

## Greater Glasgow and Clyde NHS Board

### Board Meeting

Tuesday 16<sup>th</sup> April 2013

Board Paper No. 2013/14

Director of Corporate Planning and Policy

### EQUALITY LEGISLATION

#### Recommendation:

The Board is asked to approve the:

- **NHSGGC Equality Scheme 2010-13, Final Monitoring Report;**
- **content of “A Fairer NHSGGC: Meeting the Requirements of Equality Legislation 2013-16”.**

#### 1. INTRODUCTION AND PURPOSE

1.1 NHSGGC is bound by the general public sector equality duty introduced as part of the Equality Act 2010. This general duty requires organisations to:

- pay due regard to eliminating discrimination, harassment or other unlawful conduct;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a relevant protected characteristic and those who do not.

1.2 In addition, secondary legislation, the Equality Act 2010 (Specific Duties)(Scotland) Regulations 2012, was introduced last year. These new regulations confer the following specific duties on public bodies as follows:

- to report progress on mainstreaming the equality duty;
- to publish equality outcomes and report progress;
- to assess and review policies and practices;
- to gather and use employee information;
- to publish gender pay gap information;
- to publish statements on equal pay with regard to race and disability, in addition to gender;
- to consider award criteria and conditions in relation to public procurement;
- to publish in a manner that is accessible.

1.3 The purpose of this paper is to:

- conclude the process associated with the Equality Scheme 2010-13;
- to present: “A Fairer NHSGGC: Meeting the Requirements of Equality Legislation, 2013-16”.

1.4 Detailed papers on each of these strands of equalities work are attached.



## NHS GREATER GLASGOW AND CLYDE EQUALITY SCHEME 2010-13

### FINAL MONITORING REPORT - APRIL 2013

#### 1. INTRODUCTION

- 1.1 [The Equality Scheme 2010-13](#) is NHSGGC'S s second three year scheme. It was designed to build on the progress made by the first scheme in eliminating discrimination and promoting equality. Following the precedent of that first scheme, it integrates all aspects of the equalities legislation. This is in line with the Equality Act 2010 and applies to all the protected characteristics covered by the Act. It also includes actions designed to address socioeconomic inequality and the impact of prejudice against other marginalised groups not necessarily covered by the Act.
- 1.2 Public organisations are required by law to report on their progress in meeting equalities legislation. This is the third annual report for the Equality Scheme 2010-13.

#### 2. AIMS AND STRUCTURE OF THE MONITORING REPORT

- 2.1 This monitoring report builds on last year's report and has three main aims. Firstly, it considers the ongoing development of the approach that NHSGGC takes to meet both its legislative requirements and its duty of care to a diverse population. Secondly, it reports on the third year's progress against the outcomes indicated in the Equality Scheme Action Plan for 2010- 13. Lastly, it considers the overall progress made across the three years and the implications for future requirements of the Equality Act 2010.
- 2.2 The information used for assessing progress has been derived from data gathered from:
- NHSGGC performance reporting;
  - NHSGGC Development Plans and planning updates;
  - Staff Governance reports;
  - reporting for specific inequalities policies and programmes.

#### 3. ADDRESSING INEQUALITIES AND DISCRIMINATION AS CORE BUSINESS

- 3.1 NHSGGC has a commitment to improve incrementally the way we address inequality and discrimination. Although our approach pre-dates it, this is in line with the requirements to mainstream the aims of the Equality Act 2010. This section provides an update on our mainstreaming progress for 2012/13.

##### 3.2 Policy, Planning and Performance

Previous monitoring reports have reported on the considerable progress made in embedding a requirement to tackle discrimination and inequality in NHSGGC business. This has been further reinforced during 2012/13 by the inclusion of tackling inequality as one NHSGGC's five strategic priorities in the development of the [Corporate Plan](#) for 2013-16.

In 2012/13, performance monitoring was further revised to include reporting to the Quality and Performance Committee on the number of equality legal cases against NHSGGC.

The complete set of measures used to monitor the equality issues comprises:

- percentage of new outpatient DNAs by SIMD, age and sex;
- uptake of bowel screening by SIMD and sex;
- unplanned hospital admissions (65 years+) by SIMD;
- number of quality assured EQIAs completed;
- number of staff trained in GBV;
- number of staff training in Inequalities Sensitive Practice;
- workforce profile: as a percentage of workforce:
  - ethnicity;
  - disability;
- equalities monitoring of legal precedents;
- EQIAs of cost savings programmes.

These measures are reported variously to the Quality and Performance Committee, the Organisational Performance Review process and the Corporate Management Team.

### **3.3 Development of Inequalities Sensitive Practice**

The development of Inequalities Sensitive Practice (ISP) has been a key theme for successive Equality Schemes.

The self assessment survey with four cohorts of staff carried out during 2011/12 has been further complemented by research with 30 senior service managers and leaders across NHSGGC during 2012/13. This research asked them to give their views on a series of questions about ISP. The purpose was to find out from a cross-section of those who are leading strategic development and services what the organisation should do in the coming years to support and embed ISP. The questions concerned the future strategic direction of ISP and explored eight themes: the value base; workforce development; organisational change; performance; leadership; patient engagement; integration; and barriers and opportunities. A set of recommendations have been developed from this research which will help NHSGGC to mainstream ISP further.

### **3.4 Developing Exemplars to Support System Change**

Previous monitoring reports identified that one of the ways of ensuring coordination and consistency across a complex system such as NHSGGC was the introduction of exemplars. During the course of 2012-13, the North West Sector CHP exemplar has continued to raise the profile of the need for effective co-ordination of equalities work across a staff team, reinforced it as a priority and has influenced practice. In addition to previously reported work streams, the following activity has also commenced:

- assessment of any difference between adult mental health services and older people mental health services;
- shared solutions involvement event to create a baseline of community perceptions of their experience of health services in the North West;
- audit of accessible information as a pilot for the system;
- new COPD service planned with enhanced equality information to deliver an inequalities sensitive service.

Further progress has been made with other exemplar activity across NHSGGC as follows:

- the Mental Health Service's [Annual Report](#) outlines a systematic approach to tackling inequalities within Mental Health and Addictions Services and includes a [three year case study](#) review of progress;
- development of inequalities sensitive rehabilitation services in Glasgow and Re-enablement Services in Renfrewshire;
- review of the role of the Sandyford Initiative as an inequalities sensitive service.

### 3.5 Creating a Diverse Workforce

NHSGGC is an equal opportunities employer and strives to ensure its workforce is as representative of the general population as possible.

The diversity of the workforce has been assessed across the range of job families as part of an ongoing programme led by the Director of Human Resources and overseen by the Staff Governance Committee. The work indicates that in addition to the workforce being predominantly female, there is an under-representation of lesbian, gay, bisexual and transgender people and black/minority ethnic (BME) employees for some job families as compared with the general population.

Disabled people also remain significantly under-represented across our workforce. As a result a decision has been taken to develop a staff campaign to challenge negative attitudes towards disability. This will build on the retention of NHSGGC's 'Positive about Disability' standard.

NHSGGC has also joined Stonewall Scotland's Workplace Equality Index programme, which alongside our Transgender Policy, sends a clear message to lesbian, gay, bisexual and transgender people that NHSGGC is an inclusive employer and will actively challenge transphobia and homophobia in the workplace.

### 3.6 Developing Knowledge, Attitudes and Practice in the Workforce

The Facing the Future Together initiative has been further developed during 2012/13 and now includes additional components that relate to strengthening individual and organisational leadership and team working for tackling inequalities and discrimination.

To facilitate the ongoing development of the knowledge, attitudes and practice of the workforce, a further set of resources and opportunities for staff have been developed and disseminated during 2012-13:

- enhanced training programme for lead reviewers undertaking equality impact assessments has involved a further 82 staff over 2012-13 making 205 in total;
- production of two new equality and diversity E-Learning modules on Faith and Belief and Needs of Deafblind People, making 16 modules in total;
- 74 additional items of patient information made available on the Accessible Information portal for use by staff, making 111 available in total;
- a discussion tool for teams on equalities, available to all teams through Facing the Future Together;
- a set of inequalities sensitive practice descriptors for primary care;
- a simple flowchart detailing inequalities sensitive practice pathways for staff (1800 distributed);
- national and local resources on welfare reform, which has a focus on gender and poverty, widely distributed via Corporate Inequalities Team newsletter and equalities website and leads;
- guidance for primary care staff on gender based violence, including a simple flowchart of care pathways and support agencies for onward referral;
- staff guidance on human trafficking, distributed widely through electronic methods and via gender based violence leads;

- staff guidance on the benefits of and how to enquire about money worries, which has a gender and poverty focus;
- development of the '[Stand Against Homophobia](#)' campaign, including setting up of a Twitter account (@nhsoggctakestand) and a roadshow in Gartnavel Royal Hospital attended by over 100 staff and patients;
- a growing set of information for patients which staff can use to support them with social issues which impact on their health, eg, 30,000 pocket size patient 'Help For You' leaflets have been distributed covering help for money worries;
- a new DVD resource based on direct engagement with cancer patients who did not have English as a first language to better understand the barriers experienced in accessing cancer services.

In addition, the [Equalities in Health website](#) has been refined and developed to reflect the 2010 Equality Act and the introduction of protected characteristics. There are 1400 unique visitors a month despite a general decline in accessing web sites from PCs. The e-newsletter, distributed monthly to 850 equalities champions and managers for cascading to their staff has provided additional guidance on issues such as forced marriage policy, human trafficking, welfare reform, patient involvement and age discrimination.

#### 4. OVERVIEW OF PROGRESS AGAINST THE EQUALITY SCHEME 2010-13

4.1 The annual update for the Equality Scheme 2010-13 Action Plan indicates that NHSGGC is meeting most of its final milestones for 2012-13 and a complete update on progress is available in the next section of this report. Overall, progress over the past three years has been that:

- the organisation's policy and planning agenda is more explicitly focused on tackling inequalities and discrimination;
- NHSGGC has improved its ability and practice to collect patient information through staff training and changes to some of its data collection systems which will identify whether all patients can access care and are not discriminated against during the patient journey;
- there is a greater understanding and appreciation of the need to engage with patients and some improvement in involving people from all equality groups;
- there is greater awareness of the extent to which the organisation's actions can inadvertently widen the health gap and that addressing this needs to be made more of a priority;
- understanding and provision of communication support has significantly improved thus decreasing the likelihood of discrimination or poor service delivery as the result of poor communication;
- NHSGGC is more effective in identifying and removing physical barriers to service access for disabled patients and in planning for greater accessibility;
- the process of equality impact assessment to test whether there are ways in which frontline services could decrease the potential for discrimination is now part of organisational culture;
- the organisation has begun to recognise the benefits to health outcomes of inquiring about and responding to social circumstances and incorporate this into the routine practice of staff in some settings;
- some resources have been shifted towards populations with the greatest need;
- greater emphasis has been placed on supporting staff to disclose their personal characteristics so that the diverse nature of the workforce and the changes required can be assessed;
- learning and education programmes now place more emphasis on the different forms of inequality and discrimination and how these should be addressed and are more aligned to organisational priorities. Further, data on uptake by job family and Directorate is also now collected;
- procurement processes have been strengthened to assess risk in relation to inequality in order to limit discrimination by providers;

- partnership working has now extended to include some involvement in partnerships which focus on key determinants of equality such as employability, financial inclusion and child poverty.

## **5. MEETING NEW LEGAL REQUIREMENTS FOR 2013-16**

5.1 The previous annual report highlighted new legal requirements as the result of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 which confers the following specific duties on public bodies as follows:

- to report progress on mainstreaming the equality duty;
- to publish equality outcomes and report progress;
- to assess and review policies and practices;
- to gather and use employee information;
- to publish gender pay gap information;
- to publish statements on equal pay;
- to consider award criteria and conditions in relation to public procurement;
- to publish in a manner that is accessible.

