NHS Greater Glasgow & Clyde

NHSGGC Board Meeting Tuesday 18th October 2016

Paper No: 16/67

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15. Meeting the Requirement of Equality Legislation: Results of a Fairer NHS Staff Survey 2016

Recommendation

The Board are asked to note the positive improvements shown in the survey results and the recommendations for further action.

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.

The second Fairer NHS staff survey was carried out in March 2016 to monitor NHSGGC's progress on:

- staff attitudes to and knowledge of inequalities;
- progress in implementing key actions to tackle inequality;
- patient and staff experience of discrimination.

The first survey in 2013 has provided a baseline for measuring change.

Key Issues to be considered

The key areas to consider are: how we continue to communicate the need to book interpreters and British Sign Language interpreters for patients; how we improve the experience of patients who are hard of hearing; and how we support staff who are disabled or respond when staff witness or experience prejudice.

Any Patient Safety /Patient Experience Issues

The survey results shows us that staff knowledge of policies and procedures is improving in relation to equalities issues which will contribute positively to patient

safety and experience. Where issues are identified, for example where staff are not booking interpreters, we will increase activity to address this.

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 is core to delivering the actions in the report and we have an extensive programme of training available to staff on equalities issues which is routinely monitored.

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 and better understanding of equalities issues for our workforce.

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 ensures that we are assessing organisational risk in relation to the Equality Act 2010.

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 mainstreaming fairness and equity in all of our services.

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Date 18th October 2016

A FAIRER NHS STAFF SURVEY ANALYSIS 2016

Summary of Results and Recommendations

The second Fairer NHS Staff Survey was carried out in March 2016 to monitor NHSGGC's progress on:

- staff attitudes to and knowledge of inequalities;
- progress in implementing key actions to tackle inequality;
- patient and staff experience of discrimination.

Summary of key points:

- There was a 21% increase in staff participation in the survey, from 2607 to 3161.
- There was a 22% increase in staff who agreed that an understanding of discrimination can improve health care.
- There was a slight increase in the number of staff who believe that we should use our resources to narrow the health gap, from 70% to 72%.
- 56% of staff think that the health gap is caused by injustice, rather than luck or personal failings, similar to the previous survey.
- The above findings varied by job family.
- There was a 16% rise in the number of staff who thought that NHSGGC has got better at recognising the health effects of discrimination on patients.
- 91% reported that they would book an interpreter for every clinical encounter if they had a patient who doesn't have English as a first language, an increase of 16%. However 9% stated that they would never book a spoken language interpreter.
- There was a 12% increase in staff using telephone interpreting, from 14 % to 26%.
- There was a 15% increase in people always booking a British Sign Language interpreter, from 38% to 53%.
- Only 14% of staff have a loop system in their patient area which they know how to use and 31% have no loop system.
- Staff have taken a wide range of actions to support people with learning disability, physical impairments and mental health issues, gender based violence, poverty and other forms of marginalisation.
- 25% of staff responding reported having at least one condition that could be considered a disability.
- The most common prejudice witnessed was in relation to race (13%) age (12%) and social class (12%).
- The most common prejudice experienced in the working environment was age (7%) sex/gender (5%) and religion and belief (5%).

From these results the following recommendations will be taken forward in the mainstreaming and equality outcomes for 2016-20:

- Ensure all staff know that they should always book a spoken language interpreter and British Sign Language interpreter for Deaf patients.

- Improve the coverage of loop systems across patient and staff areas and raise awareness of hearing loss.
- Raise awareness with staff and managers of the numbers of staff who have a disability and how they can support them at work.
- Analyse the free text responses to understand how to tackle the prejudice that some staff are witnessing or experiencing, to improve patient care and to promote a workplace culture based on equality, dignity and respect.

