



Meeting the Requirements of Equality Legislation
A Fairer NHS
Greater Glasgow & Clyde

Monitoring Report
2017- 2018

Meeting the Requirements of Equality Legislation
A Fairer NHSGGC
Progress Report 2017-18

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1. Introduction and summary of progress in 2017-18

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'.

This report is our second annual update of the range of work underway across NHSGGC to meet the mainstreaming and equality actions and covers the period between April 2017 and March 2018.

1.2 Where we have made a difference to patients in 2017-18

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 specific examples of work in 2017-18. The detail on how we have met each measure in our mainstreaming and equality actions can be found in Section 2. of the report.

1.2.1 Communication Support

NHSGGC provides communication support to many different patient groups to enable them to understand and participate in health services. This includes refugees and asylum seekers, black and ethnic minority people, Deaf people and Deafblind people.

Language Interpreting

The NHSGGC Interpreting Service continues to provide an essential service to our patients who do not speak English or who do not speak English well. Between April 2017 and February 2018 they provided interpreters in 109,601 face to face appointments which is an 8.55% increase on last year (same period 1/4/17-28/2/18). Additionally, in the same time period, calls to NHSGGC's telephone interpreting service increased by 5181 calls (31.78% increase year on year) to 16% of all interpreting supported appointments.

Figures show that 98% of requests for spoken language interpreters are filled. This means that approximately 6.16 appointments per day are unfilled (2053 unfilled face to face / 333 calendar days). In some languages this will be higher as there are fewer interpreters for some of the rarer languages.

British Sign Language (BSL)

All Deaf patients require BSL interpreters for health appointments. In 2017-18 4,864 face to face appointments were filled. This is an 11% increase since 2016 - 17. Additionally 1,349 minutes of on-line video interpreting were used; 399 of these minutes were in out of hours services.

Deafblind communicators

Deafblind Scotland is a membership organisation serving 755 people across Scotland. It provides a professional skilled guide/communicator service to the 144

people known to Deafblind Scotland living in the NHS Greater Glasgow and Clyde area.

The following table shows Deafblind people's use of Guide Communicators for health appointments including: GP visits; hospital appointments; specialist assessments; nurse appointments; Optician, Audiology and Podiatry appointments, day surgery and hospital admissions to Accident and Emergency.

Number of health appointments for Deafblind people - April 2017 and February 2018	463
Number of hours used by Deafblind people of Guide/communicator for health appointments - April 2016 and February 2017	1,049

Number of hours Deafblind people attended health activities - April 2017 and February 2018	637
Number of hours used by Deafblind people of Guide/communicator for health activities - April 2016 and February 2017	1959

Ill-health prevention activities undertaken included: walking - in partnership with Paths for Health, Paths for All and Glasgow Walk; cycling in Glasgow Green; yoga and men's health.

Interpreting Review

The provision of interpreting is currently being reviewed. The Review aims to promote greater consistency of good practice across the Interpreting Service, maximise the potential for efficient and effective working and ensure that the service is adequately resourced and sustainable in order to meet future demand.

1.2.2 Lesbian, Gay, Bisexual and Transgender+

Lesbian, Gay, Bisexual and Transgender+ (LGBT+) people face discrimination and exclusion which can impact on their health and use of NHS services. Our LGBT staff should be able to work in a safe and supportive environment free for prejudice and discrimination. The + means that we include people who are non-binary or gender fluid.

NHSGGC submitted a portfolio of evidence to Stonewall Scotland for consideration as part of their UK-wide LGBT+ Inclusive Employers programme. Of the 434 organisations taking part, NHSGGC ranked at 288 – a slight improvement on previous years. NHSGGC were ranked 31 out of 60 health authorities who submitted a portfolio across the UK. Stonewall have acknowledged that the process is challenging for the public sector and have worked with local authorities and health boards to adapt it. Despite the challenges, NHSGGC scored very highly in the community engagement and policy sections of the index and the additional work on statutory and mandatory training will support a more successful submission in 2018/19. A follow-up review meeting with Stonewall's NHS Scotland liaison officer has helped identify other areas where improvements can be made.

Training for staff

NHSGGC has continued its partnership with LGBT Youth Scotland which has delivered 16 training sessions to NHSGGC staff across a range of acute sites. Each session has a maximum capacity of 25 staff members and all but two of the sessions

were fully booked. Content has been developed using evaluation reports from the 2016/17 programme and feedback from LGBT+ service users and employees.

More than 300 members of staff were trained by LGBT Youth Scotland across 2016/17 and was exceeded across 2017/18 with over 400 members of staff undergoing the 2.5 hour course. In addition to this, 208 members of staff have completed the sexual orientation e-learning module.

NHS Stall at Pride



NHSGGC attended Pride 2017 and used the opportunity to engage with LGBT+ service users to better understand their experience of accessing care. 385 people completed a questionnaire and their feedback was aggregated into a report. Results showed many positive experiences across a range of NHS services. Preferences for disclosing or not disclosing sexual orientation and gender identity to NHS staff were similar to national trends. A substantial number of participants reported the reason they did not disclose was 'it never came up / not asked' or 'fear of negative attitudes'. In terms of the latter, there was evidence of negative responses from staff in NHSGGC. This fear of disclosure was particularly high for people who describe themselves as non-binary or gender fluid, many of whom were younger. Actions from the report include the following:-

- The report will be widely disseminated in NHSGGC and with national and local authority and third sector partners, in particular Stonewall, Scottish Transgender Alliance, LGBT Youth Scotland and LGBT Age and will be available on NHSGGC's Equalities in Health website.

- The learning will be used in NHSGGC's programme of LGBT staff training.
- NHSGGC's LGBT lead meets regularly with partner organisations and service user group. There will be specific discussions on the needs of LGBT communities of interest, for example, with the non-binary service user group.
- NHSGGC currently takes photos of participants at Pride. For those with positive NHS experiences, a sample of videos will be requested which will be used in NHSGGC staff training and user engagement alongside info graphics of negative comments.

1.2.3 Human Rights

Human rights are the fundamental freedoms and rights to which everyone is entitled. They are built on universal values such as dignity, equality, freedom, autonomy and respect, first set down in the Universal Declaration of Human Rights 65 years ago and now grounded in international laws. Scots contributed to the development of the modern understanding of human rights, which resonates with our deeply held values of fairness and responsibility to the community.

Human rights also link closely with the aims and values of the NHS to deliver patient centred services which are free from discrimination and meet people's needs. In 2017-18 the Equality and Human Rights Team have focused on human rights to ensure that we have the necessary knowledge as an organisation. This has included the following work:

- A literature review from the Centre for Health Policy which showed a lack of measurement of long term impact of human rights approaches in the NHS across the UK.
- A review of the human rights elements in NHSGGC Equality Impact Assessments (EQIAs), which showed services which require a more holistic intervention (e.g. Mental Health Services) are stronger on human rights issues.
- Tests of change - supported by the Centre for Health Policy and peer researchers - with Complaints staff, Critical Incidents staff, 3rd sector Mental Health and Alcohol & Drug services and Acute Older People's services. This found improved confidence and human rights skills for staff and service users, which is having a lasting impact.
- A learning event and review of previous human rights tests of change in Mental Health Services (MHS), which informed a NHSGGC annual MHS report on human rights.
- Scoping of an improvement plan for human rights work in NHSGGC alcohol and drugs services.
- The development of standard NHSGGC tools to evaluate tests of change.

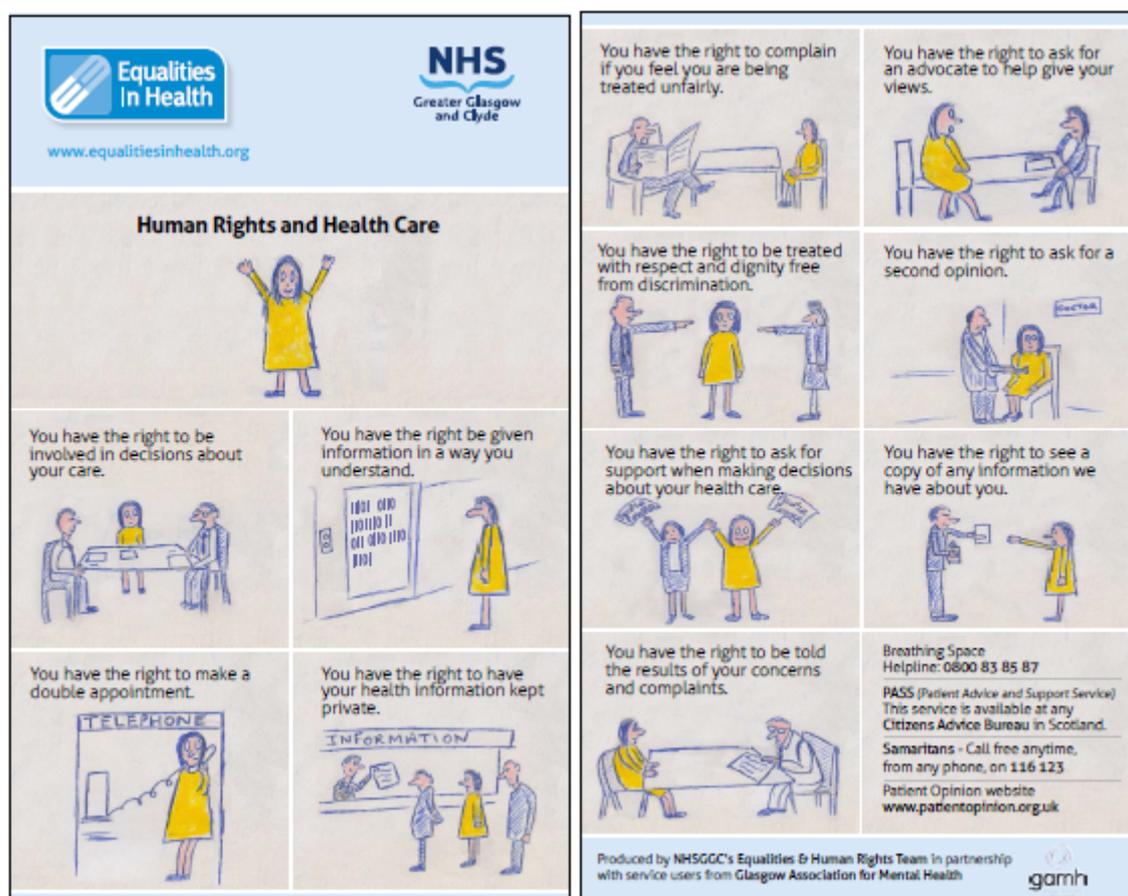
The long term impact of human rights training in Mental Health services were assessed through a survey of staff in December 2017, completed by 46 staff across Mental Health, Alcohol and Drugs and Learning Disability services. Some of the comments made by staff are below:-

“It is extremely important to be aware of human rights when working with the learning disability population to ensure that individuals are

treated with the same respect, dignity and access to services as the general population”

“Human rights make a big difference. People accessing services are most vulnerable to human rights violations and often have very little education and lack access to information as staff are also often uneducated about human rights.”

