NHS GREATER GLASGOW AND CLYDE

EQUALITY SCHEME 2006-009
SECOND MONITORING REPORT - DECEMBER 2008

1. INTRODUCTION

This is the second monitoring report for the NHS Greater Glasgow and Clyde (NHSGGC) unified Equality Scheme 2006-09, prepared by the Head of Inequalities and Health Improvement in conjunction with members of the Corporate Inequalities Team.

It is intended to build from the first monitoring report and so does not repeat background information which is available if required. The report does however highlight the major issues which have faced NHSGGC over the past year in order to provide additional information about the context in which implementation of the Equality Scheme is being delivered.

The report shows progress we have made using our key building blocks for effective implementation and the initial priorities identified for our Strategic and Local Action Plans. Its audience falls into four main groups, namely:

- managers with responsibility for delivery of services, functions, policy and planning;
- all NHSGGC staff;
- all users of our services;
- external stakeholders, particularly the Equality and Human Rights Commission, the Scottish Government Health and Wellbeing Directorate and our local partners.

Our Equality Scheme has been designed to address compliance with all the key equalities legislation and it is intended that this monitoring report addresses the reporting requirements laid out in the Race Relations (Amendment) Act 2000, the Disability Discrimination Act 2006 and the Equality Act 2006.

2. NHSGGC DEVELOPMENTS AND ISSUES IN 2008

NHSGGC has to meet a constantly changing set of requirements and there have been a number of key developments, particularly during 2008, which have been challenging for managers and staff. These challenges form the backdrop for the delivery of the Equality Scheme and have both helped and hindered implementation. They are summarised by theme as follows:

- bringing services closer to people - ongoing development of CH(C)Ps;
- planning for the delivery of improved hospital services - the new Victoria and Stobhill Ambulatory Care Hospitals;

- improving the availability of hospital services - planning for the reorientation of services in the Vale of Leven Hospital;
- improving efficiency - meeting Government Health Efficiency Access and Treatment (HEAT) targets;
- contributing to a better start in life for the children in the NHSGGC area - Review of Health Visiting and development of the parenting framework;
- improving communication with the public - revision of and distribution of public information, further development of consultation events.

3. KEY BUILDING BLOCKS FOR EFFECTIVE IMPLEMENTATION OF THE EQUALITY SCHEME

The overall intention of our Equality Scheme is to create the momentum for significant change within NHSGGC rather than stimulate small scale activities which make us appear legislatively compliant but which largely leave our core business unaffected. The key building blocks for this process have already been identified as:

- leadership and governance;
- ownership and reach;
- effective scrutiny of service delivery and planning - Equality Impact Assessment;
- continuous improvement through dialogue with patients and public;
- development of the workforce and workplace.

3.1 Leadership and Governance

In our first monitoring report, we highlighted the introduction of our online performance management system to ensure consistency of purpose and monitoring of the service and behavioural objectives of our 500 senior managers with an implicit expectation that this would include a commitment to inequalities. For 2008/9 we have introduced a specific requirement for objectives which relate to the development of an inequalities sensitive health service (see Appendix 1 for the 10 Goals of an Inequalities Sensitive Health Service).

We are working to develop ways of interrogating the online system to find out the number of senior managers who have completed the required inequalities sensitive objectives. An in-depth study of a sample of Directors and their direct reports shows that 60% of this sample has identified a specific responsibility to the Equality Scheme.

Last year, we highlighted that (in the absence of national targets to meet the expectations of equalities legislation) a process for introducing a set of indicators as part of our overall performance management arrangements was underway. Our Head of Performance has been developing a comprehensive programme of performance management and for each of the processes

associated with this there is a focus on equalities. An initial set of performance priorities have been developed and these are as follows:

- Equality Impact Assessments by number of services;
- disaggregation of service user satisfaction by equalities strand;
- increase monitoring of disaggregated staff information;
- leadership on inequalities;
- delivery of the Communication and Support and Language Plan.

One of the performance tools that have been introduced for 2008 is a quarterly Performance Focus report for each CH(C)P. This contains a limited set of national and local performance measures for reporting to our internal Performance Review Group. The inclusion of equalities indicators is being finalised for inclusion in the report for the last quarter of 2008-09. In addition to this local progress, we have taken the opportunity to exercise our influence nationally and recommend that HEAT targets be equality proofed. The Ministerial Taskforce on Inequalities has accepted this recommendation.

