care for Older People Fund.
- Use of the approach within the continence service, addictions services, public health child health team, mental health services, learning disability and health improvement teams.
Sensory Impairment
In light of National See Hear and Vision Strategies, NHSGGC has a regular meeting with sensory impairment organisations to problem-solve improvements in care pathways. In addition, innovative work has been commissioned from national organisations, Deaf Connections and Deafblind Scotland. This work has included the production of resources, involvement in EQIAs and strategy development, innovative patient feedback mechanisms and service innovations. For example, 51 guide communicators were trained in health related behaviour change brief interventions. The initial results – found between Oct 2015 – Jan 2016 - showed that health issues were discussed with clients in one-to-one sessions on 463 occasions, with the issues ranged from eating, welfare rights, exercise, weight, alcohol and smoking.

Work on gender based violence, one of our key ISP programmes, is covered in Outcome 8.

3.6 Creating and Supporting a Diverse Workforce

NHSGGC promotes good employment opportunities and employment practice within our NHS workforce policies and Staff Governance Standards. These include:

- a pay policy that includes a commitment to supporting the living wage;
- fair employment practices;
- clear managerial responsibility to nurture talent and help individuals fulfil their potential;
- a strong commitment to Modern Apprenticeships and to the development of Scotland’s young workforce;
- support for learning and development;
- no inappropriate use of zero hours contracts;
- no inappropriate use of “umbrella” companies
- flexible working;
- flexi-time; and
- career breaks
NHSGGC has an HR Equality Action Plan to deliver this which covers the following priorities:

- Collect, analyse and produce a range of workforce equality metrics on existing workforce.
- Ensure all staff are treated fairly and consistently as part of the Staff Governance Standards.
- Continue to build and develop the Equality and Diversity Learning and Education Plan to reduce discrimination in the workplace.
- Culture Change.
- Recruitment and retention of a diverse workforce.
- Prepare a Disability Improvement Plan to support the double tick award for Disability for NHSGGC&C in 2016 and thereafter.

In 2015-16 all elements of the plan have been delivered including:

- Renewal of NHSGGCs double tick standard in conjunction with the Staff Disability Forum.
- A wide range of equalities training which is referenced throughout this report.
- Equality data presented to the Staff Governance Committee using the ‘Smart Metrics’ approach which focuses on identifying areas for improvement. NHSGGC’s approach has been highlighted as good practice by the EHRC.
- The development of a virtual Lesbian, Gay, Bisexual and Transgender Staff Forum.
- NHSGGC also received a national award for their approach to Modern Apprenticeships and has been the most successful Project Search in placing people with learning disabilities into NHS jobs.

Equality issues have been regularly highlighted to staff via Staff News (see Section 3.2) Additionally, Equality e-newsletters are sent to 1000 key staff, including the top 300 managers in NHSGGC. In 2015/16, 11 newsletters were circulated, covering issues such as Hate Crime training, the BSL Video Relay pilot and Learning Disabilities Week.
3.7 Tackling the Determinants of Inequality

Welfare reform is having a significant impact on many equality groups, particularly disabled people, lone parents (who are mostly women), people experiencing homelessness and young men. NHSGGC has undertaken specific activity to target these groups with action to mitigate poverty. These are outlined below.

A survey in May 2015 of NHSGGC staff (459 responses) found major impacts of welfare reform on day to day practice. Staff reported the following experiences of patients in their caseloads:

- 85% increase in fear / insecurity
- 79% reduced income
- 77% increase in mental health problems
- 74% increase in use of NHS services
- 82% in use of money advice services
- 57% patients reduced working hours
- 68% increase in difficulty finding work
- 78% increase in family / relationship difficulties
- 54% increase in homelessness related to welfare reform
- increases in food and fuel poverty
NHSGGC is addressing issues raised by staff by producing more information on referrals routes and to inform patients, further training / awareness raising and more management support. Some key developments include:

- An innovative NHS uptake campaign on Personal Independence Payment, which has been adopted nationally
- Healthy Working Lives staff delivering a range of events for staff on money worries, such as ‘The Cost’ - a play about welfare reform which was rolled out across NHSGGC in 2014-15
- Advertising the NHS Credit Union and awareness sessions in local areas Work to identify staff who may be at risk (e.g. requests for more hours, early pay) flexible working and planning for staff affected by universal credit
- A Low Pay Seminar, with an aim of procuring from more living wages suppliers and Money Advice Scotland financial capability training for financial inclusion leads, used in local areas
- Work with lone parents to improve partner agency responses to their particular issues
- Continued support of Healthier Wealthier Children in all areas.