5.2 These requirements have been met by the production of 'A Fairer NHSGGC: Meeting the Requirements of Equality Legislation 2013-16' which should be considered in conjunction with this final annual report.

**Sue Laughlin,  
Head of Inequalities and Corporate Planning,  
April 2013**

## PART 2: PROGRESS IN 2012/13 AGAINST THE EQUALITY SCHEME 2010-13 ACTION PLAN

<b>Goal 1: Knows and understands the inequalities and discrimination faced by its patients and populations</b>		
<b>What we are going to do</b>	<b>Progress</b>	<b>Comments On Progress</b>
<p>Develop and implement a plan to improve the collection and analysis of disaggregated patient data on disability, gender, race, sexual orientation, age, social class/socio-economic status and religion and belief.</p>	<p>Rates of recording ethnicity information for SMR00, SMR01 and SMR04 data have improved from our baseline in 2010. SMR00: 28.2% to 59.3%; SMR01: 41.1% to 68.7%; SMR04: 70.3% to 92.4% (all meeting targets of less than 10% unknowns).</p> <p>As computerisation issues remain a barrier to some equalities data collection, specialities are being supported to do snapshot audits of who accesses their services. This has been particularly successful in analysis of patient experience surveys and public engagement activity throughout NHSGGC.</p> <p>Primary Care has implemented automatic flow of ethnicity data in SCI gateway referrals (May 2012 48.9% ethnicity recorded, October 2012 67.7%, next update due April 2013). A patient registration form, covering all protected characteristics, was tested in three GP practices. Evaluation indicated patients were comfortable giving protected characteristics details but many primary care staff remain uncomfortable asking about sexual orientation and religion/belief issues.</p> <p>Agreement has been reached that the Acute Services Patient Management System will be updated in 2014 to collect more equalities fields.</p> <p>Mental Health Services have an improvement plan for equalities data.</p> <p>Equalities data has been incorporated into the e-learning training for use of the new Acute Patient Management System, with the ability to reach 25,000 staff. In addition, face-to-face training has been provided to key staff groups (eg, medical records staff including health records managers and clerical officers). In total, 115 of their staff have received training (63 last year, 52 to date this year). Evaluation forms - 82 were returned and 64 stated a positive change in confidence (13 already agreed this was an important issue and 5 did not).</p>	<p>In line with year 3 milestone.</p>

<b>Goal 1: Knows and understands the inequalities and discrimination faced by its patients and populations</b>		
<b>What we are going to do</b>	<b>Progress</b>	<b>Comments On Progress</b>
Analyse the disaggregated data to identify demographic/health patterns for use in planning processes.	<p>There is a range of evidence that NHSGGC services are using equalities data to plan and improve services. For example:</p> <ul style="list-style-type: none"> <li>- trends in DNAs from 2009-2012 by age, sex, ethnicity and SIMD have now been analysed and are being used to identify improvement plans on social class, gender, age and ethnicity gaps;</li> <li>- our Keep Well Anticipatory Care programme carried out an equity audit to inform the future service approach. Part of the work highlighted lower uptake by South Asian patients and a successful pilot was implemented in South and North West Glasgow to test engagement with this population group. The equity audit methodology is being applied to all Locally Enhanced Services for Chronic Disease Management in 2013/14;</li> <li>- Glasgow CHP - North West have used an equalities analysis of their local population to inform future planning of services;</li> <li>- Renfrewshire carried out an audit of A&amp;E admissions by age, sex and SIMD, which informed future planning;</li> <li>- quality assurance of our EQIAs indicates that areas are recognising equalities data gaps more and implementing actions to address these gaps;</li> <li>- our Clinical Services Review, which is an analysis of future trends and challenges for NHSGGC, has used national and local equalities data.</li> </ul>	In line with year 3 milestone.



<b>Goal 2: Engages with those experiencing inequality and discrimination</b>		
<b>What we are going to do</b>	<b>Progress</b>	<b>Comments On Progress</b>
<p>Increase the level of engagement with individuals and groups who can identify with the issue of discrimination associated with race, disability, gender, sexual orientation, faith and social class/ socio-economic, age.</p>	<p>Public Involvement Officers Group has supported the Public Partnership Forums (PPFs) to EQIA the membership of their groups. An awareness session has been undertaken with some member of the Glasgow CHP PPFs and further training is planned for all members.</p> <p>The Equalities Health Reference Group comprising individuals from all equality groups has continued to gather the views of its members to feed into a range of Corporate priorities, including the Corporate Plan, Clinical Services Review and the setting of Equality Outcomes. The group meets bi-monthly, with 1-1s outwith meetings. The Health Equality Network comprising a range of third sector organisations serving the needs of those with protected characteristics has been invited to contribute to the development of an equality involvement model and the setting of the Equality Outcomes. The group and the network will continue to focus on considering corporate policies and plans.</p> <p>Four open meetings with British Sign Language users were delivered to understand the experience of deaf people in our services, including accessing the Interpreting Services - 157 people attended. There is continued involvement of the Better Together Health (BATH) Group in the audit and design of our estate to meet the needs of disabled people.</p> <p>The Glasgow Homelessness Network 'Shared Solutions' methodology of engaging with homeless people has been piloted with those with protected characteristics as part of the North West exemplar.</p>	<p>Further progress to improve the diversity of the PPF and other participation structures to be made.</p> <p>Further direct engagement with the Health Equalities Network to be made.</p>

<b>Goal 3: Knows that people's experience of inequality affects the health choices they make</b>		
<b>What we are going to do</b>	<b>Progress</b>	<b>Comments On Progress</b>
Ensure Health Improvement delivery takes account of the needs of equality groups.	<p>The focus on narrowing the gap in health inequalities is addressed within the Health Improvement Framework where specific service areas have adopted a targeted approach. Improvements have been made in relation to smoking cessation service uptake with over 4000 quits being made consistently over the last 2 years by the most deprived communities (37% above target); detailed analysis of low service uptake by BME groups is now being followed up by targeted work in the South Asian community. Analysis by age demonstrates the contribution of the Smoke Free Hospital service in supporting smoking cessation in older people and tailored services are in place for young people.</p> <p>Nearly 50% of healthy weight interventions were completed by children in SIMD 1 which suggests a positive targeting of services based on the distribution of obesity across the population.</p> <p>Over 70.2% of cardiovascular health checks completed were with most deprived patients. Approximately 45% of checks are carried out with men, this is comparable with last year and men continue to be targeted within the programme. In addition work to improve uptake from patients with known sensory impairment has been successful in Deaf (80%) and Deafblind (73%) communities, however, significant improvements are required for people with visual impairment with only 23% of eligible patients attending. Work targeting key groups of South Asian (302) and Prison (387) communities has been initiated and will continue to be monitored.</p> <p>This approach will be extended to other service areas including screening, breastfeeding, Live Active and adult weight management programmes, etc, from 2013/14</p> <p>Access to core Health Improvement Services through Keepwell and Patient Education programmes through Chronic Disease Management programmes continue to be monitored and targeted work has been initiated with vulnerable groups in prisons, BME communities and deprived communities to address access issues.</p>	<p>In line with year 3 milestone.</p> <p>Further evidence is required to demonstrate what different approaches have been introduced following EQIA.</p>

<b>Goal 3: Knows that people's experience of inequality affects the health choices they make</b>		
<b>What we are going to do</b>	<b>Progress</b>	<b>Comments On Progress</b>
	<p>The Health Improvement team have developed a targeted approach among harder to reach groups (primarily deprivation, ethnicity and gender impact) to promoting cancer awareness and early diagnosis locally in line with the Detect Cancer Early Programme for Breast and Bowel Cancer and examples include delivering workshops on breast awareness to women with learning disabilities, women from local Chinese communities, women from areas of highest deprivation (and poorest uptake of screening programme) - a total of over 500 women in target groups were engaged.</p> <p>Delivering 1:1 bowel screening awareness raising interventions with men in local pubs in areas of high deprivation is currently underway.</p> <p>Equality impact assessments continue to be undertaken for health improvement programmes including Financial Inclusion Services (RHSC), Smoking Pregnancy Service, Bowel Health Resources and Training and Patient Information Centres as well as EQIA of patient engagement groups including MCN Patient and Carer Forum, Diabetes and Stroke Managed Clinical Networks and Better Access To Health group.</p>	

<b>Goal 4: Removes obstacles to services and health information caused by inequality</b>		
<b>What we are going to do</b>	<b>Progress</b>	<b>Comments On Progress</b>
Continue to address unlawful discrimination.	56 new quality assured EQIAs have been published on the Equalities website, of which 38 have been undertaken by Acute Services, 15 by CHCPs and 3 by Corporate Development. Since the EQIA programme was substantially revised in 2011, the total of frontline services which have been reviewed is 116, 82 Lead Reviewers have been trained during 2012-13, making a total of 205 over the past 2 years.	In line with year 3 milestone.
Meet the communication support and language needs of our service users.	NHSGGC's in-house spoken language Interpreting Service has been running since October 2011. This service places over 250 spoken language interpreters across NHSGGC services to ensure barrier-free access patients whose first language is not English. Between April 2012 and February 2013 there have been 74,000 interpreting appointments, on average 300 per day for spoken languages alone. We have also brought British Sign Language interpreting in house.  Since October 2012 we have been providing a spoken language interpreting service for NHS Lanarkshire and have just recently added the BSL provision.	In line with year 3 milestone.
Make public and patient information accessible to all.	NHSGGC's Accessible Information Policy (AIP) continues to support individuals requesting information in other languages and formats and is used to ensure all new and reviewed literature and letters conform to approved standards. Following evidence that not all patients were aware of the policy, a patient awareness campaign was launched. There is continued communication with staff via our Communication Team and local Accessible Information Policy leads to ensure consistency in application.  The draft Signage Policy has been EQIA'd and is in its implementation phase. Over 2012 / 13 reporting period we have published 66 resources in accessible formats making 111 in total.	In line with year 3 milestone.
Deliver a programme for further improving disabled access across NHSGGC facilities.	The disability access audit tool has been continued to be used across our estate. The tool allows a consistent approach to access audits whilst taking account of the views and experiences of disabled people. Six audits have been complete in 2012/13.  Pilot implementation of a communication support protocol for disabled patients with speech and language difficulties commenced in primary care.	In line with year 3 milestone.

<b>Goal 4: Removes obstacles to services and health information caused by inequality</b>		
<b>What we are going to do</b>	<b>Progress</b>	<b>Comments On Progress</b>
	Communication support volunteers were recruited. The model does not dovetail with the needs of primary care staff and is currently being reviewed.	
Identify more explicitly the differential needs of women and men	<p>A gender analysis has been completed of the Equality Scheme 2010-13 to highlight the explicit contribution to addressing gender inequality.</p> <p>Scoping work has been completed on a gender audit of patient and staff experiences.</p>	<p>Partially in line with year 3 milestone.</p> <p>(Progress on the audit has been slowed due a strategic consultation being carried out on inequalities sensitive practice).</p>
Identify more explicitly the differential needs across the lifespan.	Assessment of provision of psychological therapies for older people within mental health services as compared with adult services undertaken. Inequity identified and improvement plan being implemented. Work has commenced to ensure equity and age sensitivity of service provision and care within adult inpatient services across lifespan.	In line with year 3 milestone.

