

NHS GREATER GLASGOW AND CLYDE

EQUALITY SCHEME 2006-2009 FIRST MONITORING REPORT- DECEMBER 2007

1. INTRODUCTION

This is the first monitoring report for the NHS Greater Glasgow and Clyde (NHSGGC) Equality Scheme 2006-2009¹, prepared by the Head of Inequalities and Health Improvement with the support of the Corporate Inequalities Team.

The NHSGGC Equality Scheme and its Strategic Action Plan was endorsed by the Board in December 2006. The Scheme was produced as transparent evidence of the organisation's commitment to meeting the requirements of equalities legislation and the other Fair For All strands.² It is also, however, an important tool in our overall endeavours to improve effectiveness and efficiency in responding to health inequalities and improving poor health outcomes.

This first monitoring report for the Scheme is presented to meet the timescale requirements of the Disability Equality Duty and produced with a number of audiences in mind, namely:

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

As a result, the information and evidence collected through the monitoring of the Action Plan is presented with the perspectives of each of these audiences in mind, in order to inform internal planning and service delivery, to identify the nature and extent of compliance with legislation, to support our partnership working and to be accountable to our service users.

2. WHAT DOES THE EQUALITY SCHEME SET OUT TO ACHIEVE?

First and foremost, the Equality Scheme has been produced to meet our legal responsibilities. In order to do this it aims to facilitate culture change in a complex

organisation so as to enhance our ability to eliminate unlawful discrimination, eliminate harassment and promote equality of health outcomes.

Essentially, the health service has been designed to treat disease efficiently and its services and its financial and human resources are largely organised in such a way to support this outcome. This is perpetuated by a set of public and political expectations of speedy access to good quality clinical care. Characterised as the medical model, this approach has created a specific culture and although beneficial for many, actually discriminates in favour of those people who:

- have knowledge of the health care system and the confidence and assertiveness to use it;
- can communicate and be communicated with at several levels - ie, have spoken English as the first language, who are literate and who have no sensory impairments;
- are familiar and comfortable with expert medical knowledge;
- can travel easily to health care settings or for whom there are no physical barriers to getting into and journeying through our buildings;
- have health problems which fit one diagnostic category;
- have health problems which are largely unrelated to life circumstances or discrimination as the result of personal identity.

Although driven by legislation, the commitment of NHSGGC to its Equality Scheme recognises that it, like other health care systems, has to find ways to redress the balance in favour of those people who do not fit within the above categories if it is to continue to contribute to improving the health of the entire population it serves. We acknowledge however, and the Scheme has been developed to take this into account, that managing the change that is required is difficult and time consuming and will often create conflict with other pressures on the organisation. We further recognise that we have to facilitate change in national systems to meet challenges such as improved collection of patient data by ethnicity, disability, religion and belief and sexual orientation, improved performance indicators and improved frameworks for staff training.

For this first Scheme the emphasis in the first three years is therefore on reinforcing and developing further, existing building blocks for a different type of health service whilst at the same time introducing a set of priorities for more immediate action³. The building blocks are the development of a form of **leadership** that ensures that inequalities are always considered as part of core business, the development of **ownership** for the agenda across the system and the development of a process of **continuous improvement** that is informed by the perceptions and interests of a diverse population through consultation and dialogue with patients and the public.

In addition to strategic aims for organisational development, and the identification of a set of priorities, we have also included in the Equality Scheme as a strategic aim, the requirement for effective scrutiny of service delivery and planning. The development and implementation of **Equality Impact Assessment (EQIA)** is a key tool for change in this process.

We hope that as a result of our systemic approach, we will develop incrementally in all our services a response which takes account of the features of discrimination outlined in section 2.2 above. We believe that we already have some examples of good practice. Our Sandyford Initiative was created as a service which recognises that good sexual health, good reproductive health and good mental health go hand in hand and that problems in these spheres are largely as a consequence of people's experiences of gender socialization, sexual orientation and often of managing difficult and complex lives which, in NHSGGC, are often marred by poverty.

As a result, everyone who attends the Initiative is taken through a 'screening' process which explores the significance of these issues in order to identify the best way of responding to individual health problems. As part of mainstream provision there are services to support women and men (including specific approaches for young women and men), people who have experienced gender based violence, services for lesbians, gay men, bisexual and transgender people. There is an outreach programme for people for black and ethnic minority communities. Providing facilities which recognise physical and communication barriers to participating in care is a key theme within the Initiative. For example, crèche facilities are available and the library service has a range of translated materials and has a strong ethos on self help (eg, provides free internet access and a wide range of written self help materials). The service is subject to continuous quality monitoring and review.