3.8 Resource Allocation and Fair Financial Decisions

NHSGGC has developed a mainstreamed approach to equality impact assessing financial decisions. All savings are assessed for impact on all the protected characteristics and where required a full EQIA is carried out. This does not replace the need for all service redesigns to be Equality Impact Assessed but is an additional process to equality proof all cost savings.

3.9 Procurement

NHSGGC considers that a bidder’s employment practices and its approach to its workforce can also have a direct impact on the quality of service it delivers and, sometimes, on the goods it supplies and works performed. Wherever it is deemed relevant therefore, we ensure that a bidder’s employment practices, and approach to the workforce it will engage to perform the contract, are evaluated as part of the procurement exercise.
NHSGGC’s approach is outlined in the policy called ‘Better Health Through Employment – Supplier Employment Practices’ and this can be found at www.equality.scot.nhs.uk

NHSGGC has been working with the Poverty Alliance to scope out signing up to the Living Wage Commitment covering our procurement practices.

3.10 Equality Impact Assessment

NHS Greater Glasgow and Clyde continues to invest in system development as part of an ongoing service improvement programme. The online EQIA tool has received further upgrades (fully operational by April 2016), allowing easier user involvement through clearer template design. Additional elements such as Human Rights questions and improved save and search functions will ensure Lead Reviewers can integrate EQIA into daily routines and share good practice.

2015-16 has seen reduced volume in EQIA delivery due in part to EQIA system development and also significant HSCP redesign. Approximately 35 EQIAs are scheduled for completion for the year end 31st March 2016. Key assessments completed this year include high-level impact assessments of HSCP Strategic Plans together with specific service assessments designed to maximise inclusive and safe care. These include assessments of:

- Non Attendees/Non engagement/Unseen Children Policy
- Paediatric home ventilation services
- Acute cashiers office
- Falls Prevention Policy
- Plastic Surgery Outpatients Department

The EQIA programme is supported by a comprehensive learning and education framework with additional support clinics available. To ensure NHSGGC maintains a robust quality standard, all EQIAs are subjected to a rigorous quality assurance review before publication on NHSGGC’s website.
**Equality Outcomes**

**Introduction**

Below is our set of published Equality Outcomes for 2013 – 16. We have summarised what we have done to deliver these outcomes in 2015-16 and how we have measured progress. A full report which describes all the work in detail can be found on [www.equality.scot.nhs.uk](http://www.equality.scot.nhs.uk)

<table>
<thead>
<tr>
<th>Equality Outcome 1: Barriers to all NHSGGC services are removed for people with protected characteristics. Duty 1.</th>
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<tbody>
<tr>
<td><strong>Measure:</strong> Increased number of accessible information resources to be produced per annum</td>
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<tr>
<td><strong>Activity:</strong></td>
</tr>
<tr>
<td>• In 2015 – 16 (to the end of January) 214 additional pieces of patient information were produced in accessible formats.</td>
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</table>

| **Measure:** Increase in satisfaction in the Annual Interpreting Service Patient Survey |
| **Activity:** |
| • Between April 2015 and January 16 there were 77 941 interpreter supported appointments compared to 90 929 for April 2014 - March 2015. For full year figures this is an increase in face to face interpreting by 3%. Telephone interpreting has increased from 6 402 calls to 8 244 calls per annum. |
| • BSL interpreting has increased from 383 per month to 392 per month (from projected 10 month figures). |

| **Measure:** An annual increase in responses to priority areas identified in building accessibility audits. A minimum of two audits to be completed and actioned per annum |
| **Activity:** |
| • Audits have focussed on the opening of the Queen Elizabeth Hospital where access has been featured strongly in the new build. There have been considerable improvements in internal road and footpath surfacing, raising and lowering of kerbs as appropriate, external lighting and improved signage. Existing estate on the campus is being developed in line with the same standards as those provided for the new hospital. |
- Based on the patient engagement feedback since the new hospitals opened, further measures are currently being considered to enhance the access to / from the car parks to the main entrances of the hospitals.