<b>Goal 5: Uses an understanding of inequality and discrimination when devising and delivering treatment and care</b>		
<b>What we are going to do</b>	<b>Progress</b>	<b>Comments On Progress</b>
Ensure policy and planning frameworks are developed that take account of inequalities.	Tackling Inequalities policy framework updated and utilised in relation to updating of planning frameworks for Acute; Primary Care; Mental Health; Drugs and Alcohol; Children and Maternity;, Long Term Conditions; Disability; Cancer; Older People and Sexual Health,	In line with year 3 milestone.
Services will assess and manage patients experiences of inequality and discrimination in line with priorities for service development.	The Board's Access Policy was EQIA'd during 2012-13. In addition, several other policies have been subjected to EQIA including the Board's Signage and Wayfinding Policy and Women and Children's Waiting Times Policy.	In line with year 3 milestone.
The Inequalities Sensitive Practice Action Plan will be implemented.	<p>A further 434 staff have been trained in routine enquiry on gender based violence during 2012-13 and a further 536 staff have successfully complete the e-module. NHSGGC is the first Board in Scotland to develop and deliver training of this nature to staff within Learning Disability Services.</p> <p>Evaluation of a pilot on implementation of sensitive enquiry on GBV within Mental Health Services has been completed and is informing rollout.</p> <p>Policies and procedures to embed enquiry on GBV into core practice introduced into Health Visiting and Emergency Services. A policy to support staff identify and respond to Forced Marriage has been produced.</p> <p>GBV briefing paper and guidance for GPs produced and disseminated across Primary Care.</p> <p>NHSGGC continues to progress actions to better understand the opportunities for developing an inequalities-sensitive A&amp;E department and how this can contribute to a more effective and efficient unscheduled care response for the most vulnerable complex socio-medical cases. A stakeholder event identified 12 key actions for service development which are currently being delivered against.</p> <p>The Keep Well programme has been extended throughout NHGCC and 130 practices are on the programme now. Staff members attend training, which has a comprehensive approach to equalities.</p> <p>In primary care, a baseline survey of knowledge, awareness and competence in</p>	In line with year 3 milestone

Goal 5: Uses an understanding of inequality and discrimination when devising and delivering treatment and care		
What we are going to do	Progress	Comments On Progress
	<p>relation to racial harassment, elder abuse, homophobic bullying, financial inclusion and gender based violence was completed with 23 staff within three practices in North West Glasgow. This was complemented by 10 qualitative interviews on drivers and barriers for action on inequalities. Tailored face to face and e-learning on equalities issues was provided to staff. The work informed improvement plans in these practices and a briefing paper for NHSGGC's Primary Care Steering Group on NHSGGC primary care inequalities activities.</p> <p>Healthier Wealthier Children has made over 4,500 referrals in total since it was launched two years ago. Health Improvement staff have had a key role in providing child poverty and referral pathways awareness sessions for a wide range of staff across NHSGGC. The referrals have mainly come from Health Visitors and Midwives and have improved the lives of low income families with over £4 million gain in unclaimed benefits and debt reassignment (£2,256,722 + £838,843 Jan-Mar 2012 estimate + £1,192,380 in 2012-13). The project is now mainstreamed across all parts of NHSGGC. In addition, all NHSGGC areas have generic pathways to Money Advice Services, with over 3000 referrals in April-September 2012 alongside work to integrate financial inclusion into health improvement programmes (eg, smoking cessation).</p>	
The Transgender Policy will be implemented.	EQIAs continue to return high levels of inclusion of Gender Reassignment considerations and make reference to the availability of the NHSGGC Transgender Policy. Partnership work with the Scottish Transgender Alliance to review and update the policy has been delayed following capacity issues with the national charity. The policy is being reviewed to identify any issues.	In line with year 3 milestone.

<b>Goal 6: Uses its core budget and staff resources differently to tackle inequality</b>		
<b>What we are going to do</b>	<b>Progress</b>	<b>Comments On Progress</b>
Ensure that there is no disproportionate effects on different inequality groups as the result of financial decisions.	Rapid Impact Assessment of Cost Savings programmes completed and risk areas identified. Full EQIAs completed where required.	In line with year 3 milestone.



<b>Goal 7: Has a workforce which represents our diverse population and addresses their needs</b>		
<b>What we are going to do</b>	<b>Progress</b>	<b>Comments On Progress</b>
Improve the availability of disaggregated staff information.	Disaggregated data now available for the NHSGGC workforce together with annual increase as follows: Age - 100%, gender - 100%, disability - 99.9%, race/ethnicity - 73.2% (5% annual increase), belief - 59% (7.5% increase) sexual orientation - 51.2% (8.3% increase).	In line with year 3 milestone.
Address remaining barriers to recruitment and retention.	For last available data, 4.36% of those applicants disclosing a disability received a job offer as compared with 6.86% of non-disabled applicants. Whilst this is an improvement from 2011/12, further work on this is being put in place Variable success achieving job offer by age, ethnicity, faith.	Partially in line with year 3 milestone.  More consideration required in relation to all protected characteristics.
Enhance the ability of staff policies to meet the needs of equality groups.	EQIA of staff policies complete.  A Gender Based Violence Employee Policy has been put in place in March 2013.	In line with year 3 milestone.
Meet any existing pay gap between women and men.	Equal Pay statement produced.	In line with year 3 milestone.
Enable staff from equality groups to feed back their views to the organisation.	Standing Against Homophobia campaign has enabled staff to feedback their support for the campaign by making a pledge on the website. Further, a staff consultation event was held in May 2012 attended by 15 staff; a campaign roadshow in Gartnavel Royal in January 2013; the @nhsggctakestand twitter account started in February 2013 and has 66 followers.	Partially in line with year 3 milestone.  Further action required on feed back mechanisms.

<b>Goal 8:Creates a workforce which has the skills to tackle inequality and create a non-discriminatory working environment</b>		
<b>What we are going to do</b>	<b>Progress</b>	<b>Comments On Progress</b>
All staff will be aware of their legal responsibilities and how to address inequalities issues	<p>In 2012 -13, the number of staff completing Equality and Diversity training has increased, particularly through the uptake of e-modules and targeted classroom based sessions on equality monitoring and sensory impairment.</p> <p>There are now 24 different ways of learning including 16 e-modules, statutory/mandatory induction, face to face learning. The Access to Learning Plan has also been specifically developed to support and encourage non traditional learners (NtL) to access learning opportunities across the organisation.</p> <p>In total, 17, 535 training episodes took place during 2012-13, making 24,00 in total.</p>	In line with year 3 milestone.
Promotion of positive attitudes for all equalities groups.	<p>The campaign to tackle homophobia in the NHS has generated 15,000 website visits, over 1200 Staff support pledges/photographs and over 100 staff attended a roadshow in Gartnavel Royal.</p> <p>Over 50 followers on Twitter account @NHSGGCtakestand in one month.</p>	In line with year 3 milestone.

<b>Goal 9: Spends the money being invested in buildings, goods and services in a way which tackles poverty and discrimination</b>		
<b>What we are going To do</b>	<b>Progress</b>	<b>Comments On Progress</b>
Align Corporate Social Responsibility activity to the Equality Scheme aims.	Updated equality and diversity procurement guidance circulated to all procurement staff.	In line with year 3 milestone.

<b>Goal 10: Works with partners to reduce inequality caused by income, social class, gender, race, disability, age and sexual orientation in order to reduce health inequality</b>		
<b>What we are going To do</b>	<b>Progress</b>	<b>Comments On Progress</b>
Align Equality Scheme activity with Community Planning partners. Contribute to SOA activity on the Solidarity Golden Rule - 'To Improve Social Equity' - which aims to increase overall income and the proportion of income earned by the three lowest income deciles as a group by 2017.	<p>Glasgow Community Planning Equality Group advising on equality aspects of the SOA. Some integrated CHCPs working towards joint outcomes (East Renfrewshire).</p> <p>Financial Inclusion Strategic Group action plan on welfare reform - campaign on Disability Allowance Uptake delivered.</p> <p>Partnership activity to tackle the determinants of health, for example; the Glasgow City Council Child Poverty Action Plan adopted as part of the Glasgow City Council Leader's office Anti-Poverty Action Plan; reviewed terms of reference and reporting arrangements to strengthen engagement in local Gender Based Violence Partnerships; Employability Partnerships; and Healthier Wealthier Children partnerships with the voluntary sector.</p> <p>Modern Apprenticeship Programme developed to deliver 50 Modern Apprenticeships.</p> <p>Second report on recession indicators published with commentary.</p>	In line with year 3 milestone.

## EMBARGOED UNTIL DATE OF MEETING

- 1.5 Once approved, the report will be published by 30<sup>th</sup> April 2013 on the NHSGGC website and in limited numbers of hard copy in order to comply with the timescales set out under the specific duties.

### **2. EQUALITY SCHEME 2010-13 FINAL MONITORING REPORT**

- 2.1 In line with previous monitoring reports, the final monitoring report (Attachment 1) is constructed in two parts. Firstly, it considers progress in integrating an understanding of the general duty into mainstream organisational activity such as planning, performance, service management and service redesign. As part of this, it highlights exemplar work that is being carried out across NHSGGC, progress on the introduction of inequalities sensitive practice (ISP), and progress towards a more diverse workforce which is supported and trained to respond effectively to inequalities and discrimination.
- 2.2 Secondly, the report describes progress against the action plan, using a pre-agreed set of yearly milestones as the marker.
- 2.3 Overall the report indicates that the response by NHSGGC to the Equality Act 2010 remains proportionate and relevant to the size and nature of the organisation and that there has been further incremental progress over the course of the previous year. Most of the identified milestones have been reached and it is possible to see that progress is being translated into tangible outcomes for our population.

### **3. A FAIRER NHSGGC: MEETING THE REQUIREMENTS OF EQUALITY LEGISLATION, 2013-16**

- 3.1 The purpose of this report (Attachment 2) is to meet the requirements of the specific duties and includes:
- an overview of progress to date on mainstreaming the equality duty;
  - a set of equality outcomes for 2013 -16;
  - an equal pay statement;
  - a summary of disaggregated employee information.
- 3.2 The overview of progress in mainstreaming reflects the changes that have been delivered within NHSGGC as the result of the two previous Equality Schemes. The equality outcomes specify the anticipated impact on patients of further activity designed to embed the requirements of equality legislation into the core business of NHSGGC.

Publication The content of this Paper may be published following the meeting

Author: Sue Laughlin, Head of Inequalities and Corporate Planning



## A FAIRER NHS GREATER GLASGOW AND CLYDE MEETING THE REQUIREMENTS OF EQUALITY LEGISLATION 2013-16

### CHIEF EXECUTIVE FOREWORD

I'm very pleased to be able to present our combined equalities review and action plan, 'A Fairer NHS Greater Glasgow and Clyde', to our staff, patients and visitors. This document is important to us all because, at its heart, it's really about us, the people we know and the people we aspire to provide the best possible care for. It helps us send a strong message that NHSGGC staff will challenge and remove discrimination in our services and sets out what we are doing to ensure services are transparently fair and equitable for everyone.

We do this because it's the right thing to do. No one using NHSGGC services should receive poorer care because of their age, sexual orientation, disability, sex, religious belief, gender identity, marital or civil partnership status, race, pregnancy or maternity status or experience of poverty.

This isn't an easy task. NHS Greater Glasgow and Clyde is the largest NHS Board in the UK, delivering hundreds of different services from more than 95 sites to a resident population of 1.2 million people and many more from further afield who access our regional and national services. Making sure each one of our million plus patient interactions considers the relationship between health and experience of discrimination will help us get it right first time, every time.

I'm heartened to note the commitment shared by both the Board and myself to tackle discrimination in all its forms is echoed across our diverse employee groups. The staff survey - 'A Fairer NHS Greater Glasgow and Clyde' - clearly shows collective support for action in this area. It also highlights that there's still a job of work to be done. If we continue to work together, we can make the difference.

We're supported in our endeavours by UK and specific Scottish legislation that places a legal duty on all public sector organisations to clearly evidence steps taken to remove the potential for discrimination and provide fully inclusive and equitable services. I would encourage all members of staff to familiarise themselves with the aims of that legislation and the Equality Outcomes in Section 4 of this document. There are numerous resources available to NHS Greater Glasgow and Clyde staff, many of them highlighted here, which will help create common understanding and approaches.

I want to take this opportunity to thank the staff of NHS Greater Glasgow and Clyde for their tremendous efforts so far, and look forward to the next phase of positive change.