NHSGGC staff explored human rights concepts and experiences with Glasgow Association for Mental Health (GAMH) service users, carers and staff. Part of this work resulted in the production of a Human Rights information leaflet which was designed by service users. This resource was launched on the 30th March 2018 and will be disseminated via service users and volunteers and used for training on Human Right and Marginalised groups.



Work on human rights tests of change in Older People’s Services will continue in 2018-19. In February 2018 a programme was launched in Langlands Building, Medicine for the Elderly by Dr. Donald McAskill, Chief Executive of Scottish Care. The programme will provide ward based nursing staff with knowledge and tools to identify and implement a test of change aimed at balancing human rights and risk in care delivery. Senior charge nurses and Band 7 staff involved in care of older people with dementia or immediate post- stroke care are participating in the test of change.

1.2.4 Poverty and socio-economic inequality

NHSGGC has proactively supported anti-poverty work for many years. Inequalities Sensitive Practice is a way of working which responds to the life circumstances that affect people's health. Evidence shows that if these issues are not taken into account by the health service, opportunities are missed to improve health and to reduce health inequalities.

The table below shows financial gain and referrals between April and December 2017 for NHSGGC's tracked money advice programmes such as Healthier Wealthier Children. However, total referrals to money advice services have generated a financial gain of around £42 million per annum for clients from approximately 15,900 NHS referrals per annum. NHSGGC continues to review its welfare reform, fuel poverty and mental health services financial inclusion plans on a 6 monthly basis and reports on the initiatives shown in the table below on a quarterly basis. NHSGGC's draft materials on an unclaimed social security benefits uptake campaign have been considered nationally for roll out.

Area (Apr - Dec 2017)	Financial gain	Referrals
NHSGGC Healthier Wealthier Children	£2,498,258 (Debt managed unknown)	1852
Royal Hospital for Children	£1,513,532 (Debt managed also £783,129)	292
Hunter St Homelessness	£117,373	43

MSPs have visited the Royal Hospital for Children's financial inclusion initiative due to its innovative nature and positive impact on patients (e.g. £6000 gain per family per annum).

NHSGGC continues to work with leads on the national roll out of the Healthier Wealthier Children initiative.

The Fairer Scotland Duty and the Child Poverty Act 2016 will give further emphasis to this area of work in 2018-19.

1.3 Where we have made a difference to Staff in 2017-18

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 treated fairly in the workplace. Below are some examples of work in 2017-18.

1.3.1 Training

A review of Statutory/ Mandatory training in 2017-18 included updating the Equality, Diversity and Human Rights e-module. The course is now more interactive and updated with case studies and legislative changes. The e-module is mandatory for all staff and forms part of the core set of e-modules which must be done every three years.

A total of **12,183** equality and human rights training episodes were carried out in 2017-18. This includes:-

- **2,906** Introduction to Equality and Human Rights
- **4,043** New Introduction to Equality and Human Rights
- **1,166** Domestic Abuse Children's Services

The remaining **4,068** episodes covered issues such visual impairment, gender based violence, human trafficking, transgender, ethnicity, Deaf awareness, age, poverty and working with interpreters. Staff from all parts of the organisation take part in the training with **8043** of training episodes in acute, **1237** in corporate services and **2903** in Health and Social Care Partnerships.

The Equality and Human Rights Team also delivered a wide variety of face to face training to staff which is covered in more detail throughout the report.

1.3.2 Gender, Ethnicity and Disability Pay Gaps

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 was approved at the Staff Governance Committee on the 23rd May 2017. The data and action plan is published on the Equalities in Health website. This has been widely publicised to staff in Staff News.

The audit showed that the gender pay gap in NHSGGC varies across the organisation as follows:-

- Agenda for change staff showed a small gender gap in favour of women (-2%);
- Medical and dental staff showed a gender pay gap in favour of men of +13%;
- Senior managers showed a gender pay gap in favour of men of +12%;

Within job families there were higher pay gaps in administrative services, healthcare sciences and support services.

In relation to Race the overall pay gap is 17.7% in favour of Black and Minority Ethnic employees which reflects the higher number of Medical and Dental staff who earn higher salaries. Agenda for Change staff showed a pay gap of 4.8% in favour of white ethnic groups and Medical and Dental of 3%. Only 1 senior manager identified as Black and Minority Ethnic.

In relation to Disability there is an on-going issue with applicants for jobs and staff generally choosing not to disclose a disability. Comparing all staff to staff who have declared a disability there is a pay gap in favour of non-disabled staff of 9.8%.

1.3.3 Staff Forums

The Staff Disability Forum has met throughout the year and achieved the following:-

- A Disability Passport which enables staff to give managers information on their disability is being drawn up and piloted;
- A presentation to the Acute Partnership Forum which covered the common issues which have been raised by disabled staff;

- Agreement for a high profile disability event in 2018 which is being progressed;
- A major contribution to developing a new section of HR Connect which will give staff easy access to equality information, including details of the forum and the Manager's Guide to Supporting Disabled Members of Staff.

LGBT+ Staff Forum has recently met twice as a group and has continued to develop a Facebook page which has over 50 members. The group are creating a Forum logo to brand the work and have suggested placing this on HR Connect as an entry point to the work of the Forum and membership details. It was recognised that the Forum was in its infancy and it will take time to build membership and momentum. An application has been made to the Endowment's Fund for a campaign to raise awareness of LGBT+ issues in the workplace including asking staff to wear rainbow lanyards. Rainbow lanyards have been used to promote LGBT+ inclusion by a number of key public sector organisations, most notably the Scottish Government, where staff and public response has been overwhelmingly positive. The visibility of LGBT+ in the workplace was found to increase confidence in LGBT+ employees and reduce fear of discrimination by service users.

In February 2018 EHRT and HR held a series of focus groups with Black and Minority Ethnic staff to ask them if they would be interested in forming a staff forum. 10 people attended the groups and gave rich feedback on the following questions:-

- Do you think NHSGGC is positive about ethnicity and equality?
- What is your experience of working in NHSGGC (positive and negative)?
- What would make things better?
- How could we give BME Staff a voice?

A forum will be established in 2018-19 based on feedback from the focus groups.

1.3.4 Transgender Staff

LGBT Youth Scotland supported the review of NHSGGC's online transgender e-learning module, providing valuable insight into new directions and inclusions. The module has been live for 9 months with **222** completed assessments.

A transitioning guide for transgender members of staff was approved April 2017 by the Area Partnership Forum. The document is now available via NHSGGC's HR Connect site. This important document was prepared with support from Transgender Alliance, a voluntary sector group made up of transgender people. It gives managers information on the law, transgender people's rights at work and practical advice on the role of managers in supporting staff through their transition.

1.3.5 Helping Staff to Support their Patients

A wide range of information on equality and human rights issues is made available to staff via the Equalities in Health website, Equalities Updates, Staff News and social media. This includes: BSL Online Interpreting Service; Staff Training in LGBT issues, Hate Crime and equalities legislation; Staff Disability Forum; NHSGGC at Pride; Deaf & Mental Health Events, the LGBT+ Forum and the BME Staff Forum focus

groups. Equalities Update can be viewed at the [Equalities in Health](http://www.equalitiesinhealth.org) website. www.equalitiesinhealth.org

We have added to our range of **short films** to promote patient experiences in a real and meaningful way and aid staff training. These include Experiences of Visually Impaired People Using the Health Service and a guide to using the BSL Online Interpreting Service. An audit of our engagement resources has also taken place.

Our range of **Tip Cards** on how to communicate with our diverse communities has been updated and re-printed due to demand. Over 1200 sets have been distributed via our engagement activities, staff training and on demand. The Tip Cards – which cover 17 groups across the range of protected characteristics, have been extremely well received by front line staff. Glasgow City HSCP is publishing a version on their website and Glasgow Life have also asked if they can adapt them for use by staff in libraries, leisure centres and museums across Glasgow.

The topics covered in the Tip cards can be seen below.



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, 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.

In 2017-18 NHSGGC's Equality and Human Rights Team supported HSCPs with their equality outcomes for service users using a consultancy style of support. The Head of Equality and Human Rights and the team's three Planning and Development Managers lead on this work.

Some examples of joint work include:

East Dunbartonshire – 17 Lead Reviewers from East Dunbartonshire Local Authority have been given access to the NHSGGC's EQIA system and training and guidance on carrying out an EQIA.

East Renfrewshire – Given limited equalities staff capacity in East Renfrewshire, EHRT staff facilitate their equalities and human rights action plan as well as work relating to poverty. This has included: providing learning sessions and ongoing problem solving on EQIA and assessment of financial plans; facilitating an additional needs audit of Eastwood HCCC; equalities training for facilities staff, equalities proofing complaints and patient feedback systems and scoping improvement work on child poverty.

We have tested an 'additional needs' audit in East Renfrewshire Health Centre (LINK) which resulted in improvements such as staff training and use of 3rd sector providers on equalities issue. This audit will be tested further with other Health Centres.

