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

Monitoring Report
2020 - 2021
A Fairer NHSGGC Progress Report 2020-21

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Introduction and summary of progress in 2020 - 21

1.1 Aim of the report

In April 2020 NHS Greater Glasgow and Clyde (NHSGGC) published ‘Meeting the requirements of Equality Legislation: A Fairer NHSGGC 2020-24.’

This report is the first report on the range of work undertaken across NHSGGC to meet the mainstreaming and equality outcome actions covering the period between April 2020 and March 2021.

Due to the COVID-19 pandemic much of the planned work to deliver on our new set of outcomes has been delayed. NHSGGC’s work on equality and human rights aims to ensure that we provide equitable access to services and address barriers where we identify them. Sections 2 and 3 of the report gives details on how we are meeting this in both mainstreaming and in relation to the COVID-19 pandemic. Section 4 highlights the work done to progress our equality outcomes and future plans.

1 Reporting periods may vary due to the data systems and the impact of COVID-19 on some services ability to provide data. This will be updated post the COVID outbreak where possible.
The following diagram covers the Equalities Scheme & Board remobilisation equalities and anti-poverty work.

Our aim is to deliver a fair and equitable service across all of our Corporate Plan priorities: Better care; Better health; Better workplace; Better value. We are delivering actions under each of the priorities which are summarised below:-

- **Better Care**
  - Communication Support for patients
  - Patients additional support needs met
  - Patients listened to
  - Inequalities sensitive practice

- **Better health**
  - Sensitising Patient Pathways
  - Routine Enquiry on gender based violence
  - Specific actions with marginalised and vulnerable groups

- **Better Workplace**
  - Collecting and analysing employee data
  - Training and development
  - Staff engagement
  - Fair work practices

- **Better value**
  - Equality Act and PSED compliance
  - Equalities Impact Assessment
  - Fairer Scotland Duty
1.2 Key highlights: where we have made a difference to patients

1.2.1 Inclusive Response to COVID-19

Inclusive Vaccine Plan

We utilised the national inclusive vaccine EQIA as a template for our vaccine model role out, supplemented with local population and infrastructure knowledge. We identified broad mitigations for all to ensure maximum access, such as robust transport links and appointment flexibility in terms of both venues and times.

Key to the success of our plan is not to presume homogeneity within groups, but to plan for difference. For example –

- People who are additionally vulnerable due to mobility issues, mental health or cognitive impairment are being vaccinated at home or enabled to attend centres, with carers also accommodated.

- We are working with our Local Authority contacts to have a joint approach for certain populations such as asylum seekers or homeless people.

- We created a BSL video to promote the national COVID-19 helpline and ensured remote BSL interpreting was available at vaccine centres.

- Posters were produced in 24 languages providing a step-by-step guide to pre-booking an interpreter for a vaccination appointment using our telephone interpreting service. Videos promoting the uptake of the vaccine and incorporating representatives from the various target communities were produced in a range of languages and shared widely.

Community Engagement

In order to produce effective, targeted communications around COVID-19, the Equality & Human Rights Team (EHRT) used evidence gathered via community engagement to identify any specific barriers and concerns for communities and to prepare targeted key messages. Our contacts in the community and NHSGGC workforce helped present this information in various languages and assisted in identifying the most effective dissemination channels.

This included –

- A campaign targeting the South Asian population included translated COVID-19 information, videos and radio interviews – with key messages and video links shared with targeted social media channels, with a reach of over 36,000 people, including religious organisations.
• The translation of communications assets into Slovakian, Romanian and Roma in response to feedback from this community, including videos covering COVID-19, how to self-isolate and vaccination programme

• The production and dissemination of targeted videos promoting the uptake of the COVID-19 vaccine in 9 languages

• The sharing of ‘selfie’ videos featuring BAME community staff members receiving their COVID vaccinations

Communication Support and Virtual Visiting

Person-Centred Virtual Visiting across all NHSGGC hospitals allowed all patients access to technology specially set up to enable them to see and talk to the people who matter to them during COVID-19 visiting restrictions.

The Virtual Visiting ipads included software for accessing spoken language interpreters and British Sign Language interpreters. The ipads had the additional benefit of providing access to a speech to text transcription service – the AVA app. The app transcribes what a staff member is saying, even when wearing a mask. This ensures that our patients with a hearing loss can understand what staff are saying to them on our wards.

1.2.2 Mitigating the impact of poverty

NHSGGC’s commitment to responding to child poverty and poverty and their links to equalities and human rights continues to gain a strong foothold in day-to-business. In addition to the ongoing work highlighted in the Fairer NHSGGC Monitoring Report (2018-20) new work streams from 2020/21 include actions around linking with national partners, training and inequalities sensitive person centred care.

A review of human rights work took place in 2020, however we are awaiting the refreshed Scottish National Action Plan on Human Rights due this year to consider whether the identified priorities are fit for purpose:

1.2.3 Getting our systems right

A key development that came out of the COVID-19 pandemic was the need to focus on black and minority ethnic patients’ access to health services. To that end the Scottish Government wrote to all Scottish Health Boards and asked us to make a statutory data field in all Acute patient systems. The ethnicity data field went live in Trakcare on the 15th October 2020. At that point, 33% of patients had their ethnicity recorded. As of 1st March 2021, 47% of patients have their ethnicity recorded on Trakcare in NHSGGC. This equates to a total of 2,000,792 patient’s records. More work is underway to increase this recording.

Analysis of this data will become a key feature of driving the Equality Outcomes.
1.2.4 Listening and responding to patients from equality groups

The foundation of the EHRT’s work on equality outcomes is based on working in parallel with our communities. All engagement work in 20-21 focussed on the COVID-19 pandemic and replaced our core, planned engagement.