3. THE CHALLENGES OF A COMPLEX ORGANISATION

NHSGGC is a matrix organisation of enormous complexity and size that is also part-way through a major reorganisation intended to improve its effectiveness and efficiency. A matrix organisation is one that has two forms of hierarchy. One hierarchy delivers the services of the organisation and the other is a functional hierarchy which develops the strategy for the system, equips the staff to undertake their work expertly, and monitors the outcome with a view to informing further change.

The nature of the transformation undertaken by NHSGGC has been described at length elsewhere⁴, as well as in the Equality Scheme itself. In summary however its primary care services, the front door of the health service except in emergency situations, are organised into a series of multidisciplinary partnerships some of

which are also integrated with social services. These Community Health (and Care) Partnerships are managed as separate entities each with their own set of support functions such as Planning and Human Resources. Secondary care is managed as a whole system via six directorates each with their own support functions, across nine main hospital sites. To ensure that there is consistency across the entirety of the system, there is also a set of cross-cutting functions with their own management arrangements which work across the system. The matrix arrangements are represented graphically in Appendix 1.

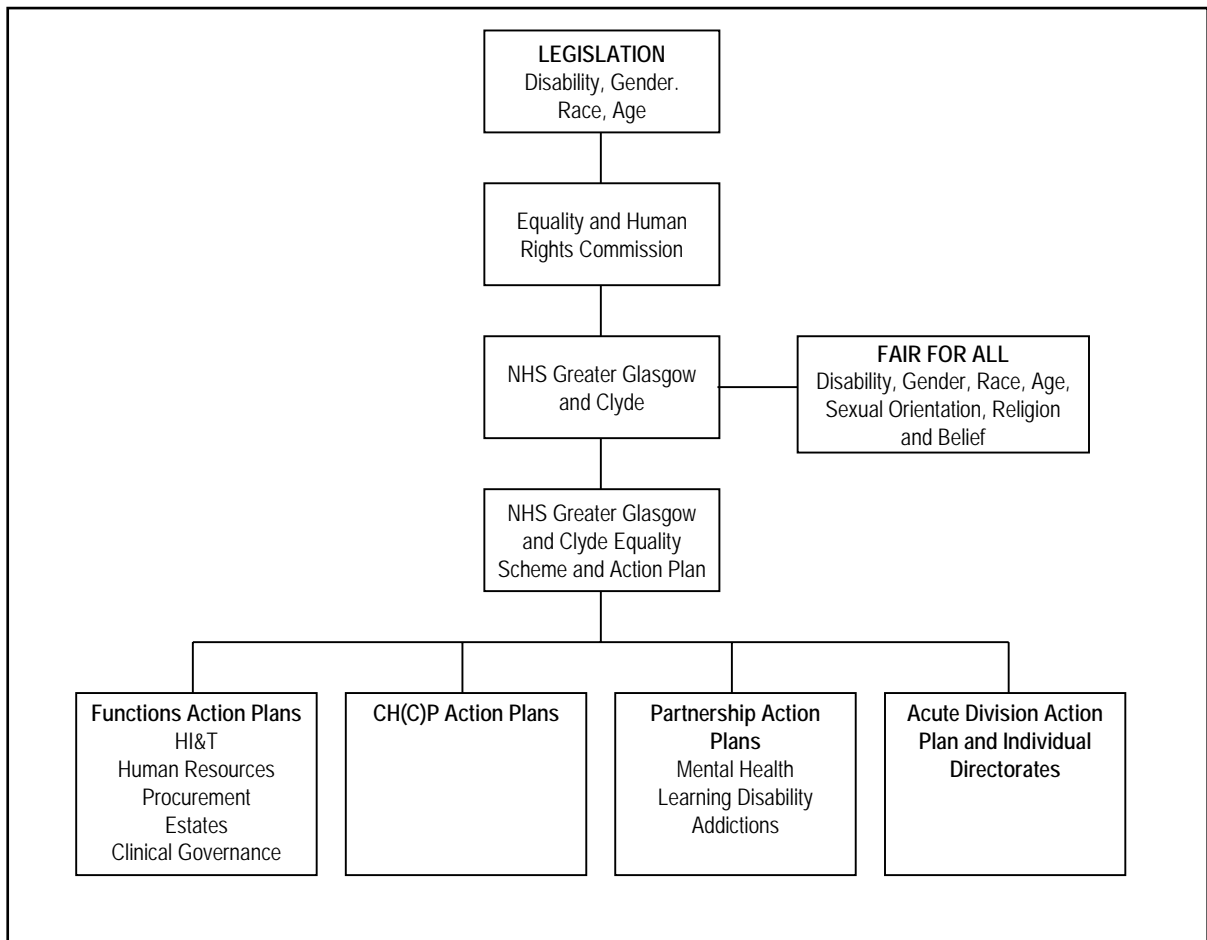
In addition, mental health services, addictions services and services for people with learning disabilities are also provided in a matrix arrangement whereby there are specialist, secondary services managed by specific partnerships with primary services for these issues or groups provided and managed within in CH(C)Ps. The Mental Health Partnership, Addictions Partnership and Learning Disability Partnership also have strategic responsibility for these issues. Our Sexual Health services are delivered via a hub and spoke model and we are developing an integrated approach to Children's Services with our local authority partners.