Glasgow City- Glasgow HSCP Equalities Group recently reviewed staff's participation in equality and human rights training and found that 1163 staff in Glasgow HSCP had attended face to face training or events. In addition, 1631 equalities e-modules have been completed. Learning events have covered topics on religion and belief, hate crime, unconscious bias, BME issues from the Health and Wellbeing Survey, equalities monitoring within health improvement programmes and LGBT+ issues.

The EHRT continue to participate in the Glasgow HSCP Equality Group and link with Sector Equality Groups as required.

West Dunbartonshire- Public Health worked with West Dunbartonshire to carry out a literature review on the prevention of Gender Based Violence due to the high incidence in the area. The report found that 36% of incidents happened at the weekend and 1 in 10 children had been affected by domestic abuse. The report found that:

- Gender inequality is a root cause of violence against women and girls.
- Health appointments may be the only opportunity a woman has to disclose abuse.
- Domestic abuse accounts for a third of homelessness.

There is now a pledge and an action plan to address domestic abuse in West Dunbartonshire supported by community planning partners.

Renfrewshire - In partnership with Renfrewshire HSCP we have supported Renfrewshire Visually Impaired Forum to record their experiences of our services on a DVD. The DVD was launched by the Forum on the 28th March in Paisley and will be used for staff training and raising awareness with local services.

Mental Health- NHSGGC Mental Health Services (MHS) has three priorities: financial inclusion, human rights and sensory impairment. Development sessions for mental health staff have been provided on these topics, and annual reports are prepared on each of these work streams. A baseline report on financial inclusion resulted in an agreement of a 30% improvement target for all NHSGGC mental health services on their financial inclusion referrals to money advice alongside a range of other innovative actions. A report on human rights and an annual report on sensory impairment have been compiled and the work of NHSGGC Deafness and Mental Health Improvement Practitioner will continue in 2018-19.

1.5 Increasing the Evidence on Equality and Human Rights

In 2017-18 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

Since we published the Black and Ethnic Minority Health and Wellbeing Survey we have disseminated the findings to key stakeholders throughout 2017-18. This has included:-

- A lunch event at the Scottish Youth Theatre attended by 60 people from public sector organisations, health and social care and the voluntary sector and chaired by the Director of Public Health.
- Presentations to:-
 - Glasgow Integration Joint Board Committee
 - Glasgow City HSCP South Sector Management Development Group
 - Glasgow City HSCP Equality and Human Rights group
 - Glasgow Community Planning Equality Group

The report was presented at the Faculty of Public Health Conference in November 2017 and has been accepted as a research presentation at the 1st World Congress on Migration, Ethnicity, Migration and Health in May 2018.

Public Health is continuing to use the name recognition software (Onomap) to understand the health needs of our BME population where ethnicity is not recorded. The survey data is being prepared to be added to a data 'safe haven'¹ so that it can be linked to health outcomes for BME in future research.

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

¹ Working to agreed principles and standards these Safe Havens provide access to health data and services to enable research while protecting the confidentiality of the data. Data remains under the control of the NHS and complies with legislative and NHS policies.

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 Children²), have often experienced domestic abuse and are the group most affected by welfare reform. The work of the project has been evaluated and published on the Glasgow Centre for Population Health website (<http://www.gcph.co.uk/publications/751>) and was presented at the Faculty of Public Health Conference in November 2017. Some of the achievements of the work included:-

- Glasgow City Council's automation of clothing grants.
- An additional 5407 children receiving the school clothing grant before Christmas 2017– 97% take up.
- Grant increased from £47 to £52 (including the 22,000 already in receipt) – receiving an additional £5 before Christmas.
- A total added investment from Glasgow City Council of £354,608 per annum

This work fits with the new legislation on child poverty as an example of local action based on co-production with lone parents.

1.6 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 Public Health who is the lead director with support from the Director of Human Resources and Organisational Development.

The NHSGGC Board approves the equality outcomes. Associated monitoring reports are presented at the Public Health Standing Committee of the Board and the Staff Governance Committee. Within Acute services the Acute Health Improvement and Inequalities Group includes the following measures in the scorecard in relation to the 'Meeting the requirements of Equality Legislation: A Fairer NHSGGC 2016-20' -

- Number of financial inclusion referrals
- Number of support and information brief interventions
- Number of completed EQIAs
- Number of disability access audits
- Equality training
- Support and Information Service development

Implementation of the equality outcomes is supported by the Head of Equality and Human Rights, the Equality and Human Rights Team (EHRT), the Equality and Diversity lead within the Human Resources Directorate and a range of leads across the system, for example in public health, planning and nursing. The monitoring report is prepared by the EHRT with information gathered from across the organisation.

Jackie Erdman, Head of Equality and Human Rights, March 2018

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

2. Mainstreaming and Equality Outcomes

Mainstreaming Actions

NHSGGC's mainstreaming actions cover our core functions and how we will ensure equality considerations are embedded in how we do our business.

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.

Nineteen EQIAs were planned across Acute Services for the delivery year 2017/18. The selected assessments cover a diverse range of service redesigns and policies including Breast Service redesign for Clyde, the innovative Deep Brain Stimulation service, plastic surgery pre-assessment services and NHSGG's 'Transitioning in the Workplace Policy'.

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/2017-2018>

To facilitate the effective delivery of the EQIA programme The Equality and Human Rights Team have delivered 5 planned learning sessions and several additional 1-1 sessions with lead reviewers. A total of 80 individuals have been trained to use the online EQIA tool across Acute and HSCP areas. In addition to the planned training, the Equality and Human Rights Team offer bookable EQIA 'clinic' spaces every Thursday afternoon for lead reviewers with queries relating to their EQIAs.

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

Equalities Updates can be viewed at the [Equalities in Health](#) website.

Issues covered and promoted via the Equalities in Health website, Equalities Updates, Staff News and social media included: BSL Online Interpreting Service; Staff Training in LGBT issues, Hate Crime and equalities legislation; Staff Disability Forum; NHSGGC at Pride; Deaf & Mental Health Event, LGBTQ+ staff forum and BME staff focus groups.

We have added to our range of **short films** to promote patient experiences in a real and meaningful way and aid staff training. These include Experiences of Visually Impaired People Using the Health Service and a guide to using the BSL Online Interpreting Service. An audit of our engagement resources has also taken place.

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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 that support them.

Hard of Hearing

NHSGGC is working with those with hearing loss to enable continuous improvement in our Audiology Services. Engagement work has established that patients who use Audiology are keen to be involved in partnership with our services in line with the Audiology Standards. We held a joint event with the Scottish Health Council, sponsored by the Scottish Government, to better understand how our patients feel about community based audiology. Seventeen people attended and highlighted their experiences of using these services. This has led to the set up of a Patient Reference Group, which will provide a platform for patients to give feedback on our services.

We have also designed a questionnaire to get direct feedback from our patients. Eight hundred were disseminated across our 8 Acute audiology departments and the results will be analysed.

Online Patient Feedback website

NHSGGC's Online Patient Feedback website offers patients and carers the opportunity to provide suggestions for improvements, feed back on poor experiences of care and leave positive comments. Voluntary organisations can support patients to use the online system, enabling equality groups to use it. From 11th April 2017 up to 31st January 2018, 994 comments were made.

The analysis of that data by protected characteristics shows the following:

- As in the previous year, there were more female contributors than male – **335** vs **193**; (out of those who stated their sex).
- **16** people who provided comments had undergone gender reassignment (**12** preferred not to answer). Of these, 9 were negative and 7 positive. Negative comments related to issues such as waiting times for an appointment, hygiene concerns; staff attitude. Only one comment was connected with the gender reassignment procedure. Positive comments were all about caring staff.
- In relation to sexual orientation, the comments came from **368** heterosexual, **10** Gay/Lesbian, and **6** Bisexual respondents (**5** stated “other” and **43** preferred not to answer).
- There was a good range of ages, with the highest number of contributors being 55-64 (**133**), followed by 45-54 (**123**).
- 14% of comments come from people with disabilities (**119**).
- **22** respondents entered “hearing” under Disability. The majority of comments concerned BSL interpreters not arriving for appointments. **18** respondents indicated “mental health”. Of these, 11 praised the service and **7** left comments suggesting service improvement, such as allocating a separate waiting area for patients with mental health issues.
- As previous, response from the BME community was low, with only **4** comments. Clearly there is scope for improvement by encouraging and enabling BME people to provide comments on their experiences of the health service.
- There is also an imbalance relating to comments coming from the religious communities, i.e. only **7** in total are from Buddhist, Hindu, Jewish, Muslim respondents in comparison to **122** Church of Scotland and **100** Roman Catholic. **54** respondents preferred not to disclose their religion while **57** stated they were Atheists.

Work will be undertaken in 2018-19 to improve uptake by people with protected characteristics, particularly Black and Minority Ethnic people.

British Sign Language Champions

We have supported **7** champions in 2017-18 who have carried out a wide range of activity. The champions work is an innovative approach to involving Deaf people in improving care. The champions have met 10 times in 2017-18 and carried out the following work.

- The development of the BSL Health Champions Facebook page has improved our interaction with BSL service users and support organisations, enabling the EHRT to provide information in BSL regarding the development of its BSL work programme, general health

related information and feedback on BSL interpreting provision.

- The BSL Champions helped developed an information poster, for use in A&E and other unplanned care services, to improve staff awareness of their responsibilities in providing interpreters. The resource was developed with input from the BSL community through the BSL Champions Facebook page.
- The group delivered 4 training sessions to University of Glasgow nursing students. The 2 hour course gave an introduction to the support and health access needs of Deaf people and presented the students with a series of health and nursing related scenarios for discussion. These sessions were attended by a total of **123** first and second year students.
- The champions helped deliver 3 engagement events with Deaf BSL people looking at the health information issues relating to cancer. The sessions were attended by **117** Deaf BSL people. The engagement sessions looked at a range of issues for BSL people with regards to understanding general information about different forms of cancer as well as information about diagnosis, treatment and support for cancer. The discussions with Deaf people identified that while there is a lot of information about cancer already available in BSL, Deaf people are more likely to trust health related information when it comes directly from or is supported by the NHS. NHSGGC may have a duty to ensure easy access to information about cancer and other health related topics provided in BSL.
- The champions delivered 2 training sessions at Maryhill Health and Care Centre. The 2 hour course provided staff with an introduction to the support and health access needs of Deaf BSL people and presented them with a series of health and nursing related scenarios for discussion. These sessions were attended by a total of **20** staff.