The COVID-19 engagement was undertaken to ensure all our communities were receiving and understanding the core messages around protecting themselves and others in the early stages of the pandemic. The focus then changed to understanding the concerns and barriers that could affect uptake of the vaccine for particular groups. See section 3.1.5 for details of this work.
1.3 Key highlights: where we have made a difference to staff

1.3.1 Staff Financial Wellbeing Action Plan

Following on from research commissioned in 2018/19 regarding financial issues faced by staff, a Staff Financial Wellbeing Action Plan has been put in place. In conjunction with the Staff Health Strategy, a wide range of actions include:

- A Staffnet Money Worries page for staff and managers
- Poverty Awareness training for Occupational Health, staff side, Human Resources and Payroll staff
- Template letters with information on where to get help with money worries
- Staff financial wellbeing in attendance management processes
- Pilot programme of ‘energy and money worries checks’ with low income staff groups in partnership with Home Energy Scotland (841 staff Apr – Dec 2020)

1.3.2 Staff Engagement Forums and Networks

Staff Disability Forum

The Staff Disability Forum was established in 2014/2015 and was formed to support the Board in making positive changes for disabled staff by promoting equality and to protect disabled staff against discrimination. The aim of the Forum is for staff to feel they are able to disclose their disability without any fear of stigma or negative response.

The Forum has a dedicated core group of staff who have been given time to develop the Forum, consider the issues affecting staff and propose solutions. The group has an appointed non-executive Board member, acting as a diversity champion. The group is now represented on the Workforce Equality Group (WEG), chaired by the Board’s Director of Human Resources and Workforce Planning. Through membership of the WEG, the group has direct access into mainstream HR planning where they can influence strategic decision making. The Disability Forum have a clear Terms of Reference and Action Plan with a priority to support improvements in disclosure of disability within the workforce and sustain activity to ensure all proportionate adjustments are in place to delivery an equitable working environment.

LGBTQ+ Forum

The Forum was formed in 2018/2019 for NHSGGC staff members who want to contribute to creating a more inclusive LGBTQ+ workplace. The LGBTQ+ Forum has continued to grow in membership, with more than 130 members engaging primarily via a ‘closed’ Facebook page. There is a smaller core group of members who meet to discuss action planning across the year. This core group is supported through paid time away from duties. The Forum is now represented on the WEG and so has direct
access to informing and influencing mainstream considerations to ensure NHSGGC can provide a working environment free from discrimination based on an employee’s sexual orientation or gender identity.

**Black and Minority Ethnic Network**

This group was formed in 2018/19 as a result of discussions held with Black & Minority Ethnic (BME) staff about their experience of working in NHSGGC. Issues raised by staff included stereotyping, discrimination and organisational culture, as well as the impact of negative media reporting and the anti-immigration climate.

The Forum is supported by an appointed non-executive Board Member, acting as a diversity champion. The Forum is also represented on the WEG where actions are taken for consideration within mainstream service planning.

As the Forum develops its formal structure, consideration will also be given to awareness raising to engage as many staff as possible.

**1.3.3 Disability Confident**

Disability Confident is a Government Scheme that promotes the benefits to workplaces of recruiting and retaining people with disabilities.

The Disability Confident self-assessment has been carried out by the Recruitment Team and the Equality and Human Rights Team with input from the Staff Disability Forum and logged with the Department of Work and Pensions. The Board now has the award until October 2022. Progress on activity will be monitored by the Board’s Workforce Equality Group. NHSGGC could consider applying for the next level up at any time: leadership level.
2. Mainstreaming Actions

NHSGGC’s mainstreaming actions cover NHSGGC’s 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.

The key focus for equality impact assessment within Acute services has been the remobilisation of services post COVID-19. The pandemic has seen significant change to the way services have been delivered, primarily as a means of prioritising the Board’s COVID response and limiting risk of transmission. As the Board moves forward and services become fully operational again, equality impact assessments have helped us better understand how learning from our COVID-19 response can inform service redesign to improve overall efficiency and effectiveness while paying due regard to mitigating any possible risks of inequality in uptake and outcome.

The table below names the core service assessments completed together with links to the published documents.

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</tr>
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The impact assessments have highlighted the requirement for ongoing monitoring of uptake of service by protected characteristic and the ongoing commitment to effective patient engagement to better understand risks of unintended consequences and actions required. While most actions highlighted within the assessments are specific to the services, aggregating the findings across the suite of assessments has identified system-wide adjustments to patient communication that will lead to mainstream improvements for all.

|----------------------------------------------------------|------------|-----------------------------------------------------------------------------------|

2.2 Leadership on tackling inequality

Action: NHSGGC will continue to report on our progress against the Equality Act 2010 and equality outcomes and mainstreaming actions

The Equalities in Health website continues to provide up to date information on progress against equalities legislation.


In 2020 the website content migrated to the NHSGGC server. This has provided consistency of presentation, simpler navigation and ensured the continuation of full accessibility. In addition to providing up to date information on progress against equalities legislation, equalities information has been contributing to the COVID-19 web pages on issues such as Protection for Abuse.
Workforce equality documents including the Workforce Equality Action Plan and Equal Pay Statement and workforce equality statistics are also presented in the Equalities in Health website http://www.equalitiesinhealth.org/public_html/workforce-accessible-documents.html An equal pay audit was carried out in 2019 which included gender, ethnicity and disability data.

2.3 Better Care - 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 to monitor progress on actions we are taking across the scheme

The COVID-19 pandemic has meant that the EHRT had to change how it carried out engagement. Engagement has focussed on COVID-19 to feed intelligence into the Inclusive Vaccine Plan.

