Equalities In Health

NHS Greater Glasgow and Clyde

Meeting the Requirements of Equality Legislation

A Fairer NHS Greater Glasgow & Clyde

2013 – 2016

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A Fairer NHS Greater Glasgow & Clyde

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Greater Glasgow and Clyde

Chief Executive's 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 Health 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. In February 2013 we carried out a staff survey ('**A Fairer NHS**'). The staff survey 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 2 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.

Introduction

All public sector organisations including Health Boards are required to comply with the Equality Act 2010.

The Act establishes a Public Sector General Equality Duty which requires organisations, in the course of their day to day business, to:

- Eliminate 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 Equality Act 2010 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 & 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
- Tackling the Determinants of Inequality
- Monitoring Performance
- Resource Allocation and Fair Financial Decisions

Secondly, it section presents the Equality Outcomes that NHSGGC will meet during the course of its 2013 – 2016 planning cycle.

The final part comprises the NHSGGC Equal Pay Statement.

The document is available on **www.equality.scot.nhs.uk** and in accessible formats.

> "Working in NHS Greater Glasgow & Clyde, there have been many courses and workshops available to encourage staff to broaden their understanding of the discrimination that many people face. In general people are more open to people different to themselves."
>
> Staff Survey - A Fairer NHS

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

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 1

Progress On Mainstreaming Equality Into NHSGGC

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 as a consequence of poverty & social class
- Address the needs of marginalised groups

Development Plans produced by both the Acute Services Division and Community Health (and Care) Partnerships describe the anticipated extent of progress over 3 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.

> "I think it would be helpful for staff to have a better understanding of the nature of discrimination experienced by people - including families in poverty."
>
> Staff Survey - A Fairer NHS

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 Services 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 an additional 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 Outcomes and the annual monitoring reports associated with them.

The Acute Services Division and CH(C)Ps have their own governance arrangements for managing compliance with equality legislation and implementation of the Tackling Inequalities Policy.

Implementation and monitoring of Equality Outcomes 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.

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.

Acute Services Division 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 Division, 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 Services Division 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 Outcomes, 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 Clinical Services Review 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 voices 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.

"There has been a visible increase in the services available that will help to tackle health inequalities. An emphasis has been placed on community based services and accessibility to these."

Staff Survey - A Fairer NHS

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 Attends – 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:

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.

> "Improvements are only in areas such as race and gender based discrimination. There are still improvements needed in areas such as disability (particularly learning disability) age and poverty discrimination."
>
> Staff Survey - A Fairer NHS

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"
>
> Service User, Maternity, 2007
> Inequalities Sensitive Practice Initiative

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 of practice development
- 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.

> "Since a member of staff stood up, and took that first step, to tackle a homophobia issue. A Homophobia Policy has been rolled out. There are now some more members of staff coming forward with issues that affect them."
>
> Staff Survey - A Fairer NHS

Creating & 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 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.

> "I take it as my responsibility to address discriminatory language and behaviours. My personal ethos is - I am affronted by racist/sexist/homophobic and other discriminatory practices and am able to stand up for my beliefs. I also believe that in reporting anyone, that we address the issues with compassion; not take just punitive measures."
>
> Staff Survey - A Fairer NHS

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.

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.

> "It has made people working in the service more aware of inequalities by going through the process of an EQIA. Made staff think about what they were doing and if it was enough for a fair NHS."
>
> Staff Survey - A Fairer NHS

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 Services Division 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
- Percentage of new outpatient DNAs by SIMD, Age, Ethnicity and Sex (annually)
- Workforce profile as a percentage of workforce: Ethnicity and Disability
- Inequalities targeted health checks

OPRs

- Percentage 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 Gender Based Violence
- Number of staff trained in ISP
- Number of referrals for financial inclusion advice

CMT

- 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.

Resource Allocation & 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 Equality 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.

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 over the past 3 years.

- 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 Together 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 the 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 2

Equality Outcomes

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 Services Division 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**, 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.

General Duty:
Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.

Equality Outcome:
• Barriers to all NHS GGC services are removed for people with protected characteristics

Protected characteristic covered:
Disability, Race, Sex.