Sexual Orientation

The Equality and Human Rights Team attended Pride for the 5th consecutive year, booking a double stall in the Community Zone on Glasgow Green to speak to people about their experiences of using NHSGGC services. EHRT members were joined by representatives of the NHSGGC HR team and volunteers from NHSGGC's LGBT+ staff forum. Three hundred and eighty five visitors to the stall completed questionnaires capturing their experiences of using NHSGGC services. Work is underway to disseminate the report to stakeholders and identify further actions.

Meetings with disabled service users in relation to DNA issues.

We have ongoing discussions with Glasgow Disability Alliance (GDA) members to discuss feedback on health issues. One of the key access issues for patients with a physical disability or who have problems with their mobility is getting to and from their hospital and healthcare appointment. EHRT also initiated discussions with the Scottish Ambulance Service regarding experiences of patient transport services.

A new patient group has been established with service users from GDA. This group, which has **15** members, met 3 times in 2017- 18. The regular discussion items for the group include a review of accessibility issues within NHSGGC sites and patient experience of care during NHS appointments. The facilitation of this group includes the opportunity for service users to feedback on experiences in 1 to 1 confidential meetings and 5 such meetings were organised for group members in 2017-18.

EHRT worked with the Learning Disability Health Action Group, which has 11 members, to review the “What Matters to Me” programme within in-patient services and to gain feedback and recommendations from recent patient experiences. EHRT worked with People First and Mainstay Trust to look at general accessibility issues within the QEUH and RHC, including signage and way finding. This work was facilitated through the Learning Disabilities Health Action Group. 6 group members took part in a walk through exercise of the hospitals. A follow up meeting with the Learning Disabilities Health Action Group identified that way finding and getting through the common areas of both hospitals was better than expected, including access for wheelchair users. Recommendations from this work were made to Facilities. This was a follow up to the quality checks carried out in the hospitals by Values into Action Scotland in 2016.

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

The Equality and Human Rights Team established a BSL Patient Reference group to assist in reviewing and evaluating feedback to improve the Interpreting Service. The group has **13** members who have established terms of reference over the two meetings held. Actions agreed from the meetings have been implemented e.g. staff guidelines for working with BSL interpreters and the promotion of BSL online interpreting.

Utilising our BSL Champions Facebook page on social media, concerns were expressed about how NHSGGC Interpreting Service works and the quality threshold for BSL interpreters. A public meeting was organised, attended by 32 people, where there was a positive discussion regarding how we ensure interpreters attend appointments. The session presented the opportunity for Deaf BSL people to discuss their issues and concerns with staff responsible for planning and delivery of interpreting services. The event was also attended by the NHSGGC Interpreting Service and the BSL Mediator.

There was overall satisfaction with access to and quality of interpreting services across NHSGGC. There were still ongoing issues with staff awareness of patients’ rights regarding interpreting, with a significant number still neglecting to book BSL interpreters for scheduled appointments. However, there was consensus that the quality of the service was good.

The Equality and Human Rights Team agreed with patients that more work would be done to improve staff awareness of their responsibilities

for booking interpreters and ensuring that this information is promoted across all Acute settings.

The BSL mediator also informed people how to check if their interpreter has been booked and how to give feedback / complain.

To try to ensure staff always book an interpreter for Deaf people EHRT have produced staff training videos on how to book BSL interpreters and how to use BSL online interpreting – now expanded to 34 sites. A poster for unplanned care, which highlights to Deaf people their rights to an interpreter and explains to staff how to book interpreters, has been developed and disseminated by our BSL Champions.

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

Reference Groups

The Equality and Human Rights Team continue to support four different Reference Groups to get continuous feedback on the provision of interpreting.

- Staff Interpreting Reference Group - which has 26 members
- Patient Reference Group (Spoken Languages) - which has 9 members and has met twice in 2017-18
- Fixed term Interpreters Group – which has 14 members
- Third Sector Interpreting Reference Group (Spoken Languages) which has 9 members and has met twice in 2017-18

The feedback from these Reference Groups is used in regular catch up meetings with interpreting service staff. The feedback from this year's engagement includes the following issues:

- Delay in getting through to language line (telephone interpreting)
- Confusion over booking reference numbering system
- NHS Staff not informing Interpreting Services that appointment cancelled
- Issues with staff refusing to book an interpreter (Patient feedback)
- Interpreters not being provided for GP registration (Third Sector feedback)
- Same sex interpreters not always available
- Same day appointment with GP refused due to interpreter booking.

Interpreting Service

- Spoken Language

The NHSGGC Interpreting Service continues to provide an essential service to our patients who do not speak English as their first language. Between April 2017 and February 2018 they provided interpreters in 109601 face to face appointments which is an 8.55% increase on last year (same period 1/4/17-28/2/18). Additionally, in the same time period, calls to NHSGGC's telephone interpreting service increased by 5181 calls (31.78% increase year on year) to 16% of all interpreting supported appointments on last year's figures.

Figures show that 98% of requests for spoken language interpreters are filled. This means that approximately 6.16 appointments per day are unfilled (2053 unfilled face to face / 333 calendar days). In some language this will be higher as there are fewer interpreters for some rarer languages.

- British Sign Language

For 2017-18 4,864 face to face appointments were filled. This is an 11% increase since 2016 - 17. Additionally 1,349 minutes of online interpreting were used; 399 of these minutes were in out of hours services.

- Deafblind communicators

Deafblind Scotland is a membership organisation serving 755 people across Scotland. It provides a professional skilled guide/communicator service to the 144 people known to Deafblind Scotland living in the NHS Greater Glasgow and Clyde area.

The following table shows Deafblind people's use of guide/communicators for health appointments including; GP visits, hospital appointments, specialist assessments, nurse appointments, Optician, Audiology and Podiatry appointments, day surgery and hospital admissions to Accident and Emergency.

Number of health appointments for Deafblind people - April 2017 and February 2018	463
Number of hours used by Deafblind people of Guide/communicator for health appointments - April 2016 and February 2017	1,049
Number of hours Deafblind people attending health activities - April 2017 and February 2018	637
Number of hours used by Deafblind people of Guide/communicator for health activities - April 2016 and February 2017	1959

III-health prevention activities undertaken include:

- Walking - in partnership with Paths for Health, Paths for All and Glasgow Walk
- Cycling in Glasgow Green – Freewheel North
- Boxing
- Swimming
- Exercise class provided by Deafblind Scotland
- Weight Management
- Yoga
- Relaxation classes
- Men’s health group, ice skating,
- Gym
- Craft classes
- A group were also supported to climb Conic Hill and the Millenium trail at Balmaha.

- **Interpreting Review**

The provision of interpreting is currently being reviewed. The Review aims to promote greater consistency of good practice across the Interpreting Service, maximise the potential for efficient and effective working and ensure that the service is adequately resourced and sustainable in order to meet future demand.

- **Staff Training**

Face to face training is delivered to staff on interpreting. This covers how to book interpreters, how to use telephone interpreting and the models we currently use. Resources to help staff work with those whose first language is not English are used during this training.

Since Aug 2017, 79 NHS Greater Glasgow and Clyde staff from Acute, HSCP and Primary Care have been targeted through training sessions to promote the use of the Interpreting Service, share the related information and discuss common issues faced by our staff.

Issues discussed in these training sessions included:

- Confusion over using family for interpreting
- Using bilingual staff for interpreting
- Time and lack of equipment (speaker phones) when using language Line
- Interpreters not arriving for appointments

- Accuracy of the interpreters

The training sessions also provided an opportunity to share resources such as tip cards on communication with our diverse communities, desk cards promoting telephone interpreting and language identifiers as well as raise knowledge and perceptions of interpreting.

One hundred and sixty eight doctors have been trained on how to work with interpreters. These 1 hour, small group, intensive sessions involved practicing and recording interaction with an interpreter and reviewing as a group.

EHRT delivered training as part of the 3rd Year dental students' course to increase their understanding of those who do not speak English and how to work through interpreters. Forty three students attended. This is done annually.

A training session was also delivered to 65 Health Visitors in light of a change in the delivery model and an influx of new staff. This training was prefaced with a generic guide to delivering equality sensitive services.

Action: Include the BATH Group in assessing action plans for new buildings and existing estate improvements.

EHRT made links with a number of patients who have been involved in our engagement programmes in the past to invite them to participate in the DDA audits. Participation in the audits was also promoted through contact with a number of support services working within the 3rd sector. A change in staff meant that the Better Access to Health (BATH) Group were not utilised for work for some months. A new process is now in place to recruit for a virtual DDA audit group of 30 – 40 patients. This group will be supported with training and be asked to participate in audits throughout the year.

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

New Scots Strategy Consultation

The New Scots Strategy consultation was organised in partnership with the Central West Integration network in September 2017. Forty community members from different background attended the event. Issues from the consultation included:

- Access to Interpreters
- Recognition of qualification from other countries, to allow recruitment to NHS
- Shorter waiting time for mental health services

- Access to higher education
- Volunteering opportunities in NHS

Following the consultation, EHRT met with the family of a Deaf man. NHSGGC currently has no access to BSL or sign language interpreters from the man's country of origin. A scoping exercise has been carried out to ascertain the communication needs of asylum seekers and refugees who do not use British Sign Language. A joint strategy is being planned to find a way to support these patients in their appointments.