Initiate dialogue with key workers helped to understand the issues and limitation to engage with community members. Telephone interviews were carried out with different communities to assess the situation and agree to organise virtual meetings with existing groups. Social media was used solely to communicate utilising key community members or organisations exiting social media routes, e.g. the Roma community.

Linking with key umbrella organisations such as BEMIS and GDA enabled the EHRT to maximise dissemination routes for key information. The EHRT have participated on the newly formed Glasgow Social Recovery Task Force.

Peer education models were also used to train key workers in the community who were supporting vulnerable community members with key COVID-19 intelligence.

The EHRT supported the Board’s engagement team to assess the acceptability of Attend Anywhere to a range of our patients.
Online Patient Feedback website

NHSGGC’s Online Patient Feedback website offers patients and carers the opportunity to provide suggestions for improvements and tell us about their experiences of care. Voluntary organisations can support patients to leave feedback on the online system, enabling people from equality groups to use it. From April 2020 up to 31st January 2021, 1089 comments were made, 5% increase from 2019/20.

The analysis by protected characteristics shows the following:

- As in the previous year, there were more female contributors than male – 578 vs. 367; (out of those who stated their sex).
- 33 people who provided comments had undergone gender reassignment (9 preferred not to answer). Of these, 21 were positive and 4 negative. Negative comments related to issues such staff attitudes. All the positive comments were about caring staff.
- In relation to sexual orientation, the comments came from 692 heterosexual, 24 Gay/Lesbian, and 23 Bisexual respondents (27 stated “other” and 87 preferred not to answer).
- There was a range of ages, with the highest number of contributors being 55-64 (413), followed by 45-54 (293), 7 people under 16 years and 32 over 75 years provided comments.
- 27% of comments came from disabled people.
- 42 comments were made from Black or Minority Ethnic people
- 28 people reported requiring an interpreter, however it was not clear whether this is a spoken language or BSL interpreter
- In relation to religion and belief 9 comments were from Buddhist, Hindu, Jewish, Muslim, 192 Church of Scotland and 121 Roman Catholic. 247 stated they had no religion or were Atheists and 86 respondents preferred not to disclose their religion.
British Sign Language Champions

The Equality and Human Rights Team continue to facilitate the BSL Champions Facebook page and this has been a valuable platform for engagement with the Deaf BSL community regarding the COVID-19 pandemic. We also continue to meet our BSL health champions groups every three months to ensure Deaf people’s views are taken into account and to disseminate accurate information about NHSGGC services. They have supported the dissemination and production of COVID-19 information in BSL.

Implementing the BSL Scotland Act

Work has continued to deliver the BSL Act where possible. See COVID-19 section 3 for the details on work ensuring an inclusive response to Deaf people during the COVID-19 pandemic.

NHSGGC has continued to offer a mainstreamed approach to mental health for BSL users and those with hearing loss throughout the pandemic. This has been done through the Lifelink service which has offered online counselling for those experiencing stress and who feel unable to cope. The NHSGGC five year strategy for adult mental health takes into account the needs of BSL users by holding quarterly meetings with the NHSGGC mental health group and deaf organisations after a hiatus of 6 months. We have also supported the peer support worker for the deaf community under the direction of Glasgow City HSCP.

Implement National Interpreting and Translation Policy

Work is underway to assess any amendments we will need to make to NHSGGC Interpreting and Communication Support Policy to ensure we are operating within the best practice identified by the new national policy.

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

The NHSGGC Interpreting Service continues to provide an essential service to patients who are British Sign Language users. Due to the impact of COVID, coupled with a requirement to increase physical distancing, the service has had to create new ways to offer our support to patients through new technologies and mediums. The department was one of the first within NHSGGC to embrace the Attend
Anywhere video consultation platform and secured the services of two BSL Interpreters who offered remote video support to patients, service areas and clinics on demand from April 2020.

Attend Anywhere appointments were augmented by our existing remote BSL interpreting service through the provision of 39 mini laptops in unplanned services. This year, due to the pandemic, the pattern of use has changed. Virtual Visiting ipads were provided for all wards and these were also used to put communication support apps into the hands of our patients. (see section 3.1.5 for more details). For BSL users, 182 calls were made using NHSGGC remote devices amounting to 2,945 minutes of communication support (just under 50 hours). Of these, 394 minutes (over 6 hours) were out of hours’ usage.

Feedback from BSL users through our Mediator has indicated most contacts relate to Deaf people confirming that an interpreter is booked (65% of contacts), concerns relating to not having interpreters in planned appointments (3%) and enquiries as to who the interpreter is (7%).

There has also been concerns raised about why some appointments during the COVID pandemic are through Contact Scotland (a relay service where you can only see the interpreter) and others through Near Me / Attend Anywhere (when you can see the clinician as well as the interpreter). This was particularly raised in relation to GP appointments, although this has also occurred in Acute out-patient appointments.

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

Spoken Language

Due to COVID restrictions, NHSGGC’s interpreting service has had to adapt and find new ways to continue to provide support to patients.

All 12 of our substantive interpreters were able to provide remote video language support from April 2020 via the Attend Anywhere consultation platform. Additional resources and coverage was also sought from our telephone interpreting service provider as there was an increased demand for this service due to the pandemic’s restrictions.
**Staff Reference Group**

NHSGGC continued to support the Staff Reference Group to gather feedback on our provision of communication support. The changes to the service due to the pandemic were met through increased telephone interpreting and remote video interpreting. Feedback from staff in the main related to the importance of having continuity of access to interpreters, the need for translated information on service changes and the difficulties faced by services such as mental health face in delivering their core work when face to face interpreting is severely restricted.