**Measure:** Improvement in uptake measures to be determined by the system.

**Activity:**
- Visits to the Queen Elizabeth University Hospital (QEUH) were organised with the Support and Information Service Team for 60 people with protected characteristics.

**Equality Outcome 2: Reduced discrimination is faced by lesbian, gay and bi-sexual (LGB) people, transgender people, sensory impaired people and people with learning disabilities in all NHSGGC services. Duty 1.**

**Measure:** An increase in patient satisfaction

**Activity:**
**Lesbian, Gay, Bisexual and Transgender**
- NHSGGC has established a staff LGBT Forum and a dedicated LGBT Forum page on the Facing the Future Together staff website.
- NHSGGC funded a stall at Glasgow Pride 2015 and engaged with NHS staff and members of the public. More than 50 people agreed to have their photographs taken for the NHSGGC Stand Against Homophobia webpage.
- NHSGGC sit on the LGBT Youth Glasgow Advisory Group to review service provision and develop effective partnership working to remove barriers for young LGBT people.
- Through close working relationships with a wide variety of community partners offering specialist expertise, events have reached hundreds of staff members and included comprehensive trans awareness training in addition to general LGBT training.
**Sensory impairment - BSL**

- The BSL Champions planned and facilitated a discussion event for 20 Deaf BSL people to give a better understanding of mental health issues and to provide a forum for them to ask NHS service providers about improving accessibility to mental health support services for Deaf people.
- The BSL mediator has worked with at least 20 BSL-using patients who did not have their interpreting needs met by our service to find out where the service could be improved.

**Sensory impairment - Hearing Loss**

- Patient Satisfaction Surveys in Ophthalmology, Audiology and ENT were carried out in 2015. 91% found staff in ENT very helpful; 94% in Ophthalmology 94%; and 97% in Audiology.

**Learning disability**

- The People First Health Reference Group has utilised their networks to report on people’s experience of health services. Using a Public Social Partnership approach to health improvement for people with a learning disability living in Glasgow City actions have included: independently quality checking health services by people with a learning disability; provision of education sessions for people with learning disability; and involving 3rd sector care providers in promoting public health screening programmes.

**Bowel Screening**

- Support around bowel screening in primary care has resulted in over 200 bowel screening action plans from GP practices.

**Measure:** Improvement in uptake measures to be determined by the system.

**Activity:**

**Lesbian, Gay, Bisexual and Transgender**

- NHSGGC Mental Health Services were shortlisted for a Scottish LGBT award and commended for their equalities events for NHS staff on LGBT issues.
• Specific sessions on LGBT issues were carried out for South and North East Glasgow treatment room staff.

Sensory impairment - BSL

• The BSL Champions were involved in advising on the accessibility of the new Queen Elizabeth University Hospital for BSL patients.
• The BSL Champions are delivering training to student nurses and NHSGGC staff.
• There have been changes to the Interpreting Service, such as a named senior call handler to manage BSL bookings only. A DVD has been produced for all acute staff to increase their knowledge of the need to book interpreters for BSL users.

Sensory impairment - Hearing Loss

• We are making improvements in signage and patient information. Action plans have been developed in partnership with service staff to implement changes. New highly visible yellow name badges are now worn by all staff in these areas. A patient facing campaign is being developed on how to get the best from their hearing aid.

Learning disability

• The 3rd cohort of Project SEARCH students in NHSGGC will graduate in June 2016. There is an on-site Job Coach in QEUH to support the 12 graduates who have been employed there.
• The Learning Disability Liaison Service has facilitated accurate coding of learning disability in primary care through the learning disability LES providing accurate equality monitoring.

Bowel screening

• Equalities groups have been targeted with a learning disability resource within practices to support engagement. Practices have been supported to reduce non responders by developing appropriate engagement strategies for their populations.
• There has been a review of the location of the Breast Screening van in relation to local uptake rates taking account of age range and deprivation.
• Practices have been supported to run patient awareness and education sessions on cervical cancer to engage women in South
Glasgow with a focus on BME women and non-English speakers.
• Care providers of people with a learning disability have been trained to use the Bowel Health and Screening resource to support the people they care for to make an informed choice about bowel screening.