A FAIRER NHS STAFF SURVEY ANALYSIS 2016

1. Introduction

1.1 The involvement and commitment of the NHSGGC workforce has been crucial to the development of an inequalities sensitive health service. Staff surveys were carried out in 2013 and 2016 to monitor improvement in meeting the requirements of the Public Sector Equality Duty as part of NHSGGC's duties under the Equality Act 2010, to mainstream change and deliver the Equality Outcomes.

The surveys have sought to identify:

- staff attitudes to and knowledge of inequalities;
- progress in implementing key actions to tackle inequality;
- patient and staff experience of discrimination.

1.2 Comparing the findings from the 2013 survey (Survey 1) and 2016 survey (Survey 2) has allowed us to assess changes in attitudes, actions and experiences that impact on our goal of providing an inequalities sensitive health service and identify priority areas for further action.

1.3 Survey 2 used the same methodology as Survey 1 and was issued by email to all staff during February and March 2016. Early findings from Survey 2 were used to inform the final monitoring report of the Equality Outcomes and Public Sector Equality Duty for the 2016-20 planning cycle.

1.4 Survey 2 was carried out during the period that Greater Glasgow and Clyde health and social care services were transitioning into 6 Health and Social Care Partnerships (HSCPs). 9604 NHSGGC staff are now located within the 6 HSCPs and 29,661 staff work within hospital based services, Corporate Services and Public Health.

1.5 This report is based on an analysis of the whole sample. Missing data (i.e. where people haven't answered a question) has been excluded from the analysis[1].

1.6 Survey data for each of the HSCPs was analysed to allow each HSCP to be provided with a short report on key findings for their Partnership.

1.7 An overview of the findings will be communicated to the NHSGGC workforce as part of the FTFT programme and also via the Equalities in Health website.

2. The survey form

2.1 The survey form consisted of 31 questions in 3 sections:

- Your views on inequality and its impact on our patients
- Practical Action to Tackle Inequality
- About You

[1] Except in the question related to witnessed/experienced prejudice.

Respondents were asked where they worked, what they worked as, and for information about their protected characteristics[2]. There was an opportunity for respondents to submit free text to provide examples of action they had taken in response to the needs of specific groups and examples of discrimination they had witnessed or experienced within their working environment. Respondents were also invited to submit any other general comments at the end of the survey. The survey was anonymous.

2.2 Analysis of the data has been carried out by Public Health using SPSS and a range of cross tabulations to identify variations between locations and staff groups. Themes from free text responses have been drawn out where they add value to the quantitative evidence and for illustrative purposes. 1701 free text comments were submitted by respondents and these will be analysed separately as they provide a rich source of information on equality issues in NHSGGC.

3. Survey Response

3.1 3161 members of staff responded to Survey 2. This was an increase of 554 (21%) from Survey 1 which had 2607 respondents.

3.2 70% (2203) of the responses were from acute, corporate and public health and 30% (958) were from HSCPs.

4. Findings

Figures have been rounded up or down to the nearest percentage point.

4.1 Staff views on inequality and discrimination

4.1.1 The aim of the first section of the survey was to determine whether or not staff support the position and approach taken by NHSGGC to tackle inequalities. NHSGGC's approach is to tackle discrimination, to close the health gap by improving understanding of differential health outcomes between groups in the population and to meet the needs of marginalised groups who face discrimination e.g. homeless people, prisoners and people involved in prostitution.

4.1.2 Staff views are summarised as follows:

86% of respondents in Survey 2 either strongly agree or agree that NHSGGC can improve health care when staff have better understanding of discrimination. This is an increase of 22% on those who expressed this view in Survey 1. This figure suggests a strengthening of support from staff for NHSGGC's work on tackling discrimination

> *"I think we are getting better but we need to continue to raise staff awareness in relation to meeting patients, carers and staff additional needs".*

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[2] Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex (men and women) and sexual orientation.

"I think NHSGGC offers a great deal of support for vulnerable minority groups, however I think prejudice of some staff is still a problem".