A specific issue relating to pharmacy provision of telephone interpreting was raised. A questionnaire went to all community pharmacists through their core communication newsletter. An action plan has been drawn up to be discussed at the pharmacy Local Implementation Group.

**Deafblind communicators**

Deafblind people’s communication needs are supported in NHSGGC services by Deafblind Scotland’s Guide Communicators. Last year they supported 142 clinical appointments and a range of health improvement interventions. This amounted to 1029 hours of Guide Communicator support across NHSGGC to March 2021.

**Translations and accessible formats**

Last year NHSGGC produced 986 translated pieces of information across more than 30 languages. The majority of this related to patient information, mental health and patient reports. In terms of COVID-19 see section 3.

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

Work has been limited in relation to the Disability Access Group due to the restrictions associated with the pandemic. However, via online methods we have been able to participate in the evaluation of plans for the building of the new Parkhead Health Centre & Community Hub, successfully making suggestions and comments which were incorporated into the plans.
Work is also commencing on a redraft of the Disability Access Group guidelines and processes and discussions are underway about a group restructure so that we may more effectively participate in audit work in light of COVID-19 and the associated circumstances/effects.

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

The Equality and Human Rights Team continue to promote the online feedback system to third sector organisations to ensure those with protected characteristics have their voices heard. See Online Patient Feedback above.

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

**Action: Improve transition pathways for young people moving into adult care**

Ensuring each young person has a successful transition into adult services falls within the legislative duty with regards to disability and the United Nations Convention on the Rights of the Child. Work relating to transition pathways will be re-initiated as part of the remobilisation of the Equality Scheme focussing on developing an assurance process for all specialties, through the Managed Clinical Networks where appropriate and through another route if not.

**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)**

Report against the Scottish Government’s Equally Safe Performance.
In November 2020, an NHSGGC status report on gender based violence work streams, in line with Equally Safe performance measures, was completed for NHSGGC’s Public Protection Forum. The report included work by GBV leads in the NHSGGC area to assess current data availability and GBV governance processes in Acute and Partnership settings. The findings indicated:

- Good practice was identified in some partnerships for a range of care settings and via Badgernet for midwifery care
- In some settings, continued lack of electronic data collection and reporting processes with subsequent lack of governance arrangements for GBV work
- Planned improvements such as in Health Visiting, with a review of data sources and development of a Health Visitor Key Performance Indicators dashboard, which would include GBV.

Further work is required to enable all service settings to record data in accordance with the CEL 41 core data set and to integrate this data with Child Protection and Adult Support and Protection data to develop consistent and comprehensive quarterly reports for the attention of the Public Protection Forum. Retrieval of data is currently limited by the lack of appropriate GBV classifications across a range of electronic recording systems and the subsequent reliance on free text additional comments which require an audit process to fully analyse.

The NHSGGC November 2020 status report made a series of recommendation, which are being reviewed by NHSGGC’s Public Protection Forum. Data available from settings is described below:

a) Midwifery Services

Domestic abuse recording in midwifery is 2% of caseload, 31 women were recorded with domestic abuse (40 recorded as unable to ask and 821 (9%) missing. Total booked 9040 (Apr-Dec 2020). This is less women than recorded in Apr –Dec 2019(51 women) and is generally explained by digital appointments during the pandemic and difficulties, at times, achieving private time for women.

b) Health Visiting

Within the Health Visiting pathway there is routine enquiry on both GBV and financial health. However, both enquiries are represented by one code which means it is not possible to report on them separately (e.g. codes are noted as “no domestic violence or financial worries reported”). Of the 137,000 codings of routine sensitive enquiries in active records in EMIS currently, 80k (60%) of them are blank of any free text so it is not possible to use that to differentiate reliably. There is also no pattern in the accompanying free text so makes any qualitative analysis extremely difficult. Number of routine sensitive enquiries is reported on the dashboard for a rolling year period and is
divisible by area and team however there is no quantitative data gathered on number or types of disclosure or actions taken thereafter or reason why no enquiry took place. Free text may be added to the code though this happens only in 40% of cases. Within current data set is not possible to report the % of service users asked i.e. number of enquiries and not number of children with an enquiry are recorded. As such some children will appear twice and therefore will not yield reliable percentages. The data set and dashboard is being reviewed currently.

There is good practice examples in Children’s Services within the Family Nurse Partnership – Family Nurses have programme materials to explore and enquire about any form of GBV; data is collected and reported to the Scottish Government and also in Accident and Emergency, where the Navigator project, which is overseen and managed by Police Scotland’s Violence Reduction Unit, supports survivors of gender-based violence.

c) National Consultations

NHSGGC contributed to two Scottish Government consultations on proposed changes to legislation. These were:
- Fairer Scotland Duty Consultation
- Scottish Government Consultation on Adult Disability Payment (ADP) Regulations.

d) Infrastructure

NHSGGC’s GBV and Human Trafficking Liaison Group was chaired by the Director of Public Health. The EHRT team lead for GBV is now more aligned to the Public Protection Unit to create strong connectivity between public protection, the gendered nature of GBV and the equality legislation. The Public Protection Forum is the governance route for NHSGGC GBV work.

Additional support needs

Across NHSGGC the stands and posters with the message ‘Ask for Help’ remain in waiting areas and key settings.