Equality Outcome 3: Age discrimination is removed in all services. Duty 1.

**Measure:** All current and future age based services or initiatives are objectively justified
All current age based services, where identified, have been objectively justified.

**Activity:**
• Following the piloting of a Healthcare Improvement Frailty Tool, NHSGGC Department of Medicine for the Elderly has continued to improve staff identification and management of frailty as a means of ensuring that services are needs led and not based on chronological age.

**Measure:** Increase uptake of psychological therapies by over 65s

**Activity:**
• Since the age cut off was removed for over 65s more people in this group have been able to access the service. However, between January and December 2015 the percentage of adults of all ages referred to psychological services who received a service was 15.15%. The percentage of adults aged 65+ referred to psychological services who received a service was 6.3%. This difference requires more analysis to understand the barriers to older people accessing support.
• Guidance for the Transfer of Graduate Patients from General Adult to Older Adult Psychiatry was updated in October 2015 and there is now consistent guidance across the Board Area.
• A report with specific proposals to implement needs led rather than age based access to services will be implemented by adult and elderly planning groups in Feb / March 2016.

### Equality Outcome 4: The health needs of prisoners and homeless people with protected characteristics, Roma/Gypsy Travellers and Refugees and Asylum Seekers are addressed. Duty 1.

**Measure:** An increase in sustained tenancies across all protected characteristics

**Activity:**
- Nationally, homelessness applications have been on the decline for the past several years and this has been attributed to Housing Options, a preventative approach to homelessness. In Glasgow City during 2014-15 6652 homeless applications were accepted with the consensus that this has now reached a plateau.
- During 2015 - 16 the Homeless Health Services have been involved in a pilot to respond to homeless people in the city centre who find services difficult to engage. This approach will inform patient pathways in the new GCC Community Homeless Teams.

**Measure:** Annual health needs assessment of prisoners is disaggregated by protected characteristic and the data used as the basis of further planning

**Activity:**
- Data from complaints are used to assess patient satisfaction with the Prison Health Care Service. Our complaints procedures are communicated to prisoners by posters and leaflets. The leaflets are available in number of languages. Our complaints system encourages the submission of complaints and more general feedback which receives a response. This is a useful way of ensuring that we have awareness of issues of concern which fall short of a complaint. The level of complaints remains high. In 2015/16 (from 1st April 2015 to 31st January 2016) there were a total of 1491 complaints and 719 feedback submissions across our three establishments.
- An EQIA in relation to Substance Misuse Services within our Prison Health Care service was carried out and actions identified.
Measure: An increase in early detection of health problems for Asylum Seekers and Refugees

- Available March 30th 2016

Measure: Improvement in health of Roma/Gypsy Travellers through self report measure in annual Health Needs Assessment.

Activity:

Roma

- A Roma peer education programme has been established and delivered by the Corporate Inequalities Team and South Sector Health Improvement team in partnership with Govanhill Community Development Trust and the Roma community. Ten peer educators have been supported to deliver training sessions in the community on the needs of the Roma community.

Gypsy Travellers

- NHSGGC has worked in partnership with Health Scotland and Fast Forward to deliver a seminar to discuss how best to tackle health inequalities faced by gypsy / travellers.

Equality Outcome 5: The health impact of both hate crime and incidence is reduced for all those with the added protection afforded by Hate Crime Legislation. Duty 1.

Measure: Increase in 3rd party reporting rates.

Activity:

- Since April 2015, there have been 57 Hate Crime incidents reported within NHSGGC services. These are recorded and investigated.

- NHSGGC has worked in partnership with Glasgow Disability Alliance and Community Safety Services Glasgow to deliver a city-wide conference to help tackle hate crime. The conference was attended by 70 organisations who were able to share learning about what works in tackling hate crime and also contribute to revising the multi-partner hate crime action plan.
- NHSGGC has developed a Hate Crime e-learning module that will be tested and shared with partners as part of a commitment to identify and eradicate hate crime experienced by our patients and staff.