**Robert Calderwood**  
Chief Executive

**A FAIRER NHS GREATER GLASGOW AND CLYDE  
MEETING THE REQUIREMENTS OF EQUALITY LEGISLATION 2013-16**

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## A FAIRER NHS GREATER GLASGOW AND CLYDE MEETING THE REQUIREMENTS OF EQUALITY LEGISLATION 2013-16

### SECTION 1: INTRODUCTION

#### 1.1 INTRODUCTION

All public sector organisations including NHS 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 discrimination, harassment, victimisation and any other conduct that is prohibited under this Act;
- advance equality of opportunity between persons who share a relevant characteristic and persons who do not;
- foster good relations between people who share a protected characteristic and those who do not.

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

To help achieve the General Duty, secondary legislation, the Equality Act 2010 (Specific Duties) (Scotland) Regulations have also been put in place. These 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.

The purpose of this document is to describe how NHS Greater Glasgow and Clyde (NHSGGC) currently meets and will continue to meet these requirements.

Firstly, it highlights the progress the organisation has already made to embed an understanding of inequalities and discrimination into its core functions (mainstreaming) as follows:

- Policy and Planning;
- Leadership and Accountability;
- Listening to Patients;
- Service Delivery;
- Improving Health Outcomes;
- Creating and Supporting a Diverse Workforce;
- Resource Allocation and Fair Financial Decisions.

The second section presents the Equality Outcomes that NHSGGC will meet during the course of its 2013-16 planning cycle.



The final part comprises the NHSGGC Equal Pay Statement

The document is available on [www.equality.scot.nhs.uk](http://www.equality.scot.nhs.uk) and in accessible formats.

## 1.2 BACKGROUND

NHSGGC recognises that good health is not evenly distributed across our communities. The chances of a long, happy and healthy life are affected by many factors, including a range of social determinants and the persistent prejudicial attitudes, beliefs and behaviours in society.

NHSGGC is a large and complex organisation and systematic change is a long term process. Progress can only ever be incremental. Good practice in responding to differential needs and opportunities to access health care has always existed but further transformation is necessary.

Two previous Equality Schemes, each covering three year planning cycles, described the way in which NHSGGC planned to embed an understanding of inequality and discrimination into its general business. They were underpinned by a framework for creating an Inequalities Sensitive Health Service based on the core functions of the organisation. The overall aims were to:

- listen to the health needs and experiences of its diverse population;
- make access into and through services as fair as possible;
- improve the quality of the interaction between patients from equality groups and clinical staff, thereby promoting improved health outcomes;
- improve the diversity of its workforce;
- increase confidence and knowledge of staff;
- procure its goods and services fairly;
- contribute to tackling the causes of inequality and discrimination;
- distribute its resources equitably.

Both Equality Schemes sought to address discrimination experienced by equality groups covered under previous legislation and also the impact of social class discrimination on health. Annual Monitoring Reports are available.

## 1.3 CONTEXT

There are a number of factors which enable and potentially limit further progress in creating a fairer NHS Greater Glasgow and Clyde. In support of the work is the overarching aim of the Scottish Government to ensure the population lives longer, healthier lives and that significant inequalities in Scottish society are tackled. From this flows a range of policies which support ongoing change in the NHS in relation to tackling inequalities such as improvements in person centred care (Quality Strategy), creating new approaches to health inequalities (Equally Well) and monitoring overall performance (HEAT Targets).

NHSGGC recognises that the way it provides services needs to be responsive to the changing health needs of the population and improvements in clinical practice. A review of clinical services, Fit for the Future, will have designed a new strategy for Greater Glasgow and Clyde by 2015 to ensure that:

- care is patient focused with clinical expertise aimed at providing care in the most effective way at the earliest opportunity within the care pathway;
- services and facilities have the capacity and capability to deliver modern healthcare with the flexibility to adapt to future requirements;

- sustainable and affordable clinical services can be delivered across NHSGGC;
- the pressures on hospital, primary care and community services are addressed.

The review of clinical services specifically attempts to predict future pressures and identify ways in which the differences in life expectancy and health outcomes between various groups can be addressed more effectively. Current indications suggest that the effect of austerity measures and welfare reform is likely to have a compound impact on people with protected characteristics, especially disabled people and women as well as on people in poverty. An equality impact assessment process is an integral part of the review.

## SECTION 2: PROGRESS ON MAINSTREAMING EQUALITY INTO NHSGGC

### 2.1 POLICY AND PLANNING

NHS Greater Glasgow and Clyde's purpose, as set out in its Corporate Plan 2013-16 is to:

***“Deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause health inequalities.”***

The Corporate Plan for 2013-16 sets out five strategic priorities to move towards achieving the organisation's purpose over the next three years, and also sets out the outcomes to ensure delivery for those five priorities. The five priorities are:

- early intervention and preventing ill-health;
- shifting the balance of care;
- reshaping care for older people;
- improving quality, efficiency and effectiveness;
- tackling inequalities.

The direction set by the Corporate Plan is amplified by a set of Planning Frameworks which cover different care groups and settings. A range of Policy Statements further guide the planning process. One of these statements, comprises a Tackling Inequalities Policy Framework which makes clear the requirements to:

- remove discrimination;
- close the health gap;
- address the needs of marginalised groups.

Development Plans produced by both Acute Services and Community Health (and Care) Partnerships describe the anticipated extent of progress over three year planning cycles.

Equality outcomes are embedded into the guidance which facilitates Development Plans to meet the requirements of the Corporate Plan and are therefore integral to the planning process.

#### **Our Challenge:**

NHSGGC has made considerable progress in creating a robust set of policy and planning arrangements which further tackles inequalities in health. The challenge remains to ensure that this is translated systematically into service delivery and patient care.

### 2.2 LEADERSHIP AND ACCOUNTABILITY

Effective leadership and accountability are essential to ensure mainstreaming of equality into core business. The ultimate responsibility for compliance with equality legislation sits with the Chief Executive of NHSGGC. The Chief Executive delegates responsibility to Directors of both the Acute Division and Community Health (and Care) Partnerships to ensure that their part of the organisation is delivering on our shared commitments.

The Director of Corporate Planning and Policy is our lead Director for Equalities and has responsibility to ensure that NHSGGC has effective systems for facilitating change towards

greater equality and monitoring progress. The Corporate Management Team also provides a focus on delivery and decision making.

The Board of NHSGGC approves the Equality Schemes and the annual monitoring reports associated with them.

The Acute Division and CH(C)Ps have their own governance arrangements for managing compliance with equality legislation and implementation of tackling inequalities policy.

Implementation and monitoring of Equality Schemes has been supported by the Corporate Inequalities Team (CIT) as a core component of the Planning, Policy, and Performance function. An Equality and Diversity lead in the Learning and Education team has also been created. The CIT facilitates change at a corporate level, supports Partnerships, Directorates and services and builds a dialogue with people with protected characteristics.

### **Our Challenge:**

NHSGGC recognises that there are competing demands which require considerable skills of both senior leaders and managers of frontline services. It will continue to explore the most effective ways of managing these demands so that we advance the three parts of the Public Sector Equality Duty and minimise any unintended negative consequences arising from other policy drivers and operational pressures.

## **2.3 LISTENING TO PATIENTS**

Feedback on the needs and experiences of patients contributes significantly to improving the quality and delivery of health care. NHSGGC has a responsibility to ensure that the perspectives of a diverse population are integrated into its process for public and patient involvement and that this evidence is acted upon.

*'From a personal viewpoint, as a patient in GGC and a staff member, the support and understanding I received when I was temporarily disabled was poor to say the least. I spent 20 months on crutches, off work for long periods of time, and every appointment my husband attended with me, he was spoken to, not me. This was across GP, orthopaedic, neurology and cardiology appointments - the only team who treated me as an individual and really tried to help and support me were the physiotherapy team at GGH.'*

Acute Services and each CH(C)P has a Public Partnership Forum involving a cross section of local populations. A systematic programme of equality impact assessments has been undertaken to ensure that participation is representative of diversity in communities and that forum meetings are accessible and cover needs that relate to protected characteristics.

Within Acute Services, there has been an ongoing programme of modernisation of hospital provision of which the new South Glasgow Hospital is the most significant development. A Community Engagement Team has ensured there is dialogue with both geographical communities and communities of interest about the best ways to deliver change in a patient friendly manner. For these large changes but also for smaller scale building improvements and refurbishments, Acute has established a Better Access to Health (BATH) group to advise on access issues for disabled people.

In order to support the involvement of patients with protected characteristics in policy and strategy development, the Corporate Inequalities Team has set up two different forums. The equalities Health Reference Group (HRG) and the Health Equalities Network (HEN). The HRG brings together individuals with the direct experience of discrimination as a member of an equality group. It currently comprises 25 people, many of whom were not

initially familiar with the needs of people with different protected characteristics from themselves. The HRG has informed the development of planning priorities in the Corporate Plan, the Equality Scheme, Transport Policy, Complaints Policy and members have participated in working groups associated with the current Clinical Services Review.

The HEN has been more recently established and has participation from voluntary sector organisations which represent the interests of protected characteristics. This group has also contributed to the review of clinical services and recently to the development of equality outcomes. There is a database of 78 organisations that receive our e-newsletter.

### **Our Challenge:**

The range of policies, service changes and patient transactions within NHSGGC pose a considerable challenge to ensure patient's voice are heard and acted upon. Further work will be undertaken to develop the complaints process to identify whether there are common themes relating to people with protected characteristics. There are plans to develop processes to enable NHSGGC services to be more sensitive for a diverse population through improving patient feedback. A specific programme to communicate with older people on their experience of health care is also being developed.

## **2.4 SERVICE DELIVERY**

Getting into and through health care services effectively is key to improving health outcomes for all patients. NHSGGC recognises that ease of access varies depending on communication needs, physical access needs, understanding of how health systems operate, the complexity of health problems and the impact of disadvantage and discrimination.

A range of policies have been developed to improve the likelihood of equitable access, as follows:

- Accessible Information Policy;
- Spoken Language, British Sign Language and Communication Support: Interpreting Policy;
- In-house Interpreting Service;
- Good Practice Guidelines for Sensory Impairment;
- Signage Policy;
- Assistance Dog Policy.

A Gender Reassignment Policy has been produced to ensure transgender people do not experience discrimination in general medical care.

Good Practice Guidelines for Spiritual Care are designed to ensure the needs of faith groups are met and the Chaplaincy Service has completed an Equality Impact Assessment (EQIA) to further evidence an inclusive approach to service delivery.

There is a comprehensive, quality assured, EQIA programme for strategic policies, operational policies and frontline services. This includes an EQIA of the Access Policy to ensure monitoring of differential attendance at outpatient and inpatient services (Do Not Attend - DNAs) by age, sex, ethnicity and deprivation (using the Scottish Index of Multiple Deprivation - SIMD).

Additionally, a review of services to ensure they meet the requirements of age legislation has been undertaken and improvement measures put in place.

All equalities policies and completed EQIAs are available on [www.equality.scot.nhs.uk](http://www.equality.scot.nhs.uk).

**Our Challenge:**

NHSGGC has 8 general hospitals each with a full range of outpatient departments and medical and surgical wards. There are also specialist mental health, older people's services and cancer services. An infrastructure of health centres and community health clinics provides primary care for a population of 1.2 million people. NHSGGC is therefore 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. Whilst policies which promote equality and minimise the risk of discrimination apply universally and risk management processes are in place, there is an ongoing need for communication and facilitation of their implementation.

**2.5 IMPROVING HEALTH OUTCOMES**

Many of the health needs of patients with protected characteristics can be related to experience of discrimination and inequality in their lives. Racism, disability prejudice, gender-based violence, homophobia and sectarianism can all have a direct effect on health as the result of injury or mental health problems. Poverty and social class discrimination also affect physical and mental health. In order to improve health outcomes in clinical encounters it is increasingly acknowledged that enquiry into these underlying experiences is essential to maximise person centred care.

