

NHS Greater Glasgow & Clyde

NHSGGC BOARD MEETING

Head of Equality & Human Rights

27<sup>th</sup> June 2017



Paper No: 17/30

**Meeting the Requirements of Equality Legislation**

**A Fairer NHSGGC Progress Report 2016-17**

**Recommendation**

Board members are asked to note areas of progress and new areas for development in 2017-18.

**Purpose of Paper**

This report provides an update of the range of work underway across NHSGGC to meet the mainstreaming and equality actions which we set ourselves at the beginning of 2016 and set out in the document '**Meeting the Requirements of Equality Legislation: A Fairer NHSGGC 2016-20**'.

**Key Issues to be considered**

In 2017-18 there are some additional priorities driven by new legislation and the Public Sector Equality Duty set out in the Equality Act 2010. These include:

- Ensuring NHSGGC Equality Impact Assess (EQIA) financial decisions and continue to EQIA service changes;
- Publishing an Equal Pay Statement and implementing actions;
- Fulfilling requirements of new duties relevant to equality and human rights set out in:-
  - BSL (Scotland) Act;
  - The Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2016 6a in relation to board diversity;
  - Child Poverty (Scotland) Act;
  - Community Empowerment (Scotland) Act, in particular public participation requests.

**Any Patient Safety/Patient Experience Issues**

Aspects of patient safety and patient experience in relation to equality groups are covered in this report.

**Any Financial Implications from this Paper**

There are some areas where we have been able to reduce costs, for example in the Interpreting Service, through efficiency measures.

**Any Staffing Implications from this Paper**

Board Official

None identified in this report.

**Any Equality Implications from this Paper**

The paper covers all aspects of equality in relation to our responsibilities under the Equality Act (2010) and the Public Sector Equality Duty to ensure that we are meeting the needs of NHSGGC's diverse population.

**Any Health Inequalities Implications from this Paper**

'Meeting the Requirements of Equality Legislation: A Fairer NHSGGC 2016-20' covers the impact of poverty and unequal health outcomes as a result of discrimination and marginalisation.

**Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.**

'Meeting the Requirements of Equality Legislation: A Fairer NHSGGC 2016-20' aims to mitigate risk in relation to the Public Sector Equality Duty and Equality Impact Assessments enable the identification of risk across service changes.

**Highlight the Corporate Plan priorities to which your paper relates**

Early intervention and preventing ill-health;  
Improving quality, efficiency and effectiveness;  
Tackling inequalities.

**Jackie Erdman**

**Head of Equality and Human Rights**

**Tel No: 0141 201 4560**

**16<sup>th</sup> June 2017**



**MEETING THE REQUIREMENTS OF EQUALITY  
LEGISLATION**

**A FAIRER NHSGGC PROGRESS REPORT 2016-17**

Responsible Director:	Director of Planning and Planning
Approved by:	Above
Date Approved:	June 2017
Date for Review:	April 2018
Replaces Previous Version: [if applicable]	N/A

**Meeting the Requirements of Equality Legislation  
A Fairer NHSGGC  
Progress Report 2016-17**

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## **1. Introduction**

### **1.1 Aim of the report**

In April 2016 NHS Greater Glasgow and Clyde (NHSGGC) published **Meeting the requirements of Equality Legislation “A Fairer NHSGGC 2016-20:”** and 54,000 leaflets highlighting equalities work, staff feedback and future plans were produced and distributed to all NHSGGC staff. Posters reinforced the campaign message and the campaign was promoted via Staff News. **See Appendix 1.**

This report provides an update of the range of work underway across NHSGGC to meet the mainstreaming and equality actions which we set ourselves at the beginning of 2016.

### **1.2 Where we have made a difference to patients in 2016- 17**

NHSGGC’s work on equality and human rights aims to ensure equitable access to our services and to improve outcomes where we have identified that we need to make a significant difference for patients from equality groups. Below are some examples of work in 2016- 17.

#### **1.2.1 Communication Support**

NHSGGC has improved services for Deaf people and people whose first language isn’t English to ensure that interpreters are always available for health appointments. We provide approximately 500 interpreter assisted appointments a day for patients whose first language isn’t English or who use British Sign Language; between April 2016 and February 2017 this equated to 101,036 face to face appointments. We have improved the effectiveness and efficiency of the interpreting service by: piloting on-line British Sign Language Interpreting in Accident and Emergency Services which has been used by 26 people since January 2017; increasing the use of telephone interpreting; and employing 14 full-time interpreters in high use languages. We fill 99% of all interpreting appointment requests and regularly engage with service users and staff to improve the service. Ninety seven staff have started or completed training in basic BSL to make Deaf patients feel at ease when in our care. We have trained 1,384 members of staff member on Deaf awareness and how to book an interpreter.

#### **1.2.2 Deaf Blind Patients**

Deafblind Scotland have provided professional guide communicators for 459 patients at GP visits, hospital appointments, specialist assessments, nurse appointments, Optician, Audiology and Podiatry appointments, day surgery and hospital admissions to Accident and Emergency.

#### **1.2.3 Sexual Orientation**

NHSGGC’s Equality and Human Rights Team attended Pride 2016 and asked visitors to the stall to complete questionnaires asking how sensitive NHSGGC services were to the needs of Lesbian, Gay, Bisexual and Transgender service users. 58 people chose to answer the question from a total of 183 returned forms. All 58 people recorded feedback of ‘very sensitive’.

### **1.2.4 Roma Community**

Roma peer educator training was carried out in partnership with the South Sector, Glasgow Health and Social Care Partnership to promote information to the Roma Community on how to access NHS services. Twenty two peer educators were trained who have gone on to work with sixty three Roma people. The feedback from the peer educators is that knowledge in the Roma Community has increased on the minor injury units, the right to an interpreter and the process to make a complaint.

### **1.2.5 Gender Based Violence**

Maternity services audited 268 sets of notes from 2016-17 to monitor discussions on Gender Based Violence. 260 enquiries were made and 5 women disclosed and were offered support. Pathways on Female Genital Mutilation have been developed and circulated to all staff in maternity services supported by staff training.

### **1.2.6 Poverty**

Since January 2015 until December 2016, NHSGGC Acute staff have made over 4,852 referrals to Money Advice Services. The Royal Hospital for Children's (inpatients and outpatients) Money and Debt Advice Service received 469 referrals between January 2016 and December 2016 with an additional 452 midwifery referrals into Healthier Wealthier Children. Financial Gains from the Royal Hospital for Children's Service are £1,771,101.96 and a further £85,989.28 of debt management. Healthier Wealthier Children has now been acknowledged as an approach which will be rolled out nationally. Since 2011 Healthier Wealthier Children referrals from children and families services have generated over £13 million for NHSGGC's most vulnerable residents.

Other examples can be found throughout the report.

## **1.3 Where we have made a difference to staff in 2016-17**

NHSGGC aims to help staff to deliver on commitments in the Equality Act through support and training. NHSGGC also has a responsibility to ensure staff are not treated unfairly in the workplace. Below are some examples of work in 2016- 17.

### **1.3.1 Training**

NHSGGC offers a range of training to increase staff knowledge and understanding of those with Protected Characteristics. 8,852 staff took part in equalities training in 2016-17.

The highest number of these episodes (3,171) is related to the statutory induction for new staff which covers all the protected characteristics and key messages relating to the Equality Act. Training on specific equality issues can be found throughout the report.

### **1.3.2 Gender, Disability and Ethnicity Pay Gaps**

NHSGGC is required under the Public Sector Equality Duty, set out in the Equality Act 2010, to review and publish an Equal Pay statement on men and women, ethnicity and disabled and non-disabled staff and how we will address any differences.

An audit has been undertaken and a draft equal pay statement has been prepared which will be finally approved at the Staff Governance Committee on the 23<sup>rd</sup> May 2017. The draft will be published on the Equalities in Health website at the end of April 2017.

### **1.3.3 Disability**

In 2016 the Staff Disability Forum met in April, August and December. The forum worked on the following initiatives: a manager's guide on reasonable adjustments covering a range of impairments; the development of an equality hub on HR Connect which will enable staff and managers to find information on equality and diversity more easily; discussions with officers on specific issues such as accessible meeting rooms and transitions (re-deployment) as a result of ill-health; volunteering as books for the Human Library; and informal buddying to members of staff. The forum has been invited to the Staff Governance Committee to feed back on their work and to reflect back issues for disabled staff.

### **1.3.4 Transgender Staff**

A guide for managers on supporting Transgender staff who are transitioning has been developed by NHSGGC's Equality and Human Rights Team and Human Resources. The guide clarifies the process, the legal context and includes practical advice for managers.

### **1.3.5 Supporting Staff to Support their Patients**

In January 2017 NHSGGC's Equality and Human Rights Team launched a series of interactive events with staff, 'wee event BIG IDEAS', where staff could meet patients with protected characteristics, get hands-on advice on communication support and meet voluntary sector providers who can support patients and take away resources on equality and human rights. A on-line information resource has been developed from the event where staff can find out more about the sessions and order resources to help them in their role- [see here](#)<sup>1</sup>.

Other examples of training for staff can be found throughout the report.

## **1.4 Health and Social Care Partnerships**

From the 30th April 2016 Integrated Joint Boards became responsible for delivering an Equalities Mainstreaming Report and Equality Outcomes relating to their functions. This means Health and Social Care Partnerships (HSCPs) now develop,

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<sup>1</sup> [http://www.equalitiesinhealth.org/public\\_html/wee\\_events.html](http://www.equalitiesinhealth.org/public_html/wee_events.html)

consult on and publish locally agreed equality outcomes and associated reporting mechanisms.

However, the employment and wider Human Resource responsibilities that fall within the scope of the Equality Act 2010 remain with the respective employing bodies. To this end HSCPs will automatically be covered in regard to gathering and using employee information, publishing gender pay gap information and publishing a statement on equal pay.

NHSGGC's Equality and Human Rights Team supported HSCPs in 2016-17 during the transition period, appreciating that in many areas there would be limited resource or familiarity with the requirements of the Equality Act 2010 to deliver on newly acquired responsibilities. The Head of Equality and Human Rights and the team's three Planning and Development Managers lead on this work and have developed a consultant-style approach to supporting HSCPs. A report was presented at the Cross System Planning Group in February 2017 detailing this activity for 2016-17. **See Appendix 2.**

## **1.5 Increasing the Evidence on Equality and Human Rights**

In 2016- 17 NHSGGC continued to increase the evidence base on effective interventions to improve responses to the needs of protected characteristic groups in relation to equality and human rights.

### **1.5.1 Black and Minority Ethnic Health and Wellbeing Survey**

The Equality and human Rights Team and Public Health have recently completed a follow up Health and Wellbeing Survey in Glasgow with the five largest minority ethnic groups – Polish, Indian, Pakistani, Chinese and African. Interviews were carried out with 1,798 face-to-face in-home interviews were conducted with adults (aged 16 or over). The report will enable us to understand the health of Black and Minority Ethnic Groups and improve services to meet their needs.

### **1.5.2 Lone Parents**

The Equality and Human Rights Team have worked with Glasgow Centre for Population Health, Glasgow City Council, Health Scotland, the Wheatley Group and One Parent Families Scotland to follow up research on the impact of welfare reform on lone parents. Lone parents, 90% of who are women (Save the Children<sup>2</sup>), have often experienced domestic abuse and are the group most affected by welfare reform. We have now secured partnership funding to evaluate the approach where we worked closely with lone parents to develop local solutions to mitigate the impact of poverty on women and their children.

### **1.5.3 Human Rights**

The Equality and Human Rights Team have worked with the Centre for Health Policy, University of Strathclyde to carry out a review of human rights interventions in

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<sup>2</sup> <http://www.savethechildren.org.uk/resources/online-library/ending-child-poverty-ensuring-universal-credit-supports-working-mums>



health settings. This review will form the basis of work in 2017- 18 to develop a rights to health approach.