Evidence:

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.

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 & Scottish Government, 2012). NHS Greater Glasgow and Clyde 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.

Focus groups have been held with those requiring communication support. One set of focus groups involved BME communities covering 8 language groups. Three themes emerged from these discussions; that first appointments are problematic; that patients needed interpreter's support for more than interpreting e.g. to negotiate their way round the health system; and that patients had problems with the quality of interpreters.

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.

In the **Staff Survey - A Fairer NHS** Survey (n = 2706) 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.

Discussions with visually impaired people have highlighted further the need for improved consistency in our approach to accessible information (Thurston and Thurston, 2010).

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.

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 Gordon - Dseagu also cites differentials in access to screening services and information (Gordon - Dseagu, 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 (Chaing et al, 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

General Duty:
Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.

Equality Outcome:

- Reduced discrimination is faced by lesbian, gay and bi-sexual (LGB) people, transgender people, sensory impaired people and people with learning disabilities in all NHSGGC services

Protected characteristic covered:
Disability, Gender Reassignment, Sexual orientation.

Evidence:

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.

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 (Guasp, 2011).

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.

Laird and Aston's (2003) research into the health needs of transgender people has shown that significant issues still exist for transgender people in health services, such as:

- Mental health problems including suicide, self harm, anxiety and depression
- Lack of access to essential medical treatment for gender identity issues
- Lack of awareness and understanding of care providers so that transgender people are appropriately treated in single gender out patient and in patient services
- Social exclusion, violence and abuse and the resulting negative impact on health and well-being

From EQIA evidence it is clear that transgender issues may lack prominence in terms of consideration afforded to other groups with protected characteristics.

Focus groups carried out by NHSGGC with visually impaired people have highlighted three areas of concern:

- Staff attitudes towards people who are visually impaired
- Staff awareness in relation to the needs of people who are visually impaired
- Lack of patient information in different formats

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.

The Confidential Inquiry Into Premature Deaths of People with Learning Disabilities (Heslop et al, 2013) identified 3 associated factors that enhanced the vulnerability of people with learning disabilities in this regard: a lack of reasonable adjustments to help people access health services, a lack of coordination across and between the different disease pathways and service providers, and a lack of effective advocacy.

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 accessed 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

General Duty:
Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.

Equality Outcome:
- Age discrimination is removed in all services

Protected characteristic covered:
All except Pregnancy and Maternity.

Evidence:

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.

In the **Staff Survey - A Fairer NHS**, 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.

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 (Scottish Government, 2011; Royal College of Psychiatrists, 2011).

Activity:

- 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

Measures:

- All current and future age based services or initiatives are objectively justified
- Increased uptake of psychological therapies by over 65s

General Duty:
Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.

Equality Outcome:

- The health needs of prisoners and homeless people with protected characteristics, Roma / Gypsy Travellers people and Refugees and Asylum Seekers are addressed

Protected characteristic covered:
All.

Evidence:
There are some groups in society whose lived experience can result in stigma and prejudice additional to that resulting from a protected characteristic.

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).

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:

- Improved information
- Differential treatment
- Lack of individualised treatment
- Quality of service
- Issues pertaining to protected characteristics

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, 2002).

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).

Refugees and asylum seekers have poorer health than the general population. Their health is impacted upon by discrimination, destitution, social isolation, accommodation issues and previous experience of trauma. Many asylum seekers and refugees also have poor knowledge of the NHS system in the UK and the registration process. Language barriers can also be an issue (Haroon, 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

General Duty:
Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.

Equality Outcome:

- The health impact of both hate crime and incidence is reduced for all those with the added protection afforded by Hate Crime Legislation.

Protected characteristic covered:
Disability, Gender Identity, Race, Religion and Belief, Sexual Orientation.

Evidence:
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).

Activity:

- Develop a range of actions to support staff and patients experiencing hate incidents and crime.

Measures:

- Increase in 3rd party reporting rates.

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

- removing or minimising disadvantage

- meeting the needs of particular groups that are different from the needs of others

- encouraging participation in public life

Equality Outcome:

- All NHS staff have a greater awareness of the needs of groups with protected characteristics.