In terms of additional needs data flow from primary care via SCI gateway to secondary care, we are awaiting an analysis of the 354,846 referrals sent between Apr-Dec 2020. This has been delayed due to the pandemic. Alongside additional needs, this analysis will include: ethnicity; community languages; interpreter requires; wheelchair required; visual impairment, hearing impairment and wider disabilities. This will inform equalities data improvement plans from 2021 and beyond. Analysis in previous years indicated good
improvements in sharing of additional needs from primary care via SCI gateway. The type of additional support needs documented were: hearing impairment / Deaf; language interpreter requirement; dementia; housebound; visual impairment; poor mobility; speech impairment; learning disability; wheelchair user; requires a personal assistant in attendance and autism - with many people having multiple needs listed. Secondary care alerts continue to be added to TrakCare as appropriate.

In the ‘Near Me’ service, between Apr-Dec 2020, 1017 people with a learning disability used Near Me, in a range of NHSGGC services. In addition, 314 people with autism used the Near Me Service. However, this was only in the Glasgow area. Problem solving is taking place with other lead areas for autism around lack of use of Near Me.

Due to the pandemic, data of opt in and opt out of the Netcall service by those with additional needs is not yet available. We will review this data in 2021-22 and consider implications for services.

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

No progress was made on this action due to the COVID-19 pandemic. Reporting will be carried forward to 2021-22.

### 2.5 Better Workplace - 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.

The Board Workforce Equality Group (WEG) aims to further develop NHS Greater Glasgow and Clyde as an inclusive organisation that engages with staff across all aspects of employment, in a way that reaches to the core of our organisational values and meets and exceeds our legal requirements as an equal opportunities employer.
The WEG is responsible for the NHSGGC Workforce Equality Plan. The group includes representatives from the Staff Disability Forum, the Black and Minority Ethnic Staff Network and the LGBTQ+ Forum, together with Staff-Side representatives, Human Resource and Workforce Planning colleagues and the Equality and Human Rights team.

The NHSGGC Workforce Equality Plan covers the following overarching ambitions:

- Our staff are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued
- Our data collection is legally compliant and is used to improve equality and diversity of our workforce
- We can demonstrate that we are an exemplar employer by participating in recognised equality frameworks and charters
- We have taken all the actions in our control to reduce equal pay gaps by sex, disability and ethnicity
- Staff from equality groups are fully engaged in contributing to the Workforce Equality Group.

Details of the actions for 2020-24 can be found on our website at www.nhsggc.org.uk/equality

Disability Confident

Disability Confident is a Government Scheme that promotes the benefits to workplaces of recruiting and retaining people with disabilities. NHSGGC became accredited in October 2017 following on from the DWP’s Double Tick Standard which the Board held for a number of years.

The Disability Confident accreditation means that, as an employer, the Board is proactive in the ways it recruits disabled people and also has mechanisms in place to ensure people with disabilities and long term health conditions feel supported, engaged and able to fulfil their full potential at work.

The Board were required to carry out a self-assessment by October 2019 to maintain the award.

The Disability Confident self-assessment has been carried out by the Recruitment Team and the Equality and Human Rights Team with input from the Staff Disability Forum and logged with the Department of Work and Pensions. The Board now has the award until October 2022. Progress on activity will be monitored by the Board’s Workforce Equality group. NHSGGC could consider applying for the next level up at any time - leadership level.
Equality Training

91% of our staff (35,000) have completed the statutory / mandatory e-learning module of equality and human rights. In addition to this there have been 2,142 episodes of e-learning covering the following topics:

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<td>Accessible Information</td>
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<td>Marginalised Groups</td>
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<td>Social Class</td>
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The Equality and Human Rights Team also deliver a range of face to face training for staff which is covered throughout this report.

**BSL Classes for Staff**

Due to the COVID situation all BSL staff classes have been discontinued. After consultation with our tutors it was agreed that use of virtual training networks was not appropriate for delivering initial training on BSL. A number of staff members who have already done the Introduction to BSL course have contacted EHRT to enquire about opportunities for accessing online training to refresh their learning and we have supplied information on this. Some staff have also asked about information on other available classes and training opportunities and have pursued these individually. We continue to receive enquiries regarding BSL classes and a number of staff have informed us that they would be keen to take up the option of joining our courses once they start up again. Overall, interest and enthusiasm in the classes has been maintained.

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

**Staff Equality Forums**

The following Staff Equality Forums are established:

**Staff Disability Forum**

The Staff Disability Forum was established in 2014/ 2015 and was formed to support the Board in making positive changes for disabled staff by promoting equality and to protect disabled staff against discrimination. The aim of the Forum is for staff to feel they are able to disclose their disability without any fear of stigma or negative response.
The Forum has a dedicated core group of staff who have been given time away from duties to develop the Forum, consider the issues affecting staff and propose solutions. The group is now represented on the Workforce Equality Group

**LGBTQ+ Forum**

The Forum was formed in 2018/2019 for NHSGGC staff members who want to contribute to creating a more inclusive LGBTQ+ workplace. The LGBTQ+ Forum has continued to grow in membership with a closed Facebook membership in excess of 130 and a smaller core management group. The Forum is now represented on the Workforce Equality Group where they can directly inform mainstream strategic decision making processes.

**Black and Minority Ethnic Network**

COVID-19 has highlighted how health inequalities impact on different groups in society. This has been particularly stark for Black, Asian and Minority Ethnic (BAME) people who had higher hospital admission rates and higher deaths as a result of COVID-19. £50,000 funding has been granted from the NHSGGC COVID-19 Endowment Fund in order to support our BAME Staff Engagement Network, Staff Disability Forum and Lesbian, Gay, Bisexual and Transgender (LGBTQ+) Forum with the immediate, medium term and long term effects of COVID-19.

The Action below will be taken forward to support the network.