## 1.6 Developments in 2017-18

In 2017-18 there are some additional priorities driven by new legislation and the Public Sector Equality Duty set out in the Equality Act 2010.

These include:

- Ensuring NHSGGC Equality Impact Assess (EQIA) financial decisions and continue to EQIA service changes;
- Carry out actions identified in the Equal Pay Statement;
- Fulfil the requirements of new duties set out in:-
  - BSL (Scotland) Act
  - The Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2016 6a in relation to board diversity
  - Child Poverty (Scotland) Act
  - Community Empowerment (Scotland) Act.

## 1.7 Governance

The Chief Executive is ultimately accountable for ensuring equality legislation is upheld and services are designed and delivered in a way that meets the general and specific duties outlined in the Equality Act 2010. This responsibility is delegated to the Director of Corporate Planning and Policy who is the lead director for equalities with support from the Director of Human Resources and Organisational Development.

The NHSGGC Board approves the equality outcomes and associated monitoring reports. There are specific governance routes within Acute services through the Acute Health Improvement and Inequalities Group. This group has developed a scorecard on the measures in the “A Fairer NHSGGC 2016-20: Meeting the requirements of Equality Legislation”. **See Appendix 3.**

Implementation of the equality outcomes is supported by the Head of Equality and Human Rights and the Equality and Diversity lead within the Human Resources Directorate and a range of leads for specific actions, for example Clear to All Leads (accessible patient information), Gender Based Violence Leads and EQIA Lead Reviewers.

## 2 Mainstreaming

### Introduction

In the process of developing NHSGGC's equality outcomes for 2016-20 a range of evidence and patient engagement was used to assess priorities. As a consequence NHSGGC has now mainstreamed some areas of work relating to the outcomes from 2013-16 which are now embedded in core functions. These areas are regularly reviewed and further action taken as required. The tables below provide an update of these actions in 2016-17.

#### 2.1 Planning and delivering fairer services

**Action:** We will equality impact assess (EQIA) future changes to Acute services to ensure they meet the needs of equality groups and plan services to meet these needs.

NHSGGC has EQIA'ed 20 services redesigns and decisions determining future service provision in Acute services. This has included:

- Changes to Rehabilitation Services in North East Glasgow (Lightburn Hospital)
- Centre for Integrative Care – move to Ambulatory Care Provision
- Removal of Midwife-led Birthing Units from Inverclyde Royal Hospital and Vale of Leven Community Midwifery Units
- Proposed Transfer of Paediatric Inpatient and Day Case Services from Ward 15 Royal Alexandria Hospital.

All EQIAs have been published on NHSGGC's website and can be found at:

<http://www.nhsggc.org.uk/your-health/equalities-in-health/equality-impact-assessments/2016-2017/>

These EQIAs have shown that proposed changes will uphold quality imperatives and deliver improved services for patients which are proportionate across equality groups. The EQIA includes an assessment of Human Rights articles. A review of this section of the EQIA tool showed a growing awareness of human rights implications in the way services are delivered across all functions though proportionately more attention is paid in areas where risk of potential breach is greatest (mental health services, addictions and older people's care).

The Equality and Human Rights Team trained more than 80 leads to use the online EQIA tool across Acute and HSCP areas.

## **2.2 Leadership on tackling inequality**

**Action:** NHSGGC will continue to report on our progress against the Equality Act 2010 and produce new outcomes in 2021

The Fairer NHSGGC campaign was launched in April 2016 to promote the publication of ‘A Fairer NHSGGC 2016-20: Meeting the requirements of Equality Legislation’. 54,000 leaflets highlighting equalities work, staff feedback and future plans, were produced and distributed to all NHSGGC staff. Posters reinforced the campaign message and the campaign was promoted via Staff News.

Issues covered and promoted via the Equalities in Health website, Equalities Updates, Staff News and social media included: British Sign Language and Lesbian Gay Bisexual and Transgender staff training; Hate Crime; Healthier, Wealthier Children; Staff Disability Forum; NHSGGC at Pride; Gender Equality, Fairer NHSGGC Staff Survey results. Equalities Update can be viewed at the [Equalities in Health website](#).

## **2.3 Listening to patients and taking their needs into account in improving services**

**Action:** Develop innovative ways to engage with equality groups in partnership with the voluntary sector organisations who support them.

### **Hearing Loss**

In February 2017 NHSGGC initiated partnership work with Action on Hearing Loss (AoHL) to look at issues for improving patient experiences and service delivery for people with a hearing impairment within audiology services. In March the Equality and Human Rights team delivered an open information event for patients and staff in the QEUH atrium. The Equalities and Human Rights Team is working with AoHL to develop a demonstration project within NHSGGC Stroke Wards which will look at providing support and advice for staff to provide appropriate care and aftercare for stroke patients who have a hearing impairment.

### **Queen Elizabeth University Hospital Transport Engagement**

The Community Engagement and Quality Team led a piece of work on public transport promotion for QEUH enhanced services. The team distributed 37,800 leaflets and business cards to patients. Eight hundred and fifty seven people attended across thirty seven groups.

Specific engagement was carried out with older people community groups in Knightswood, Temple and Drumchapel and a range of young parents groups. Work was also done to inform over 500 young patients at the children’s hospital. The team visited over 930 GPs, pharmacists and dental surgeries to ensure people were aware of how to get to the hospital. Pictorial leaflets and animated maps were produced to overcome literacy barriers.

Safer Journeys cards for vulnerable groups were distributed across older peoples’ groups and community councils.

### **Mental Health**

NHSGGC's Equality and Human Rights Team worked with Glasgow Association for Mental Health to deliver staff training and engagement with service users on their rights to health. Nine staff attended a one day training session and 28 service users and carers took part in engagement sessions. All service users and carers found the session very good or good. Participants said that it increased their knowledge and confidence to exercise their rights. Service users then delivered peer sessions with carers and mental health service users. The next stage is to develop a tip card on human rights which will be published and promoted across vulnerable groups.

### **Deaf People, Deaf Blind People and Hearing Loss**

NHSGGC commissioned Deaf Connections and Deafblind Scotland to provide a range of specific services as the key voluntary sector agencies working with these client groups.

Both services jointly provided:

- Patient Information sessions held at Stobhill, New Victoria and the Queen Elizabeth University Hospital;
- Training and awareness to a range of NHS staff;
- Exercise classes and walking groups established within NHSGGC areas;
- Working with Lifelink to develop Stress Management Courses and raising awareness on communication with Deafblind and Deaf people;
- Deafblind and Deaf people involvement in NHS workshops and forums.

Deafblind Scotland provide professional guide communicators for patients at GP visits, hospital appointments, specialist assessments, nurse appointments, Optician, Audiology and Podiatry appointments, day surgery, hospital admissions to Accident and Emergency.

Number of Health appointment for Deafblind people - April 2016 and February 2017 459 (1,049 hours).

Number of hours Deafblind people attended health activities - April 2016 and February 2017 643 including provision of Deafblind communicators.

Fifty people attending lip-reading classes in West Dunbartonshire and Glasgow. The majority of the clients who attend lip reading for Aural Rehabilitation support have been moderately or severely deaf for quite some time. Others in the group had different needs. The more elderly people tended to have age related hearing loss, which affects clarity of hearing (hearing aids only amplifies the sound).

The younger people had a wide range of hearing loss from viral infections resulting in complete deafness in a very short period of time, trauma from head injury, or noise related deafness from working in industry. People face issues such as coping on a day to day basis with their hearing loss in the workplace, employability issues and sustaining relationships with family, friends and peers.

One hundred and fifty-five staff across NHSGGC attended Deaf Connections Training on deaf awareness. Deaf Connections have contributed to Sensory Impairment Training for over 100 NHSGGC staff.

### **Sexual Orientation**

NHSGGC commissioned LGBT Youth to design awareness posters promoting inclusive LGBT Services. They have worked with NHSGGC Corporate Communication Team's in-house graphic designer and NHSGGC's Medical Illustration to support young people to articulate both pictorially and as recorded audio files perceived gaps in service response. LGBT Youth also worked with NHSGGC's Equality and Human Rights Team to review the Transgender E-Learning Module and bring content up to date.

### **Learning Disability and Physical Disability**

The Equality and Human Rights Team are actively involved in patient engagement with service users from a number of learning disability organisations, including People First, Mainstay Trust Values into Action and Enable Glasgow. Values into Action undertook quality checks of the QEUH and RAH hospitals in partnership with NHSGGC's Learning Disability services and the Equality and Human Rights team have been involved in reviewing the findings and recommendations from the report and developing practical responses for Acute to improve access and support issues for patients with a learning disability. From June 2016 NHSGGC has facilitated the Learning Disability Health Action Group.

Equality and Human Rights Team attend meetings with disabled service users of Glasgow Centre for Inclusive Living. The group members work to advise on access and support issues for patients with a physical disability. This group is a valuable part of NHSGGC engagement on service improvement and improving staff attitudes and awareness. The engagement with this group has been useful in providing feedback and patient opinions relating to work on challenging discrimination and on issues relating to human rights within healthcare services in Acute. Over the past year this group has worked with to advise and comment on how NHSGGC's Bereavement Policy and Health Behavioural Change programme can better meet the needs of patients with a learning disability.

**Action:** Use staff and patient feedback to ensure that we address concerns around the provision of British Sign Language (BSL) interpreters.

The BSL Health Champions have been operating since October 2014 to engage with BSL users to improve access to interpreters by engaging with NHSGGC staff. During the past 12 months the volunteers have delivered a presentation to 18 staff within Mental Health settings alongside staff from NHSGGC Interpreting Service. They also delivered training to 46 nursing students at Glasgow University.

The BSL Champions developed a Facebook page which went live in November 2016. Since then the volunteers have been involved in designing the content for the page, which includes information on the BSL Health Mediator, the work on mental health and the development of the health literacy and cancer work to improve Deaf BSL people's understanding of health information on cancer, including access to cancer support services. The Facebook page will form a large part of the BSL Champions engagement role over the next 12 months.

Since June 2016, NHSGGC's Equality and Human Rights Team have been working with volunteers from the BSL community and students from the Royal Conservatoire of Scotland to facilitate a BSL Drama project. The function of the drama work is to promote awareness and understanding of BSL as a language and Deaf BSL culture and community. Ten Deaf BSL people are involved in this project. In November 2016 the group gave 3 performances in the atrium of the Queen Elizabeth University Hospital Glasgow which engaged directly with approximately 400 members of staff and public. Further performances are planned within community health settings during the spring and summer of 2017. The group developed a short pantomime style performance for the Royal Hospital for Children. This was delivered over 3 days in December 2017 and directly engaged with over 70 staff, patients and members of the public. Overall the response from staff and members of the public to the drama performances have been very positive. Most people said they previously knew very little about BSL or the issues experienced by Deaf people. Currently the drama group is working on a special performance that will explore the mental health issues experienced by a large number of Deaf people.

In August 2016 the Equality and Human Rights team advertised 10 week introductory courses to BSL for staff. The team received 283 replies from staff interested in attending the classes and subsequently ran 4 for staff in Glasgow Royal Infirmary and Queen Elizabeth University Hospital Glasgow. Twenty eight staff completed the course during October and December. Further classes were advertised for Gartnavel campus, Royal Alexandria Hospital and Vale of Leven Hospital. The sessions began in March 2017 and currently 62 staff members are attending. Due to the success of the classes, NHSGGC are aiming to run classes across a range of Acute sites during 2017- 18.

In response to the positive uptake of the BSL courses, as of March 2017, NHSGGC's Equality and Human Rights Team are working with the course tutors, who are both BSL users and experienced trainers, to design an online series of BSL courses for NHSGGC staff. The courses will deliver filmed tutorials for staff in use of health related signs and will cover relevant signing for a range of Acute settings. The course will be available for staff from autumn 2017.

**Action:** Use staff and patient feedback to ensure that we address concerns around the provision of spoken language interpreters.