**Inequalities Sensitive Practice (ISP)** is a broad term which describes how health practitioners can respond to their patients' social circumstances which affect their health. This approach can form part of any encounter with patients in any health setting and evidence shows that patients felt it was an important part of their healthcare;

*"I think it's important (to be actively asked about wider issues). If they hadn't asked me (about domestic abuse) then I might not have said anything and it was one of the reasons for my depression... It's not just the woman's health but the baby's health at the same time"*

*(ISPI Report, Service User, Maternity, 2007)*

Over the course of its two equality schemes, NHSGGC has introduced a programme of ISP to make enquiry about underlying issues routine in patient care. This has been undertaken in a range of settings - mental health services, children services, addictions services, primary care and accident and emergency departments. The initial focus of this work has been on the systematic identification of gender based violence and now includes social enquiry on a range of other issues including employability, financial inclusion, experience of discrimination and numeracy and literacy.

**Our Challenge:**

In autumn 2012, members of the ISP Development Group met individually with 30 senior service managers and leaders across NHSGGC and asked them to give their views on a series of questions on ISP. This study was undertaken to find out from strategic and service managers what the organisation should do in the coming years to embed ISP. It showed overwhelming support for the principles of ISP but identified remaining obstacles. These included:

- ISP not being sufficiently integrated into existing programmes;
- insufficient governance of ISP;
- gaps in management support and leadership to create the conditions for ISP.

There was a contradiction inherent in the responses, namely that despite ISP being part of the organisation's core values it is still only implemented effectively in some parts of the organisation. This requires further exploration with strategic and service managers.

## 2.6 CREATING AND SUPPORTING A DIVERSE WORKFORCE

NHSGGC has 38,500 staff and responsibility for promoting equality lies with every member of the workforce. It is accepted that improving knowledge, attitudes and good practice require ongoing programmes of training, practice development and effective appraisal. Further, NHSGGC is an equal opportunities employer and strives to ensure that its workforce is as representative of the general population as possible despite historical recruitment patterns based on a division in gender roles.

As part of an ongoing programme of work to create a more diverse workforce, led by the HR Director and overseen by the Staff Governance Committee, the diversity of the workforce has been assessed across the range of job families. This shows that in addition to the workforce being predominantly female, there is an under-representation of Black / Minority Ethnic (BME) for some job families as compared with the general population, except for medicine and dentistry and for health science services. There is also a significant under representation of disabled people.

All recruitment data is monitored by age, disability, ethnicity, faith, gender and sexual orientation as is training data, bullying, grievance and disciplinary activity. Quarterly reports are also subject to scrutiny by the Staff Governance Committee which considers improvement plans as required.

A full breakdown of the composition of the workforce, together with specific improvement activity is available as Appendix 1 to this report.

**Facing the Future Together**, is our initiative designed to take a fresh look at how staff support each other to do their jobs, provide an even better service to patients and communities, and improve how people feel about NHSGGC as a place to work. Key to this programme has been the integration of the inequalities agenda into the tools which support culture change through leadership, team and practice development.

A comprehensive Learning and Education Strategy has been developed for all staff. A toolkit and guidance has been created to support the EQIA of mainstream training programmes. The programme has been audited and priority areas established to be equality impact assessed.

There are also now 16 specific equality and diversity e-modules covering each of the protected characteristics and support for practice development. Specific training exists for lead reviewers as part of the EQIA programme and for medical records staff to support the recording of patient ethnicity. A large range of support tools have also been produced for staff which include good practice descriptors, guides for teams, model accessible information and guidance on using interpreters.

As part of promoting good relations and challenging negative attitudes, NHSGGC is using conventional and social media tools as the basis of staff campaigns. The focus of the first campaign, 'Standing Together Against Homophobia', has been on challenging homophobic attitudes.

### **Our Challenge:**

The significant under-representation of disabled people in the workforce is of major concern to NHSGGC. As a result, it has committed itself to a disability awareness campaign to

increase the proportion of recruits who are disabled and to promote disability as a positive workforce issue.

NHSGGC recognises the need to continue to mainstream an understanding of equalities into general training. It also intends to extend the range of training opportunities for staff to challenge attitudes, enhance compassionate care towards all protected characteristics and increase confidence in communicating with people from different backgrounds to themselves.

NHSGGC recognises that its current staff dataset fails to provide information on some protected characteristics - marriage and civil partnership, maternity and pregnancy, transgender. The new Electronic Employee Support System will be used to rectify this.

## 2.7 TACKLING THE DETERMINANTS OF INEQUALITY

### **Procurement:**

NHSGGC is required to ensure that the procurement of goods and services is not discriminatory. For example, we need to make clear how smaller organisations who specialise in equalities work can bid for NHS contracts. As a Local Investor NHSGGC spends approximately £400m per annum on bought in goods and services. In 2008 NHSGGC purchased 31% of its requirements from Small Medium Enterprise (SME) business suppliers and 14% from suppliers based within the Glasgow City Council area. For the financial year 2010-11 these figures had increased to 50% from SME and 30% from suppliers based within the Glasgow and Strathclyde area. NHSGGC has therefore significantly influenced employment practices in supplier organisations to support its Health at Work and Healthy Working Lives policies.

Recent legislation has allowed the inclusion of Community Benefit clauses in public contracts. Community Benefits clauses can be used to ensure contractors make a positive impact in the local community. For example, the New South Glasgow Hospital which is being built in Govan has provided training places to give people access to construction jobs.

### **Partnership Work:**

Reducing the health inequality gap and shifting resources from treatment to prevention requires action from organisations other than the NHS. This includes education, employment, housing, transport and other public services which impact on the underlying causes of poor health. NHSGGC works with other partners to reduce health inequality by addressing issues such as income inequality, social class inequality, sex inequality, racism, disability discrimination, sectarianism and homophobia. For example, **Healthier Wealthier Children** is a partnership between NHSGGC, local authorities and the voluntary sector working to ensure families with money worries are referred to financial inclusion services to reduce child poverty.

### **Our Challenges:**

The UK Government is pressing ahead with a wide range of welfare benefit reforms. Those affected include unemployed people, disabled people and children, single parents and families on low incomes. The changes are being phased in over a number of years. These changes are being made at a time of austerity, with reductions in funding for public services, reduced work vacancies, business closures and reduced pay and working hours for many. Headline poverty rates have fallen, but this is a consequence not of increasing prosperity, but of falling median income.



There are likely to be implications for work opportunities and availability of services in those communities most affected by the changes. The consequence is that over both the short and the long term there will be implications for the health outcomes of those affected, and for demand on healthcare services.

## 2.8 MONITORING PERFORMANCE

NHSGGC has a range of ways in which it monitors the overall performance of the organisation. The Quality and Performance Committee is a sub-committee of the Board and progress against a set of measures is reported on a two monthly basis. Organisational Performance Reviews (OPRs) are undertaken twice yearly between the Chief Executive across Acute and Partnerships. Progress against key performance measures is monitored by the Corporate Management Team on a monthly basis.

A suite of measures which relate to removing discrimination and tackling health inequalities have been drawn up to monitor areas of potential risk and also to reflect key programmes of work. These measures and their reporting process are as follows:

- Quality and Performance Committee:
  - monitoring of equalities related legal precedents;
  - number of equality legal cases against NHSGGC;
  - EQIAs of cost savings programmes;
  - % of new outpatient DNAs by SIMD, Age, Ethnicity and Sex (annually);
  - workforce profile as a % of workforce: Ethnicity and Disability;
  - inequalities targeted health checks.
- Organisational Performance Reviews:
  - % of new outpatient DNAs by SIMD, Age, Ethnicity and Sex ;
  - uptake of bowel screening by SIMD and Sex;
  - unplanned hospital admissions by SIMD (65 years+);
  - number of quality assured EQIAs completed;
  - number of Staff trained in GBV;
  - number of staff trained in ISP;
  - number of referrals for financial inclusion advice.
- Corporate Management Team:
  - number of quality assured EQIAs.

Future measures for the equality outcomes identified as part of this report will also be integrated into the reporting mechanisms of NHSGGC.

### **Our Challenge:**

Collection of patient data for each protected characteristic is a pre-requisite for performance monitoring. NHSGGC has improved its recording of ethnicity information to 69% for all outpatient appointments and age and sex information is already routinely collected. NHSGGC will continue to work with the existing NHS IT systems and develop bespoke arrangements to improve the collection of patient data for other protected characteristics, especially disability, sexual orientation, religion and belief.

## 2.9 RESOURCE ALLOCATION AND FAIR FINANCIAL DECISIONS

The largest proportion of the NHSGGC budget is spent on staff salaries. As clinical and health improvement interactions become more responsive to underlying experiences of discrimination through the development of ISP, so resources become used more equitably.

In order that cost savings are also made in a fair way and in line with Equalities and Human Rights Commission (EHRC) guidance, NHSGGC has instituted an annual Fair Financial Decisions programme commencing with its financial planning process for 2011/12. Each cost saving proposal is subjected to an initial rapid impact assessment and for those with service redesign implications and any perceived risk, a complete EQIA is then undertaken. These EQIAs are then quality assured in the usual way and published on the NHSGGC Equalities in Health website.

In addition, NHSGGC allocates resources from its mainstream budget to ensure effective communication between patients and staff by funding an in-house interpreting service for spoken languages and British Sign Language, telephone interpreting, and translation of patient information. Currently, this is **£2.6 million** per annum, reflecting the significant numbers of patients who require communication support. Resources are also allocated from the capital budget to make incremental improvements to NHSGGC estate to ensure access for patients with a physical disability, hearing and visual impairments.

The Corporate Inequalities Team is funded as part of the mainstream Corporate Planning and Policy allocation to facilitate organisational change to ensure that the requirements of both the equality legislation and internal policies to tackle inequality are met.

### **Our Challenge:**

All public sector organisations are currently required to explore ways of being more efficient whilst maintaining their effectiveness. Despite the commitment to Fair Financial Decisions, NHSGGC recognises there is still a considerable challenge to ensure that changes to services do not affect some groups disproportionately.

## SECTION 3: THE IMPACT OF MAINSTREAMING

### 3.1 THE IMPACT OF MAINSTREAMING

The purpose of mainstreaming an understanding of inequality and discrimination is to change the culture of an organisation and this is not always easy to measure. The following, however, represent some key impacts of mainstreaming.

- Increased awareness of 6000 staff trained as the result of completing equality and diversity e-modules.
- Enhanced capacity to conduct EQIAs as the result 205 staff being trained to be EQIA lead reviewers.
- Improved awareness of the impact of homophobia by 1800 staff who have signed pledges as the result of the Standing Against Homophobia Campaign.
- Enhanced likelihood that risk of discrimination will be addressed as the result of EQIA of 387 frontline services.
- Enhanced likelihood of effective diagnosis and treatment for the BME population and Deaf population as the result of 74,000 interpreted clinical encounters.
- Enhanced likelihood of improved patient understanding of treatment and service provision as the result of 111 items of patient information available on the Accessible Information resource directory for use by staff.
- Increased likelihood of the detection of gender based violence as the result of 1114 staff trained in routine enquiry skills across 10 settings.
- An enhanced understanding of the pattern of missed appointments in relation to age, sex, ethnicity and SIMD.
- Further decrease in the likelihood of differential uptake of outpatient appointments as the result of an action plan following the EQIA of the Access Policy.
- Increased likelihood of detection of money worries as the result of referral to financial inclusion advice.
- £4m additional resources made available to families, predominantly women and children, as the result of the Healthier Wealthier Children programme.
- Enhanced likelihood that the needs of faith groups will be understood by the introduction of half day faith based events for staff.