- A culture change campaign called “One NHS Family” which will seek to highlight and promote our diverse workforce
- Resources which can be directed by the staff forums to enable them to promote the forums and offer peer support to colleagues. This would include printed or electronic resources, on-line training packages and staff time;
- Specialist trainers and speakers who can deliver online conferences and seminars which give staff information on COVID-19, how it impacts on equality groups and best practice on reducing risk, tackling discrimination and empowering staff;
- Career progression activity such as interview skills and self-presentation workshops aimed at BAME, disabled and LGBTQ+ staff, internship opportunities and leadership academy programmes.
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.

The Scottish Government wrote to all Scottish Health Boards and asked us to make a statutory field in all Acute patient systems. The ethnicity field was made live in Trakcare on the 15th October 2020. At that point, 33% of patients had their ethnicity recorded. As of 1st March 2021, 47% of patients have their ethnicity recorded on Trakcare in NHSGGC. This equates to a total of 2,000,792 patients’ records.

**Hate Crime**

NHSGGC continues to record perceived hate incidents via the incident recording system ‘DATIX’. The system allows members of staff to detail their account of witnessed incidents pending further investigation. The system captures incidents perceived to be motivated by prejudice against:

- Disability
- Race
- Religion
- Sexual Orientation
- Transgender Identity

Figures are reported back to the Workplace Equality Group on a quarterly basis for review and action and to the Glasgow City Hate Crime Working Group (also quarterly).

From April 2020 – April 2021, there have been 241 reported hate incidents on NHSGGC sites, with the highest numbers recorded against disability (101) followed by race (93). Work is currently underway to clarify reporting criteria as investigations into incidents suggest some confusion in identifying the motivating factor, particularly when reviewing disability hate incidents where the perpetrator’s disability has defined the recording rather than the victim’s protected characteristic.
Action: Put in place data collection and performance measures to track progress on the mainstreaming and equality outcomes for the Board for 2020-24.

The Acute Health Improvement and Inequalities Group (AHIIG) has not met in 2020 – 21 due to COVID – 19 pandemic. Measures and priorities will be agreed as part of the Public Health Remobilisation Plan.

Routine Enquiry has been integral to the support for individuals due to COVID-19 pandemic. The data is as follows:

<table>
<thead>
<tr>
<th>Setting</th>
<th>Routine enquiry (% of completed data)</th>
<th>Recorded as having money worries (%)</th>
<th>Missing data (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwifery</td>
<td>89%</td>
<td>2%</td>
<td>27%</td>
</tr>
<tr>
<td>Health Visiting</td>
<td>13%</td>
<td>22%</td>
<td>N/A</td>
</tr>
<tr>
<td>Support &amp; Information Services</td>
<td>N/A</td>
<td>13% (7% had specific food insecurity as part of money problems)</td>
<td>0</td>
</tr>
</tbody>
</table>

Routine enquiry on money and debt worries and referral to money advice services is a key priority for NHSGGC’s response to poverty and child poverty. The Corporate Management Team passed an approach to enhance governance around tackling poverty and child poverty in NHSGGC. This includes legal requirements around the Child Poverty Act (Scotland) and socio-economic duty. In 2020/21, child poverty leads across NHSGGC signed up to a range of long term objectives to tackle this issue.

In line with recommendations from the Poverty and Inequality Commission, Corporate child poverty leads enhanced partnership working by participating in Local Authority led child poverty committees as well as maintaining NHSGGC’s child poverty leads network and developing draft NHSGGC KPIs; which are being adapted nationally.

A NHSGGC Child Poverty Peer Models and Long Term Lived Experience Models Working Group has been set up, with a discussion paper for Acute and CPP stakeholders. In addition, a stakeholders’ Webropol around Cost of the Pregnancy Pathway has been conducted – this will be used to inform an NHSGGC discussion paper for CPPs on this topic.
An NHSGGC discussion paper on the NHS, local authorities and umbrella 3rd sector organisations ‘Role as employer – child poverty, poverty, equalities and human rights’ has been developed and will roll out April 2021. On 4th March 2021, the Scottish Government issued new guidance shortening the deadline for submission of Local Child Poverty Action Reports. As such, child poverty corporate and acute leads have facilitated development of KPAs (Key Progress Areas summaries) for a paper to the CMT 1st April 2021 and 25th April Public Health Committee.

Our extensive approach to child poverty is evidenced in a 2020-21 summary report to our April Corporate Management Team and Public Health Committees. A development session for GGC child poverty leads, Financial Inclusion Leads and Children’s Services reps took place in February 2021. This included presentations of priority groups, a Scottish Government practicum on HV referrals and child poverty and community benefits clauses. A range of actions arose from the session which are being taken forward in 2020/21 Corporate, Acute and CPP action plans.

Our partnership with Home Energy Scotland resulted in 129 health and social care referrals and 345 LA referrals, which is double the rate of 2019-20. A good uptake of the Warm Homes Scotland intervention was found across the NHSGGC areas:

<table>
<thead>
<tr>
<th>Local authority area (Apr-Dec 2020)</th>
<th>Number of Households with Warmer Homes Scotland Installs between April &gt; December 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Dunbartonshire</td>
<td>45</td>
</tr>
<tr>
<td>East Renfrewshire</td>
<td>32</td>
</tr>
<tr>
<td>Glasgow</td>
<td>251</td>
</tr>
<tr>
<td>Inverclyde</td>
<td>50</td>
</tr>
<tr>
<td>Renfrewshire</td>
<td>60</td>
</tr>
<tr>
<td>West Dunbartonshire</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>466</td>
</tr>
</tbody>
</table>
In terms of financial inclusion, it is important to consider our baseline around this given poverty levels have been described as a ‘humanitarian crisis’. Between 2016-20, it is estimated 71,200 NHSGGC patients were referred to money advice services with a financial gain of £196million. Social return on investment evidence and health benefits evidence in NHSGGC and other Scottish Health Boards indicates that this intervention is much more cost effective than traditional models of money advice provision, where people present in ‘financial and mental health crisis’. 38% of all referrals are BAME patients community (portion asylum seekers and refugees), 62% with a disability. 83% from SIMD one and two and 62% are parents. The increases in demand for NHSGGC financial inclusion services was already rising pre pandemic (e.g. in the year before the pandemic, there had been a 18% rise in Healthier Wealthier Children referrals and a 42% rise in Acute Long Term Conditions referrals).