### **Interpreting Service**

The NHSGGC Interpreting Service continues to provide an essential service to our patients who do not speak English as their first language. Between April 2016 and February 2017 they provided interpreters in 101,036 face to face appointments which is an 11% increase on last year. Additionally, in the same time period, calls to NHSGGC's telephone interpreting service increased by 97% on last years figures. Figures show that 99% of requests for interpreters are filled (January 2017 figures). This means that approximately 5 appointments per day are unfilled. In some language this will be higher as there are fewer interpreters for some rarer languages. NHSGGC are continuing to engage with the third sector to continuously improve this service.

There has been a rolling programme of recruitment to increase the pool of in house interpreters. An additional 110 sessional interpreters have been recruited in 2016- 2017, meaning NHSGGC has 410 sessional interpreters in total.

This recruitment is driven by the unfilled requests for languages. NHSGGC has also retained 14 employed interpreters on a fixed term contract for 2017/18. This model has proved to be a more efficient and cost-effective service for our high use languages; Romanian, Arabic, Mandarin, Polish and Slovakian.

To ensure continuous improvement, NHSGGC's Equality and Human Rights Team have set up four reference groups with staff, patients, interpreters and third sector organisations. The reference groups meet twice a year and helps to inform new developments and problem solve to continuously improve the Interpreting Service.

There are a number of information resources which have been produced to support and promote the Interpreting Service to patients:

- 'Your Rights to an Interpreter' cards, 'Pathways to Health', and GP patient identification cards available in our top 19 languages;
- Translated GP registration forms available in 21 languages to facilitate registration for those who do not speak English as their first language;
- The leaflet 'Make the Best of Your Practice' was translated into 9 languages for Glasgow HSCP.

Feedback from patients shows resources are very well used and make a difference to patients' experience.

### **Staff training on interpreting**

Over 2016- 17 the Equality and Human Rights Team delivered training for 363 staff members in Acute and Primary Care. This training covers the process for booking interpreters and problem solving any issues staff face using the service and working with patients whose first language is not English. Feedback from the interpreting reference groups has shown that after the training input and receiving resources, staff better understood the process of booking interpreters, why they have to provide communication and language support and who to come to problem solve issues around interpreting. Additionally 618 staff completed either the e learning module on race / ethnicity or interpreting.

### **Third Sector engagement work on interpreting**

NHSGGC consulted with fifteen community organisations who work with Black and Minority Ethnic communities including Scottish Refugee Council, Red Cross, Saheliya, Central West Integration Network and the Chinese Community Development Project to get feedback on issues their service users face using NHSGGC services and to share the information regarding the Interpreting Service.

Issues raised were as follows; patients have a clear understanding of their rights to an interpreter, but staff need training on the necessity of booking interpreters for every appointment. Patient's experience is that interpreters are not booked and appointments are then cancelled.

Training has been delivered for staff in different services to share the process of booking interpreters and appropriate resources have been produced to support that process.

Other issues raised include; interpreters being late and the quality of some interpreters. These issues have been fed back to the Interpreting Service to monitor and resolve. Time keeping issues have been resolved by ensuring interpreters call back to the Interpreting Service to determine whether to stay at a late running appointment or leave and go to the next one.

A direct telephone line has been set up for interpreters to get through to the call handlers.

Primary care issues raised were as follows; GP registration can be an issue for people with communication needs, not being able to make an appointment at the desk and being asked to call in and getting a same day appointment for GP appointments. Protected learning time has been used to deliver training for Primary Care staff and information leaflets have been produced to support their work e.g. GP patient identification cards and 'Your Rights to an Interpreter' cards for patient.

### **NHSGGC online patient feedback**

An analysis of data on the online patient feedback system by protected characteristics has been done on 1619 comments made between mid January 2016 up to 10<sup>th</sup> April 2017. This was done to find out if the system is accessible to equality groups and if there are any groups we need to encourage to use patient feedback more.

The analysis by protected characteristics showed the following:

- As in the previous year, more comments came from female contributors (who have provided an answer) than male – 604 female and 316 male;
- There is a range of ages, with the highest number of contributors being 55-64 (229), followed by 45-54 (226);
- 17% of comments come from disabled people (279);
- 35 respondents entered “hearing” in the disability question –the majority of comments concerned BSL interpreters not turning up for appointments; 4 people entered “vision” and were all positive comments;
- 35 people who provided comments entered gender reassignment (27 preferred not to answer);
- In relation to sexual orientation, the comments come from 677 heterosexual, 22 gay/lesbian, and 16 bisexual respondents. 7 stated other and 76 preferred not to answer;
- Yet again, only 14 comments come from the Black and Ethnic minorities. Clearly there is scope for improvement by encouraging those



communities to provide comments;

- The situation is similar with the comments coming from the religious communities. Only 20 in total are from Buddhist, Hindu, Jewish, Muslim and Sikh respondents, in comparison to 229 Church of Scotland and 159 Roman Catholic.

**Action:** Include the BATH Group in assessing action plans for new buildings and existing estate improvements. The BATH Group are refreshing their membership and continue to be involved in auditing of NHSGGC estate. More details in Equality Outcomes 1.

**Action:** Promote opportunities for voluntary organisations to feed back directly to services on the experiences of those with a shared protected characteristic

#### **Visual Impairment group**

Twenty members from the Renfrewshire Visual Impairment Forum took part in engagement sessions on the issues they face when using NHS Acute services. As a result two members of the forum volunteered to act as 'books' in the Human Library events run for NHSGGC staff. The forum also had a session with the equality lead for Facilities for a wider discussion on issues they faced when using facilities within hospitals. The forum suggested they can help assess the accessibility of their local hospital for visually impaired patients. Plans are underway to produce a DVD with the forum members which can be used for on line staff training.

#### **Roma Peer Education Project**

The Roma peer education Project is in its second year. Training was carried out in partnership with the South Sector Health and Social Care Partnership to promote information on how to access NHS services to the Roma Community. Twenty two peer educators have been trained from three cohorts. So far 63 Roma people have been engaged by the 22 peer educators and sessions with 30 more Roma people are planned.

Feedback from the peer educators indicates the health knowledge in the Roma Community has increased around services available, interpreting and how to feedback / complain.

The GP patient identification cards were developed by this group to enable Roma people to make an appointment at GP receptions.

#### **2.4 Working towards fairer health outcomes and tackling the underlying causes of ill-health**

**Action:** Promote inequalities sensitive practice to Acute staff, including routine enquiry on gender based violence, money worries and support into work, using existing service improvement methods such as person centred care.

### **Gender Based Violence**

Maternity services audited 268 sets of notes from 2016-17 and found documented evidence of discussions around Gender Based Violence in 260 sets. Of these 260 enquiries, 5 women disclosed current gender based violence and were offered support. The new maternity data system (BADGER) will record Gender Based Violence, removing the need for audits. E-health are also looking at Trakcare to use as a recording system for gender based violence in Acute services and a review of nursing assessments will also consider how to raise the issues with patients. Pathways on female genital mutilation have been developed and circulated to all maternity staff supported by training.

NHSGGC and others raised concerns with the Scottish Government on the introduction of Universal Credit which could only be paid to one member of the household. This UK policy, to pay joint awards to one individual in a couple, is discriminatory and inhibits gender equality on a number of levels potentially leading to increase financial dependency, facilitating domestic abuse, and increasing risk for women and children. A partnership project jointly funded by NHSGGC facilitated an engagement session with lone parents in Glasgow which the Government attended to discuss a commitment to offering individual, not household, payments of Universal Credit. As a result the Scottish Government have used their devolved powers to agree to individual payments.

### **Money Worries**

From January 2015 to December 2016, NHSGGC Acute staff made over 4,852 referrals to Money Advice Services.

The Royal Hospital for Children (inpatients and outpatients) Money and Debt Advice Service received 469 referrals between January 2016 and December 2016 with an additional 452 midwifery referrals into Healthier Wealthier Children. Financial Gains from the Royal Hospital for Children Service are £1,771,101.96 and a further £85,989.28 of debt management.

Healthier Wealthier Children has now been acknowledged as an approach which will be rolled out nationally, Since 2011 Healthier Wealthier Children referrals from children and families services have generated over £13 million for NHSGGC's most vulnerable residents.

In terms of staff training, 695 staff completed the e learning modules relating to inequalities sensitive practice, poverty and welfare reform.

### **Person-Centred Health and Care Programme**

"Real-Time" care experience feedback is gathered in a small cohort of clinical care teams within the acute care division. Review and analysis of all qualitative narrative feedback gathered is conducted on a monthly basis to identify opportunities for improvement and learning. More urgent issues requiring immediate action and early resolution are reported within 48 hours.

Care experience feedback gathered has provided the opportunity for care team staff to develop a more informative understanding of inequalities and discrimination within their practice and care settings and to explore, test and adopt approaches in “real-time”, which lead to the delivery of safe, effective, person-centred care.

One example of an improvement action taken forward is the adoption of “what matters to you?” conversations. The approach was first championed by the [Institute for Healthcare Improvement \(IHI\)](#) with a vision to change the routine of clinician’s conversation from “**What’s the matter with you?**” to one, which begins with “**What matters to you?**” It is a simple, yet profound concept and tries to get to the essence of person-centred care by creating deeply personal engagements with patients and their family members to help understand what matters most to them. This enables care teams to design care plans and interactions where the values, needs and preferences of individuals are recognized and honoured. Some examples of feedback from people indicate the benefit from the adoption of this approach: -

*“Being asked ‘what matters to me’ is the most important question I’ve ever been asked. After my transplant it has helped me focus my recovery.”*

*“I think this board is fantastic! It really allows you to express what you want people to know about you. It makes me feel the staff get to know the real me.”*

*“This board is brilliant! It helps with letting others working with my brother; know more about him and his life. I would like to see space for photo’s on the board to display his happiest times, to let staff see him in a different environment. “*

**Action:** Mainstream patients’ access support needs into data systems and review practice in primary care and at ward level.

A review of SCI gateway additional needs information for the period February to April 2014 identified potential under recording. For example, of around 45,000 referrals per month:

- 150 visual impairment recorded (NHSGGC has 41,400 people with visual impairment);
- Learning Disability recorded once (Primary Care Learning Disability Register 5,400);
- 2000 per month hearing impairment recorded (NHSGGC has 13,000 people with severe / profound hearing impairment);
- In 182 cases, further free text information was recorded on ‘disability’; similar amounts of free text were recorded for types of visual and hearing impairment;

- 30 to 35 referrals had the need for interpreter recorded (NHSGGC has around 350 interpreter appointments per day, for example, in April 2014 2579 interpreter appointments were booked in Acute Services).

NHSGGC has been doing tests of change over a number of years on 'additional needs' but a key barrier to progress is e-health challenges which are being addressed nationally. In 2016-17, SCI gateway flow indicated 21 additional needs recorded in April 2016. This will be compared with April 2017 data.

To increase awareness of patients' additional needs a patient held 'Access Support' card was developed in conjunction with 3 other Health Boards. Access Support cards were issued to 3rd sector organisations. A review of their use will be conducted in 2017-18. A test of change in two Acute outpatient clinics involved an audit of staff skills and practice and training (all 38 staff trained) to address gaps. Staff training included what is best practice around additional needs; use of Access Support cards and how to add unidentified additional needs to Trakcare. A key barrier remained the lack of additional needs flowing through SCI gateway (0 needs in SCI gateway letters to these clinics between May and June 2016).

In addition, although supplies of Access Support cards were distributed in clinic rooms and waiting areas, staff were not proactive in prompting patients about their additional needs when attending clinics.

*An example from Acute (Specialist Oncology): we continue to work in partnership with Glasgow Life and Improving the Cancer Journey to ensure patient's holistic needs assessments are undertaken on patients whom it is appropriate to do so.*

*In addition, we work closely with the Beatson Cancer Charity in relation to their Specialist Health at Work (SHAW) Service to assess the needs of patients and their families whose health has impacted upon their ability to work and wider social circumstances.*

## **2.5 Creating a diverse workforce, supporting staff to tackle inequalities and acting as a fair employer**

**Action:** Deliver the Workforce Equality Action Plan which covers a wide range of activity on workforce planning and analytics, recruitment and resourcing, learning and education and organisational development.