Currently there are 40,140 staff in NHSGGC, not including bank staff, of which 78.4% are female and 21.6% male. The composition of this workforce is constantly changing and during 2006/07 there were 4,087 new starts.

This combined set of service provision and support functions is designed to meet the needs of a population of 1,191,584 people of which 48% are male and 52% female. This represents a small increase as reported in the Scheme and population projections indicate that this will continue to increase over the next few years and for the age and ethnicity make-up to change. During 2006/07 there were 369,129 inpatient episodes in NHSGGC hospitals. This represents 29% of all episodes in NHS Scotland. There were also 1,334,194 outpatient attendances which represents almost 30% of the total for Scotland. There were 13,073 births during 2006.

The scale of the challenge to address the expectations of the equalities legislation and policy imperatives to address health inequalities is therefore large. In addition to the Strategic Action Plan, we have required each of the component parts of our system - vertical and horizontal - to produce **Local Action Plans**, using a standardised template, and to identify **Equality Scheme Leads** to facilitate each component part to interpret and act on the strategic aims of the Equality Scheme.

The following diagram summarises the relationship between the Local Action Plans and the Equality Scheme and Strategic Action Plan as well as the relationship of NHSGGC to external governance arrangements for both the legislation and the Fair For All policy established by the previous Scottish Government.



4. THE PROCESS FOR MONITORING PROGRESS IN YEAR ONE

Evidence for the compilation of this report has been collected using a variety of means and the process has been led by the Corporate Inequalities Team through its alignments to the different parts of the NHSGGC system.

Following a session in June 2007 which brought together Equality Scheme Leads to discuss progress and monitoring, initial information was gathered about general progress and challenges using a basic template. This has been followed up with a facilitated session for the same Equality Scheme Leads in October 2007 when more detailed questions on leadership, ownership and user involvement

were considered. Evidence as to progress on the priorities identified in the Scheme has again been collected via the analysis of completed templates and augmented through individual reporting arrangements between individual entities and functions and the Corporate Inequalities Team.

Further evidence has also been collected as the result of ongoing joint meetings between the Equality Scheme Leads for the five Glasgow City CHCPs and representatives of the Glasgow City Council Social Work and Education Directorate in recognition of the need to coordinate activities across the Local Authority area.

Evidence on accountability mechanisms and specific actions for which they are responsible has also been sought from Directors using the medium of the Policy, Planning and Performance Group, which is chaired by the Chief Executive.

5. PROGRESS ON THE STRATEGIC ACTION PLAN

Leadership and Governance

NHSGGC has established an online performance management system which ensures that our 500 senior managers identify an explicit set of objectives in line with the organisation's corporate themes. Of these, an audit of Executive and other Directors' objectives has been carried out and for 2007/8 11 out of 20 have included addressing inequalities as a specific objective.

Planning and Priorities Guidance is produced under the auspices of the Director of Corporate Planning and Policy to facilitate the production of Development Plans by each of the entities within the organisation. The Guidance for 2007-10 clearly identified a set of expectations in relation to the Equality Scheme and the production of local Action Plans.

A process for the identification of an explicit set of process and outcome indicators is currently underway, led jointly by the Head of Performance Reporting and the Corporate Inequalities Team. These indicators will be available as the basis of the Equality Scheme Year Two Monitoring Report.

A set of competencies on inequalities has been introduced into our leadership competency framework.

Ownership and Reach

Each of our ten CH(C)Ps has identified an Equality Scheme Lead and has produced a Local Action Plan as have Acute Services and the Mental Health, Addictions and Learning Disability Partnerships. Within Acute Services, two

Directorates - Regional Services and Women and Children's Services - have been identified as pathfinders for more intensive activity and both have produced a separate Action Plan. In addition there is an Action Plan for Sexual Health.

The evidence accrued from the reporting templates indicates that each of the service delivery entities for which there is a local plan exhibit combinations of the following characteristics:

- explicit endorsement by Director as evidenced by objectives;
- involvement of CH(C)P Committee and Professional Executive Group;
- explicit championing at senior level as evidenced by influence and authority of Equality Scheme Lead;
- understanding of the issues as evidenced by the Development Plan;
- accountability systems embedded in the Senior Management Team;
- multidisciplinary planning structure involving planning and operational managers;
- recognisable user involvement from a diverse community and processes for incorporating evidence into service change;
- examples of mainstream change to planning and service delivery as evidenced by content of monitoring template;
- programme of staff development;
- persistence and effort as evidenced by participation in Equality Scheme activity and monitoring process.