A breakdown on financial gains and referrals is provided below for Acute and Children and Families settings.

<table>
<thead>
<tr>
<th>Setting</th>
<th>Referrals to money advice services</th>
<th>Annual financial gain</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community children and families services</td>
<td>3,152</td>
<td>Estimated £2,800,000</td>
<td>Due to the pandemic, monitoring requirements on contractors were reduced thus an estimated of financial gain is given based on previous data.</td>
</tr>
<tr>
<td>Children’s hospital</td>
<td>207</td>
<td>£1,662,149</td>
<td>None</td>
</tr>
<tr>
<td>Special Needs in Pregnancy Service</td>
<td>41</td>
<td>£210,693</td>
<td>Numbers are smaller than previously as clients required much more intensive support. We are also investigating the possibility that due to the pandemic, SNIPs staff have been referring to the generic HWC pathway.</td>
</tr>
<tr>
<td>Acute Long Term Conditions services</td>
<td>645</td>
<td>£3,121,131</td>
<td>None</td>
</tr>
<tr>
<td>Acute support &amp; Information Services</td>
<td>245</td>
<td>N/A</td>
<td>Numbers are much smaller than previously due to lack of ward rounds by SIS staff due to COVID. This changed from February 2021.</td>
</tr>
<tr>
<td>Primary care money advice workers</td>
<td>398</td>
<td>£1,589,931</td>
<td>Glasgow only but national roll out 21/22.</td>
</tr>
<tr>
<td>Neonatal expenses fund</td>
<td>1096</td>
<td>£195,740</td>
<td>None</td>
</tr>
</tbody>
</table>
Emergency food package on discharge | 441 | N/A | This service is now available on all hospital sites.

Staff who have money worries themselves via a) SIS use and b) HES campaign | a) 643 | b) 138 | N/A | More staff with money worries are referring themselves to the Support and Information service for advice (643). A staff campaign / partnership with Home Energy Scotland has also resulted in referrals - 138 in December 2020.

Forensics Mental Health pilot | 40 | £100,960 | This Queens Nursing Institute for Scotland project is making a huge difference to people’s lives, especially on discharge from the service. The Directorate has provided 21-22 funding to further test the model.

Stobhill Mental Health Inpatients pilot | 77 | £325,982 | Mental Health Employability Services funded this pilot which has made a massive impact through joint working, by the service, Greater Easterhouse Money Advice Project, Social Security Scotland, in house advocacy service, Support & Information Service and the Department for Work & Pensions.

In terms of child poverty, Health Visiting money advice referrals are a key tenet of the approach as well as improving: Midwifery referrals to money advice services; Special Needs in Pregnancy holistic money advice intervention; children’s hospital money advice project; Primary Care money advice, Family Nurse Partnership money advice and Child Development Centres money advice.
The following tables show HV referrals as % of caseloads alongside local child poverty rates and a SIMD analysis. The NHSGCC health visiting group has developed enhanced performance monitoring and governance and is developing local targets for HV referrals and improvement plans. Similarly, the GGC Community Obstetrics Management Group has developed a GGC wide improvement plan and is exploring a target for midwifery referrals based on SIMD1-3. A breakdown by SIMD is provided.

**HV referrals (% of caseload) and local child poverty rates**

<table>
<thead>
<tr>
<th>Area</th>
<th>Money advice referrals as a % of HV caseloads (Apr - Dec 20)</th>
<th>Child poverty rate (2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Dunbartonshire</td>
<td>6%</td>
<td>16%</td>
</tr>
<tr>
<td>East Renfrewshire</td>
<td>4%</td>
<td>15%</td>
</tr>
<tr>
<td>Glasgow – North East</td>
<td>26%</td>
<td>32%</td>
</tr>
<tr>
<td>Glasgow – North West</td>
<td>31%</td>
<td>32%</td>
</tr>
<tr>
<td>Glasgow – South</td>
<td>52%</td>
<td>32%</td>
</tr>
<tr>
<td>Inverclyde</td>
<td>4%</td>
<td>24%</td>
</tr>
<tr>
<td>Renfrewshire</td>
<td>16%</td>
<td>23%</td>
</tr>
<tr>
<td>West Dunbartonshire</td>
<td>1%</td>
<td>27%</td>
</tr>
</tbody>
</table>