## SECTION 4: EQUALITY OUTCOMES

### 4.1 PROCESS TO SET EQUALITY OUTCOMES

In preparation for compliance with The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, NHSGGC has compiled a set of outcomes to be delivered over its next three year planning cycle. Using progress on mainstreaming as a starting point, the priority for NHSGGC was to produce a set of outcomes that reflected where there was significant further work required to meet the three General Duties. This was identified from assessing national and local research, using NHSGGC patient data, reviewing the previous Equality Scheme and speaking to patients and staff.

Patient feedback is integral to our inequalities programme and dialogue with different patient groups, including NHSGGC's Health Equality Network and Health Reference Group has informed the final set of outcomes.

Further comments were invited from a range of NHSGGC structures:

- Corporate Planning Group;
- Acute Equalities Group;
- Mental Health Equalities Group;
- Facilities Equalities Group;
- Heads of Planning;
- Glasgow CHP Equalities Group.

In 2013, work on these outcomes will focus on assessing the current position, potential actions and setting baselines and targets. The timeframes for full achievement are likely to be towards the end of the 2013-16 Development Plan cycle. The Equality Outcomes have been fully integrated into the mainstream planning process and will be evident in Acute and CHCP Development Plans. Progress will be monitored through the standard performance monitoring processes. In addition an Annual Report of progress against all equality outcomes will be presented to the Board.

A staff survey, 'A Fairer NHS Greater Glasgow and Clyde', has also been undertaken to establish the extent to which staff attitudes and practices have been affected by the measures taken to mainstream tackling inequalities and discrimination. The survey also provides contextual evidence for the setting of equality outcomes. It is intended that the survey will be reissued towards the end of the 2013-16 planning cycle in order to measure change.

Each outcome is presented to show which general duty it relates to, which protected characteristic is covered, a summary of the evidence, the activity required and the measures that will be used. Some outcomes also make specific reference to closing the health inequalities gap associated with social class.

<p><b>General Duty:</b></p> <p><b>Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.</b></p>
<p><b>Equality Outcome:</b></p> <ul style="list-style-type: none"> <li>- Barriers to all NHSGGC services are removed for people with protected characteristics</li> </ul>
<p><b>Protected characteristic covered:</b></p> <ul style="list-style-type: none"> <li>- Disability, Race, Sex.</li> </ul>
<p><b>Evidence:</b></p> <p>NHSGGC has a range of policies and procedures in place to remove barriers from services. The Accessible Information Policy ensures information is provided in a format accessible to patients' individual needs. Communication support is guaranteed through the organisation's Interpreting Policy. An Assistance Dog Policy and Signage Policy promotes accessible way finding.</p> <p>Barriers still exist in services, however, for those whose first language isn't English and who require communication support (Parliamentary Office of Science and Technology, January 2007; British Deaf Association and Scottish Government, 2012). NHSGGC has made significant improvements in removing these barriers. However, EQIA analysis highlights remaining gaps in some services. Services generally report low awareness of the NHSGGC Accessible Information Policy and of the in-house interpreting services. Approximately 40% of service EQIAs reviewed reported not having information available for patients in other formats or languages.</p> <p>Focus groups have been held with those requiring communication support. One set of focus groups involved BME communities covering eight language groups. Three themes emerged from these discussions; that first appointments are problematic; that patients needed interpreter's support for more than interpreting, eg, to negotiate their way round the health system; and that patients had problems with the quality of interpreters.</p> <p>Open meetings were also held with British Sign Language users. These groups indicated a significant level of negative experience for Deaf people in using NHSGGC services, either relating directly to interpreting provision or in relation to staff awareness of the communication and support needs of Deaf people.</p> <p>In the 'Fairer NHSGGC' Survey (n = 2 706) 35% of staff said they would use a family member for a patient who doesn't have English as a spoken first language. A similar proportion, 33%, said they would use a family member as an interpreter for a Deaf BSL user. This is not recommended practice.</p> <p>Discussions with visually impaired people have highlighted further the need for improved consistency in our approach to accessible information (Thurston and Thurston, 2010).</p> <p>Physical access to buildings is a prerequisite for a barrier free health service. The Better Access to Health (BATH) Group is involved in both capital spend and refurbishment of estates. Their involvement enables NHSGGC to learn how it can improve the quality of the patient experience of healthcare premises.</p>

There is evidence to suggest that those with learning disability have poorer access to cancer screening (Osborn et al, 2012).

In relation to social class Marmot also cites differentials in access to screening services and information (Marmot, 2006).

NHSGGC data and discussions with voluntary sector partners suggests that uptake of the national bowel screening programme is poor in relation to SIMD 1 men (NHSGGC, 2006) and visually impaired people and people with a learning disability.

**Activity:**

- Deliver Communication Support and Language Plan, including continued implementation of Accessible Information Policy and the Interpreting and Communication Support Policy.
- Improve accessibility of our buildings through regular audits involving disabled people.
- Identify and reduce inequalities in access to cancer screening and services specifically bowel screening for men in SIMD 1 and identify an improvement plan for disabled people.

**Measures:**

- Increased number of accessible information resources to be produced per annum
- Increase in satisfaction in the Annual Interpreting Service Patient Survey.
- An annual increase in responses to priority areas identified in building accessibility audits. A minimum of two audits to be completed and actioned per year.
- Improvement in uptake measures to be determined by the system

<p><b>General Duty:</b></p> <p><b>Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.</b></p>
<p><b>Equality Outcome:</b></p> <ul style="list-style-type: none"> <li>- Reduced discrimination is faced by lesbian, gay and bi-sexual (LGB) people, trans people, sensory impaired people and people with learning disabilities in all NHSGGC services</li> </ul>
<p><b>Protected characteristic covered:</b></p> <ul style="list-style-type: none"> <li>- Disability, Gender Reassignment, Sexual orientation.</li> </ul>
<p><b>Evidence:</b></p> <p>NHSGGC is aware that it has to make more explicit progress to addressing the discrimination faced by certain groups with protected characteristics than can be achieved through a general approach to organisational change.</p> <p>A third of gay and bisexual men who have accessed healthcare services in the last year have had a negative experience related to their sexual orientation (Stonewall, 2011).</p> <p>Analysis of our EQIAs suggest that although staff have an understanding of the need to recognise civil partnership, that they are less familiar with how to provide an equitable and barrier free service for LGB people (Fish, 2007).</p> <p>The INCLUSION Project (2003) commissioned research into the health needs of transgender people. Findings from this research have shown that significant issues still exist for transgender people in health services, such as:</p> <ul style="list-style-type: none"> <li>- mental health problems including suicide, self harm, anxiety and depression;</li> <li>- lack of access to essential medical treatment for gender identity issues;</li> <li>- lack of awareness and understanding of care providers so that transgender people are appropriately treated in single gender outpatient and inpatient services;</li> <li>- social exclusion, violence and abuse and the resulting negative impact on health and well-being.</li> </ul> <p>From EQIA evidence it is clear that transgender issues may lack prominence in terms of consideration afforded to other groups with protected characteristics.</p> <p>Focus groups with visually impaired people have highlighted three areas of concern:</p> <ul style="list-style-type: none"> <li>- staff attitudes towards people who are visually impaired;</li> <li>- staff awareness in relation to the needs of people who are visually impaired;</li> <li>- lack of patient information in different formats.</li> </ul> <p>Focus group discussions with British Sign Language users have illustrated general attitudes of staff within NHSGGC services need to be improved. Many of the attendees at the discussion groups stated that NHSGGC needs to do much to improve its practice and sought reassurance that steps would be taken to make appropriate changes to how it addresses the needs of Deaf patients.</p>

'The Same As You: A Review of Services for People with Learning Disability' (2000) described the key issues for those with learning disability:

- to have information about their needs and the services available, so that they can take part more fully, in decisions about them;
- to be at the centre of decision-making and have more control over their care;
- to have the same opportunities as others to get a job, develop as individuals, spend time with family and friends, enjoy life and get the extra support they need to do this;
- to be able to use local services wherever possible and special services if they need them.

EQIA evidence shows that although the organisation prompts for issues relating to learning disability specifically as part of the EQIA process, only specialist learning disability services reflect well the needs of those with a learning disability.

**Activity:**

- Assess current position, develop and implement actions to reduce discrimination faced by people with the above characteristics and establish areas of exemplary practice in services most likely to be access by them.
- Review of Transgender Policy and implement actions generated from the review.

**Measures:**

- An increase in patient satisfaction.
- Improvement in uptake measures to be determined by the system.



<p><b>General Duty:</b></p> <p><b>Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.</b></p>
<p><b>Equality Outcome:</b></p> <ul style="list-style-type: none"> <li>- Age discrimination is removed in all services.</li> </ul>
<p><b>Protected characteristic covered:</b></p> <ul style="list-style-type: none"> <li>- All except pregnancy and maternity.</li> </ul>
<p><b>Evidence:</b></p> <p>Age discrimination is unfairly treating people differently because of their age. The Equality Act does not prevent differential treatment where this is objectively justified. Health services should continue to take into account chronological age when it is right and beneficial to do so.</p> <p>In the Fairer NHSGGC Survey, when asked how well NHSGGC responded to the needs of those with protected characteristics in services, older people were identified as the group requiring more attention (61%). This was the highest category identified by staff as requiring more attention.</p> <p>There is evidence to suggest that older people have less access to psychological therapies, older people receive poorer quality services than 'adult' population and a need for age sensitive and age appropriate services (Older People's Psychological Therapies Working Group, December, 2011; Royal College of Psychiatrists, March 2011).</p>
<p><b>Activity:</b></p> <ul style="list-style-type: none"> <li>- Assess current position, develop and implement actions to ensure no patient is treated unfairly because of their age and positive action is taken to counter age discrimination and ensure needs led access to treatment and support</li> </ul>
<p><b>Measures:</b></p> <ul style="list-style-type: none"> <li>- All current and future age based services or initiatives are objectively justified</li> <li>- Increased uptake of psychological therapies by over 65s</li> </ul>

<p><b>General Duty:</b></p> <p><b>Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.</b></p>
<p><b>Equality Outcome:</b></p> <ul style="list-style-type: none"> <li>- The health needs of prisoners and homeless people with protected characteristics, Roma/Gypsy Travellers people and Refugees and Asylum Seekers are addressed</li> </ul>
<p><b>Protected characteristic covered:</b></p> <ul style="list-style-type: none"> <li>- All.</li> </ul>
<p><b>Evidence:</b></p> <p>There are some groups in society whose lived experience can result in stigma and prejudice additional to that resulting from a protected characteristic.</p> <p>There is a wealth of evidence to show offenders and ex-offenders are at increased risk of poorer health outcomes, stemming from experience of prison as well as post-liberation. In addition, the majority of Scotland's prison population come from areas of multiple deprivation and will have experienced significant barriers to health care before commencing a prison sentence. This is borne out by the comparatively significant numbers of offenders with mental health and addiction issues, literacy issues, experiences of childhood physical and sexual abuse and experiences of institutionalised care (de Viggiani, 2007).</p> <p>NHSGGC undertook five focus groups within prisons in the NHSGGC area. Seventy nine prisoners took part in the focus groups covering a range of prisoners including both women and men, BME prisoners and those from different penal categories. The issues raised were as follows:</p> <ul style="list-style-type: none"> <li>- improved information;</li> <li>- differential treatment;</li> <li>- lack of individualised treatment;</li> <li>- quality of service;</li> <li>- issues pertaining to protected characteristics.</li> </ul> <p>Premature mortality is higher among homeless populations than housed people. Many homeless people present to health services with multiple illnesses including drug or alcohol dependence, mental health and physical problems. The social exclusion of homeless people contributes to their poor health (Crisis, Media Brief: Critical Condition: Homeless people's access to GPs, 2002).</p> <p>The Roma/Gypsy Travellers are vulnerable to the combined impact of being an ethnic minority group as well as a stateless minority in many European countries. Their status as migrant workers also makes them vulnerable to social exclusion. The main barriers to Roma/Gypsy Travellers involvement with health service providers centres on language and cultural barriers. Roma/Gypsy Travellers patients can be unfamiliar with the NHS registration process (Cemlyn et al, 2009).</p> <p>Refugees and asylum seekers have poorer health than the general population. Their health is impacted upon by discrimination, destitution, social isolation, accommodation issue and previous experience of trauma. Many asylum seekers and refugees also have poor knowledge of the NHS</p>

system in the UK and the registration process. Language barriers can also be an issue (Haron et al 'The health needs of asylum seekers,' 2008).