None of the sixteen entities in question have put all of these factors in place and during year two of the Scheme, we will use our internal processes to identify with each of them where further improvements can be made.

Action Plans have also been agreed for the following whole system, horizontal functions as follows:

- HR including Resourcing, Organisational Development and Learning and Education;
- Clinical Governance;
- Facilities - Estates;
- Facilities - Procurement;
- Health and Information Technology.

There is currently no specific Equality Scheme Action Plan for our Communications function although diversity issues have been introduced into their own strategic plan. Our PFPI Framework is currently in development and we are working to ensure that there is an appropriate degree of fit with the Equality Scheme and our other work to address health inequalities.

All the local Action Plans are available on our Equalities and Health website.

Effective Scrutiny of Service Delivery and Planning - Equality Impact Assessment

Equality Impact Assessment (EQIA) is a way to make sure individuals and teams think carefully about the likely impact of policies or procedures, strategies, functions and services, to identify any unmet needs, and to provide a basis for action to improve services where appropriate. It systematically assesses and records the actual, potential or likely impact of a service, policy or project - or a significant change in a service, policy or project - on the different dimensions of inequality and different groups of people. The consequences of policies and projects on inequality and groups are analysed and anticipated so that, as far as possible, any negative consequences can be eliminated or minimised and opportunities for ensuring equality can be maximised.

Our challenge has been to identify robust tools to facilitate the EQIA process for the organisation and also to define a meaningful process for implementation that complements all the other activity that is being taken forward as part of the Strategic and Local Action Plans. To this end, a pilot programme has been undertaken to test both components. As a result ten sites have been involved: each of the five Glasgow CHCPs, three services within the Regional Services Directorate and two within the Women and Children's Directorate. The services covered were a day hospital for the elderly, a mental health crisis team, radiotherapy services, cardiothoracic services and the specialist Spinal Injuries Unit. In addition, a CHCP Committee process, the Pregnancy Pathway and a Child Protection Unit Training Programme were also covered. Previous to the pilot, one CHP had equality impacted assessed its Development Plan.

The findings of the pilot are currently being utilised to redesign both the tools and the process of implementation. The revised tools are available on both the general NHS GGC website and the specific Equalities and Health website. The Corporate Inequalities Team and the Equality and Diversity Team are jointly leading a second stage in the development of a systematic approach to EQIA in response to requests for support from across the system. A review will be carried out in June 2008 to ascertain whether further refinements of the tools are required and what type of ongoing support is required.

As the process of roll-out gathers pace, a centralised system for collating Impact Assessments of services is being put in place to monitor the application of EQIAs in terms of relevant process and outcomes across the NHS GGC system, to monitor application of EQIAs within each part of the organisation, to share learning and to make results of EQIAs available across the organisation. Communication to staff and to the public will take place via the Equalities and Health website.

As our initial emphasis has been on identifying an effective way of impact assessing access to, and delivery of, services, we have not yet embarked on a comprehensive programme of impact assessment for policies, strategies and plans. Although guidance is being prepared to support this, we have identified the need for a facilitated process which will be provided initially by the Corporate Inequalities Team. The policies and plans selected will be in line with organisational priorities as indicated in the Planning and Priorities Guidance for 2008/9. There is already agreement to this process for the Long Term Conditions Strategy.

Continuous Improvement through Dialogue with Patients and Public

The legislation, health policy and effective planning all necessitate an assessment of the perspectives of patients and public to be taken into account in the delivery of services. Currently, we undertake a consultation process on all new strategies and plans for service change and this involves groups and individuals from the different communities of interest covered by the three public sector duties. We do not as yet audit the response from these communities differentially. Recent capital developments such as the new Children's Hospital have been informed by a rigorous programme of community consultations which have included representatives of communities of interest.

There is evidence that most of the CH(C)Ps have invited their Public Partnership Forums to consider the Equality Scheme although there is a recognition that these forums are not yet representative of a diverse population. There is also evidence of local fact finding on key health issues by CH(C)Ps especially with disabled people. In recognition of the need for additional support, our Equality and Diversity Team has been established during 2007 to facilitate the system to equality proof its consultation and community engagement processes.

Development of the Workforce and Workplace

The development of, and support for, our workforce is an essential requirement in the delivery of the aims of the NHSGGC transformation including addressing health inequalities and meeting the requirements of the equalities legislation. Over the course of 2007, this workforce has continued to deal with the challenging effects of both the substantial reorganisation undertaken by NHSGGC and the pay standardization process, Agenda for Change, introduced by the UK Government.