3.2 Ownership and Reach

Each of our ten CH(C)Ps continue to implement their local Action Plans and this is reported in more detail in Section 4. Action Plans are similarly being progressed by our Mental Health Partnership, Addictions Partnership, Learning Disabilites Partnership and Acute Operating Division, as are the following whole-system functions:

- Human Resources;
- Clinical Governance;
- Facilities – Estates and Capital Spend;
- Facilities - Procurement;
- Health and Information Technology.

Identified lead managers from each part of the system meet together with members of the Corporate Inequalities Team for shared learning and to review progress on a quarterly basis. Individual parts of the organisation have also led local developments which involve managers and staff in considering effective ways of addressing inequalities.

In order to further support awareness of the equalities legislation across the workforce, the Corporate Inequalities Team and Equality and Diversity Team have redesigned the Equalities in Health website. Information about the website was cascaded to all members of staff via the NHSGGC Team Brief and is reviewed and revised monthly. The website is available on www.equality.scot.nhs.uk.

3.3 Effective Scrutiny of Service Delivery and Planning - Equality Impact Assessment

3.3.1 Frontline Services

Our commitment to Equality Impact Assessment (EQIA) is now in its second phase. Frontline services were originally prioritised as they have the greatest risk of impacting on the health of service users by not taking into account experience of inequalities. Phase I (April - December 2007) piloted EQIA guidelines, our EQIA assessment tool and a training programme for facilitators to support implementation across the system. Evaluation of Phase I has led to revisions and amendments to both the EQIA guidance and the tool.

Phase II (January 08 - March 09) is testing two approaches, both of which support the role of a lead reviewer. Our Acute Division is using previously trained facilitators to support the local lead reviewers and their service-specific EQIA groups through the EQIA process whilst in Partnerships support and advice is provided to the lead reviewer with no direct facilitation of group processes.

A range of resources to support the EQIA process have been developed, including a self audit tool which helps to identify services to prioritise for impact assessment, fact sheets to assist in understanding issues facing diverse communities, and a service profile sheet to help describe the aims of the service and information currently available prior to embarking on the process.

We have developed a database which captures progress of EQIAs across NHSGGC. This is updated on a six-weekly basis. A quality assurance tool is being developed and once this is applied, approved completed EQIAs will be posted on the NHSGGC Equality in Health website. The various tools and Factsheets previously mentioned are also available on this site.

Evaluation of Phase II will use an online survey to collect the views of lead reviewers in terms of the utility of the EQIA guidance and tool, and the support and advice provided throughout the process. The views of those supporting the EQIA process will also be taken into account. An evaluation report will be published in April 2009.

3.3.2 Strategies and Policies

Additional guidance and an associated tool have been developed to help EQIA our strategies, policies and guidelines. These are accompanied by a screening tool for ensuring that only those requiring a full EQIA are selected.

To help ensure our workforce has learning opportunities that match our organisation's commitment and ambitions for inequality sensitive practice, an EQIA tool has also been developed for staff training and learning packages.

3.3.3 Results

The target for 2008/09 was 60 completed EQIAs for frontline services divided between Acute and CH(C)Ps and the Mental Health and Learning Disability Partnership. The following table shows progress to November 2008.

	Total Agreed EQIAs	Completed but not signed off	Profile undertaken/ in progress	Start date set	TBA/not yet started
Acute	37	16	12	1	8
CHCP/ Partnership	24	9	7	3	5

Examples of services for which an EQIA is being undertaken include:

- addictions service development;
- health improvement youth services;
- medical receiving services;
- catering services for in-patients;
- speech and language therapy;
- Beatson out-patients department;
- TOPAR (Termination of Pregnancy Service);
- eating disorders service;
- forensic mental health services.