**Activity:**

- Assess current position, develop and implement actions to address the health needs of homeless people.
- Assess current position, develop and implement actions to address the health needs of asylum seekers and refugees.
- Improve the health of prisoners by delivering an inequalities sensitive Prison Health Service
- Assess current position, develop and implement actions to address the health needs of Roma/Gypsy Travellers people - where there are populations.

**Measures:**

- An increase in sustained tenancies across all protected characteristics
- Annual health needs assessment of prisoners is disaggregated by protected characteristic and the data used as the basis of further planning
- An increase in early detection of health problems for asylum seekers and refugees
- Improvement in health of Roma/Gypsy Travellers people through self report measure in annual Health Needs Assessment

<p><b>General Duty:</b></p> <p><b>Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.</b></p>
<p><b>Equality Outcome:</b></p> <ul style="list-style-type: none"> <li>- The health impact of both hate crime and incidence is reduced for all those with the added protection afforded by Hate Crime Legislation.</li> </ul>
<p><b>Protected characteristic covered:</b></p> <ul style="list-style-type: none"> <li>- Disability, Gender Identity, Race, Religion and Belief, Sexual Orientation.</li> </ul>
<p><b>Evidence:</b></p> <p>NHSGGC records around 100 hate crime incidents on the Datix system each year. Most of these are incidents perpetrated against staff by patients or visitors because of a real or perceived protected characteristic. They cluster around mental health services but anecdotal evidence suggests incidents in other areas could be as high but remain under-reported. The aim is to send a clear message to both perpetrators and those adversely affected by hate incidents that we will challenge discriminatory behaviour where we find it and support disclosure through an understanding of the health consequences of hate crime (HM Government, 2012).</p>
<p><b>Activity:</b></p> <ul style="list-style-type: none"> <li>- Develop a range of actions to support staff and patients experiencing hate incidents and crime.</li> </ul>
<p><b>Measures:</b></p> <ul style="list-style-type: none"> <li>- Increase in 3<sup>rd</sup> party reporting rates.</li> </ul>

<p><b>General Duty:</b></p> <p><b>Advance equality of opportunity between people who share a relevant protected characteristic and those who do not by:</b></p> <ul style="list-style-type: none"> <li>- removing or minimising disadvantage;</li> <li>- meeting the needs of particular groups that are different from the needs of others;</li> <li>- encouraging participation in public life.</li> </ul>
<p><b>Equality Outcome:</b></p> <ul style="list-style-type: none"> <li>- All NHS staff have a greater awareness of the needs of groups with protected characteristics.</li> </ul>
<p><b>Protected characteristic covered:</b></p> <ul style="list-style-type: none"> <li>- All.</li> </ul>
<p><b>Evidence:</b></p> <p>NHSGGC have a staff Equality and Diversity Learning and Education Strategy. The strategy aims to increase staff confidence in working with those with protected characteristics through:</p> <ul style="list-style-type: none"> <li>- preventing and reducing patient complaints</li> <li>- improving patients experience in NHSGGC services</li> <li>- responding to consultation with patients' groups</li> </ul> <p>Staff responses to the 'A Fairer NHSGGC' survey question 'what could we do to increase your confidence in working with people from equalities groups?' shows that 65% of staff suggested training, 61%% information, 38% support from managers, 28% said support from a colleague and 2% said mentoring. Being able to ask about discrimination is key to changing the patient experience.</p>
<p><b>Activity:</b></p> <ul style="list-style-type: none"> <li>- Staff communication and education plan</li> </ul>
<p><b>Measures:</b></p> <ul style="list-style-type: none"> <li>- Increase in staff 'always' asking patients about discrimination (Fairer NHSGGC Survey).</li> <li>- Year on year increase in staff attending learning and education opportunities and 20% increase in staff completing equality e-modules.</li> </ul>

<p><b>General Duty:</b></p> <p><b>Advance equality of opportunity between people who share a relevant protected characteristic and those who do not by:</b></p> <ul style="list-style-type: none"> <li>- removing or minimising disadvantage;</li> <li>- meeting the needs of particular groups that are different from the needs of others;</li> <li>- encouraging participation in public life.</li> </ul>
<p><b>Equality Outcome:</b></p> <ul style="list-style-type: none"> <li>- NHSGGC has maximised the likelihood of people with protected characteristics attending appointments</li> </ul>
<p><b>Protected characteristic covered:</b></p> <ul style="list-style-type: none"> <li>- Age, Disability, Race, Sex.</li> </ul>
<p><b>Evidence:</b></p> <p>Routine NHSGGC data shows that men and people from SIMD have a differential uptake of referrals. This difference in the rate of those who 'do not attend' (DNA) appointment made for them is compounded across these groups by age with younger people having more DNA's than older age groups. Those from BME communities have a similar pattern to DNA's than the white community but there is still a higher rate of DNAs amongst the most affluent SIMD category than would be expected.</p> <p>Research shows that disabled people also have high rates of DNA across health services for a variety of reasons. Research by RNIB Scotland found that 22 per cent of blind and partially sighted respondents said they had missed an appointment due to information being sent in a format they could not read themselves. Of 100 disabled people surveyed in Scotland, 44 considered a positive attitude from staff as having the most influence on improving their experience of accessing services (NHS Health Scotland, 2007).</p>
<p><b>Activity:</b></p> <ul style="list-style-type: none"> <li>- Assess current position, develop and implement actions to reduce DNA's by age, sex, ethnicity and SIMD.</li> <li>- Identify barriers for disabled people in attending appointments and bring forward action to address these.</li> <li>- Improve equity of access to mental services.</li> </ul>
<p><b>Measures:</b></p> <ul style="list-style-type: none"> <li>- Reduce differentials in DNAs by age, gender, BME and SIMD.</li> <li>- Improved self reported access to services by disabled people.</li> <li>- Reduce waiting times for access to psychological therapies by SIMD, age and sex.</li> <li>- Proportionate access to psychological therapies by SIMD, age and sex.</li> </ul> <p>Equity of GGC wide access to early intervention services for people with early onset psychosis is implemented and overall numbers supported by such interventions increased.</p>

<p><b>General Duty:</b></p> <p><b>Advance equality of opportunity between people who share a relevant protected characteristic and those who do not by:</b></p> <ul style="list-style-type: none"> <li>- removing or minimising disadvantage;</li> <li>- meeting the needs of particular groups that are different from the needs of others;</li> <li>- encouraging participation in public life.</li> </ul>
<p><b>Equality Outcome:</b></p> <ul style="list-style-type: none"> <li>- 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</li> </ul>
<p><b>Protected characteristic covered:</b></p> <ul style="list-style-type: none"> <li>- All.</li> </ul>
<p><b>Evidence:</b></p> <p>Putting the patient at the centre of the care engenders empathy and can lead to improved health outcomes (Reynolds,WJ, Scott, B, 1999; Mercer, S et al, 2004, 2005). Building on this approach by asking patients about their wider social circumstances and taking account of their identity and lived experience forms the basis of inequalities sensitive practice which can benefit both patients and health services.</p> <p>For example, enquiring about and addressing patient experiences of gender- based violence results in:</p> <ul style="list-style-type: none"> <li>- less frequent presentations to primary care services with, eg, mild to moderate mental health issues including depression and anxiety alcohol or substance misuse issues, respiratory conditions, weight management issues;</li> <li>- reduced demand for prescriptions;</li> <li>- reduced hospital admissions;</li> <li>- reduced demand for addiction, mental health, A&amp;E and other medical services later on in life (Taket, A, 2012).</li> </ul> <p>The Scottish Government Quality Strategy aims to ensure that person centred care is founded on 'mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making (Scottish Government, May 2010).</p>
<p><b>Activity:</b></p> <ul style="list-style-type: none"> <li>- Staff trained and supported to carry out routine sensitive enquiry</li> </ul>
<p><b>Measures:</b></p> <ul style="list-style-type: none"> <li>- Increase number of staff undertaking routine sensitive enquiry.</li> <li>- Number of disclosures of GBV.</li> <li>- Increased referrals into services for support on gender-based violence, financial inclusion and employability and other social issues.</li> <li>- Increase in staff 'always' asking patients about discrimination.</li> </ul>

<p><b>General Duty:</b></p> <p><b>Foster good relations between people who share a protected characteristic and those who do not.</b></p>
<p><b>Equality Outcome:</b></p> <ul style="list-style-type: none"> <li>- Positive attitudes and interactions are promoted between staff, patients and communities</li> </ul>
<p><b>Protected characteristic covered:</b></p> <ul style="list-style-type: none"> <li>- All.</li> </ul>
<p><b>Evidence:</b></p> <p>NHSGGC's commitment to fostering good relations can be seen in a range of activity:</p> <ul style="list-style-type: none"> <li>- how it uses the employment monitoring information</li> <li>- patient engagement across our functions;</li> <li>- the range of training opportunities provided for all staff.</li> </ul> <p>Capturing evidence on patients' experiences of NHSGGC services is a measure of quality which can inform service improvement and be reported to the Board. Services are designed and adapted to respond better to people's needs. Involving people also provides an evidence base for service developments and important decisions. Decisions and service developments are more transparent and the process for reaching decisions is more widely understood and trust and confidence is built up between patients, communities and NHSGGC services.</p> <p>Only 0.25% of NHSGGC staff describes themselves as disabled. This will be addressed through a disability campaign for staff.</p> <p>Thirty percent of staff responding to the 'A Fairer NHSGGC' survey have suggested we 'could do more' with regard to faith groups. Staff have described examples of sectarianism and have experienced prejudice with regard to religious beliefs within NHSGGC.</p>
<p><b>Activity:</b></p> <ul style="list-style-type: none"> <li>- Assess the potential for the NHS to further develop good relations between those with a protected characteristic and those without through engaging with staff and patients.</li> <li>- Assess the potential for this outcome to be further delivered through improved patient engagement.</li> <li>- Campaign to explore awareness of disability amongst staff</li> <li>- Explore the experiences of staff who belong to faith groups and those who do not</li> </ul>
<p><b>Measures:</b></p> <ul style="list-style-type: none"> <li>- Increased knowledge of fostering good relations.</li> <li>- Increased membership of the PFPI and other involvement structures by those with protected characteristics.</li> <li>- Increased number of staff recorded as disabled.</li> <li>- Increased evidence of how to promote good relation between those who belong to faith groups and between those who have faith and those who do not.</li> </ul>



## SECTION 5: EQUAL PAY STATEMENT

This statement has been agreed in partnership and will be reviewed on a regular basis by the NHSGGC Area Partnership Forum and the Staff Governance Committee.

NHSGGC is committed to the principles of equality of opportunity in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their age, disability, ethnicity or race, gender reassignment, marital or civil partnership status, pregnancy, political beliefs, religion or belief, sex or sexual orientation.

NHSGGC understands that the right to equal pay between women and men is a legal right under both domestic and European Law. In addition, the Equality Act 2010 (Specific Duties)(Scotland) Regulations require NHSGGC to taking the following steps:

- publish gender pay gap information by 30<sup>th</sup> April 2013;
- publish a statement on equal pay between men and women by 30 April 2013, and to include the protected characteristics of race and disability in the second and subsequent statements from 2017 onwards.

It is good practice and reflects the values of NHSGGC that pay is awarded fairly and equitably.

NHSGGC recognises that in order to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent, or work of equal value, it should operate pay systems which are transparent, based on objective criteria and free from unlawful bias.