We have made two attempts to monitor the diversity of our workforce using the SWISS system. To date, we have only received information from 47% of our workforce, preventing us from presenting a complete picture. The senior HR team has, in 2007, agreed a plan to ensure that we will be able to produce

comprehensive monitoring data for all new and current employees. This plan also includes equality monitoring of:

- the numbers of applicants for training and the numbers who receive training;
- the numbers of applicants for promotion;
- the numbers of staff who benefit or suffer detriment as a result of performance assessment;
- the numbers of staff who are involved in grievance and disciplinary processes;
- the number of staff who cease employment with NHSGGC.

Our Strategic Action Plan identifies a strong requirement for leadership by our senior HR team and we have established two inter-related processes to maximise this. The first involves participation of a member of the Corporate Inequalities team in HR Senior Management Team meetings to facilitate consideration of the legislation as part of core business. Complementing this is a specific group comprising the Director of HR, Head of Inequalities and Health Improvement, Head of Policy, Corporate Inequalities Manager with liaison responsibilities for HR and the manager of the Equality and Diversity Team. The aim of this group is to develop an effective framework for building an inequalities sensitive workforce and workplace. A key focus of this work is to determine the means by which we will challenge prejudice and assumptions about race, gender and disability as well as sexual orientation, faith and age. This group will also link to the Area Partnership Forum.

The development of our staff is facilitated by the Learning and Education team. In conjunction with the Corporate Inequalities Team and the Equality and Diversity Team, the Learning and Education Team has during 2007 agreed the following initial priorities:

- expansion of the equality and diversity component of the knowledge and skills Framework (KSF) within Agenda for Change which applies to all staff except the senior manager cohort and which provides the context for personal development;
- development of the equality and diversity component of the e-learning programme;
- equality and diversity training and introduction to the equalities legislation included as part of induction for all new starts;
- equality and diversity module as part of the foundation course for new managers;
- equality proofing of the training for absence management.

In line with the specific requirements of the Gender Equality Duty, we have published an Equal Pay statement.

Progress Against Initial Priorities

This section reports on those initial priorities that focus on infrastructure and service response. The priorities which relate to staff have been considered as part of the previous section.

Gathering **patient information** on the characteristics of the people who access our services is crucial if we are to ensure we provide a quality service to all. This currently represents a major challenge at both national and local level as historically this type of information has not been collected and our systems are not routinely furnished with the appropriate data fields. There are also major challenges in training our staff to ask these questions in a sensitive and informed manner. The Equality and Diversity Information Programme is guiding this work at a national level and has made good progress by ensuring meaningful and inclusive definitions and data standards are in place for all inequalities questions.

In NHSGGC, the move to single system working during 2007 has been both a major challenge for the Health Information and Technology staff and an opportunity to create robust, comparable data across the organisation. There are currently four different patient administration systems being used and work is taking place to harmonise data collection systems across all sites. Work is also underway to quantify the changes needing to take place in systems to allow collection of inequalities sensitive information, to identify the best way and place to collect this information, assess staff training needs and establish baseline information on what data is currently collected at each site.

Currently progress is targeted at collecting ethnic group in the first instance in SMR00 and SMR01 datasets which collect outpatient and day case and inpatient data with work underway to extend to mental health and maternity data collection schemes. There are many other examples of where inequalities information data collection is being developed throughout the organisation and examples of these are in forensic mental health services, single shared assessment systems, cardiac rehabilitation service, general practice and also in partnership work with services such as the Condition Management Programme.

Alongside building up knowledge of the patterns of use and diagnosis for a diverse population, we recognise the need to improve our effectiveness in communicating with this population. In recognition of the changing demography of the Greater Glasgow and Clyde population and indications of pre-existing unmet need, we have increased our budget for interpreting by 30% to £1.4 million. During 2007 we have focused on drafting a **Communication Support**

and Language Plan as the basis of a more consistent approach to effective communication. The plan will

- facilitate the systematic application of existing procedures and protocols for assessing the need for, and commissioning of, interpreters for people who do not have English as a first language;
- support the introduction of procedures and protocols for assessing the need for, and commissioning of, BSL interpreters and guides for deaf-blind people;
- develop quality assurance;
- consolidate existing planning for the production and dissemination of information for patients in translated form and in accessible formats;
- build on the recent review into the availability of public health information in translated form.

The plan will be launched in March 2008 following consultation with people with sensory impairments, learning disabilities and communication difficulties arising from medical conditions and representatives of black and ethnic minority communities. The plan will have implications for all the different entities within NHSGGC who will be required to identify a lead person to facilitate implementation and assess gaps in provision and to ensure that this work becomes meshed with the local Equality Scheme Action Plan for that entity.

In order to test out new methods of communicating with members of black and ethnic minority communities, the Languages for Health course was piloted with multidisciplinary group of fifteen staff. They were offered a basic language course which incorporated medical terminology, cultural practices and visits to places of worship. The course has been positively evaluated and consideration is now being given to how it can be further developed.