Protected characteristic covered:
All.

Evidence:
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:

- preventing and reducing patient complaints
- improving patients experience in NHSGGC services
- responding to consultation with patients' groups

Staff responses to the **Staff Survey - A Fairer NHS** 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.

Activity:

- Staff communication and education plan

Measures:

- Increase in staff 'always' asking patients about discrimination in the **Staff Survey - A Fairer NHS**
- Year on year increase in staff attending learning and education opportunities and 20% increase in staff completing equality e-modules

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

- removing or minimising disadvantage

- meeting the needs of particular groups that are different from the needs of others

- encouraging participation in public life

Equality Outcome:

- NHSGGC has maximised the likelihood of people with protected characteristics attending appointments

Protected characteristic covered:
Age, Disability, Race, Sex.

Evidence:
Routine NHSGGC data shows that men and people from the most deprived areas have a differential uptake of referrals. This difference in the rate of those who 'do not attend' (DNA) appointments 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 areas than would be expected.

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 (Thurston, 2010). 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).

Measures:

- Reduce differentials in DNAs by age, gender, BME and SIMD
- Improved self reported access to services by disabled people
- Reduce waiting times for access to psychological therapies by SIMD, Age and Sex
- Proportionate access to psychological therapies by SIMD, age and sex
- Equity of GGC wide access to early intervention services for people with early onset psychosis is implemented, & overall numbers supported by such interventions increased.

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

- removing or minimising disadvantage

- meeting the needs of particular groups that are different from the needs of others

- encouraging participation in public life.

Equality Outcome:

- 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

Protected characteristic covered:
All.

Evidence:
Putting the patient at the centre of the care engenders empathy and can lead to improved health outcomes (Reynolds and Scott, 1999; Mercer et al 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.

For example, enquiring about and addressing patient experiences of gender- based violence results in:

- Less frequent presentations to primary care services with e.g. mild to moderate mental health issues including depression and anxiety alcohol or substance misuse issues, respiratory conditions, weight management issues.

- Reduced demand for prescriptions.

- Reduced hospital admissions.

- Reduced demand for addiction, mental health, A&E and other medical services later on in life (Taket, 2012).

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 (The Scottish Government, 2010).

Activity:

- Staff trained and supported to carry out routine sensitive enquiry

Measures:

- Increase number of staff undertaking routine sensitive enquiry
- Number of disclosures of GBV
- Increased referrals into services for support on gender-based violence, financial inclusion and employability and other social issues
- Increase in staff 'always' asking patients about discrimination.

General Duty:
Foster good relations between people who share a protected characteristic and those who do not.

Equality Outcome:

- Positive attitudes and interactions are promoted between staff, patients and communities

Protected characteristic covered:
All.

Evidence:

NHSGGC's commitment to fostering good relations can be seen in a range of activity:

- how it uses the employment monitoring information
- patient engagement across our functions;
- the range of training opportunities provided for all staff.

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.

Only 0.25% of NHSGGC staff describes themselves as disabled. This will be addressed through a disability campaign for staff.

Thirty percent of staff responding to the **Staff Survey - A Fairer NHS** 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.

Activity:

- 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.
- Assess the potential for this outcome to be further delivered through improved patient engagement.
- Campaign to explore awareness of disability amongst staff
- Explore the experiences of staff who belong to faith groups and those who do not

Measures:

- Increased knowledge of fostering good relations.
- Increased membership of involvement structures by those with protected characteristics
- Increased number of staff recorded as disabled and disability seen as a positive workplace issue
- Increased evidence of how to promote good relations between those who belong to faith groups and between those who have faith and those who do not

Section 3

Equal Pay Statement

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 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

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 31st 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 Against Homophobia Campaign and current activity to launch a Disability Awareness Campaign.

Protected Characteristics – Known Composition of Workforce

As at 31st 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%
Total	38484	100.00%

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 4 work-streams namely Health & 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 e.g. 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%
Total	38484	100.00%

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 Positive About Disabled People accreditation.