Deafness and Mental Health

Work with Childline to deliver Deaf Awareness Training to volunteers and staff led to the potential to recruit Deaf volunteers to help provide a service for Deaf survivors of abuse. This model is also being rolled out with Drink Wise and Age Well who would welcome volunteers who are Deaf to advise them on making their organisation more accessible to Deaf people.

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 (GBV)

208 staff in NHSGGC have been trained in introductory GBV. **1166** staff have completed Domestic abuse and Children's services module and **93** staff have completed the Human Trafficking e-module.

11 Emergency Service staff completed Training for trainers to equip them to train colleagues and enable implementation of routine enquiry on GBV within **Emergency Services** in 2018-19. A GBV questionnaire has been developed within Trakcare to support practice and recording of routine enquiry.

A programme to train 203 new health visitors on routine enquiry and Safe Lives risk assessment began in March 2018 and will continue until June 2018.

Collaborative action on GBV between NHSGGC and its partners has been strengthened by the establishment of an NHSGGC led quarterly network.

The Health Visitor electronic record (EMIS) evidenced enquiry on GBV being undertaken of 50% of service users across GGC (or exception reporting if not). See **Appendix I** for GBV Update P. 48

Money Worries

The table below shows financial gain and referrals between April and December 2017 for NHSGGC's tracked money advice programmes such as Healthier Wealthier Children. However, total referrals to money advice services has generated a financial gain of around £42 million per annum financial for clients from around 15,900 NHS referrals per annum. NHSGGC continues to review its welfare reform, fuel poverty and mental health services financial inclusion plans on a 6 monthly basis and reports on the initiatives shown in the table below on a quarterly basis. NHSGGC's draft materials on an unclaimed social security benefits uptake campaign have been considered nationally for roll out.

Area (Apr - Dec 2017)	Financial gain	Referrals
NHSGGC Healthier Wealthier Children	£2,498,258 (Debt managed unknown)	1852
RHC	£1,513,532 (Debt managed also £783,129)	292
Hunter St Homelessness	£117,373	43

MSPs have visited the Royal Hospital for Children's (RHC) financial inclusion initiative due to its innovative nature and positive impact on patients (e.g. £6000 gain per family per annum).

NHSGGC continues to work with leads on the national roll out of the Healthier Wealthier Children initiative.

The cumulative total to December 2017 for Acute referrals is 3827.

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

Additional Support Needs

NHSGGC has maintained close liaison with the national improvement plan for additional needs. We are awaiting the issue of national guidance on the use of streamlined national codes for additional needs and a new national SCI gateway additional needs item. We have raised that there remains a national funding and implementation issue for storage and use of this data for patient journeys into secondary care.

In the interim, we have developed a proposal for a local solution to this issue and will re-issue Client Additional Support Needs cards and posters as part of this development. SCI gateway additional needs data flow remains very low in NHSGGC from primary care into SCI gateway although we expect the new national system to vastly improve this and will disseminate knowledge about this development widely. Current data shows the following:-

Aug – Oct 2017 n=15 (7 Deaf patients, 1 Hard of Hearing patient, 1 Blind patient, 1 patient with Dementia, 1 patient with cerebral palsy, 4 patient availability).

Secondary care alerts continue to be added to Trakcare as appropriate. In addition, we have tested an 'additional needs' audit in primary care which resulted in improvements such as staff training and use of 3rd sector providers on equalities issue. This audit will be tested further with other Health Centres.

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

The Staff Disability Forum worked with the Human Resources Team to develop an Equality, Diversity and Human Rights tab on HR Connect. This will provide a direct access point for staff information, including the Manager's Guide to Supporting Disabled Members of Staff, the Transgender Policy and Guidance and a link to the Equalities in Health website.

Equality Data

Staff Governance Reports continue to be produced on a quarterly basis highlighting key trends and issues on Equality and Diversity. The data we collect is being reviewed to ensure we are covering the recommended sources.

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 was approved at the Staff Governance Committee on the 23rd May 2017. The data and action plan is published on the Equalities in Health website. This has been widely publicised to staff in the most recent Staff News.

Training - Breakdown of e-modules undertaken on LearnPro between 1st April 2017 and 28th February 2018

Total of **12,183** equality and human rights training episodes.

This includes:-

2,906 Introduction to Equality and Human Rights

4,043 New Introduction to Equality and Human Rights

1,166 Domestic Abuse Children's Services

The remaining **4,068** episodes covered issues such as visual impairment, gender based violence, human trafficking, transgender, ethnicity, Deaf awareness, age poverty, working with interpreters

The Equality and Human Rights Team also delivered a wide variety of face to face training to staff which is covered throughout the report.

Sensory Impairment

Deaf Connection, Visibility Scotland and Deafblind Scotland delivered sensory impairment sessions for front-line staff as follows:-

Session	Number Completed
Sensory impairment training sessions (4 hours)	5
Sensory Impairment sessions for OTs	3
Awareness sessions on sensory impairment in hospital waiting areas/ wards (1 hour)	4

We have supported Renfrewshire Visually Impaired Forum to record their experiences in our services on a DVD. The DVD was launched by the Forum on the 28th March in Paisley and will be used for staff training and raising awareness with local services.

BSL classes for staff

The 10 week introductory course on health related BSL/ signing was delivered in 4 Acute sites over the past year - Royal Alexandra Hospital, Vale of Leven, Queen Elizabeth University Hospital and Glasgow Royal Infirmary. A total of **96** staff completed the course this year.

Disability Confident (previously two tick symbol)

Disability Confident is a government scheme that promotes the benefits to businesses of recruiting and retaining people with disabilities. The scheme offers advice and support to employers, enabling them to actively seek, hire and retain disabled people. Organisations complete a Disability Confident self-assessment, agree to undertake all of the core actions to be a Disability employer, and offer at least one activity to attract and retain disabled staff.

The Disability Confident accreditation means that, as an employer, NHSGGC is proactive in recruiting disabled people and has mechanisms in place to ensure that people with disabilities and long term health conditions feel supported, engaged and able to fulfil their potential in the workplace.

This is part of our commitment to recruiting and retaining the best people, regardless of disability. Being a Disability Confident employer means we are better placed to recruit people with disabilities, so we can build stronger and more effective teams.

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 actively involved in the group.

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

Staff Forums

The Staff Disability Forum has met throughout the year and achieved the following:-

- A Disability Passport which enables staff to give managers information on their disability is being drawn up and piloted;
- A presentation to the Acute Partnership Forum which covered the common issues which have been raised by disabled staff;
- Agreement for a high profile disability event in 2018 which is being progressed;
- A major contribution to developing a new section of HR Connect which will give staff easy access to equality information, including the forum and the Manager's Guide to Supporting Disabled Members of Staff. The guide can be found here:
<http://www.nhsggc.org.uk/working-with-us/hr-connect/policies-and-staff-governance/policies/attendance-management-policy-procedure-overview/supporting-disabled-members-of-staff/>
<http://www.nhsggc.org.uk/working-with-us/hr-connect/policies-and-staff-governance/release-potential/resources-for-managers/>

LGBT+ Staff Forum has recently met twice as a group and has continued to develop a Facebook page which has over 50 members. The group

is creating a Forum logo to brand the work and have suggested placing this on HR Connect as an entry point to the work of the Forum and membership details. It was recognised that the Forum is in its infancy and will take time to build membership and momentum. An application has been made to the Endowments Fund for a Rainbow Lanyard campaign. Rainbow lanyards have been used to promote LGBT inclusion by a number of key public sector organisations, most notably the Scottish Government, where staff and public response has been overwhelmingly positive. Lanyards were found to increase confidence in LGBT employees and reduce fear of discrimination by service users.

In February 2018 EHRT and HR held a series of focus groups with Black and Minority Ethnic staff to ask them if they would be interested in forming a staff forum. 10 people attended the groups and gave rich feedback on the following questions:-

- Do you think NHSGGC is positive about ethnicity and equality?
- What is your experience of working in NHSGGC (positive and negative)?
- What would make things better?
- How could we give BME Staff a voice?

The forum will be established in 2018-19 based on feedback from the focus groups.

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

A transitioning guide for transgender members of staff was approved April 2017 by the Area Partnership Forum. The document is now available via NHSGGC's HR Connect site. The guide has also been Equality Impact Assessed with the report available here: <http://www.nhsggc.org.uk/media/244423/nhsggc-transitioning-in-the-workplace-protocol.htm>

2.6 Measuring performance and improving data collection

Action: Ensure new data systems or migrated systems will always include fields to collect equality data and undertake an improvement programme to update existing systems.

In 2017-18 we have made improvement in our data recording systems as follows:-

Gender reassignment

Following scrutiny by internal governance boards, formal approval was given to remove gender title fields from the NHSGGC's TrakCare

patient information management system. This means patients who have reassigned their gender but have yet to change their Community Health Index Number via Practitioner Services receive written correspondence from NHSGGC without risk of misgendering and inadvertently being 'outed'.

Gender Based Violence (GBV)

An audit of EMIS the health visiting electronic data recording system, revealed variation in where GBV enquiry was being recorded, resulting in barriers to reporting comprehensive numbers. This is being addressed through a standard place for recording GBV enquiry within a revised template and routine recording of enquiry being set as an improvement target for 2018-19.

Action: 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 through related measures.

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.

Did Not Attends (DNA) Engagement

The Equality and Human Rights Team met with 93 people across 6 groups to ask about their experience of DNAs. These were reported by group. Common issues are as follows:

- Readability of letters
- Ability to call to confirm appointments
- Managing long term appointments
- Texting to confirm suggested as a good idea by all groups

In November Medical Records spoke to a sample of patients across 3 sites to see if interpreting issues were contributing to DNAs. From 15 patients:- 13 requested interpreters, 10 interpreters were booked, 7 interpreters arrived and 3 used telephone interpreting.