### **Information on Equality and Diversity and Human Resources**

An EQIA of the Human Resources Service Catalogue has been completed, published and actions ongoing.

<http://www.nhsqgc.org.uk/your-health/equalities-in-health/equality-impact-assessments/2015-2016/>

**Equality Data**

Staff Governance Reports continue to be produced on a quarterly basis highlighting key trends and issues on Equality and Diversity.

**Equal Pay**

An audit has been undertaken and a draft equal pay statement on men and women, ethnic groups and disabled and non-disabled staff has been prepared which will be approved at the Staff Governance Committee on the 23<sup>rd</sup> May 2017. The draft will be published on the Equalities in Health website at the end of April 2017. This has been widely publicised to staff in the most recent Staff News.

**Training**

The number of staff who took part in equalities training in 2016-17 was 8,852. A large proportion of these episodes (3,171) are related to the statutory induction for new staff which covers all protected characteristics and key messages relating to the Equality Act.

Work is underway on reviewing and redesigning equality and diversity training on Core Statutory and Mandatory modules. Equality and diversity will be a mandatory session for all staff with 100% required to refresh their knowledge every 3 years.

**Disability Confident (previously two tick symbol)**

HR has established a group to develop the Disability Confident model and apply for the highest level of award. Members of the Staff Disability Forum are involved in the group.

**Action:** Develop future staff fora on other protected characteristics where a need is identified.

**Staff Disability Forum**

The forum met 3 times in 2016-17 in April, August and December. The forum has worked on the following initiatives: a manager's guide on reasonable adjustments; the development of an equality hub on HR Connect which will enable staff and managers to find information on equality and diversity more easily; discussions with officers on specific issues such as accessible meeting rooms; volunteering as books for the Human Library; informal buddying to members of staff. The Forum has been invited to the Staff Governance Committee to feed back on their work and to reflect back issues for disabled staff.

**LGBT Facebook Forum**

The virtual forum has 33 members and was used to advertise the NHSGGC stall at Pride. Stonewall and LGBT Youth are working with us to improve engagement with LGBT staff and support our application to the Stonewall Workplace Equality Index.

**Action:** Produce and distribute a Transitioning Workplace Guide on how to support staff reassigning their gender

A transitioning guide for transgender members of staff is awaiting final approval in April 2017 by the Area Partnership Forum. The document will go live in May 2017.

<p><b>2.6 Measuring performance and improving data collection</b></p>
<p><b>Action:</b> Ensure new data systems or migrated systems will always include fields to collect equality data and undertake an improvement programme to update existing systems.</p> <p>An EQIA was conducted of Glasgow HSCP Health Improvement strategy. An action agreed was equalities monitoring of a) In house health improvement courses b) contracted health improvement services. A breakdown by sector and protected characteristics of in house health improvement course evaluations was conducted for Apr – Aug 2016/17 (297 forms from North East, 402 North West, 330 South). Notably, there was good representation from areas of high deprivation, male and female participants, range of ethnic groups and people, people with disabilities and LGBT communities. In addition, data from contracted services showed similar patterns. However, some services had a lack of representation from young men (e.g. 104 / 1624 forms returned for one service). Improvement plans have been put in place to address this issue and regular reporting of equalities data in progressing.</p>
<p><b>Action:</b> Include in the performance framework measures based on identified gaps in health outcomes for people with protected characteristics and by deprivation and seek to show improved health outcomes thorough related measures.</p> <p>NHSGGC is collecting disaggregated data in performance management systems which will be used to improve health outcomes, for example ethnicity data for outpatient appointments has been collected to better understand Did Not Attends by ethnic group.</p>
<p><b>Action:</b> Put in place data collection and performance measures to track progress on the mainstreaming and equality outcomes for the Board for 2016-10</p> <p>The Acute Health Improvement and Inequality Group developed a scorecard for the Fairer NHSGGC 2016-20 scheme, which is currently being piloted and which has been used in compiling this report.</p>
<p><b>Action:</b> Follow up actions to target differentials in screening uptake and health outcomes to ensure action has taken place</p> <p>Public Health has produced an updated report on using equality data to prevent ill-health through screening. The report highlights the following areas-</p> <ul style="list-style-type: none"> <li>• Breast screening uptake is poorer among women from more socio-economically deprived areas, those with learning difficulties and ethnic minorities.</li> <li>• Cervical screening uptake is poorer among ethnic minority women than white women.</li> </ul>

- Bowel screening uptake is lower for men, younger people, the most socio-economically deprived, residents with learning disabilities and ethnic minorities.

Work has been undertaken to improve uptake for these equality groups including translated materials, local targeted work, including discussion on equality issues in staff training and campaigns. The full report can be found at **Appendix 4**.

The 2016 Black and Minority Ethnic Health and Wellbeing Study in Glasgow included questions on screening which can be further analysed to look at differences between groups.

**Action:** Seek to influence national systems to include equalities data.

Concerns from GP's around TrakCare generated letters that are only available in English and not other local community languages was raised with the local MSP covering the Govanhill Health Centre catchment area. While investigations are ongoing, a local solution was found whereby Roma people could use a local support agency to have English letters read to them.

## **2.7 Resource allocation, fair financial decisions and procurement**

**Action:** Continue to refine the process of rapid impact assessments in our commitment to making fair financial decisions

A report went to the Acute Operational Management Group in June 2016 reminding managers of the NHSGGC process for rapid impact assessments of financial decisions. The process requires all Project Initiation Documents to record risks and carry out a full Equality Impact Assessment (EQIA) where required. NHSGGC has carried out 20 full EQIAs in 2016-17.

All EQIAs have been published on NHSGGC's website and can be found at:

<http://www.nhsggc.org.uk/your-health/equalities-in-health/equality-impact-assessments/2016-2017/>

**Action:** Explore wider social benefits through our procurement processes.

NHSGGC is already a Living Wage Employer and in 2016 undertook a process to ascertain the implications and opportunities of becoming an Accredited Living Wage Employer (ALWE) which is a Scottish measure based on living costs and pays slightly higher than the national living wage.

This process consisted of benchmarking current progress towards accreditation and mapping the areas that it did not currently meet the standard. For NHSGGC the gap identified was ensuring that contractors also paid the Living Wage and promoting same to suppliers. A

proposal paper was prepared by Procurement which presented benefits of Accreditation and approximate costs of increasing the pay bill for contracted services. Given the financial implications it has been decided at this time not to progress the Accreditation at this time, however NHSGGC will seek to move towards the principles of ALWE by encouraging suppliers and contractors to consider the higher living wage with a view to revisiting the proposal at a later date.

The Better Health Through Employment Sub Group (Procurement) engaged with the Scottish Supported Business Sector to create jobs for disabled people. An example of this was a project to recycle sack bin holders. This has resulted in the creation of a post for a disabled person and also saved £18,600 on buying new sack bin holders. The group will hope to promote and extend this initiative with other Health Boards in an effort to create additional training and employment opportunities for disabled staff within the Scottish Supported Business Sector.



### 3 Equality Outcomes

#### Introduction

NHSGGC's equality outcomes are based on evidence gathered since 2013 which highlights where we should make a significant difference for patients. This section provides an update of progress made on the outcomes in 2016-17.

<b>Equality Outcome 1: Disabled people and people experiencing poverty can access NHSGGC services without barriers and in ways which meet their needs</b>
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**Measure:** 3 DDA audits per year carried out in priority areas

**Activity:** Improve the physical accessibility of our buildings through a planned approach to auditing new buildings and our existing estate.

Three internal audits have been undertaken in the following areas:

- Cashiers Offices in all Acute sites
- Front/Main Entrances of all Acute sites
- Fully accessible Meeting Rooms on all Acute sites

All three audits are complete and actions to be implemented.

A further 3 audits are planned for completion within the next 12 months:

- Neurosciences Building - QEUE
- Adult Changing Facilities – Board wide
- Buggy Transport System – QEUE

Additionally, following a review of complaints / patient feedback, the following areas will also be audited:

- Whole campus external accessibility – QEUE
- Internal Signage – QEUE
- Internal Signage – GRI
- Internal Signage – RAH.

<p><b>Measure:</b> Disabled people are involved in audit process</p> <p><b>Better Access to Health (BATH) Group</b>                  Many of the previous members of the BATH group are no longer available to participate. This group is being reconstituted and new members recruited and a programme of work will be established to evidence their involvement in audit activity and the new build process. Current new build major projects use local representatives though this does not ensure that a clear cross-section of abilities are represented. The BATH group will provide this function.</p> <p>Within Catering Service there are currently public representatives involved in the auditing of quality of catering provision on the wards. A recent proposal has been made that this is also an area that NHSGGC should demonstrate the involvement of BATH/Access representatives to ensure the catering needs of this particular protected characteristic are evidenced.</p>
<p><b>Measure:</b> Numbers of people with protected characteristics who use Cashiers Office and make enquiries at Support and Information Services and an increase in appropriate claims by all people with protected characteristics.</p> <p>This measure has been benchmarked in 2016-17 to enable us to report in 2017-18.</p>
<p><b>Measure:</b> Numbers of patients engaged on access issues  <b>Activity:</b> This measure has been benchmarked in 2016-17 to enable us to report in 2017-18.</p>
<p><b>Measure:</b> Increased money advice referrals  <b>Activity:</b> See section 2.4 Mainstreaming.</p>
<p><b>Measure:</b> Increase recording of patients' access support needs  <b>Activity:</b> See section 2.4 Mainstreaming.</p>
<p><b>Measure:</b> Patient feedback on access support needs being met.</p> <p><b>Learning Disability</b>                  NHSGGC are partners with 'The Life I want' public social partnership. This partnership is committed to improving the lives of people with learning disabilities living in Greater Glasgow and Clyde. 'The Life I Want' Health and Wellbeing partnership has provided NHSGGC with a model of co-production with an independent group of people with learning disabilities and carers feeding back their experience of NHSGGC.</p>

Outputs of the partnership include supporting the recommendations of an independent NHS Quality Check commissioned by the 'The Life I want' by:

- Providing face to face training to NHSGGC staff on Learning Disability Awareness delivered by people with learning disability – 55 staff trained
- Developing filmed patient stories to share awareness to a wider audience digitally
- Providing Cancer experience stories for NHS education within the Beatson in partnership with Macmillan.
- Co-producing a revised NHSGGC Bereavement and Loss Policy for people with learning disability including a person's charter.
- Supporting the provision of local accessible public health education sessions aiming to increase public screening uptake by people with a learning disability.
- Empowering the wellbeing of group members by gaining increased confidence in health literacy and peer support.

The Life I Want will continue to use an asset-based approach to work in partnership with NHSGGC to deliver a more accessible health service through co-production with people with learning disabilities and carers.

To facilitate the delivery of this outcome 315 of our staff have undertaken a disability Learnpro e-module this year.

### **Equality Outcome 2: People who require communication support in British Sign Language receive it**

**Measure:** Number of staff trained in using the BSL interpreting service and a year on year increase in BSL supported appointments.

A total of 592 staff in Acute had face to face sensory impairment awareness training during 2016/17. An additional 398 staff across Acute undertook the sensory impairment e-learning module or Deaf Awareness module. A further 395 staff completed the 'How to book a BSL interpreter' training DVD. In total 1,384 staff from Acute have had a learning event relating to booking interpreters for Deaf people.

NHSGGC Interpreting Service provided 4,367 BSL supported appointments between April 2016 and the end of February 2017. This is a 12% increase on last year's provision. The rate for filling appointments (January figures) for BSL is 98%.

This means that 1 appointment every day is not filled when a request has been made for an interpreter for someone who is Deaf. From the staff survey we know that only 50% of staff always book an interpreter for a Deaf person in their service, though this figure is improving. This is an increase from the 2014 Staff Survey when 30% of staff say they always book an interpreter for a Deaf person. We will continue to work on this target until every Deaf person gets an interpreter booked for their NHSGGC appointment.