Known Composition of Workforce – Ethnicity/Race

Ethnicity	Staff Count	% Breakdown
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%
Total	27790	100.0%

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

Gender	Staff Count	% Breakdown
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

Beliefs	Staff Count	% Breakdown
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%
Total	21264	100.0%

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

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

Known Composition of Workforce – Sexual Orientation - Way Forward

- The Taking A Stand Against Homophobia 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 and will apply again in 2013 .

Appendix 2

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Appendix 2: References

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Appendix 3

Glossary of Terms

Appendix 3: Glossary of Terms

Access	The extent to which people are able to receive the information, services or care they need and are not discouraged from seeking help (e.g. premises suitable for wheelchairs; information in Braille/ large print and other formats and languages; and the provision of culturally appropriate services).
Age	A person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds). Age may refer to actual or perceived age based on appearance or assumptions.
BME	BME is an abbreviated term for Black/Minority Ethnic and is used to describe people from minority ethnic groups, particularly those who have suffered racism or are in the minority because of their skin colour and /or ethnicity.
Culture	Relates to a way of life. All societies have a culture, or common way of life, which includes: • Language - the spoken word and other communication methods • Customs — rites, rituals, religion and lifestyle • Shared system of values — beliefs and morals • Social norms — patterns of behaviour that are accepted as normal and right (these can include dress and diet).
Disability	A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
Discrimination	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.
Diversity	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.
Equality Duty	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.
Equal Opportunities	This is a term used for identifying ways of being disadvantaged either because of, for example, race, disability, gender, age, religion/belief or sexuality. 'Equal Opportunities' is an attempt to provide concrete ways to take action on the inequalities revealed by analysis of the differences and barriers that exist for people in the above groups.
Equalities	This is a short hand term for all work carried out by an organisation to promote equal opportunities and challenge discrimination, both in employment and in carrying out functions and delivering services.
Equality	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.

Ethnicity	A sense of cultural and historical identity based on belonging by birth to a distinctive cultural group.
Gender	Gender is the term used to describe key characteristics of male and female behaviour. Our gender is learned behaviour.
Gender Reassignment	The process of transitioning from one gender to another.
Homophobia	An irrational fear of, aversion to, or discrimination against people who are lesbian, gay or bisexual.
Indirect Discrimination	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.
Inequality	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.
Interpreting	The conversion of one spoken language into another, enabling communication between people who do not share a common language.
Marginalised Groups	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.
Marriage and Civil Partnership	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.
Monitoring	The process of collecting and analysing information about people's gender, racial or ethnic origins, disability status, sexual orientation, religion or belief, age or post code to see whether all groups are fairly represented.
Multicultural	Of, or relating to many cultures; including people who have many different customs and beliefs. For example, Britain is increasingly a multicultural society.
Pregnancy & Maternity	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.
Prejudice	Is a negative assumption or judgement about a person – or a group of people.

Protected Characteristics	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.
Race	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.
Religion	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.
Sex	A man or a woman.
Sexism	A prejudice based on a person's sex in which one sex is seen as inferior. Also may be used to describe discrimination on grounds of gender.
Sexual Orientation	Sexual orientation is defined as: - An orientation towards persons of the same sex (lesbians and gay men) - An orientation towards persons of the opposite sex (heterosexual) - An orientation towards persons of the same sex and opposite sex (bisexual)
Social Class	Social Class refers to the hierarchical arrangements of people in society based on occupation, wealth and income. Higher social classes have more power and status. In Britain class is also determined by values and behaviours such as accent, education and family background rather than purely money. The difference in status between social classes leads to inequalities of resources, including income, education, work, housing and health.
Transgender	A person who identifies with a gender other than their biological one.

This publication has been produced in line with NHS Greater Glasgow and Clyde's Accessible Information Guidelines.

This publication is available in large print, Braille and easy to read versions, on audio-CD, or any other format you require.

Please contact the Corporate Inequalities Team on 0141 201 4560 or email

CITAdminTeam@ggc.scot.nhs.uk

The Equality Scheme is available in hard copy, as a fully accessible document on the website and in a range of other formats to allow everyone to understand the steps taken by the organisation to promote equality and remove discrimination.