Action: Put in place data collection and performance measures to track progress on the mainstreaming and equality outcomes for the Board for 2016-10

Within Acute services the Acute Health Improvement and Inequalities Group includes the following measures in the scorecard in relation to the 'Meeting the requirements of Equality Legislation: A Fairer NHSGGC 2016-20' -

- Number of financial inclusion referrals
- Number of support and information brief interventions
- Number of completed EQIAs
- Number of disability access audits
- Equality training
- Support and Information Service development

Action: Follow up actions to target differentials in screening uptake and health outcomes to ensure action has taken place

Gender reassignment

Public Health has developed screening information for transgender people covering testicular cancer, Abdominal aortic aneurysm breast, bowel and cervical screening. This information is now available to the public via NHS Inform.

Black and Minority Ethnic

The 2016 Black and Minority Ethnic Health and Wellbeing Study in Glasgow tested Onomap software and this is now used routinely in screening to understand uptake where ethnicity information is unavailable. The update screening report on equalities is at **Appendix II P. 51**

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

British Sign Language Act notification of Additional Need

The BSL (Scotland) Act 2015 requires public bodies listed in the schedule of the Act to publish BSL Plans by October 2018 to show how we will support and promote BSL as a language.

The National Plan has already been published and covers actions on the part of the Scottish Government itself and other national bodies. This plan sets out an action to ensure NHS Services will be notified in advance of any appointment if an interpreter is needed. Discussions are under way with local GPs to develop an action plan for NHSGGC.

NHSGGC has continued to support the development of additional needs recording in patient data so that arrangements are made for admission to hospital to support patients with access needs.

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

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.

Better Health through Employment Group

Community Benefits Clauses are now standard in contracts and include good work practice such as: supportive employment practices, for example, flexible working, career breaks, return to work; employment opportunities for disabled people and modern apprenticeships; secure contracts (no zero hours), learning & development for staff and health promotion activities for employees. These are all scored as part of the tendering process.

The Capital Planning Department within Procurement work in partnership with the west Scotland hub and a Community Benefits Framework is being used in contracts for our new health centre builds. These have been updated since the development of the West Scotland's Community Benefits Strategy 2016.

There is on-going work with procurement managers to support increased spend with supported businesses, organisations that employ more than 50% disabled staff. Procurement rules are different for these organisations so that we can more easily use their services. It is proposed that all contracts £1m and above will include a requirement for the procurement strategy for sub-contracts to include invitations to supported businesses.

Equality Outcomes

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 uptake of progress made on the outcomes in 2016-17.

Equality Outcome 1: Disabled people and people experiencing poverty can access NHSGGC services without barriers and in ways which meet their needs
<p>Measure: 3 DDA audits per year carried out in priority areas</p> <p>Activity: Improve the physical accessibility of our buildings through a planned approach to auditing new buildings and our existing estate.</p> <p>Three audits were completed in 2017 – 18. The Queen Elizabeth University Hospital (QEUH) Teaching and Learning Centre, the QEUH Main Building and QEUH Neurology building – parking to entrance and waiting area.</p> <p>Eastwood Health and Care Centre was also audited using a tool developed by NHSGGC Equalities & Human Rights Team (EHRT). A site visit was conducted by EHRT and a representative of Deafblind Scotland. A staff survey was also conducted and meetings were held with staff members. Issues were found in relation to access issues e.g. patients not knowing what is available in the building, community participation and information provision. The provision of transport e.g. Wee Red Bus, was a good example of meeting the needs of those who need transport to the centre.</p>
<p>Measure: Disabled people are involved in audit process</p> <p>See 2.3 Mainstreaming Page 19</p>
<p>Measure: 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>Just over a third of contacts (2714) at Support and Information Services were in-depth discussions during which equality monitoring</p>

<p>information was requested (total service contacts was 7515):</p> <ul style="list-style-type: none"> • 10.3% (279) people were Black and Minority Ethnic. • 2% (55) required interpreting support. • All 2714 had health conditions with 3 people being Deaf, 14 having mental health conditions and 11 having physical impairments affecting their mobility. <p>An audit of the Cashier's office will be undertaken to see if there are any gaps in uptake.</p>
<p>Measure: Numbers of patients engaged on access issues Activity: Engagement with groups who report access issues and action to address their issues</p> <p>We have engaged with over 1200 people throughout the year on a wide range of access issues. Details can be found throughout the report and cover British Sign Language users, asylum seekers and refugees, disabled people (learning disability, physical disability and visual impairment), Lesbian Gay and Bisexual +, transgender people, women and men and people who have experienced poverty. This engagement work and how it has been fed back to services can be found throughout the report.</p>
<p>Measure: Increased money advice referrals Activity: See section 2.4 Mainstreaming Page 27.</p>
<p>Measure: Increase recording of patients' access support needs Activity: See section 2.4 Mainstreaming Page 27.</p>
<p>Measure: Patient feedback on access support needs being met.</p> <p>The EHRT facilitated 6 meetings of the Learning Disabilities (LD) Health Action Group, and also attended 6 meetings of the Public Partnership Group called 'The Life I Want'. From these groups we received feedback on the accessibility of information for LD patients regarding information on cancer which was fed back to services.</p> <p>EHRT worked with People First and Mainstay Trust to look at general accessibility issues within the QEUH and RHC, including signage and wayfinding. 6 group members took part in a walk through exercise of the hospitals. A follow up meeting with the LD</p>

Health Action Group identified that wayfinding and getting through the common areas of both hospitals was better than expected including access for wheelchair users. Recommendations from this work were made to Facilities. This was a follow up to the quality checks carried out in the hospitals by Values into Action Scotland in 2016.

The EHRT has regular liaison meetings with the equality lead from Scottish Ambulance Service to formally explore accessibility and support issues within patient transport services. The experiences shared by patients during our engagement are fed back to SAS who look at how they can meet the needs of disabled patients, for example ensuring improved communication when scheduling transport provision for appointments. There have been 2 meetings this year, with the intention that there will continue to be bi-annual meetings each 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.

188 staff watched the DVD on how to book BSL interpreters. 187 completed the Deaf Awareness e learning module and 193 completed the How to Work with an Interpreter e-learning module.

In 2017-18 **4,864** face to face appointments were filled. This is an 11% increase since 2016 - 17. Additionally 1,349 minutes of online video interpreting were used; 399 of these minutes were in out of hours services.

An innovative approach to raising awareness of BSL with staff and patients has been delivered through drama in conjunction with the Royal Conservatoire for Scotland. Members of their BSL Drama Group delivered a series of specially designed performances across a range of hospital and community health settings, including 3 performances within Glasgow City HSCP and North West HSCP health and care centres. The performed a Christmas pantomime in the QEUH, RHC and Gartnavel Royal Hospital and included opportunities for audiences to learn some basic signing. The performances were viewed by more than 170 staff and patients.

The group devised and performed a piece that explored issues relating to Deafness and mental health. 8 performances were delivered between May and September 2017, reaching upwards of **300** people. The piece was particularly well received by audiences, including positive feedback from NHS GGC mental health service staff. The performances included a question and answer session on mental health issues and how it can affect Deaf BSL people. Following the session at Deaf Connections, EHRT met the Deaf Black and Minority Ethnic Group, which has 25 members, to discuss their particular issues including access to sign language from county of origin. A plan is in place to try and resolve this issue.

<p>Measure: Number of complaints from BSL users.</p> <p>In 2017 – 18 our BSL Mediator received direct feedback from 55 Deaf people. The majority of issues raised are about staff not booking interpreters (33%), 26% was Deaf people checking if their interpreter had been booked and 26% was about the quality of the interpreter e.g. not a preferred interpreter, liking the interpreter provided, asking how to use online interpreting.</p>
<p>Measure: Patient feedback on British Sign Language users' communication needs being met.</p> <p>Online BSL interpreting The development of online interpreting for BSL users has been a welcome development for staff and some of our Deaf community. The mini lap tops have been used in our Emergency Departments as planned but also in Acute wards as they have followed the patient through their pathway.</p> <p>We have received positive feedback from staff and patients who have used it. Limitations on wifi provision is the only negative feedback we have received so far.</p>

<p>Equality Outcome 3: People who have migrated to our area, asylum seekers and refugees, know how to access Acute services</p>
<p>Measure: Number of translated patient publications disseminated via services and voluntary sector organisations.</p> <p>Engagement with the third sector to continuously improve this service. Sixteen community engagement events with Refugees and Asylum Seekers were organised and delivered between July and Feb 2018. 330 people from different communities attended these events covering 16 different languages. Interpreters were booked by the Equality and Human Rights Team to communicate with community members. The languages covered in these sessions were Arabic, Amharic, Banyuni, Cantonese, Farsi, English, Punjabi, Swahili, Somali Mandarin, Tamil, Tigrinian Kurdish (Sorani), Kurdish (badini), Urdu and Punjabi.</p> <p>Issues raised by patients in these events varied from access to services, poor staff attitude with marginalised groups, lack of knowledge regarding different services, reluctance to complain and desire for information in different languages.</p>

Taking into account these issues a number of actions have been taken. For example, GP registration forms have been translated into different languages, primary care staff training sessions have been run to share information regarding the Interpreting service, GP information cards for reception staff have been produced for easy communication.

We have a range of resources to assist patients in getting the communication support they require and to understand how the health service works – see **Appendix III P. 55** In 2017-18 we distributed **1820** of these resources to voluntary sector groups and patients.

Measure: Improved patient satisfaction.

A number of actions have been taken to resolve the issues stated above. For example, GP registration forms have been translated into 21 languages, targeted engagement work has been carried out with Refugees and Asylum seekers to promote NHS services, a leaflet promoting entitlement to an interpreter has been produced in 21 languages and more sessional female interpreters have been recruited to fill the gap. This feedback has also helped inform focused problem solving work in high use areas like Govanhill.

Equality Outcome 4: People who have reassigned their gender are not discriminated against in our services

Measure: Improved patient satisfaction

Pride

NHSGGC attended Pride 2017 and used the opportunity to engage with transgender service users to better understand experience of accessing care. This feedback, from **385** people, has been aggregated into a report which will be disseminated to a range of stakeholders including LGBT Youth, Stonewall Scotland and internal specialist services including Child and Adolescent Mental Health Services.