In response to the requirements of the **Disability Discrimination Act** and the implementation of Part III of the Act, NHSGGC have undertaken access audit surveys of all owned hospitals, health centres and clinics using Access Audit Survey Toolkit (access for disabled people in healthcare premises) published by the NHS in Scotland. Many of the existing buildings were designed and built before the accessibility needs of disabled persons became a consideration making it difficult to eliminate all physical barriers to access but there are plans for reasonable adjustments or reasonable alternative methods of providing the service. Completed examples are Florence Street Clinic and Castlemilk Health Centre.

In the current 2007/8 financial year NHSGGC have allocated £2 million for DDA works in all acute Hospital sites. This includes the upgrading of lifts to be fully DDA compliant (Glasgow Royal Infirmary, Royal Alexandria Hospital and the

Mansionhouse); new access ramps to key sites; the provision of DDA compliant toilet facilities (Glasgow Royal Infirmary and Southern General Hospital); reception upgrades and redecoration with colour contrast for the visually impaired in a number of locations.

In addition to the above, ring-fenced funding within the capital plan is set aside each year to deal with access issues to existing buildings or facilities out-with the current capital programme. Clearly defined priorities are identified and agreed and these include the systematic introduction of induction loops. Induction loops fitted extensively to reception desks and portable induction loops available within premises; fire alarms with beacons and paging systems, automatic doors and improved way-finding and signage.

All new developments will be designed to be barrier free for patients, staff and visitors. To this end we produced in October 2007 a Design Action Plan as a response to HDL 58 (2007) 'A policy on design quality for NHS Scotland'.

Responding to Gender-based Violence has been a priority across NHSGGC prior to the production of the Equality Scheme and during 2007 we have sought to build on pre-existing work. Pre-existing examples of good practice include the introduction of a link midwife programme in the Women and Children's Directorate to support practice development in response to domestic abuse and pilot work in primary care and mental health services. During 2007 we have participated in a pilot multiagency approach to build staff capacity which includes middle managers and staff groupings in CHCPs and specific settings such as forensic mental health services. The culmination of this work will be a **GBV Training Plan** available for 2008/9 onwards.

The training plan will be a key component of the **GBV Action Plan** which has been drafted during 2007 and is currently being consulted on with a range of internal and external stakeholders. This plan aims to ensure that NHSGGC understands its role in identifying and responding appropriately to gender-based violence, to build capacity within NHSGGC to deliver the agenda, to develop a systemic approach to addressing gender-based violence encompassing policy, planning, & service delivery. The different entities have already been requested to map current activity to address gender based violence across their services and there is an expectation that the GBV Plan will eventually inform the local Equality Scheme Action Plans.

We consider that improvements in the extent to which **dignity and respect** is afforded patients will be made as we address the knowledge and skills of staff. We recognise the need for a robust policy framework to promote values of equality but we have yet to review our policies to ensure that they clearly define and address racism, sexism, prejudice towards disabled people, homophobia, ageism and sectarianism. One of the means to monitor the patient experience is

the complaints procedure and our clinical governance department is currently developing a process of equality impact assessing the complaints process.

In line with our Strategic Action Plan, we have drafted a Transgender Policy in conjunction with a group of transgender men and women and this will be launched during 2008. Our Inequalities Sensitive Practice Initiative contributes greatly to improving dignity and respect by developing the methodology to enable practitioners to raise the implications of inequality and discrimination as they affect medical presentations. The Initiative has undergone its implementation phase during 2007.

NHSGGC has embarked on a number of challenging programmes of work to inform the identified **national clinical priorities** of cancer, heart health and mental health. During 2007, we have embarked on a joint development with the Scottish Government Health and Wellbeing Directorate to develop a systematic approach to equality impact assessment of our cancer services. This will build on joint work with Fair For All LGBT to proof our draft Cancer Plan document for potential discrimination on the basis of sexual orientation. This has marked a significant shift in focus from an historical, clinical perspective that would not readily lend itself to understanding how an individual's sexual orientation (or other forms of inequality) might impact on experience of cancer services. The outcome of this process will be used to inform wider change in service design and delivery.

Further, an inequalities focus has been adopted through NHSGGC's multidisciplinary Screening Group, formally acknowledging on its risk register, the negative outcomes derived from delivering services that are not inequality-sensitive.

NHSGGC have committed significant resource to delivering a programme of activity within primary care through our involvement in the national Keep Well programme. The programme design offers a radical re-think for primary care clinical delivery with an emphasis on developing anticipatory care models focusing on coronary heart disease. The programme monitors uptake by sex, age and ethnicity.