*A recent example from Acute (Specialist Oncology): a profoundly deaf patient who does not wish to use a BSL interpreter but would rather have a 'note taker' attend the clinic. This was a service initially not thought to be available within NHSGGC however liaising with the Equality and Human Rights Team The service managed to clarify that it is available and will ensure it is in place for the patient's forthcoming attendances.*

**Measure:** Number of complaints from BSL users.

Seventeen Deaf people used our British Sign Language mediator to give feedback or complain about provision of NHS services. Twelve complaints related to staff not booking an interpreter for the patient appointment or in patient stay.

Use of the service has reduced from last year, when 20 people used the mediator service. This will be used as a baseline for the life of this Scheme.

**Measure: Patient feedback on British Sign Language users' communication needs being met.**

#### **Feedback from BSL Users**

BSL user's engagement events were organised to talk to those whose first language is BSL about their experiences of accessing health services and to share information about the Interpreting Service. Thirty three member of the Deaf community attended the events and shared their experiences of using NHS services and issues around accessibility of BSL interpreters.

Some of the issues raised in the events were as follows:

- Concerns that NHS staff do not always book BSL interpreters for their appointments;
- Deaf patient being told to use family members for communication with staff
- Appointments being cancelled due to the interpreter not being booked
- Staff are not Deaf aware
- Poor quality of some interpreters
- Continuity of interpreter is very important for Deaf patients

Actions to address these concerns are detailed in Section 2.3.

A pilot scheme trialling on line interpreting for BSL users in the QEUH has started to gain momentum. The small lap tops provide immediate on line video interpreting for British Sign Language users. The interpreter can be dialled up in seconds. Since January 2017 26 patients have used this service in the QEUH. The pilot is now being extended to the North Acute **Sector, the Beatson, the Royal Alexandria Hospital and Inverclyde Royal Hospital.**

**Equality Outcome 3: People who have migrated to our area, asylum seekers and refugees, know how to access Acute services**

**Measure:** Number of translated patient publications disseminated via services and voluntary sector organisations.

A number of different resources have been established to support the third sector who works with asylum seekers and refugees to increase their knowledge and use of NHS services. The Pathway to Health leaflet was produced in 19 different languages to help those who do not speak English to navigate around the NHS system. This has been distributed through 25 different community organisations and at a Migrant Voice event in January. Feedback suggested the resource has reached the target group and has improved experiences.

GP Patient identifying information cards were produced to make it easier for patients to make appointments at reception desks. These cards were promoted through third Sector to address an issue raised by the Roma peer educators. The card has now been produced in multiple languages to reach other migrant groups.

'Your Right to an Interpreter' card has been produced in 19 languages and distributed through 25 different community organisations. Latest feedback suggests that patient have used these cards to successfully challenge our staff to book an interpreter for them when staff have said no.

The request for NHSGGC information in community languages has continued to increase. Between 1<sup>st</sup> April 2016 and the end of January 2017 we processed 314 requests for resources. These are mainly letters, patient information and clinical reports required in a language to meet the patients' needs. This is a 47% increase on last year. The biggest languages requested were Polish, Mandarin and Arabic. Additionally 322 staff completed the Learnpro e-module on accessible information.

**Measure:** Improved patient satisfaction.

Continued engagement with patient groups and third sector organisations has shown that the patient experience for some has improved. Others still experience issues which NHSGGC is addressing such as: not having an interpreter booked by staff and staff not using telephone interpreting when this happens; issues with registration at GP's and difficulties making appointments. These issues have been raised with the LMC and NHSGGC is working in partnership to ensure a consistent approach for those who don't speak English when using primary care.

<b>Equality Outcome 4: People who have reassigned their gender are not discriminated against in our services</b>
<p><b>Measure:</b> Improved patient satisfaction          NHSGGC’s Equality and Human Rights Team attended Pride 2016 and spoke to 58 people who identified as LGBT (at least five of whom identified as trans) and asked where NHSGGC ‘were at’ in terms of delivering services that meet the needs of LGBT people. All 58 people recorded feedback as ‘very sensitive’. NHSGGC will attend Pride again in 2017 and will repeat the exercise.</p> <p>Our engagement with Transgender organisations has informed our approach to meeting the needs of trans people in mainstream services. NHSGGC also offers a Transgender Service providing medical and psychological support.</p>
<p><b>Measure:</b> Numbers of staff trained on gender reassignment issues          Learning sessions were offered to each of NHSGGC’s HSCPs and Acute staff, with 210 staff attending. Sessions focused on gender identity and gender expression bringing staff up to date with terminology and barriers experienced by trans people in society and when journeying through services. Additionally 294 staff completed the Learnpro e-module on gender reassignment.</p>
<b>Equality Outcome 5: Disabled young people receive support and information to enable them to successfully transition to Acute adult services from Acute children’s’ services</b>
<p>To be actioned in Year 2- 3.</p>
<b>Equality Outcome 6: People whose health is affected by their social circumstances as a result of inequality have their needs identified and addressed through routine sensitive enquiry as part of person centred care.</b>
<p><b>Measure:</b> Number of routine sensitive enquiry for gender based violence and money worries          See section 2.4 Mainstreaming</p>
<p><b>Measure:</b> Number of staff trained in priority areas on equalities sensitive conversations.          Seven hundred and twenty two staff completed e learning modules on Inequalities Sensitive Practice including GBV and financial inclusion.</p>

<p><b>Measure:</b> Staff undertaking hate crime training</p> <p>Working with Police Scotland and community Safety Services Glasgow, NHSGGC's Equality and Human Rights team has delivered 7 Hate Crime sessions to a total of 98 people. The team also completed development of the Hate Crime e-learning module which completed testing and revisions in March 2017. This is now live and available to all members of staff via Learn Pro. The module content has also been made available to partner organisations for their own in-house use.</p>
<p><b>Activity:</b> Staff deliver healthcare which meets the needs and understands the experience of Black / Minority Ethnic communities.</p> <p>NHSGGC recently completed a follow up Health and Wellbeing Survey in Glasgow from the five largest minority ethnic groups – Polish, Indian, Pakistani, Chinese and African. Face-to-face in-home interviews were conducted with 1,798 adults (aged 16 or over). The report will enable staff to understand the health of Black and Minority Ethnic Groups and improve services to meet their needs.</p>

<p><b>Equality Outcome 7: Patients who require augmented support in Acute care as a result of their protected characteristics are linked to appropriate voluntary sector support</b></p>
<p>We have started to map our partnership links across Acute to be reviewed in 2017 / 18. To be actioned in Year 2.</p>

<p><b>Equality Outcome 8: Older people receive services based on their needs</b></p>
<p><b>Measure:</b> Review impact of frailty assessment tool on people's health and care.</p> <p>Frailty assessment tool is still being tested and therefore its impact is too early to determine. In regard to this outcomes 294 staff completed the older people Learnpro e-module.</p>
<p><b>Measure:</b> Increased patient satisfaction As above.</p>

<b>Equality Outcome 9: Disabled staff receive appropriate reasonable adjustments and young disabled people are supported to access modern apprenticeships in NHSGGC</b>
<b>Measure:</b> Deliver Double Tick Action (now Disability Confident) Plan in consultation with Staff Disability Forum. See Section 2.5 Mainstreaming.
<b>Measure:</b> Produce and disseminate a manager's guide to reasonable adjustment. Activity: The manager's guide to reasonable adjustments has been produced by Glasgow Centre for Independent Living (GCIL) and their work on the guide was funded by the Equality and Human Rights Team.  GCIL met the Staff Disability Forum several times to discuss their experience of disability and reasonable adjustments and they also spoke to managers, occupational health and HR practitioners. GCIL wrote the sections on the social model of health and on a range of individual impairments based on their in-depth knowledge and experience of supporting disabled people in the community for many years. HR and the Equality and Human Rights Team wrote the sections on NHSGGC policies and recruitment. The section on Access to Work was already developed by Occupational Health. The guide is in the final stages of committee approval and will be made available on HR Connect. The guide will also be promoted through staff communications and at relevant training courses e.g. foundation managers.
<b>Measure:</b> Ensure young disabled people access NHSGGC modern apprenticeships.  A range of activity has been undertaken to address issues relating to access to our Modern Apprenticeships for young disabled people. The recruitment is underway and the number of recruits with a disability will be available in Summer 2017.  At the recruitment stage a statement has been used in adverts "We welcome applications from disabled people, minority ethnic groups, those who are care experienced and the LGBTI community" as well as the creation of a promotional flier to promote inclusive recruitment processes. Additionally HR extended Modern Apprenticeships to applicants aged up to 29 with a disability (generally up to 24 for non-disabled applicants). Advertising has been sensitised for disabled people using e.g. Enable magazine, circulation of vacancies to disability organisations. The team also included in the interview confirmation email a general statement reminding all applicants to advise of any adjustments required. This has worked well e.g. for a Pharmacy Admin Modern Apprentice post – 6 interviewees had declared disability but hadn't disclosed need for adjustments on application form. Following the prompt email a further 2 requested an adjustment for interview. One applicant failed to declare a disability but then came back with a disclosure and a request for adjustments.



Project Search commenced within NHSGGC in August 2013. In the first three years 33 young people completed the programme, 28 of whom are now in regular employment. NHS Greater Glasgow and Clyde has employed 19 of the 28 and all remain in employment to date. From the current programme 5 of 12 students have already gained employment with approximately 10 weeks of the programme to run.

**Measure:** Review recruitment practices to ensure fair access to employment opportunities by protected characteristics.

While the focus of activity has been on young people, the Workforce Employability Team has been supporting initiatives to support other groups with barriers to employment. This includes engagement with BME community groups. The team have been outreaching to the communities through; 2 appearances on Awaz FM in lead up to recruitment phase, attendance at two events supported by BEMIS at the City Chambers and Langside College. Vacancies have been circulated via BEMIS networks and consultation with BEMIS on appropriate recruitment activity. HR were also at Pride to promote Modern Apprentices programme to young LGBT people.

To address gender bias in recruitment NHSGGC hosted events to promote NHS STEM careers including Women in Engineering in Paisley and STEM tour at Royal Alexandra Hospital. A consultation with Equate regarding promotional materials and use of appropriate language and photos further sensitised materials. NHSGGC created a female only promotional pop up stand and had a careers event at Notre Dame High School (girls only school) to promote Modern Apprenticeships. We also promoted care related posts to male applicants at events. Careers advice and job search awareness was delivered for those aged over 50.

Engagement has been carried out with a number of charities who support care experience young people and Glasgow City Council Care Leavers Employment Service. HR staff were in attendance at Glasgow City LACC unit managers meeting to promote vacancies. We attended careers events and supported the expansion of placements in NHS GGC for the Elevate Glasgow Programme for individuals recovering from substance abuse.

These projects are important aspects of widening access to NHS employment and should continue to be supported, where capacity allows, for the Workforce Employability Team.

**Equality Outcome 10: Lesbian, Gay and Bisexual patients and staff are not subject to discrimination, including assumptions of heterosexuality.**

**Measure:** Number of staff trained on sexual orientation in priority areas.

Two hundred and ten staff attended the LGBT awareness training. LGBT Youth have delivered 14 class-based LGBTI sessions to staff across the organisation. Sessions were offered to each of the HSCPs and Acute staff with 210 staff attending. Additionally 301 staff completed the LearnPro e-module on sexual orientation.

Evaluation feedback from staff suggests training offered practical support:

‘Will be thinking more carefully about gender identity and sexual orientation and our patients in future’

‘I will change my practice following the course’

‘I will be more confident now when dealing with (LGBT) clients’

‘I’m more confident in directing individuals to appropriate support services’

**Measure:** Improved patient and staff satisfaction in how the organisation includes Lesbian, Gay and Bisexual people.

NHSGGC’s Equality and Human Rights Team attended Pride 2016 and asked visitors to the stall to complete questionnaires asking how sensitive NHSGGC services were to the needs of LGBT service users. 58 people chose to answer the question from a total of 183 returned forms. All 58 people recorded feedback of ‘very sensitive’. NHSGGC will attend Pride again in 2017 and will repeat the exercise.