This feedback has been integrated with partnership work outcomes between LGBT Youth and NHSGGC to develop resources for service waiting areas promoting inclusion for transgender people. A set of two posters has been created informing transgender people of their rights to a non-discriminatory service and informing staff of their duty to deliver this. The posters are being piloted in specific test sites and feedback will inform a final resource if amendments are required.

Training for staff

NHSGGC has continued its partnership with LGBT Youth from 16/17 to deliver 16 training sessions to NHSGGC staff across a range

of acute sites. Each session has a maximum capacity of **25** staff members and all but two of the sessions are fully booked. Content has been developed using evaluation reports from the 16/17 programme and feedback from LGBT+ service users and staff.

LGBT Youth supported the review of NHSGGC's online transgender e-learning module, providing valuable insight into new directions and inclusions. The module has been live for 9 months with **222** completed assessments.

Gendered titles in patient records

Following scrutiny by internal governance boards, formal approval was given to remove gender title fields from the NHSGGC's TrakCare patient information management system. This means patients who have reassigned their gender but have yet to change their Community Health Index Number via Practitioner Services receive written correspondence from NHSGGC without risk of misgendering and inadvertently being 'outed'.

Measure: Numbers of staff trained on gender reassignment issues

More than **300** members of staff were trained by LGBT Youth across 2016/17 and this is set to be exceeded across 2017/18 with an anticipated **400+** members of staff undergoing the 2.5 hour course.

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

Measure: patient and carer satisfaction

A Cerebral Palsy transition group has agreed a set of actions and responsibilities for improving transition into adult services for young people with this condition. A Diabetes pathway and dedicated clinic has been established for young people aged to facilitate transition into adult services.

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.

Measure: Number of routine sensitive enquiry for gender based violence and money worries

Gender Based Violence (GBV)

See Section 2.4 Page 27

Money worries

See Section 2.4 Page 27

Measure: Number of staff trained in priority areas on equalities sensitive conversations.

Inequalities Sensitive Practice is a way of working which responds to the life circumstances that affect people's health. Evidence shows that if these issues are not taken into account by the health service, opportunities are missed to improve health and to reduce health inequalities. Work in NHSGGC has focussed on gender based violence (GBV) and poverty however training on all of the protected characteristics can improve practice.

See Section 2.5 on P. 29 and throughout the document for training descriptions and data.

Measure: Staff undertaking hate crime training

Numbers attending Hate Crime training sessions have been disappointingly low and have resulted in a review of training promotion. To date **33** people have been trained in Hate Crime awareness and third party reporting across 4 scheduled training sessions. In addition, **116** members of staff have completed the Hate Crime Awareness e-learning module.

Activity: Staff deliver healthcare which meets the needs and understands the experience of Black / Minority Ethnic communities.

During 2017 – 2018 (to January 2018) NHSGGC produced **239** resources in other languages or formats to meet the needs of our patients. These translations include medical records, public health information, speech language therapy report for parents of children who do not speak English and NHSGGC clinical information required for patient care.

The Clear to All Policy is being reviewed as part of the review of Interpreting Services. A short life working group comprising representation from Public Health, Medical Illustrations, Patient Experience and the Public Involvement team with links to Clinical Effectiveness colleagues was convened. This group will review the policy and consider other improvements which can be made to the production of patient information to ensure it is relevant, up to date and accessible.

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

Partnership links across Acute are being mapped - to be actioned in Year 3.

Equality Outcome 8: Older people receive services based on their needs

Measure: Review impact of frailty assessment tool on people's health and care.

Within NHSGGC the frailty tool is currently being used at the 'front door' to identify patients who are frail and are likely to benefit from referral to Clinical Geriatric Assessment. This assessment signposts patient to early intervention from staff and it also links into community health services. NHSGGC has opened a short stay Frailty Unit to facilitate patients getting back to their own homes more speedily than otherwise would happen. It avoids admission and longer stays in assessment wards. The Unit opened in June 2017 and is a collaborative between NHSGGC and partners including HSCPs.

Between January 2017 and March 2018 the % of people over 75 who were screened for frailty on arrival to front door in QEUH increased from 5% to 78%.

Measure: Increased patient satisfaction

This will be explored in 2018-20.

Equality Outcome 9: Disabled staff receive appropriate reasonable adjustments and young disabled people are supported to access modern apprenticeships in NHSGGC

Measure: Deliver Double Tick Action (now Disability Confident) Plan in consultation with Staff Disability Forum.

See Section 2.5 Mainstreaming Page 29

Measure: Produce and disseminate a manager's guide to reasonable adjustment.

The manager's guidance has been agreed and can be accessed on HR Connect.

Attendance Management <http://www.nhsggc.org.uk/working-with-us/hr-connect/policies-and-staff-governance/policies/attendance-management-policy-procedure-overview/supporting-disabled-members-of-staff/>

Release Potential <http://www.nhsggc.org.uk/working-with-us/hr-connect/policies-and-staff-governance/release-potential/resources-for-managers/>

Measure: Ensure young disabled people access NHSGGC modern apprenticeships.

Modern Apprenticeships

The following activity has been undertaken to increase recruitment of equality groups:-

<p>Amendments to Modern Apprenticeship Recruitment Activity</p>	<ul style="list-style-type: none"> • Inclusion of statement “We welcome applications from disabled people, minority ethnic groups, those who are care experienced and the LGBTI community” • Creation of promotional flier to promote inclusive recruitment processes • Over 40 information sessions hosted (tailored to each vacancy) to provide information, advice and guidance on recruitment stages • Interview preparation sessions offered to every short-listed candidate
<p>BME</p>	<ul style="list-style-type: none"> • Two appearances on Awaz FM in lead up to recruitment phase • Attendance at two events supported by BEMIS (tasked with national campaign to increase uptake of apprenticeships within the BME community) at City Chambers and Langside College • Vacancies circulated via BEMIS networks • Consultation with BEMIS on appropriate recruitment activity
<p>Disability</p>	<ul style="list-style-type: none"> • Opening up of vacancies to applicants aged up to 29 with a disability (generally up to 24 for non-disabled applicants) • Creation of promotional flier to promote inclusive recruitment • Advert in Enable magazine • Circulation of vacancies to disability organisations • Interview confirmation email amended to include general statement reminding all

	<p>applicants requiring adjustments to advise team. Example Pharmacy Admin MA – 6 interviewees had declared disability but hadn't disclosed need for adjustments on application form. Following email 2 requested an adjustment for interview. One applicant failed to declare disability but then came back with a disclosure and a request for adjustments.</p>
Care Leavers	<ul style="list-style-type: none"> • Engagement with a number of charities supporting care experience young people and Glasgow City Council Care Leavers Employment Service. • Attendance at Glasgow City LACC unit managers meeting to promote vacancies
Gender Bias	<ul style="list-style-type: none"> • Hosted events to promote NHS STEM careers including Women in Engineering in Paisley and STEM tour at Royal Alexandra Hospital • Consultation with Equate regarding promotional materials and use of appropriate language and photos • Creation of female only promotional pop up stand • Careers event at Notre Dame High School (girls only school) to promote MAs • Promotion of care related posts to male applicants at events

Recruitment Data

Recruitment data is presented at the Staff Governance Committee and published on the Equalities in Health website. Our most recent data shows that:-

- Disclosure of disability is still low at 1.13%
- Success at recruitment is slightly lower for all non-white groups apart from Caribbean and Any Mixed Background.

The Workforce Equality Group is working towards the inclusion of further measures and improvement plans to tackle gaps and inequalities identified.

Project Search

Project Search commenced within NHSGGC in August 2013 and is currently in its 5th year. In the first four years 45 young people have completed the programme, 37 of whom are now in regular employment. NHS currently employs 23 of the 37 and all remain in employment to date. From the Year 4 which concluded in June 2017, 9 of 11 students have gained employment (4 within the NHS).

From year 5 which commenced in August 2017, the 12 young people are half way through their 2nd rotation and will complete the

programme in June 2018. 1 of the 12 has already gained employment. The jobs are predominantly within Facilities Management: 7 Porters, 4 Catering and 11 in Domestic, mostly part time roles at 20 hours

In year 4, we had our first appointment to a post out with Facilities Management- an appointment to a Ward Clerk post, full time, within GRI. We have also had young people appointed to posts in NHS Scotland at Meridian Court and Golden Jubilee.

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

Completed in 2016-17. Recruitment practice for disabled candidates was reviewed and presented to the Staff Governance Committee in November 2016.

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.

NHSGGC has continued its partnership with LGBT Youth from 16/17 to deliver 16 training sessions to NHSGGC staff across a range of acute sites. Each session has a maximum capacity of 25 staff members and all but two of the sessions are fully booked. Content has been developed using evaluation reports from the 16/17 programme and feedback from LGBT+ service users.

More than 300 members of staff were trained by LGBT Youth across 2016/17 and this is set to be exceeded across 2017/18 with an anticipated 400+ members of staff undergoing the 2.5 hour course. In addition to this 208 members of staff have completed the sexual orientation e-learning module.

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

NHSGGC attended Pride 2017 and used the opportunity to engage with LGB service users to better understand experience of accessing care. This feedback has been aggregated into a report which will be disseminated to a range of stakeholders including LGBT Youth, Stonewall Scotland and internal specialist services including Child and Adolescent Mental health Services.

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 international Human Rights movement which uses the language and format of a library to facilitate respectful conversations to challenge prejudice and discrimination via social contact/events. Fifty one volunteers have been trained as human library 'books'. A Human Library event was organised by the Equality and Human Rights Team on Thursday 28th September 2017 for staff at Royal Alexandra Hospital, Paisley.

For books and readers the overall Human Library experience was a positive one with most considering it "excellent" or "good". Readers (NHS Staff) also expressed how much they had been positively challenged by the experience and would be more willing to challenge others about issues of discrimination/prejudice or had become more confirmed in their existing belief of challenging discrimination and prejudice;

"Always been willing [to challenge prejudice & discrimination] if aware. This raised (my) awareness"

"I would have loved more time to speak to others but unfortunately had to return to work"

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 2019-20.