The primary mechanism for embedding equality-proofed practice in mental health is via our Mental Health Partnership. The partnership has developed an action plan for the wider NHSGGC system that understands the profound impact inequalities can have on a person's mental wellbeing and routes into (and recovery from) mental illness. Part of the Action Plan includes piloting a systematic approach to inequalities on service redesign - Forensic Mental Health Services; an audit of care governance arrangements to ensure compliance with legislation with some specific examples including developing a greater understanding and more appropriate response to people with sensory impairment; an audit of premises to assess improvements to accessibility in line

with requirements of DDA and developing a gender sensitive approach to service delivery learning from pilot work in West Dunbartonshire.

NHSGGC's flagship 'Sandyford' sexual health service is working explicitly to address inequalities experienced by users of sexual health services. A formal structure is in place to oversee the implementation of a specific Sexual Health Equality Action Plan that will continue to develop robust, inclusive practice. The key priorities for the Action plan will address training issues, inequality issues at the developing satellite services, service user care pathways and enhanced condom provision within BME communities in the North of the City.

NHSGGC is a significant purchaser of goods and services and has a responsibility to ensure that these transactions are in line with the expectations of the public sector duties. During 2007, a procurement action plan has been produced and as an initial step, Commodity Managers are instructed to consider equality issues within the tender strategy phase of the contract process. Inclusion of standard questions on equality issues within the Pre-qualification Questionnaire and Assessment Criteria has also been introduced. Quality measures have been introduced to monitor adherence to equality provisions and to identify failures. Terms in the contract would lead to termination following recurring breaches of equality requirements. For example taxi contracts are considered a high risk with bidders pre-selected based on their ability to demonstrate adherence to good practice on equality issues. Poor practice will be monitored and could lead to contract termination. The Contract Complaint Form has been modified to include a specific area on equalities issues. The Procurement Team also have a key role in developing contracting procedures to deliver the Communication Support and Language Plan.

6. ACHIEVING LEGISLATIVE COMPLIANCE

The NHSGGC Equality Scheme and Strategic Action Plan has attempted to interpret the general and specific duties of the equalities legislation into the context of our type and size of organisation and the range of competing national policy demands placed on us. Further, we are confident that this first Monitoring Report evidences an acceptable rate of change in the organisation since the Equality Scheme and Strategic Action Plan were produced that is both proportionate and relevant. The combination of corporate, whole system and local action planning ensures that we have universal coverage and comprehensive accountability mechanisms throughout NHSGGC. We are mindful however that there have been some concerns expressed by the individual Commissions prior to the establishment of the Equality and Human Rights Commission. These relate to

- the difficulties within a unified Scheme of making explicit the separate requirements of the individual public sector duties;
- the apparent lack of demonstrable equality targets and measurable evidence of equality outcomes;
- insufficient consultation with stakeholders and specifically with disabled people.

Despite these concerns we remain convinced that the production of a unified Scheme is still the most appropriate means to facilitate the development and support of staff and the delivery of effective services. Firstly, this is because of the intersection of different forms of inequality (including socioeconomic inequality) and discrimination in people's lives and the relationship to their health. Secondly and linked to the first reason, our policy and planning needs to be based on a thorough understanding of the combined needs of the population. The last reason is a pragmatic one. The size and complexity of NHS GGC means that mainstreaming the legislation into day to day work is made easier by the existence of one coherent framework which takes account of the different forms of discrimination simultaneously rather than via three different Schemes.

The issue of targets and measurable equality outcomes is a thorny one. The mainstreaming approach that we have taken within the Equality Scheme is attempting to shift the culture of the organisation so that every aspect of its work takes cognisance of the issues of inequality and discrimination. As such this requires us to find suitable indicators of progress in that change process and to develop appropriate quantitative and qualitative measures that complement this. Further, the aim of the NHS is to improve health outcomes and focussing on measuring equality of opportunity will not necessarily help to achieve equality of health outcomes. Whilst we plan to continue to develop our own approach to measuring performance we suggest that this also requires more work between the Equality and Human Rights Commission and the NHS to clarify what are acceptable outcomes.

We acknowledge that meaningful consultation and user involvement is crucial both to inform the work of the organisation but also to inform users of the conflicting challenges facing NHS GGC. Meeting this aspiration in a way that is more than tokenistic in such a large organisation with many different services and functions requires a methodology and a commitment which we still need to develop.

7. NEXT STEPS

The next steps in the delivery of the Strategic Action Plan are fourfold. Firstly, we plan to make further progress on the building blocks that we have reported on in this report and which relate to all the entities across the system. In summary these are:

- improving the planning process on the basis of existing disaggregated data and feedback from dialogue with communities of interest via PFPI activity;
- improving the collection of patient data;
- improving the collection of workforce data;
- embedding the EQIA process into service review, service development and policy development;
- delivering and developing further the programme of learning and education which involves representatives of the different equality categories in its conceptualisation and planning;
- implementing specific plans and policies such as the Communication Support and Language Plan, GBV Plan, Transgender Policy;
- developing appropriate indicators for performance reporting.