**Equality Outcome 11: Patients and staff have an increased understanding of discrimination and unconscious bias**

**Measure:** Feedback from Human Library events.

The Human Library is an equalities movement that challenges prejudice and discrimination through social contact. Just like in a real library, a visitor to the Human Library can choose from a range of titles. The difference is that books are people, and reading is a conversation. NHSGGC have recruited a number of books from a range of backgrounds.

These books share their own life experience of prejudice, stigma or discrimination and lived experience. The first event was in North East HSCP, and the second one for Acute staff in QEUH. Forty staff attended over the 2 events.

Twenty books took part, and contributed to sixty different conversations, covering topics as follow: poverty, race, deafness, homelessness, Hinduism, Islam, visual impairment, mental ill health, transgender, disability, asylum seekers experience and hidden disability.

Feedback from the events has been very positive and feedback on the reasons for selecting the specific book was that the titles have been stigmatized in the media. Readers agreed that Human Library is a good way to challenge prejudice and discrimination, and that they were more willing to challenge prejudice regarding faith in particular after the human library experience. Participants have reported that it was only after their Human Library conversations that they became aware of some subconscious prejudices and how that affected their attitudes and behaviour.

'wee events, BIG IDEAS' was a series of events aimed at challenging staff's perceptions about people experiencing prejudice and discrimination in NHSGGC care and giving practical advice on how to support patients from equality groups. Each session gave staff the opportunity to discuss, experience and question the issues and ultimately have a say in how to make services work better for patients. Staff response has been extremely positive. Some of the feedback can be viewed at the [Equalities in Health](#) web site.

NHSGGC is increasing use of film clips to promote patient experiences in a real and meaningful way. A British Sign Language film is currently being used in an e-learning programme, while a video interviewing physically disabled patients about access issues has been used at a recent workshop event. A film on visual impairment issues is currently underway.

The Equality and Human Rights team worked with the Royal Conservatoire of Scotland to facilitate a shared experience event. The event called "Different But the Same", was attended by 25 patients with different protected characteristics. The session was based on a community theatre approach to learning and storytelling. Participants shared experiences of healthcare and society and were encouraged to share ideas on how each other's negative experiences could have been changed to make them positive ones. This event was positively received by participants and by the 3rd sector organisations who attended.

**Measure:** Feedback from staff and patients of perceived cultural change e.g. Fairer NHS Survey, patient engagement.

The 2016 survey will form a baseline for the follow up survey in 2019.

Appendix 1.

Fairer NHS Campaign 2016-17



### A Fairer NHSGGC 2016-20

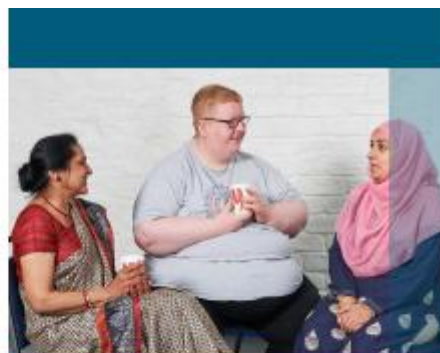
Equalities law affects all of us. Not just because it's all our responsibility to ensure our patients are treated fairly - but because we're all protected too.

The law protects us with regard to our age, sex, ethnicity and sexual orientation. It also protects us if we are disabled, have a religion or belief or have had our gender reassigned. These are called 'protected characteristics' and in NHSGGC, we also include social class issues such as poverty in this list.

### What's been happening in NHSGGC

We all want the same things from our NHS - care, understanding, respect, communication - but we know that for some people, this is not happening. In 2013, with the help of staff and patients, we identified key areas where more work was required to meet the needs of all our service users. Since then, we have

- established the largest in-house interpreting service in the UK
- trained nearly a third of our workforce in aspects of inequality
- helped access £20 million for patients through referrals to money advice and debt assistance
- carried out hundreds of Equality Impact Assessments across the organisation to ensure we are planning services to meet everyone's needs
- improved access in and around the new Queen Elizabeth University Hospitals, including footpath surfaces, external lighting, signage and magnetised fire doors
- employed people with learning disabilities through Project SEARCH



### What you've told us

It's clear that most NHSGGC staff understand the link between inequalities and health. In a staff survey earlier this year, 86% of you stated that by doing more to tackle discrimination we would improve patient health. In particular, you said that we should be doing more to help our older patients and those struggling with poverty.

You also said we're getting better at recognising and responding to the health effects of discrimination. However, there is clearly still much to be done.

### Make sure you know...

#### How to book an interpreter

Tel: 0141 347 8811

Email: [interpreting@ggc.scot.nhs.uk](mailto:interpreting@ggc.scot.nhs.uk)

#### How to get your info into other formats and languages

Hit the Clear to All icon on your desktop and find your local staff lead

#### The kind of access support your patient might need

You may not always get advance notice - if in doubt, ask your patient

#### How to assist your patient with money worries

See Staff Guidance on Money Worries at [www.equality.scot.nhs.uk](http://www.equality.scot.nhs.uk)

#### How you can learn more about equalities and health

Go to [www.equality.scot.nhs.uk](http://www.equality.scot.nhs.uk) If you can't find what you need, contact us.

A lot more has to be done for staff and patients in terms of accessibility within Glasgow hospitals.

I see racial abuse every day, particularly towards asylum seekers, it's an absolute disgrace.

As a disabled person, I constantly face challenges every day at work.

Despite work having been undertaken in this area, LGBT people still have to deal with pre-sumed heterosexuality.



## Appendix 2



# Equality Outcomes and Mainstreaming Update Corporate Inequalities Team

## Activity in Health and Social Care Partnerships in 2016-17

### 1. Aim of the paper

- 1.1 This paper details activity in Greater Glasgow and Clyde Health and Social Care Partnerships (HSCPs) to support activity on equality outcomes and mainstreaming for all NHSGGC residents. The Corporate Inequalities Team has worked alongside HSCP colleagues to ensure that NHSGGC's equality outcomes and actions for 2016-2020 complement the HSCP's equality outcomes.
- 1.2 The contents of the report are:
- An introduction
  - Details of specific work in HSCP areas
  - Cross system work

### 2. Introduction

- 2.1 The Equality Act came into force in October 2010, bringing together and re-enforcing existing equality legislation and placing a set of legal duties on public bodies. The Act's Public Sector Equality Duty requires all public sector organisations to evidence steps taken to ensure mainstream service provision is designed and delivered in a way that:
- a) Eliminates unlawful discrimination, harassment and victimisation
  - b) Advances equality of opportunity between different groups
  - c) Fosters good relations between different groups.

Scottish public sector bodies are also subject to the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012) which set out a range of actions required of bodies which in turn can help evidence compliance with the General Duty.

At the time of the Act coming into force, Health and Social Care Partnerships could contribute to outcomes devised by their

respective parent bodies and subsequently benefit from an infrastructure that was greater than the sum of their local parts.

- 2.2 The Public Bodies (Joint Working) (Scotland) Act created a new level of responsibility for HSCPs, making them directly accountable to the Equality Act (2010). This means HSCPs are now required to develop, consult on and publish locally agreed equality outcomes and have associated reporting mechanisms in place. However, the employment and wider HR responsibilities that fall within the scope of the Equality Act (2010) remain with the respective employing bodies. To this end health employees in HSCPs will still be included in equality data monitoring for the Staff Governance Committee including NHSGGC's equal pay statement due to be published in April 2017.
- 2.3 NHSGGC's Corporate Inequalities Team (CIT) agreed to support HSCPs during the transition period, appreciating that in many areas there would be limited resource or familiarity with the requirements of the Act to deliver on newly acquired responsibilities. It was agreed that the Head of Inequalities and the team's three planning and development managers (PDMs) would lead on this work and develop a consultant-style approach to supporting HSCPs.

### **3. Area based activity in 2016-17**

- 3.1 This section gives details of area based work supported by the Corporate Inequalities team in 2016-17.
- 3.2 East Dunbartonshire HSCP
  - 3.2.1 The HSCP were early adopters of the responsibilities set out in the Equality Act (2010) and have worked closely with the appointed PDM and equivalent officer in East Dunbartonshire Council. This partnership has delivered a range of short term and strategic outcomes to support an effective transition to full accountability for compliant provision of goods and services.
  - 3.2.2 Work includes a four year delivery plan with agreed outcomes, monitoring arrangements and engagement activity with staff and service users. The PDM and council lead have supported local HSCP leads to deliver a range of training for integrated staff and service user bodies covering roles and responsibilities in relation to the Equality Act (2010) and application of equality impact assessment (EQIA). East Dunbartonshire HSCP has also opted in to receive training on barriers to accessing health and social care services for Lesbian Gay Bisexual and Transgender (LGBT) people. This training is being delivered as part of a pre-existing service contract between NHSGGC and LGBT Youth Scotland.
  - 3.2.3 East Dunbartonshire HSCP has opted to use NHSGGC's EQIA tool and will benefit from the integrated quality assurance and other aligned administrative support available.

Arrangements are currently underway to provide access to Non-NHS integrated staff groups to the NHS StaffNet site where the EQIA system is hosted.

This will be an interim measure as the system will be further developed with future access available via the NHSGGC website. There is specific work in Mental Health Services and Alcohol and Drugs services which includes a financial inclusion improvement plan; equalities and human rights tests of change; and service user feedback and engagement with NHSGGC's Deaf and Mental Health Services Sensory Impairment Improvement Projects.

#### 3.2.4 Monitoring activity:

- LGBT Training - Delivered on Monday 1<sup>st</sup> February (16 people)
- EQIA & Equality Act Manager's training - delivered over two dates – 14<sup>th</sup> September (14 people) and 10<sup>th</sup> November (15 people)
- Co-facilitation of outcome settings for Heads of Service 6<sup>th</sup> December (18 people)

### 3.3 East Renfrewshire

3.3.1 The designated PDM has worked with East Renfrewshire to develop a monitoring template with leads identified for mainstreaming activities and outcomes to facilitate innovation and problem solving on inequalities and human rights. Training has been provided to addiction services to facilitate improvement plans on equalities and human rights. The basis for this was an EQIA on addiction services supported by CIT.

3.3.2 Innovative work is continuing with the National Development Team for Inclusion where an equalities and human rights approach is being considered. There is specific work in Mental Health Services which includes participation in an NHSGGC financial inclusion and mental health services improvement plan; equalities and human rights tests to service user feedback and engagement with NHSGGC's Deaf and Mental Health Services Sensory Impairment Improvement Projects.

#### 3.3.3 Monitoring activity:

- Training on equalities and human rights community conversation (National Development Team for Inclusion) model, 19 July 2016;
- Alcohol and Drugs Services human rights and equalities session, 25 August.

### 3.4 Glasgow City

3.4.1 The Head of Inequalities (HI) has attended HSCP Equality Group meetings and Glasgow Community Planning Equality Group meetings through the year. This has contributed to the outcome setting process, monitoring arrangements and engagement.



3.4.2 The designated PDM has worked with equality leads in the three sectors to support their local groups.

This has included support to develop and review Sector equalities plans and advice on functioning of the sector groups with the outcome of liaison to arrange development sessions for the groups in the 3 sectors (e.g. on human rights, hate crime, sensory impairment; Caring to Ask approach; use of the Staff equalities and human rights 'Checking it out' tool).

3.4.3 A designated PDM sits on the Glasgow Hate Crime Group and has supported the development of the Glasgow Strategy and Hate Crime Week.

3.4.4 CIT attended Pride in August 2016 with other NHS officers and spoke to hundreds of people including many Glasgow residents and NHSGGC staff to promote the I'm Taking a Stand Against Homophobia campaign.