Appendix I

Update on Gender Based Violence (GBV) Work in NHSGGC

1. Leadership and Governance

1.1 Gender Based Violence

Addressing gender-based violence is part of NHSGGC's Equality Scheme and is a significant public health issue. Progress on targets is reported annually to the Board via the Public Health Committee.

The Director of Public Health provides strategic leadership on GBV with operational support provided by an officer in the Equality and Human Rights Team. Each HSCP and each key service (Emergency Services; Maternity Services; Sexual Health Services; Mental health and LD Services; Health Visiting; Addiction and alcohol Recovery Services) has a nominated GBV lead responsible for taking forward work in their area and reporting into local structures. Following the establishment of Integration Joint Boards, the GBV implementation group was replaced by a GBV Network to maintain cohesion and collaboration across the Board area. The network meets quarterly and is hosted on a rotational basis by each Health and Social Care Partnership.

NHSGGC participates in Health Scotland's GBV Reference Group which facilitates cohesive delivery of GBV activity across territorial Boards based on Government policy.

NHSGGC policies, pathways and guidance for supporting identification and response to GBV generally and in relation to specific issues are available on Staffnet http://www.equalitiesinhealth.org/public_html/gender_based_violence.html

1.2 Female Genital Mutilation

With respect to female genital mutilation (FGM) and forced marriage the Scottish Government has issued statutory multi-agency *guidance* to support best practice and legislative duties on reporting of human trafficking concerns are under discussion. The Director of Public Health and a consultant within gynaecological services (Dr. Miriam Deeny) provide clinical leadership on FGM.

The SNIPs team within Women and Children's Directorate provides guidance on FGM and receive referrals for clinical revision from midwives (where a woman wishes this). Revisions are carried out, mostly on an outpatient basis, by gynaecological services. A revision pathway is in place to direct staff and public to the service. Referrals are most frequently made by maternity services, sexual health, and emergency services. Individuals can make self referrals via GPs by or through sexual health services. Aside from maternity services referrals these are most likely to arise from within

FGM training is included as a core part of cytology training and is being rolled out within maternity services, and to junior medics. Awareness training has been organised and delivered by the Child Protection Managed clinical network.

2. Priority Actions on GBV

GBV work within NHS GGC is focussed on; the implementation of routine enquiry within key services; improving data recording and reporting; strengthening workforce knowledge and skills; and strengthening multi agency working.

Programmes of work to support routine enquiry practice and reporting are currently underway in, mental health(including learning disability services), emergency services, women and children's services, , and health visiting.

Key deliverables for 2016-20 are:

- Staff carry out routine sensitive enquiry on GBV.
- Identify and strengthen best practice on responding to GBV experienced by people with learning disabilities.
- Pathways for preventing and responding to FGM will be established and human trafficking guidance will be reviewed.

There are informal communication links with Child Protection and Adult Support and Protection and there has been agreement to move GBV E learning modules from Equalities e module set to sit within public protection.

3. Data and performance reporting

The introduction of electronic data recording improvements will enable us to improve data and performance reporting on routine enquiry. The minimum reporting requirements are as follows:

- Numbers of enquiries on GBV (including exclusions)
- Number of disclosures
- Number of cases where action had been taken in response to disclosure

Up to 2016, **maternity services** have undertaken snapshot audits of hand held records to obtain evidence discussions around Gender Based Violence. From 2017-18 a new maternity data system (BADGER) will record GBV, removing the need for audits.

A GBV questionnaire has been developed within Trakcare to support practice and recording of routine enquiry within **Emergency Services**. A GBV Alert was also developed but not activated due to operational issues concerning management and removal of the Alert.

The **health visitor** electronic record (EMIS) evidenced enquiry on GBV being undertaken of 50% of service users across GGC (or exception reporting if not).

Mental health electronic record has included data fields to enable recording and reporting of patient experience of GBV. Significant progress on routine enquiry within mental health services, including recording and reporting, is being made within Renfrewshire.

Sexual health reports on disclosures via NASH.

4. Services

A specialist service in Glasgow (Archway) made up of a team of experts experienced in caring for people aged over 12 who have been raped or sexually assaulted within the previous 7 days. Archway provides forensic examination and follow on clinical

and emotional support. Clinical governance rests with the Board and governance of service management rests with Glasgow HSCP.

The Glasgow Psychological Trauma Service, is designed to tackle the mental health difficulties associated with experiences such as childhood abuse, gender based violence, war, human trafficking, or major incidents, and sees about 600 people annually.

Mental health services are also delivered on behalf of the Scottish Government for survivors of trafficking and for in-care survivors of childhood abuse. It also brings together expertise in working with young people, homeless individuals and female offenders who all have an increased risk of experiencing complex trauma.

Author: Kath Gallagher, Equality and Human Rights Team, April 2018

USING EQUALITY DATA TO PREVENT ILL-HEALTH THROUGH SCREENING

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 2016/17 Public Health Screening Report (pages 6,38 and 39)

<http://www.stor.scot.nhs.uk/ggc/handle/11289/579718>.

Using Onomap software, the ethnic origin of pregnant women was White British (71.2%, n=9451), Asian (7.6%, n=1009), Chinese (1.4%, n=1.4%) and (3.7%, n=496) of any other ethnic group. Due to the low numbers, learning disability data was 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 (pages 59, 60 and 66). 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 (90.7%, n=257) and then White British (89.2%, n=7,610) and White Irish children (88.5%, n=1,421). Lowest uptake was among Black or Black British (79.5%, n=175).

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, learning disability, and ethnicity (use of Onomap software).

The Public Health screening programmes annual report showed that compared with cervical screening uptake in the overall population (72.6%, n=235,319), uptake is poorer among women aged between 25-29 years of age (63.8%, n=27,717), residents with learning disabilities (24.9%, n=399) and ethnic minorities (Asian 59.8%, n=8,429; Black 57.4% n= 1,359; Chinese 38.7% , n= 2,760). 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 ([2016/2017 Annual Screening Report, p121-123](#)).

NHSGGC 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 (CRUK) funded facilitators to work with primary care colleagues specifically to improve uptake of cancer screening. A cervical cytology toolkit was developed, which 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 number of GP practice learning sessions have been delivered to support practice and GP clusters to adopt the toolkit and share good practice.

Jo's Trust has appointed a new Glasgow Public Health Engagement Coordinator in November 2017. The post will provide help and support existing and new local initiatives to improve cervical screening uptake.

Clyde Gateway has been awarded a Scottish Governments screening inequalities grant over 18 months for a programme of work with Glasgow City HSCP North East Sector, Public Health, CRUK, Jo's Trust and other partners. This initiative will focus on reducing the barriers to screening, providing pop up clinics for cervical screening, training and developing champions to promote awareness and encourage uptake of people with learning disabilities, public awareness campaign and PR activities.

1.4 Breast Screening

Breast screening is supported by the national IT application called SBSS. The national data comes from CHI, which does not record ethnicity. At the time of this

report, data reporting was not possible from the SBSS system; therefore it was not possible to access any validated annual statistics.

However from previous analysis of breast screening data, uptake is poorer among women from more socio-economically deprived areas, those with learning difficulties and ethnic minorities.

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 direct location of screening vans in areas of low uptake, and co-ordinate activities to coincide with screening vans being in specific areas.

1.5 Bowel Screening

Bowel screening is supported by a national IT system called BOSS. Uptake data are analysed by age, SIMD, learning disability, 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 bowel screening uptake in the overall population (48.6%, n=172,643), uptake is poorer among men (45.5%, n=79,956), people aged 50-52 years of age (38.9%, n=29,512), the most socio-economically deprived (39.5%, n=48,745), residents with learning disabilities (29.6%, n=623) and ethnic minorities (Asian 30.1%, n=2,433; Black 32.6% n= 237; Chinese 44.5% , n= 934). ([2016/2017 Annual Screening Report, p93-95](#)).

A new test, the quantitative Faecal Immunochemical Test (FIT), was introduced in November 2017 throughout Scotland. FIT is easier to do and we expect will be more acceptable and reduce inequalities in uptake.

Health Improvement teams work with primary care to improve uptake of screening for all eligible adults and CRUK Facilitators work with primary care specifically to improve uptake of bowel cancer screening.

CRUK in partnership with West Dunbartonshire HSCP Health Improvement Staff delivered five training sessions to staff responsible for working with people with learning disability. Local Health Improvement and Learning Disability Service staff are continuing to work in partnership to encourage participation in bowel screening among individuals with a learning disability.

1.6 Diabetic Retinopathy Screening

Diabetic retinopathy screening (DRS) was supported by a national IT system called SOARIAN that was replaced by Vector in March 2017. Uptake data are analysed by age, SIMD, learning disability, geographic area and ethnicity (directly sources from SCI Diabetes).

Compared with DRS screening uptake in the overall population (67.9%, n=39,467), screening uptake. Uptake was lowest among people residing in the most deprived areas (65.3%) and highest among those residing in the least deprived areas (72.4%).

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. Participants are invited using CHI, which does not record ethnicity. Uptake data are analysed by age, SIMD, geographic area, learning disability and ethnicity (use of Onomap software). The programme is only offered to men at 65 years of age. Men aged over 65 years of age are able to self-refer to the programme.

Lowest uptake overall was among residents in the most deprived neighbourhoods (74.2%, n=1,473) compared to overall programme uptake of 80.3%, n=4,680 ([2016/2017 Annual Screening Report p78](#)).

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. Findings suggested that the BME sample had much higher uptake for the main screening programmes than was typical across the whole Board area.

Public Health is leading development of an inequalities action plan to target differentials in adult screening programme screening uptake, including work in partnership with Learning Disability Services and Mental Health Services to develop plan of work to support informed participation in adult screening programmes for individuals with a learning disability or severe and enduring mental illness.

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Appendix III

Pathways to health leaflet translated into 21 languages