**Equality Outcome 6: All NHS staff have a greater awareness of the needs of groups with protected characteristics. Duty 2.**

**Measure:** Year on year increase in staff attending learning and education opportunities and 20% increase in staff completing equality e-modules. This target has been revised to target areas where uptake was lower on specific equality issues.

**Activity:**

- In 2015 - 16 (ten months data) 13,597 NHSGGC staff have completed an equality training episode. That is almost one third of our staff. The majority have completed the statutory induction for new staff which includes equality (4,318 staff) with the rest taking up learning opportunities to meet their personal development plans. The topics covered range from Deaf awareness (513 staff) to sexual orientation (501 staff).

- The Health Improvement Teams in Glasgow have an equalities monitoring improvement plan. This includes the development of health improvement courses database. This identified 918 equalities training opportunities taken up by staff from Apr 2015 – Dec 2015 spread evenly across teams.
**Equality Outcome 7: NHSGGC has maximised the likelihood of people with protected characteristics attending appointments. Duty 2.**

<table>
<thead>
<tr>
<th>Measure: Reduce differentials in DNA rates by age, gender, BME and SIMD.</th>
</tr>
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<tbody>
<tr>
<td><strong>Activity:</strong></td>
</tr>
<tr>
<td>• The latest DNA data which shows the breakdown for men and women by age suggest that performance has remained fairly static. For example, the biggest reductions in new outpatient DNAs were seen in males age between 0-19 years reducing from 15.1% in June 2010 to 11.6% in June 2012. This is now 15.2% for both groups.</td>
</tr>
<tr>
<td>• An action plan has been developed from the Equality Impact Assessment of the Cashier’s Offices to ensure that where possible financial barriers to accessing appointments are removed.</td>
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<table>
<thead>
<tr>
<th>Measure: Improved self-report access to services by disabled people.</th>
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<tr>
<td><strong>Activity:</strong></td>
</tr>
<tr>
<td>• CIT has developed a working partnership with People First and members with a learning disability have reported improved engagement thought this process.</td>
</tr>
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<table>
<thead>
<tr>
<th>Measure: Reduce waiting times for access to psychological therapies by SIMD, age and sex and proportionate access to psychological therapies by SIMD, age and sex.</th>
</tr>
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<tbody>
<tr>
<td><strong>Activity:</strong></td>
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<tr>
<td>• More patients from SIMD 1 access the services than any other SIMD quintile. In addition, the numbers accessing the service have also grown from those in SIMD 1 areas, increasing from 151 patients referred to 1st treatment appointment offered in Jan 14 to 232 in Jan 15. Those living in SIMD 1 areas account for approximately 38% of all patients referred to 1st treatment offered within 9 weeks in Jan 15, whereas those in SIMD 5 account for 10% of all patients referred to 1st treatment appointment offered within 9 weeks. Monitoring this enables us to ensure that the needs of the most deprived groups are highlighted in service planning.</td>
</tr>
</tbody>
</table>
**Measure:** Equity of GGC wide access to early intervention services for people with early onset psychosis is implemented, & overall numbers supported by such interventions increased.

**Activity:**
This has been achieved and reported in the 2013-15 Monitoring Report.

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**Equality Outcome 8: Personal characteristics and circumstances which affect health are effectively addressed in health encounters through routine sensitive enquiry on social issues as part of Person Centred Care. Duty 2.**

**Measure:** Increase number of staff undertaking routine sensitive enquiry.

**Activity:**

- From April 1st 2015 to 31st January 2016 308 staff and 53 student midwives have received training in identifying and supporting victims of domestic abuse and other forms of gender based violence.

- 44 staff from Health Visiting, Sexual Health and Addiction services completed a two day training for trainers course on routine sensitive enquiry and using the SafeLives Risk Indicator Checklist to assess risk of harm faced by women (and their children) who disclose abuse.

- Renfrewshire HSCP delivered 10 training sessions, with 143 staff members attending predominantly to mental health services staff.
**Measure:** Number of disclosures of gender based violence (gbv).

**Activity:**

- Maternity services audited 660 sets of notes for period Jan 2015 – Jan 2016. Of these, 617 (95%) had documented evidence of routine enquiry being asked. Of the 617 where there is evidence of raising the issue, 25 (4%) disclosed domestic abuse (some was recorded as past abuse).