NHS Greater Glasgow and Clyde

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Arabic

تتوفر هذه النشرة بطباعة من القطع الكبير أو بطباعة برايل أو في إصدارات يسهل قراءتها، أو على أقراص مضغوطة صوتية. ويمكننا أيضاً تزويدكم بهذه النشرة بلغات أخرى كنص مترجم مكتوب. الرجاء الاتصال بجاكي راسل (Jacky Russell) على رقم الهاتف: 0141 201 4560 أو مراسلتها بالبريد الإلكتروني على العنوان CITAdminTeam@ggc.scot.nhs.uk للحصول على المزيد من المعلومات.

Mandarin

此册子可用于大批量印刷，盲字印刷和其他易于阅读的印刷形式或者音频 CD。我们也提供其他语言的翻译文本。更多信息，请联系 Jacky Russell，电话：0141 201 4560 或电子邮件：CITAdminTeam@ggc.scot.nhs.uk

Polish

Materiały te dostępne są pisane dużą czcionką, alfabetem Braille'a oraz w wersjach ułatwionych do czytania lub na taśmie-płycie kompaktowej. Możemy je również zapewnić w tłumaczeniu pisemnym na różne języki. By uzyskać więcej informacji proszę skontaktować się z Jacky Russell pod numerem 0141 201 4560 lub elektronicznie pod adresem CITAdminTeam@ggc.scot.nhs.uk

Punjabi

ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਵੱਡੇ ਅੱਖਰਾਂ ਦੀ ਛਪਾਈ, ਬ੍ਰੇਲ ਅਤੇ ਪੜ੍ਹਨ ਲਈ ਅਸਾਨ ਰੂਪਾਂ ਵਿਚ ਜਾਂ ਆਡੀਓ ਸੀਡੀ 'ਤੇ ਉਪਲਬਧ ਹੈ। ਅਸੀਂ ਦੂਜੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਮੂਲ ਮਤਨ ਦੇ ਰੂਪ ਵਿਚ ਵੀ ਤਰਜਮਾ ਦੇ ਸਕਦੇ ਹਾਂ। ਵਧੇਰੇ ਜਾਣਕਾਰੀ ਲਈ ਕਿਰਪਾ ਕਰਕੇ Jacky Russell ਨਾਲ 0141 201 4560 'ਤੇ ਫ਼ੋਨ ਕਰਕੇ ਜਾਂ ਇਸ ਪਤੇ 'ਤੇ ਈਮੇਲ ਰਾਹੀਂ ਸੰਪਰਕ ਕਰੋ CITAdminTeam@ggc.scot.nhs.uk

Turkish

Bu dokümanın büyük harflerle basılmış, Braille alfabesiyle yazılmış ve kolay okunabilir versiyonları veya işitsel-CD formu da mevcuttur. Başka dillere tercüme edilmiş, yazılı metin şeklinde de temin edebiliriz. Daha fazla bilgi için, lütfen 0141 201 4560 no.lu telefondan veya e-posta CITAdminTeam@ggc.scot.nhs.uk adresinden Jacky Russell ile irtibat kurunuz.

Urdu

یہ اشاعت بڑے حروف، ابھرے حروف اور آسانی سے پڑھی جانے والی صورتوں، یا آڈیو سی ڈی پر دستیاب ہے۔ ہم اس کا دوسری زبانوں میں تحریری ترجمہ بھی مہیا کر سکتے ہیں۔ مزید معلومات کے لئے جیکی رسل (Jacky Russell) سے فون نمبر 0141 201 4560 یا ای میل CITAdminTeam@ggc.scot.nhs.uk پر رابطہ کریں۔

Farsi

این جزوه با چاپ بزرگ و یا بریل و یا نسخه ای ساده برای خواندن و یا سی دی نیز قابل دست رس میباشد. همچنین ما میتوانیم ترجمه این را به زبانهای دیگردر دسترس قرار دهیم. برای اطلاعات بیشتر لطفا با جکی راسل با تلفن 01412014560 و یا CITAdminTeam@ggc.scot.nhs.uk تماس بگیرید.

Medical Illustration Services 260069

Equalities In Health

NHS Greater Glasgow and Clyde