4.1.3 The total figure masks some variations by job family. However these variations are much less marked in Survey 2 than in Survey 1 as indicated by the figures for a sample of job families set out in the table below:

NHSGGC can improve health care to patients when staff have a better understanding of discrimination (Strongly agree/agree)		
Staff Group	**Survey 1**	**Survey 2**
Managers	75%	88%
AHPs	67%	91%
Nurses	66%	89%
Medical Staff	58%	86%

4.1.4 72% of respondents agreed that NHSGGC should be using its resources to narrow the health gap. This was a slight increase on the 70% who expressed the same view in 2013. Again there were variations by job families:

NHSGGC should be using its resources to narrow the health gap.	
Staff Group	**Survey 2**
Health Improvement	90%
Therapeutic	87%
Ward Manager/ SCN	85%
Pharmacist	79%
Dental	78%
Ancillary staff	77%
Nurse/ midwife	76%
Manager (Exec/ Senior)	76%
AHPs	70%
Human Resources	68%
Scientific and Technical	68%
Administrative/ Clerical	66%
Medical	64%
Maintenance and Estates	54%
Other	72%

4.1.5 Some of the comments reflect the complexity of issues of equity in health care-

"The Health Board should be using its resources to address the health issues of its patients according to need not financial status (rich or poor) but clearly there is an overlap as the needs of poor patients are likely to be greater. This is too complex for a simple yes/ no answer".

"Some people are poor because they are ill and not ill because they are poor".

"I...don't agree with areas of poverty having all the resources continually ploughed to(sic) that area. Many people with disabilities live in areas where equality of health is not always recognised and are therefore put at a disadvantage. Post code lotteries do not reflect the whole population of an area".

"I strongly believe that GGC should be using resources to reduce the health inequality gap, but not by directing resource in a way that results in diminished health outcomes for others in the population. Addressing health inequality needs to be by levelling up health outcomes across populations not levelling down of the existing good outcomes".

4.1.6 The number of staff who are of the view that the causes of variations in health are structural and the result of injustice in society rather than as the result of personal failure or bad luck was largely unchanged at 56% from 55% in 2013. This was based on a validated question from the British Attitudes Survey.

4.1.7 Again there is variation across job roles in relation to this view with 85% respondents working in both health improvement and in therapeutic services of the view that the health gap is a result of injustice in society as compared to 44% in Ancillary Services and 60% of nursing staff.

Respondents who thought that the health gap is a result of injustice in society by staff groups	
Health Improvement	85%
Therapeutic services	85%
Ward Managers	70%
Human Resources	61%
Nurse/Midwife	60%
Scientific and Technical	60%
Senior Managers	57%
AHPs	57%
Medical	55%
Maintenance /Estates	54%
Pharmacist	48%
Administrative/Clerical	47%
Dental	46%
Ancillary Services	44%
Other	57%

4.1.8 In Survey 2 there was a 16% rise in the number of staff who thought that NHSGGC has got better at recognising the health effects of discrimination on patients (42% in Survey 1 and 58% in Survey 2).

4.2 Practical Action by Staff to Tackle Inequality

4.2.1 Poverty

In Survey 2, 52% of respondents have been involved in action to tackle poverty in their work. Amongst these respondents the most common action was a staff member using their knowledge of the links between poverty and inequality in delivering person-centred care (35%). The second most likely action was referring the patient to money advice services (34%), the third was raising awareness of the link between poverty and poor health (21%) and the least likely was referring people for advice on access to employment services (18%).

> *"Helped with housing issues, addiction issues and gender based violence. Referred patients into mental and physical health services. Referred patients to routes out organisations and combat stress".'*

> *"I have telephoned to arrange appointments for a traveller who was unable to read and have ensured she knew when her appointments were. I also sorted out appointments for her children even though this was not part of the service usually offered. I have arranged safe appointments for asylum seekers and those fleeing trafficking".*

> *"Understood their needs within services and explored and implemented service modifications. Translation of materials, GBV pathway for the service I managed, used protected characteristics data to then ensure services met their needs, EQIA/ strategy/service".*

4.2.2 Patients for whom English is not their first language

The survey asked staff about what action they had taken or might take to meet the needs of patients who face communication barriers when accessing services. Respondents were asked about a range of practices in relation to communication with those for whom English is not their first language.