3.4 Continuous Improvement through Dialogue with Patients and Public

Our Equality and Diversity team have conducted a scoping exercise during 2008 with Patient Focus Public Improvement (PFPI) leads within Partnerships and Directorates within the Acute Operating Division, to identify current perceptions and potential support needs around public engagement with marginalised groups. The purpose of this exercise was to identify under-represented groups and highlight any specific challenges with engagement. The information is being used in the development of an action plan to build internal capacity to promote effective engagement with diverse communities. This will build on activity already undertaken by each individual entity as part of their local Action Plans to involve people from equalities groups in the delivering accessible services.

There is ongoing equality sensitive engagement as part of the development of the Victoria and Stobhill Ambulatory Care Hospitals and the planning for the new South-side hospital on the Southern General site. The Better Access to Health Group comprises service users with physical or sensory impairments who have been actively involved during 2008 in the commissioning of the new hospitals and have produced a report on designing accessible health care facilities. We have also established a transport and access forum involving fifteen members of the public and participants from local PFPI forums as a

means of identifying and addressing difficulties in physical access and using a transport to health service facilities. In addition, the following specific consultations which fit the requirements of the equalities legislation have taken place during 2008:

- a focus group consultation process was commissioned to identify experiences of communication support and language difficulties
- a specific consultation event was held with deaf, deafened and hearing impaired people on the services to be provided by the new Ambulatory Care Hospitals and the extent to which access issues are being met;
- the care pathway for the four tiers of mental health service provision was developed in consultation with sensory impaired people;
- our Mosaics of Meaning programme has involved over 250 community conversation events on mental health during 2008;
- NHSGGC's transgender policy has been circulated for public consultation via local and national agencies and is awaiting final consultation with staff in Acute Services.

3.5 Development of the Workforce and Workplace

Our workforce has undergone considerable changes over the past few years and this has had an impact on the rate which we have been able to collect information on its diverse make-up. We have instituted a process which is led by our Inequalities Sensitive Workplace Group to ensure that the extent and quality of staff information is improved. Over 2008, we have increased this from 47% to 51% compliance with the SWISS survey and recruitment monitoring process. This represents an additional 2000 staff who have supplied the requisite information. Of the sample of completed information, 5.22% of staff come from black and ethnic minority communities and 0.36% disclosed disability, 79% of our workforce is female and 21% male.

We have improved our process for the monitoring of recruitment data and an in-depth analysis of NHSGGC job applicants between 1st August 2008 and 31st October 2008 shows that ethnicity information was made available for 65% of candidates (n=16,605). Of these, 14.4% were from a black and ethnic minority background.

To support the development of skills and knowledge across the NHSGGC workforce, a Learning and Education Framework for Equality and Diversity has been further developed during 2008 and overseen by and Equality and Diversity Joint Training Group. As a result we have introduced training and awareness raising through our foundation programme for new managers, local induction provision, core management development modules and the Knowledge and Skills Framework (KSF) for the Agenda for Change workforce.

4. PROGRESS AGAINST INITIAL PRIORITIES FOR 2006-09

Each of the component parts of NHSGGC have been required to provide updates on their local Equality Scheme Action Plans. In order to understand the progress being made across the system each of the 20 local Action Plans have been scored using a 5 point scale of progress towards objectives, ranging from very well progressed to no progress. The maximum aggregated score to indicate progress against each objective across NHSGGC is therefore 100. Table 1 details these aggregated scores for each of the initial priorities of the Equality Scheme.

Table 1

Objective	**Score**
Leadership: establish leadership through lead officer and infrastructure	94
Policy and planning: carry out, implement and publish EQIA	49
Learning plan: induction, communicating the Equality Scheme to staff and disseminating current guidelines	40
Demographics: reviewing current collection methods, incorporating sensitive methods in to new services, communicating to staff	40
Service access: five key deliverables (see Table 2)	50
Gender based violence: identify lead, collect data on GBV, be sensitive to other strands and children	45
Procurement: contracts sensitive to equality agenda	30
Community involvement: four key deliverables (See Table 3)	48

Most progress has been made in relation to establishing leadership. Least progress has been made in relation to the procurement responsibilities of Action Plans in individual entities. EQIA, community involvement and service access are broad categories where there has been a reasonable amount of activity across the system.

It is also important to note that there is no area where no progress has been made against a specific objective. For example, although the procurement objective has the least overall progress against it, two Action Plans have scored maximum points in this area. Therefore this learning can be captured and used elsewhere in the system to support progress across the system as a whole.