Secondly, we plan to find ways to deepen ownership and understanding by staff at all levels. We particularly intend to facilitate greater involvement of those responsible for managing front-line services. By doing this, we expect further mainstreaming of the legal duties into the way services are provided and run and for this to be supported by evolving Local Equality Scheme Action Plans. Thirdly we plan to have a more specific approach to tackling attitudes and prejudices of staff where they reinforce existing discrimination and act as barriers to change and further implementation of the Equality Scheme. Lastly, we intend to explore ways in which our financial planning can become more equality sensitive.

ENDNOTES

¹ The NHSGGC Equality Scheme and Strategic Action Plan is available as hard copy from the Corporate Inequalities Team. There is also a hard copy Summary and Easy to Read version. The Scheme is also available on the website as an audio-reader compatible word document, a PDF document and in audio form. Translated versions of the Scheme are available on request.

² The key legislation with which NHSGGC is complying, and which are covered in this Equality Scheme, are:

- The Race Relations (Amendment) Act 2000 (RRAA) which strengthened the Race Relations Act, 1976.
- The Disability Discrimination Act 2005, which strengthened the DDA 1995, through the inclusion of a Disability Equality Duty (DED) to be implemented in December 2006.
- The Equality Act 2006 which amended the Sex Discrimination Act 1975 through the requirement for a Gender Equality Duty (GED), to be implemented in April 2007. The Gender Duty covers men, women and transsexual people. This Act also made it unlawful to discriminate on grounds of sexual orientation or faith, in the provision of goods, facilities and services.

The Employment Equality (Age) Regulations 2006 is also being addressed by NHSGGC but will be the subject of an additional and separate report.

The Scheme also takes into account the Fair For All policy developed by the previous Scottish Government which covers six equality strands - Disability, Gender, Race, Age, Sexual Orientation, Religion and Belief.

³ Strategic Aims of Equality Scheme

- a To ensure demonstrable leadership and governance across the corporate functions of Planning and Policy, Finance, Human Resources, and Public Health in relation to addressing inequalities and health, challenging discrimination, and prioritising and monitoring cultural change within and across functions.
- b To manifest ownership of, and responsibility for, implementation of the Equality Scheme across the constituent parts of the organisation in line with Planning Guidance.
- c To ensure that all planning and service delivery processes are scrutinised for their implications in relation to inequalities.
- d To deliver on a set of initial priorities identified for the whole system to mainstream action in tackling inequalities.
- e To make consultation with patients and communities integral to all our functions, and ensure that information accrued informs the development of corporate and local priorities.

Initial Priorities

- a To build capacity across the organisation in terms of training and learning to develop an appropriate skills and knowledge base within all staff groups to understand and address discrimination and harassment across all strands of inequality.
- b To improve the collection and analysis of data in relation to ethnicity, disability, gender and sexual orientation to provide a sound basis for planning and service delivery across the population.

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- c To deliver tangible improvements in the provision of accessible information and communication services to people with sensory impairments or who do not have English as a first language.
 - d To deliver improvements to ensure that NHSGGC services are physically accessible to all in line with Disability Discrimination Act requirements.
 - e To ensure the needs of all survivors of gender-based violence are identified and addressed across the system.

 - f To maximise equality of opportunity and systems for addressing harassment and discrimination of staff.
 - g To ensure that users of NHS GGC services are treated with dignity and respect in an environment that is free from discrimination.
 - h To develop a mechanism for ensuring that the 3 national clinical priorities i.e. Cancer, Coronary Heart Disease and Mental Health, and the National Sexual Health strategy are prioritised for action across the continuum of care in relation to addressing gender, disability, ethnicity and sexual orientation inequality.
 - i To ensure that all purchased and contracted services comply with the requirements of equality legislation.

⁴ See, for example, NHS Greater Glasgow (2005) Partnership for Care: Reforming the NHS in Greater Glasgow.

APPENDIX 1

DIAGRAM TO SHOW THE MATRIX ARRANGEMENTS IN NHSGGC

Structures / Functions	Glasgow City Partnerships	Greater Glasgow and Clyde Partnerships	Acute Services
	Services Planning Human Resources Organisational Development Learning and Education	Services Planning Human Resources Organisational Development Learning and Education	Services Planning Human Resources Organisational Development Learning and Education
Policy			
Planning			
Performance Reporting			
Human Resources			
Organisational Development			
Learning and Education			
Communications			
Clinical Governance			
Facilities - Estates			
Facilities - Procurement			
Health and Information Technology			
Public Health Information			