91% of respondents who dealt directly with patients reported that they would book a spoken language interpreter for every clinical encounter if they had a patient who doesn't have English as a first language. This shows an increase of 17% from Survey 1. However 9% stated that they would not book an interpreter.

26% staff said they used telephone interpreting which is a recommended practice in appropriate circumstances. This is an increase of 12% from Survey 1.

"I usually need to organise an interpreter – I try to understand their lifestyle and attitude to engaging with our services and why there is often problems attending appointments and using specialised equipment."

4.2.3 Deaf patients

53% of staff who deal directly with patients reported that they would book a British Sign Language interpreter for every clinical encounter for someone who is Deaf compared to 38% of the sample in Survey 1.

4.2.4 Hearing Impaired

14% of staff reported that they had a loop system in their workplace and know how to use it. 15% reported having a system but not knowing how to use it with 40% unaware if there was a loop system in place and 31% stating there was no loop system in place in their work place.

4.2.5 Learning disabilities

60% of respondents who reported they worked directly with patients, 91% stated that they had taken actions to support people with learning disabilities to access their service.

71% stated that they worked with the patient's advocate or support worker, 44% that they offered an extended appointment time, 39% that they used a communications aid and 27% had arranged communication support.

4.2.6 Physical disabilities and mental health

60% respondents who stated that they worked directly with patients, 92% reported that they had taken action to support people with physical disabilities or mental health issues, an increase of 8% from Survey 1.

The most common action was to work with the patient's advocate or support worker (74%), the next most common action was to offer extended appointment time (50%) and third was to improve physical access (18%).

4.3 Inquiring about life circumstances

4.3.1 Inequalities Sensitive Practice (ISP), enquiring about life circumstances, is a key part of NHSGGC's approach to tackling inequality. ISP recognises the significant interaction between experiences of inequality and medical presentations. In Survey 2 staff were asked about responding to disclosures of gender base violence.

4.3.2 29% of staff who work directly with patients stated that they always (7%) or sometimes (22%) ask their patients about gender-based violence. This is an increase of 5% from Survey 1 when 24% of staff stated they always or often asked about gender-based violence.

4.4 Staff views of impact of work to tackle inequalities

4.4.1 The Public Sector Equality Duty requires organisations to tackle discrimination faced by people with protected characteristics. Staff were asked where NHSGGC

had done well in removing prejudice and discrimination for each protected characteristic.

4.4.2 49% of respondents felt that NHSGGC has done well in removing prejudice and discrimination in our services with regard to women, and 45% with regard to men. 48% felt that NHSGGC has done well with regard to Black and Minority Ethnic people, an increase of 3% from Survey 1.

4.2.3 Respondents felt that more needed to be done for people experiencing poverty (53%), older people (53%), disabled people (46%) and Transgender people (31%).

One staff member observed that:

> *'the frail elderly are the majority of our patients, yet the service is structured for the fit young?"*

4.5 Developing specific responses to patients from other marginalised groups

4.5.1 61% of respondents stated that they worked directly with patients from marginalised groups. 49% stated that they had taken action to support people within their service. This included people who are homeless (33%) and are asylum seekers (34%). These figures are lower than in Survey 1where the figures were 40% (homeless people) 37% (asylum seekers). Staff had also supported ex-offenders and people involved in prostitution.

4.5.2 People were less likely to have helped Gypsy travellers (12%) and Roma (8%). 51% reported they had not done anything within their service for people who are marginalised within our communities facing marginalisation.