Table 2 indicates the detail of the progress made against the Service Access objective.

Table 2

Service Access	**Score**
Communication Support and Language Plan	54
Review service accessibility	58
DDA compliance	60
Promote existing policies	43
Complaints open to all	38

The most progress had been made in relation to achieving DDA compliance across our services. Also reviewing service accessibility generally in relation to all equality strands and the delivery of the Communication Support and Language Plan has progressed well.

Table 3 breaks down the deliverables in relation to Community Involvement.

Table 3

Community Involvement	**Score**
Establish baseline population	42
Demonstrate involvement methods	51
Review inclusive nature of structures	49
Involve people in service re-design	48

Progress in this area has been consistent across NHSGGC.

5. CONCLUSIONS AND NEXT STEPS

NHSGGC is a large organisation with a complex structure. Ensuring that it meets the expectation of the equalities legislation in all its activities is therefore a significant challenge. We are confident that during 2008 we have built on the foundations that were laid in 2007 as identified by our Equality Scheme with numerous examples of good practice which can be found on our website. In addition to further implementation through the development of the local Action Plans, we are committing ourselves to a set of specific improvements over the next year, as follows:

- recording of patient data by ethnicity and disability to be significantly improved by the end of 2009;
- completion of EQIAs in progress for frontline services by the end of Quarter 1 (December 2008 - February 2009) and a further increase by 100% by the end of the year;
- increasing evidence of completion of EQIAs on new policies and budget decisions;
- an agreed sample of purchased goods, services and contracts to be audited against equalities legislation requirements;
- for non central procurement, substantially improve equality compliance;

- evidence of changes made as the result of routine involvement of disabled people in the development of new services and service redesign, in light of the Scottish Ministers Report on Disability Equality;
- recording of staff information to be improved to 65% of workforce by the end of 2009;
- communication to all staff on compliance with equalities legislation to be repeated by Quarter 1;
- monitoring of staff survey to identify experiences of discrimination and action plan in place by Quarter 3;
- evidence that our financial inclusion and employability activity is addressing the differential marginalisation of women, ethnic minority people, disabled people and older people.

6. PREPARATION FOR ADDRESSING EQUALITIES LEGISLATION, 2009-12

Our ongoing challenge beyond the initial 3 year Equality Scheme remains one where we need to ensure that our organisational change processes are sufficiently robust to ensure an acceptable degree of improvement across the totality of an organisation which serves 1,200,000 people and where annually, there are 13,000 births, 450,000 patient episodes in NHSGGC hospitals and 1,350,000 out-patient appointments.

We recognise therefore that there is a need to review our initial unified Equality Scheme in light of our experience of delivering against its objectives and identify where changes are needed for the next 3 year period. We need to do this to assess their fitness for purpose in relation the legislation and the nature of our organisation and, the extent to which they allow us to connect together all our work on inequalities.

We are starting this process in January 2009 with a facilitated session with Equality Scheme leads to be followed by a review of the extent to which the implications of non-compliance have been incorporated into our risk assessment and risk management processes. We will also be auditing the levels of awareness and use of our Equalities in Health website as a measure of its use in communicating information about the legislation and its implications for daily practice for our workforce.

Corporate Inequalities Team
December 2008

APPENDIX 1

TEN GOALS FOR AN INEQUALITIES SENSITIVE HEALTH SERVICE

Engaging with Populations and Patients

The health service:

1. Knows and understands the inequalities and discrimination faced by its patients and population

2. Engages with those experiencing inequality and discrimination

3. Knows that people's experience of inequality affects the health choices they make

4. Removes obstacles to services and health information caused by inequality

5. Uses an understanding of inequality and discrimination when devising treatment and care

6. Uses its core budget and staff resources differently to tackle inequality

Developing the Workforce

The health service:

7. Has a workforce which represents our diverse population

8. Creates a non-discriminatory working environment and a workforce which has the skills to tackle inequality

Health Service's Role in Society

The health service:

9. Spends the money being invested in buildings, goods and services in a way which tackles poverty

10. Works with partners to reduce health inequality by addressing issues such as income inequality, social class inequality, gender inequality, racism, disability discrimination and homophobia.