- Health Visiting - Sensitive enquiry on gbv is now reportable via the new Electronic Management Information System. This information is gained from the Universal Wellbeing Assessment where a question related to routine sensitive enquiries has been added. Figures for June – December 2015 show that there was a steady increase in enquiries between June and October. There are indications of enquiries reducing from October to the end of January which we will monitor.

- Sandyford has recorded 3487 past and 323 current domestic abuse cases from their caseload of 55,035 between January and December 2015. Sandyford are developing their systems to improve recording.

- Mental Health Services audited data from 3 teams in Glasgow HSCP South Sector Glasgow using the electronic Mental Health Specialist Shared Assessment. Between April 2014 and Nov 2015, GBV enquiry took place with 455 out of 855 patients (53%). Of those who were asked 139 patients (30.5%) disclosed that they had experienced gbv. For 17 patients (3.7%) records show the practitioner suspected the patient had experienced gbv but had not disclosed.

- Within Renfrewshire, an audit of 60 records of patients using Mental Health Services between April 2014 to Dec 2015 reported that routine enquiry took place in 56 (93%) cases. 30 (54%) disclosures of gbv were made. Of these disclosures 17 (57%) concerned Domestic Abuse, 8 (27%) concerned Childhood Sexual Abuse and in 5 (16%) cases a disclosure of both. Follow up action was also recorded, disaggregated by type of abuse experienced.
**Measure:** Increased referrals into services for support on GBV, financial inclusion and employability and other social issues.

**Activity:**

- Since 2011 until December 2015, NHSGGC staff have made over 36,000 referrals to Money Advice Services with £42 million financial gain for patients.
- In Acute Services money advice services have received total referrals of 3614 with financial gains of £5,507,277.41 between April and December 2015.
- Between April 15 – Dec 15 1,714 referrals were made for cancer patients and people with long term conditions (Glasgow City Hospitals) with financial gain of £3,785,105.40.
- The Royal Hospital for Children (inpatients and outpatients) had 194 referrals with financial gain of £543,351.52
- Brownlee HIV Specialist Service 35 referrals and financial gain of £1,004.50
- For Hep C patients there were 23 referrals to money advice services resulting in £50,506
- Beatson West of Scotland Cancer Service has a money advice service for patients who do not live within Glasgow City received 930 referrals with financial gain of £753,740.40
- Macmillan referrals in Clyde Sector 350 referrals and financial gain of £365,028.75 (partial financial gains – still awaiting additional data for Royal Alexandra Hospital Q1-3 and Q3 Inverclyde Royal Hospital)
- In NHSGGC Mental Health Services referrals to the employability pathway from April – Sept 2015, 462 people had been referred to employability services with 152 finding a positive outcome, which is exceeding targets. 32 people sustained employment; 56 positive activity; 14 training; 26 voluntary work; 27 further education and 462 people received financial advice.
**Equality Outcome 9: Positive attitudes and interactions are promoted between staff, patients and communities. Duty 3.**

**Measure:** Increased knowledge of fostering good relations.

**Activity:**
- In 2015 the Human Library approach was piloted with staff and patient volunteers. The approach aims to break down stigma between groups. The Staff Disability Forum and the Refugees and Asylum Seekers Network participated and there were 17 volunteer books. The approach was evaluated by the volunteers who found it highly effective.

**Measure:** Increased membership of involvement structures by those with protected characteristics.
- See mainstreaming section on engagement.

**Measure:** Increased numbers of staff recorded as disabled and disability seen as a positive workplace issue.

**Activity:**
- The Release Potential campaign led to the establishment of a Staff Disability Forum. In 2015-16 the Forum has continued to meet, adopted a Terms of Reference and an action plan. Over 40 staff have attended. Members piloted a staff roadshow in Glasgow Royal Infirmary to promote the forum and disability issues and supporting materials were developed. The group formally presented issues to the NHSGGC Staff Governance Group in February 2016 and are involved in a Double Tick Action Plan to ensure managers meet the criteria in the standard.

**Measure:** Increased evidence of how to promote good relations between those who belong to faith groups and between those who have a faith and those that do not.
- See above Human Library, which included faith groups.