3.4.5 There is specific work in Mental Health Services which includes participation in an NHSGGC financial inclusion and mental health services improvement plan. This included North West testing routine enquiry on the Personal Independence Payment which was evaluated by a Clinical Psychology student. There were also equalities and human rights tests of change and engagement with NHSGGC's Deaf and Mental Health Services Sensory Impairment Improvement Projects.

3.4.6 CIT have supported the development of a post to review provision of mental health improvement materials for the GGC Deaf community, which is hosted by Glasgow HSCP – North West Sector. This includes engagement with Deaf and hard of hearing members of the public. In addition, improvement projects are in place for PCMHTs, CMHTs and Crisis Teams in responding to the Deaf community. PCMHT wellbeing materials have been translated into BSL and there is engagement with leads for the new GGC mental health website to ensure it is accessible.

3.4.7 Monitoring activity:

- Training on LGBT- 3 sessions delivered so far with additional sessions planned for 27<sup>th</sup> March. Total numbers attending the 3 sessions = 68
- Human Rights events (18 April North East Sector Equalities Group – 9 staff; 4 May GGC Alcohol and Drug Services Person Centred and Equalities Group – 13 staff; 20 April the Advocacy Project; 11 May GGC focussed event – 22 staff; 18 July Glasgow Association for Mental Health staff, 21 July with GAMH service users and 6 September with both staff and service users; 7 September British Red Cross staff; 13 October – 17 staff; 1 Feb – 8 staff both hosted by North West Sector
- Training on hate crime (13 October – 17 staff; 1 Feb – 8 staff both hosted by North West Sector)
- Mental health and sensory impairment training ( GGC CMHT and Crisis Team staff 5 May – 13 staff; 10 August – 9 staff; North East PCMHT test of change as host GGC team – 8 April, 17 May 18 June, 13 August 2016)
- Black and Minority Ethnic (BME) engagement – Community Planning

Event to consult with the BME community on local outcomes. (2 November 2016)

- BME Health and Well-being Survey- The survey undertook interviews with 1842 randomly selected Glasgow residents representative of Indian, Pakistani, Chinese, African and Polish populations, also analysed by age, sex and SIMD quintile. The survey will enable us to compare BME health and social circumstances with non- BME residents. The report will be available in April 2017.

### 3.5 Inverclyde

3.5.1 The HSCP has worked with the designated PDM and local authority equivalent to develop a range of locally agreed equality outcomes within a robust monitoring framework.

The HSCP has undertaken local engagement on the outcomes to ensure they are fit for purpose and proportionate to the experience of discrimination and inequality in Inverclyde. In addition to working closely with service users and representative bodies the HSCP has worked with the designated PDM to deliver a range of staff training covering roles and responsibilities in relation to the Equality Act (2010) and equality impact assessment. The HSCP has received training on barriers to accessing health and social care services experienced by LGBT people. This training is being delivered as part of a pre-existing service contract between NHSGGC and LGBT Youth Scotland. The HSCP have opted to use NHSGGC's EQIA tool and will benefit from the integrated quality assurance and other aligned administrative support available. Arrangements are currently underway to provide access to Non-NHS integrated staff groups to the NHS Staff Net site where the EQIA system is hosted. This will be an interim measure as the system will be developed further with access available online towards the end of the year.

3.5.2 There is specific work in Mental Health Services which includes participation in an NHSGGC financial inclusion and mental health improvement plan; equalities and human rights tests of change in mental health inpatient services which was supported and evaluated successfully by a Clinical Psychology student and engagement with NHSGGC's Deaf and Mental Health Services Sensory Impairment Improvement Projects

3.5.3 Monitoring activity:

- LGBT training- 27<sup>th</sup> January – 8 people attended. Staff gave very positive feedback from the session and there are requests to repeat to a wider staff audience later in 2017
- EQIA & Equality Act training – 19<sup>th</sup> January – 14 staff members.

### 3.6 Renfrewshire

3.6.1 There is specific work in Mental Health Services which includes participation in an NHSGGC financial inclusion and mental health improvement plan and

engagement with NHSGGC's Deaf and Mental Health Services Sensory Impairment Improvement Projects.

In addition, Alcohol and Drug Services participate in the GGC wide person centered care and equalities group, which has been testing equalities approaches to service user feedback, hate crime and human rights awareness.

3.6.2 CIT's engagement officer has worked with the Renfrewshire Visual Impairment Forum, who are supported locally by Health Improvement officers, to discuss their experiences of accessing acute services. 2 members of the forum now volunteer for Human Library events, a participative training approach which tackles prejudice and difference. The group asked for CIT to produce tip cards for staff and these are now widely available covering all the protected characteristics. The group have met acute services facilities staff and are now making a film of patient stories for use in acute services.

### 3.7 West Dunbartonshire

3.7.1 There is specific work in Mental Health Services which includes participation in an NHSGGC financial inclusion and mental health improvement plan and engagement with NHSGGC's Deaf and Mental Health Services Sensory Impairment Improvement Projects. In addition, Alcohol and Drug Services participate in the GGC wide person centered care and equalities group, which have been testing equalities approaches to service user feedback, hate crime and human rights awareness.

3.7.2 The CIT lead for disability has worked with the West Dunbartonshire Access Panel to feed back to their experiences of accessing acute services. The Panel delivered a staff training event in the Queen Elizabeth University Hospital Campus and have made a video of their experiences which will be available for use in future training for staff.

## 4. Cross System Working

4.1 NHSGGC will continue to offer resources and opt-in work programmes to HSCPs.

This reflects the ongoing responsibility as an employing body of HSCP staff and also a wider aspiration to build strong partnership working to deliver equitable health and employment outcomes locally. Some of the ways NHSGGC is supporting this aspiration include:

4.2 Financial inclusion

CIT supports NHSGGC plans on financial inclusion, welfare reform and fuel poverty. In addition, they take the strategic and development lead for 'Healthier Wealthier Children'. This is a child and families financial inclusion initiative, which involves:

- routine enquiry on money and debt worries in maternity settings
- dedicated pathways to money advice services throughout NHSSGC

## Board Official

- staff training and development on money worries
- integration of health and money worries messages into patient education programmes.

The initiative has been recognised as a model of excellence which has raised £12 million for children and families since 2011 and the principles are now being rolled out nationally.

### 4.3 Equality Impact Assessment (EQIA) support

CIT continue to support the delivery of EQIAs in HSCP areas opting to use the NHSGGC assessment tool. The team keep diary time free every Thursday afternoon to provide dedicated time for responding to any queries. In addition the team quality assures EQIAs to ensure returns capture all relevant evidence and minimise risk. Regular training sessions for lead reviewers are open to all NHSGGC staff. Monitoring activity;

#### Lead Reviewer Training

- Glasgow (17 leads trained)
- Renfrewshire (12 leads trained)
- East Dunbartonshire (1 leads trained)
- East Renfrewshire (2 leads trained).

### 4.4 Training

CIT delivers a range of class-based training which are open to HSCPs. Topics include equality legislation, management competencies/, inequalities sensitive practice, hate crime, human rights and contracted delivery of LGBT awareness sessions. Hate crime and Equality Act training is delivered quarterly from the Queen Elizabeth University Hospital site with promotion to all NHS staff via Staff News. However, to support HSCPs achieve speedier traction with equality legislation, local training has also been offered and has been taken up by East Dunbartonshire (38 leads officers trained), Renfrewshire (35 lead officers trained) and Inverclyde (17 lead officers trained).

### 4.5 Interpreting and translation

4.5.1 NHSGGC has the largest black and minority ethnic (BME) population in Scotland with 4.1% of the population being BME. This rises to 11% within Glasgow City boundary (2011 census figures). The NHSGGC Interpreting Service provides interpreters for approximately 550 appointments per day across 74 languages. The current top languages are Romanian, Arabic, Mandarin, Polish, Farsi and Slovakian. These account for 115,000 appointments per annum. In December 2016 the fill rate for bookings was 99%.

4.5.2 The CIT supports the system to use interpreting and maximise equitable access for those who do not speak English. Recent developments include:

- Interpreting forums set up to get feedback from staff, third sector, patients and interpreters
- Bi-annual recruitment to meet gaps in language we find it more difficult to fill
- New website is being designed with electronic booking form
- Reviewing models of interpreting across the NHS in Scotland.

E learning modules are available to all staff on how to use interpreters; how to book a BSL interpreter specifically and communication tips for working with Deaf people.

Bespoke training can be delivered on how to work with an interpreter and how to use telephone interpreting including practice sessions.

4.5.3 Resources are available to help staff to support patients whose first language is not English. These include:

- Interpreting flowchart
- Language identification card
- Language identification Poster
- Telephone interpreting desk top information card
- Patient pathways in 18 languages
- GP registration forms currently in 6 languages
- GP reception prompt cards in 6 languages to help with patient Identifiers

#### 4.6 Supports to Deaf Patients

CIT support a Deaf mediator for BSL users to have a direct route to feedback their experience of using NHS services. Much of the feedback focuses on the provision of interpreting. This is all fed back to the Online Patient Feedback system. In 2016-17 this has engaged with 35 Deaf service users from across NHSGGC and in a wide range of services

## 5. Future Working Arrangements

5.1 As practice becomes imbedded in local systems the CIT will continue to be conduit between the HSCP equality lead and the corporate reporting functions required to support those elements of HSCP work which remain the responsibility of NHSGGC. The PDM will also continue to provide links to other supporting resources that may not be readily available to local HSCP services

**Appendix 3. Acute Services Fairer NHS Scorecard Development 2016-17**

Measure	Achieved in 2016/17	Source	Performance Notes
<b>Equality Impact Assessments</b>			
EQIAs	Target- Number planned at outset of year  In 2016-17 20 EQIAs were planned and 19 were completed.	EQIA On-line System	In PRGs/OPR
No. of DDA audits	Target- 3 per year  In 2016-17 three internal audits have been undertaken in the following areas: <ul style="list-style-type: none"> <li>• Cashiers Offices in all Acute sites</li> <li>• Front/Main Entrances of all Acute sites</li> <li>• Fully accessible Meeting Rooms on all Acute sites</li> </ul> All three audits are complete and actions to be implemented.  A further 3 audits are planned for completion within the next 12 months: <ul style="list-style-type: none"> <li>• Neurosciences Building - QEUH</li> <li>• Adult Changing Facilities – Board wide</li> <li>• Buggy Transport System – QEUH</li> </ul> Additionally, following a review of complaints / patient	Facilities Equality Group	Facilities Scorecard

	feedback, the following areas will also be audited: <ul style="list-style-type: none"> <li>• Whole campus external accessibility – QEUH</li> <li>• Internal Signage – QEUH</li> <li>• Internal Signage – GRI</li> <li>• Internal Signage – RAH.</li> </ul>		
No. of actions	As per audit	Facilities Equality Group	As above
No. of action completed	As per audit	Facilities Equality Group	As above
<b>Measure</b>	<b>Target</b>	<b>Source</b>	<b>Performance Notes</b>
<b>Patient Engagement/ Person Centred Care</b>			
Evidence of engagement with people from protected characteristics	In 2016-17 the following equality groups were engaged with (many over several meetings)- <ul style="list-style-type: none"> <li>• Mental Health and Human Rights - 28</li> <li>• Learning Disability Group - 15</li> <li>• Disability Group (GCIL) – 15</li> <li>• Interpreting Reference Groups – 18</li> <li>• Visual Impairment – 20</li> <li>• Roma Community- 85</li> <li>• LGBT (Pride) – 183</li> <li>• BME Health Survey- 1800</li> <li>• Human Library volunteers – 30</li> <li>• Transport consultation – 857</li> <li>• Deaf Community- 27</li> </ul>	Monitoring forms from engagement events Events Patient feedback Engagement activity	
How engagement has influenced service change	Narrative in monitoring report 2016-17	As above	