4.6 Protected characteristics of respondents

4.6.1 Staff were asked if they had a condition or impairment considered a disability under the Equality Act 2010. 25% of respondents reported having at least one condition that could be categorised as a disability. This is an increase of 3% from Survey 1.

4.6.2 65% of respondents who reported having a condition that could be categorised as a disability had a manager who was aware of their condition. This is an increase of 13% from Survey 1. The percentage of staff who stated that they would prefer their manager not to know was 28% and 20% stated that they would be worried about the consequences if their manager did know about their condition.

4.6.3 86% of staff described themselves as heterosexual, 2% described themselves as gay, 1% as lesbian, 0.8% as bisexual and 0.4% as other. 9.2% of the sample preferred not to answer.

4.6.4 Of those who described themselves as lesbian, gay or bi-sexual 58% stated that they were out in their workplace. Of the 42% who were not out 23% stated they would prefer not to be out as they would be worried about the consequences.

4.7 Personal experience of discrimination and prejudice in the working environment

4.7.1 Staff were asked whether they had either witnessed or personally experienced prejudice in their working environment in relation to staff or patients. Staff reported witnessing or experiencing prejudice in relation to all of the protected characteristics albeit to varying degrees.

4.7.2 The table below sets out staff responses to this question. The most common prejudice witnessed was against race (13%) closely followed by age (12%) and social class (12%).

In terms of personal experience of prejudice in their working environment the most common experience was in relation to age (7%) followed by sex/gender (5%) and then religion or belief (5%).

Witnessing or personal experience of prejudice in the working environment.			
Characteristic	**Witnessed**	**Personal Experience**	**Total**
Age	12%	7%	Of the 19% who responded to this question
Disability	8%	4%	12%
Race	13%	4%	17%
Religion or belief	9%	5%	14%
Sex /Gender	6%	5%	11%
Sexual Orientation	7%	2%	9%
Transgender	4%	1%	5%
Social Class	12%	4%	16%

4.7.3 Staff were also invited to provide comments on these experiences. 762 comments were received.

The comments contained concrete examples of prejudicial attitudes, negative assumptions and discriminatory behaviours against patients. A significant number of staff who commented stated that staff prejudices were most commonly expressed to other members of staff and not to the patient but nevertheless contributed to a culture of prejudice and intolerance.

> *"Cases I have witnessed - judgemental/inappropriate comments about patients based on the classifications listed in this question. This is when the patient has not been present i.e. never directly to the patient but as comments before or after a patient interaction".*

Some staff highlighted the need to address treatment of staff by colleagues, managers and Human Resource services in relation to prejudice they reported experiencing in the working environment.

4.8 Practical action taken by staff to tackle prejudicial attitudes.

4.8.1 In Survey 2 Staff were asked what action, if any, they would take if they overheard a patient or colleague saying something discriminatory (racist, homophobic etc). 65% stated that the most likely course of action they would take would be to challenge the person and discuss why they thought the remark was inappropriate. 22% stated that they would report the person to their manager and 7% stated that they would most likely not challenge or report them.

4.8.2 Some staff reported not having the confidence to, or fearing the consequences of, challenging other staff about discriminatory attitudes.

> *'All NHSGGC could probably benefit from having an understanding of inequality issues. I also regularly see and hear discriminatory and racist remarks from colleagues within NHSGGC. Mental health is still ridiculed to some extent by colleagues and racial labels and stereotypes are often used. I have never heard this language used towards patients – it's used among colleagues when discussing patients. There should be a zero tolerance policy against such language. I don't enjoy hearing it but am too cowardly to challenge it.'*

> *'I have heard inappropriate comments, derogatory remarks. Due to ignorance and peers agreeing with each other because they are frightened to speak up'.*

4.8.3 The comments provide a rich source of intelligence about what is happening within our organisation and further analysis of the qualitative data will be carried out to inform change and highlight positive experiences.