In line with the General Duty of the Equality Act 2010, NHSGGC objectives are to:

- eliminate unfair, unjust or unlawful practices and other discrimination that impact on pay equality;
- promote equality of opportunity and the principles of equal pay throughout the workforce;
- promote good relations between people sharing different protected characteristics in the implementation of equal pay.

NHSGGC will:

- review this policy, statement and action points with trade unions and professional organisations as appropriate, every 2 years and provide a formal report within 4 years;
- inform employees as to how pay practices work and how their own pay is determined;
- provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions;
- examine existing and future pay practices for all employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave;
- undertake regular monitoring of the impact of our practices in line with the requirements of the Equality Act 2010;
- consider, and where appropriate, undertake a planned programme of equal pay reviews in line with guidance to be developed in partnership with the workforce.

Responsibility for implementing this policy is held by the NHSGGC Chief Executive.

If a member of staff wishes to raise a concern at a formal level within NHSGGC relating to equal pay, the Grievance Procedure is available for their use.

## APPENDIX 1: EMPLOYEE INFORMATION

Since 2010, NHSGGC has published its' most up-to-date demographic profile of the workforce on the Equalities in Health website.

This page is refreshed every three months with new data. The data originates in the Board's Staff Governance Committee which meets quarterly.

### PROTECTED CHARACTERISTICS - EMPLOYEE DISCLOSURE LEVELS

The principle means by which NHSGGC captures information on members of its workforce and job applicants is via recruitment paperwork e.g. equal opportunities forms. There have also been surveys of the whole workforce followed-up by targeted campaigns to try and encourage non-responders to engage and disclose key personal sensitive data. As at 31<sup>st</sup> December 2012, NHSGGC holds the following data on the protected characteristics within the workforce. The figures in brackets represent the absolute % change in disclosed data since the same time last year (31-12-2011).

Characteristic	Disclosed Info (%)	Characteristic	Disclosed Info (%)	Characteristic	Disclosed Info (%)
Age	100.0 (-)	Disability	99.9 (-)	Ethnicity	73.2 (up 3.5)
Gender	100.0 (-)	Belief	59.0 (up 5.3)	Sexual Orientation	51.4 (up 3.8)

NHSGGC currently holds no data on the following protected characteristics :

- transgender status;
- civil partnership or marital status;
- maternity or pregnancy status.

#### Employee Disclosure Levels - Way Forward:

- There are discussions underway about making changes to the NHS Scotland Application Form/Equal Opportunities Form in order to capture information about transgender status, relationship status and maternity/pregnancy status.
- A new national HR database (known as eESS) has incorporated the above personal characteristics, currently missing from many NHS Scotland employee information forms.
- NHSGGC has run/is running a number of publicity campaigns to advocate staff rights, emphasising the need for fairness and consistency in the workplace and updating the workforce on a range of anti-discrimination practices. Examples include the Taking A Stand anti-homophobia campaign and current activity to launch a disability awareness campaign.

### PROTECTED CHARACTERISTICS - KNOWN COMPOSITION OF WORKFORCE

As at 31<sup>st</sup> December 2012, a breakdown of the permanent NHSGGC workforce is as illustrated below :

**Known Composition of Workforce - Age**

Age Ranges	Staff Count	% Breakdown
16 to 19	51	0.1%
20 to 24	1125	2.9%
25 to 29	3415	8.9%
30 to 34	4278	11.1%
35 to 39	4083	10.6%
40 to 44	5395	14.0%
45 to 49	6718	17.5%
50 to 54	6609	17.2%
55 to 59	4444	11.6%
60 to 64	2027	5.3%
65 +	323	0.8%
<b>Total</b>	<b>38484</b>	<b>100.00%</b>

***Known Composition of Workforce - Age - Way Forward:***

- The issue of youth employment levels is a topical one inside the Scottish Parliament at present. During April 2013, NHSGGC will be advertising 50 Modern Apprenticeship places across four workstreams namely Health and Social Care, Business Administration, Life Sciences and Engineering/Estates. Successful candidates will start their apprenticeships in September 2013.
- Various discussions are taking place inside NHSGGC looking at how different societal factors are affecting workforce plans, eg, removal of default retirement age, prevailing economic conditions and consequently many staff are working longer than they previously were.

**Known Composition of Workforce - Disability**

Disability	Staff Count	% Breakdown
Employees who disclosed a disability(-ies)	196	0.5%
Employees disclosing they have no disability	38254	99.4%
Employees who opted not to answer	18	0.0%
<b>Total</b>	<b>38484</b>	<b>100.00%</b>

***Known Composition of Workforce - Disability - Way Forward:***

- As referred to in the Employee Disclosure section, NHSGGC is about to launch a Disability Awareness campaign with its' focus on staff.
- NHSGGC recently retained its' Two Ticks accreditation.

**Known Composition of Workforce - Ethnicity/Race**

<b>Ethnicity</b>	<b>Staff Count</b>	<b>% Breakdown</b>
African	191	0.7%
Ethnic - Other	94	0.3%
Mixed Background	120	0.4%
Chinese	109	0.4%
Caribbean	13	0.0%
Black - Other	15	0.1%
Asian - Other	163	0.6%
Bangladeshi	13	0.0%
Indian	414	1.5%
Pakistani	179	0.6%
White - Other	1643	5.9%
White British	5345	19.2%
White Irish	359	1.3%
White Scottish	19132	68.8%
<b>Total</b>	<b>27790</b>	<b>100.0%</b>

***Known Composition of Workforce - Ethnicity - Way Forward:***

- 4.52% of the NHSGGC workforce define themselves as having ethnicity outwith the 'white' classifications.
- If 'white British, white Irish & white Scottish' are extracted from this dataset then all other classifications amount to 10.49%.
- Detailed results (including ethnicity data) from Scotland's 2011 Census are due in the period from March 2013 to December 2013. NHSGGC will compare & contrast its workforce composition with the communities it serves and in so doing, test for under-representation.

**Known Composition of Workforce - Gender**

<b>Gender</b>	<b>Staff Count</b>	<b>% Breakdown</b>
Female	30272	78.7%
Male	8196	21.3%

***Known Composition of Workforce - Gender - Way Forward:***

- NHSGGC is currently analysing the results of its' first formal equal pay audit looking for differences in average hourly pay (excluding overtime) between men and women. The exercise has revealed some pay gaps operating in both directions i.e. where men in some

job families/roles appear to be earning a higher hourly rate on average than their female counterparts and the reverse in other job families/roles.

- The output of the 2012-2013 Equal Pay Audit is described in more detail elsewhere in this document.
- NHSGGC has published an Equal Pay Statement over the last two years and has recently agreed revisions to this Statement which will be posted to both internal (intranet) and external internet sites.

### **Known Composition of Workforce - Religious/Spiritual Belief**

<b>Beliefs</b>	<b>Staff Count</b>	<b>% Breakdown</b>
Buddhist	77	0.4%
Church of Scotland	7099	33.4%
Hindu	237	1.1%
Muslim	300	1.4%
None	5131	24.1%
Christian - Other	1898	8.9%
Unspecified	319	1.5%
Roman Catholic	6113	28.7%
Sikh	59	0.3%
Jewish	31	0.1%
<b>Total</b>	<b>21264</b>	<b>100.0%</b>

### ***Known Composition of Workforce - Religious Belief - Way Forward:***

- Over the last 5 years, NHSGGC has seen a steady increase in the number of Job Applicants choosing the 'No Religion' option on NHSGGC Equal Opportunities Forms. This appears to be in keeping with trends reported by the General Registrar's Office.

### **Known Composition of Workforce - Sexual Orientation**

<b>Sexual Orientation</b>	<b>Staff Count</b>	<b>% Breakdown</b>
Lesbian	87	0.4%
Gay	219	1.1%
Heterosexual	18848	97.2%
Bisexual	132	0.7%
Other	95	0.5%
<b>Total</b>	<b>19381</b>	<b>100.0%</b>

***Known Composition of Workforce - Sexual Orientation - Way Forward:***

- The 'Taking A Stand' publicity campaign was launched in 2012. This campaign has prompted good employee engagement. Its' focus is both on interactions between service users and NHSGGC staff and also covers staff-to-staff working relationships.
- NHSGGC was assessed against the Stonewall Equality Index during 2012 and whilst not successful in getting into the Top 100 employers list on its first attempt, NHSGGC has received favourable feedback from Stonewall.

## APPENDIX 2: REFERENCES

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<b>GLOSSARY OF TERMS</b>
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<b>Access</b>	The extent to which people are able to receive the information, services or care they need and are not discouraged from seeking help (eg, premises suitable for wheelchairs; information in Braille/large print and other formats and languages; and the provision of culturally appropriate services).
<b>Age</b>	Where this is referred to, it refers to a person belonging to a particular age (eg, 32 year olds) or range of ages (eg, 18-30 year olds).
<b>BME</b>	Term currently used to describe a range of communities and groups in the UK - can be used to mean the main Black and Asian and Mixed racial minority communities or it can be used to include all minority communities, including white minority communities.
<b>Culture</b>	Relates to a way of life. All societies have a culture, or common way of life, which includes: <ul style="list-style-type: none"> <li>- language - the spoken word and other communication methods;</li> <li>- customs - rites, rituals, religion and lifestyle;</li> <li>- shared system of values - beliefs and morals;</li> <li>- social norms - patterns of behaviour that are accepted as normal; and right (these can include dress and diet).</li> </ul>
<b>Disability</b>	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.
<b>Discrimination</b>	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.
<b>Diversity</b>	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.
<b>Equality Duty</b>	Under equalities legislation public authorities have gender duties and specific duties. These are things that have to be done by the authority in order to meet with the requirements of the law.
<b>Equal Opportunities</b>	This is a term used for identifying ways of being disadvantaged either because of, eg, 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.
<b>Equalities</b>	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 carry out functions and delivering services.
<b>Equality</b>	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.

<b>Ethnicity</b>	A sense of cultural and historical identity based on belonging by birth to a distinctive cultural group.
<b>Gender</b>	Gender is the term used to describe key characteristics of male and female behaviour. Our gender is learned behaviour.
<b>Gender Reassignment</b>	The process of transitioning from one gender to another.
<b>Homophobia</b>	An irrational fear of, aversion to, or discrimination against people who are lesbian, gay or bisexual.
<b>Indirect Discrimination</b>	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.
<b>Inequality</b>	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.
<b>Interpreting</b>	The conversion of one spoken language into another, enabling communication between people who do not share a common language.
<b>Marginalised Groups</b>	These groups are generally not covered by legislation but are discriminated against for a range of reasons which can have a negative impact on health. These groups include homeless people, asylum seekers, refugees, gypsy travellers and prisoners.
<b>Marriage and Civil Partnership</b>	Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.
<b>Monitoring</b>	The process of collecting and analysing information about people's gender, racial or ethnic origins, disability status, sexual orientation, religion or belief, age post code to see whether all groups are fairly represented.
<b>Multicultural</b>	Of, or relating to many cultures; including people who have many different customs and beliefs. For example, Britain is increasingly a multicultural society.
<b>Pregnancy and Maternity</b>	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.
<b>Prejudice</b>	Is a negative assumption or judgement about a person - or a group of people.
<b>Protected Characteristics</b>	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.
<b>Race</b>	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.

<b>Religion</b>	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.
<b>Sex</b>	A man or a woman.
<b>Sexism</b>	A prejudice based on a person's gender in which one gender is seen as inferior. Also may be used to describe discrimination on grounds of gender.
<b>Sexual Orientation</b>	Sexual orientation is defined as: <ul style="list-style-type: none"> <li>- an orientation towards persons of the same sex (lesbians and gay men);</li> <li>- an orientation towards persons of the opposite sex (heterosexual);</li> <li>- an orientation towards persons of the same sex and opposite sex (bisexual).</li> </ul>
<b>Social Class</b>	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.
<b>Transgender</b>	A person who identifies with a gender other than the biological one.