Evidence of how What Matters to Me has improved patient care	Baseline to be established	Audit at ward level	
Support & Information Service- Increased numbers of people using service from protected characteristics	In 2016-17 2164 support plans were developed: 340 of these were for people with protected characteristics (1 in every 6 people or 16%). This figure varies across sites: New Victoria Hospital- 21% or 1 in every 5 people receiving a support plan; New Stobhill Hospital- 15% or 1 in 6 people requiring a support plan.	Support & Information Service Database	
Access Support Needs are identified in primary care referrals and picked up in acute hospital appointments.	Baseline identified- 21 referrals in April 2016	Referral Management and Clinical Build	National programme considering Trakcare changes required.
Achievement of LGBT charter mark	In 1 setting per year to be identified in 2017-18	Charter mark submission	
<b>Measure</b>	<b>Target</b>	<b>Source</b>	<b>Performance Notes</b>
<b>Inequalities Sensitive Practice</b>			
Increased referral to money advice services	January 2015 to December 2016- 5,036 referrals	Public Health	In PRGs/OPR
Increased use of patient expenses facilities by protected characteristic	Baseline to be identified using Trojan System.	Cashier's Office	
Evidence of improved health outcomes as a result of patient	As above	Cashier's Office	



expenses referrals			
Evidence of disclosure of gender based violence within maternity	Maternity services audited 268 sets of notes from 2016-17 to monitor discussions on Gender Based Violence.  260 enquiries were made.  5 women disclosed and were offered support.	BADGER electronic record system by end of 2017 will enable data capture and reporting. Snapshot audits will continue pending establishment of new system.	
Evidence of disclosure of gender based violence within emergency care services	In 2017-18 emergency services are the priority area.	Trakcare	SBAR being prepared
<b>Measure</b>	<b>Target</b>	<b>Source</b>	<b>Performance Notes</b>
<b>Learning and Development</b>			
Support staff to tackle inequalities	8,852 staff took part in equalities training in 2016-17.	6 monthly in July and February- <a href="mailto:LE.Support@ggc.scot.nhs.uk">LE.Support@ggc.scot.nhs.uk</a> Imran Shariff and Moira MacDonald	In PRGs/OPR
<b>Measure</b>	<b>Target</b>	<b>Source</b>	<b>Performance Notes</b>
<b>Communication and Language Support</b>			
Information reviewed and provided in accessible formats	In 2016-17 the following information was produced in accessible formats-  Letters, patient information, clinical report requests – 314 (47% increase on 2015-16)	Accessible information produced	

	<p>Pathways to Health and Right to an Interpreter Leaflets- produced in 19 languages and distributed to 25 community organisations</p>		
<p>Improved satisfaction of patients with sensory impairment</p>	<p>On-line British Sign Language Interpreting pilot in Accident and Emergency Services has been used by 26 people since January 2017.</p> <p>A total of 592 staff in Acute had face to face sensory impairment awareness training during 2016/17. An additional 398 staff across Acute undertook the sensory impairment e-learning module or Deaf Awareness module. A further 395 staff completed the 'How to book a BSL interpreter' training DVD. In total 1,384 staff from Acute have had a learning event relating to booking interpreters for Deaf people.</p> <p>BSL drama delivered to 70 staff and patients.</p> <p>Seventeen Deaf people used our British Sign Language mediator to give feedback or complain about provision of NHS services. Twelve complaints related to staff not booking an interpreter for the patient appointment or in patient stay.</p> <p>Use of the service has reduced from last year, when 20 people used the mediator service. This will be used as a baseline for the life of this Scheme.</p>	<p>BSL DVD e-learning views          Chrome Book evaluation          BSL Champions feedback          Feedback from Advocacy project          Sensory Impairment Training (Ann Todd)</p>	

## Appendix 4

### 1. USING EQUALITY DATA TO PREVENT ILL-HEALTH THROUGH SCREENING

#### 1.1 Public Health Screening and Inequalities in Health

Public Health have reviewed their screening data to see where they can disaggregate the data they collect by the protected characteristics. (Patients can experience discrimination as a result of their sex, race, social class, disability, sexual orientation, religion and age). The data has been used to identify population groups that have a low level of uptake and/or late uptake and specifically tailored approaches will be developed to increase uptake of screening.

#### 1.1 Pregnancy and Newborn

Pregnancy and newborn screening is supported by our local Pregnancy Newborn Bloodspot Screen (PNBS) electronic system application. PNBS information is available by ancestry, SIMD and age. All Interpreter requirements are requested via Trakcare and a breakdown of requests by Outpatient Department is available. Trends using SIMD and ethnicity is highlighted in the [2015/16 Annual Screening Report \(pgs 67, 92\)](#). Due to the low numbers, learning disability data is not reported. Uptake is high in all the pregnancy and newborn screening programmes, ranging from 97% to 99%.

#### 1.2 Pre-school children vision screening

Preschool vision screening is supported by the national IT application called CHSP-S. National data is disaggregated by SIMD. Uptake data are analysed by SIMD, geographic area and ethnicity (use of Onomap software). Preschool vision screening is carried out in nurseries and children not attending a nursery are invited to clinics in either a health centre or hospital. Highest uptake was among children of Chinese (91.6%, n=250) and white (87.8%, n=10,908) ethnicity followed by Asian children (81.3%, n=889). Lowest uptake was among other ethnic groups at 77.7% (n=472).

#### 1.3 Cervical Screening

Cervical screening is supported by a national application called SCCRS and women are identified and invited using CHI data, which does not record ethnicity. Uptake data are analysed by age, SIMD, geographic area and ethnicity (use of Onomap software).

The Public Health screening programmes annual report showed that uptake was lowest in the youngest age group 21-24. However, in June 2016, the minimum age of entry to the cervical screening programme was increased to 25 years old on the basis of evidence that screening was least effect in the youngest age group.

A social marketing campaign by the Scottish Government took place in March 2017, targeted at women under the age of 35. Women with learning difficulties had lower uptake rates for cervical screening compared to the general screening population. Ethnic minorities also had poorer uptake of cervical screening than white women (74.4%, n=219,522), with Asian (54.9%, n=7,808, Black (49.2%, n=1,184) and Chinese (27.5%, n=2,637) women having much lower rates of uptake. There is no clear socio-economic pattern to cervical screening uptake in NHSGGC, although women living in the most affluent areas have higher uptake than all other groups ([2015/2016 Annual Screening Report, p16-20](#)).

The cervical skills training programme includes a discussion on equality and diversity. The programme has been updated to include discussion on transgender issues and dealing with particular needs of women aged over 60.

Cancer Research UK funded facilitators to work with primary care colleagues specifically to improve uptake of cancer screening.

A cervical cytology toolkit was developed and it contains a section highlighting general barriers to engagement with cervical screening and practical suggestions for practices to reduce these barriers. The appendices in the toolkit highlight resources to improve engagement with specific populations such as:

- NHSGGC Clear To All policy (highlighting appropriate text sizes and formats)
- Learning Disability resources (samples of easy read letters and video clips)
- How to run a search to identify eligible women with learning disabilities
- NHSGGC's Translating and Interpreting Service

A cervical cytology learning event was held and one of the presentations focused specifically on engaging women with learning disabilities in cervical screening, covering:

- Tips and techniques on engaging women with learning disabilities before the appointments
- The process of opt-out
- Tips and techniques on engaging women who attend for the appointment

Glasgow North East Primary Care Development Officer, Health Improvement Practitioner and CRUK Facilitator Programme are working on targeted patient engagement for the Jo's Trust Road show coming to Glasgow, March 2017. Easterhouse Health Centre and Parkhead Health centre have been contacted and the Facilitator Programme will support practice engagement (via MJOG/texts) to women who have failed to attend their smear appointment with the offer to attend the road show and discuss common barriers.

Glasgow North West Primary Care Development Officer and the Facilitator Programme are going to pilot "bite size" cervical cytology training for cluster leads with recent release of National Cervical Primary Care Toolkit.

South Sector Health Improvement Team has been working collaboratively with general practices within East Pollokshields, Ibrox, Govanhill and Castlemilk to improve uptake of cervical screening within minority communities including South Asian and Roma. During 2016/17, practices targeted patients inviting them to attend a series of cervical screening awareness workshops or promotional events taking place within health centres and/or community settings. Learning from 2016/17 is informing a more community-based approach for 2017/18 as well as innovative action to engage women who are non responders to abnormal screening results.

#### **1.4 Breast Screening**

Breast screening is supported by the national IT application called SBSS. Uptake data are analysed by age, SIMD, geographic area and ethnicity (use of Onomap software). The national data comes from CHI, which does not record ethnicity.

Breast screening uptake is poorer among women from more socio-economically deprived areas, those with learning difficulties and ethnic minorities ([2015/2016 Annual Screening Report, p42-47](#)).

Action to improve screening uptake is being led by a Short Life Working Group that was formed in 2017. It includes representation from the Breast Screening Service, Pharmacy, Health Improvement, Cancer Research UK Facilitator Team and third sector agencies. The remit is to better co-ordinate activities to coincide with screening vans being in specific areas.

Health Improvement teams work with primary care to improve uptake of screening for all eligible adults and Cancer Research UK funded facilitators work with primary care specifically to improve uptake of cancer screening.

#### **1.5 Bowel Screening**

Bowel screening is supported by a national IT system called BOSS. Uptake data are analysed by age, SIMD, geographic area and ethnicity (use of Onomap software). Participants are invited using the CHI, which does not record ethnicity.

The NHSGGC local bowel screening IT application records patients' requirements for an interpreter and any additional support needs. A request has been submitted to include these fields in the business objects reporting tool.

Compared with the overall population, bowel screening uptake is poorer among men, younger people, the most socio-economically deprived, residents with learning disabilities and ethnic minorities ([2015/2016 Annual Screening Report, p57-61](#)).

A new screening test (QFIT) will be introduced in November 2017 that we expect will be more acceptable and reduce inequalities in uptake by sex and socio-economic circumstances.

Health Improvement teams work with primary care to improve uptake of screening for all eligible adults and Cancer Research UK funded facilitators work with primary care specifically to improve uptake of cancer screening.

South Sector Health Improvement Team have been working collaboratively with GP practices within East Pollokshields and Ibrox to improve uptake of bowel screening within the South Asian community. During 2016/17, practices targeted patients inviting them to attend a series of bowel screening awareness workshops or promotional events taking place within health centres and/or community settings. Learning from 2016/17 is informing a more community based approach for 2017/18.

### **1.6 Diabetic Retinopathy Screening**

Diabetic retinopathy screening was supported by a national IT system called SOARIAN that was replaced by Vector in March 2017. Of the total population with diabetes, 55.4% (n=35,747) were male and 44.6% (n=28,809) were female. The largest majority of people with diabetes were White (81.2%, n=52,452) followed by Asians (7.8%, n=5,036) ([2015/2016 Annual Screening Report, p127](#)).

South Sector Health Improvement have been working collaboratively with GP practices within East Pollokshields to improve uptake of screening as part of a range of wider actions identified by the Community Oriented Primary Care (COPC) group. This now includes the establishment of a diabetes collaborative through which we will seek to support any actions identified around diabetic retinopathy screening.

### **1.7 Abdominal Aortic Aneurism (AAA)**

AAA screening is supported by a national system called AAA. Uptake data are analysed by age, SIMD, geographic area and ethnicity (use of Onomap software). The programme is only offered to men. Participants are invited using CHI, which does not record ethnicity. Lowest uptake overall was among residents in the most deprived neighbourhoods (73.7%) while uptake among residents in the least deprived areas was highest (87.5%). Men with learning disabilities had poorer uptake rates (57.5%, n=23) than the general eligible population ([2015/2016 Annual Screening Report p137](#)).

### **1.8 Improvements Required**

A key improvement would be for the CHI register to include ethnicity. This is being taken forward at national level. A boosted Black and Minority Ethnic sample study of the Health and Wellbeing Survey was carried out in 2016 and at the time of writing only provisional results were available. These suggested that the BME sample had much higher uptake for the main screening programmes than was typical across the whole Board area.

Actions to target differentials in screening uptake and health outcomes are included in the above report and these will be followed up to ensure action has taken place.

Board Official

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