**HV SIMD referrals analysis**

<table>
<thead>
<tr>
<th>SIMD</th>
<th>No. referrals</th>
<th>No. individual service users</th>
<th>% of service users referred by SIMD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Row Labels</td>
<td>Total</td>
<td>Unique patient</td>
<td>% of Unique patients</td>
</tr>
<tr>
<td>East Dunbartonshire</td>
<td>868</td>
<td>859</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>49</td>
<td>49</td>
<td>5.70%</td>
</tr>
<tr>
<td>2</td>
<td>144</td>
<td>141</td>
<td>16.41%</td>
</tr>
<tr>
<td>3</td>
<td>52</td>
<td>51</td>
<td>5.94%</td>
</tr>
<tr>
<td>4</td>
<td>191</td>
<td>190</td>
<td>22.12%</td>
</tr>
<tr>
<td>5</td>
<td>432</td>
<td>428</td>
<td>49.83%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td><strong>East Renfrewshire</strong></td>
<td><strong>751</strong></td>
<td><strong>743</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>50</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>73</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>48</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>216</td>
<td>213</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>364</td>
<td>361</td>
<td></td>
</tr>
<tr>
<td><strong>Glasgow City</strong></td>
<td><strong>6808</strong></td>
<td><strong>6613</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>3805</td>
<td>3658</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1104</td>
<td>1081</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>705</td>
<td>692</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>618</td>
<td>614</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>576</td>
<td>568</td>
<td></td>
</tr>
<tr>
<td><strong>Inverclyde</strong></td>
<td><strong>647</strong></td>
<td><strong>631</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>336</td>
<td>327</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>97</td>
<td>94</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>83</td>
<td>81</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>59</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>72</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td><strong>Renfrewshire</strong></td>
<td><strong>1491</strong></td>
<td><strong>1454</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>415</td>
<td>406</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>313</td>
<td>305</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>217</td>
<td>210</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>216</td>
<td>212</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>330</td>
<td>321</td>
<td></td>
</tr>
<tr>
<td><strong>West Dunbartonshire</strong></td>
<td><strong>777</strong></td>
<td><strong>765</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>376</td>
<td>372</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>184</td>
<td>183</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>113</td>
<td>109</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>66</td>
<td>65</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>38</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>11342</strong></td>
<td><strong>11065</strong></td>
<td></td>
</tr>
</tbody>
</table>
Up to December 2020, these are the Scottish government statistics on Best Start Grant and Scottish Child Payment applications -

**Best Start Grant**
- East Dunbartonshire 2,175 £471,001
- East Renfrewshire 1,980 £406,726
- Glasgow 38,385 £7,911,347
- Inverclyde 3,940 £829,760
- Renfrewshire 7,555 £1,578,681
- West Dunbartonshire 5,495 £1,124,832


**Scottish Child Payment applications**
- East Dunbartonshire 565
- East Renfrewshire 490
- Glasgow 9,385
- Inverclyde 990
- Renfrewshire 1,840
- West Dunbartonshire 1,285


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

As part of the Public Health remobilisation plan we will utilise a tracking document to improve screening for those with protected characteristics. Nationally, the Screening Oversight Board will develop a strategy addressing inequalities in uptake of screening which will inform the NHSGGC remobilised screening programme.
## 2.7 Resource allocation, fair financial decisions and procurement

**Action: Continue to refine the process of making fair financial decisions**

**Equality Impact Assessment (EQIA)**

NHSGGC’s EQIA programme considers the impact of service change that includes a cost saving component and offers proportionate mitigation.

All strategic decisions that are subject to equality impact assessment include an integrated abbreviated assessment in line with NHSGGC’s requirement to show due regard to the Fairer Scotland Duty. The assessment specifically asks if decisions will have an impact on socio-economic status. The Board awaits the outcome of reviewed guidance for the Fairer Scotland Duty and will implement appropriate recommendations to current assessment criteria.

**Fairer Scotland Duty**

In April 2018 the Government introduced a new duty on socio-economic inequalities as part of the Public Sector Equality Duties. The duty requires public bodies to demonstrate how our strategic plans will help to reduce poverty. This means being able to explicitly show that we have considered health gaps caused by socio-economic inequality in our decision making processes.

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

In line with the Procurement Reform (Scotland) Act 2014, work is continually underway to ensure procurement policy supports fair work practices, sustainability, community benefits and ethical supply chains. Within our Procurement Strategy, contract strategies and tender / contract information we consider fair work practices, sustainability and community benefits for all Procurements above the value of £50k.
3. COVID-19 Response

Due to the COVID-19 pandemic, much of the planned work to deliver on our new set of outcomes has been delayed. NHSGGC's work on equality and human rights aims to ensure that we provide equitable access to services and address barriers where we identify them. This section describes how NHSGGC ensured an inclusive response to the COVID-19 pandemic for those protected under the Equality Act.

3.1 Mainstreaming issues

3.1.1 Test and Protect

NHSGGC’s Test and Protect programme is dependent upon engaging quickly and clearly with a diverse range of people who may be at risk of spreading COVID-19 in the community. The Test and Protect Team introduced a series of Standard Operating Procedures (SOPs) that act as quick reference documents to ensure robust process is followed at each step of the engagement process. The SOP covering additional communication needs provides telephone interpreting codes for 87 spoken languages and access to BSL language support for Deaf users.

The Test and Protect Team have recently introduced a courtesy call pilot that follows up with traced people to explore if their needs have been met by the service. The pilot shows that 26% of people contacted required additional support ranging from money worries to national support links.

3.1.2 Protecting our workforce

NHSGGC reviewed emerging evidence in relation to disproportionate risk of COVID transmission and poor health amongst BME communities and put in place a programme to prioritise the vaccination of our BME staff. The links below are examples of communications sent across the organisation to promote vaccination uptake by BME staff and to underline the value of updating personnel information held on the eESS system.

278-core-brief-14-december-2020-daily-update-1235pm.pdf (nhsggc.org.uk) – outline priority for BME staff
280-core-brief-16-december-2020-daily-update-1255pm.pdf (nhsggc.org.uk) – contact process for BME staff
281-core-brief-17-december-2020-daily-update-315pm.pdf (nhsggc.org.uk) – reminder for BME staff
283-core-brief-18-december-2020-daily-update.pdf (nhsggc.org.uk) – combination of reminder to BME staff and push to complete eESS data.

3.1.3 Remobilisation Plan Equality Impact Assessments

NHSGGC’s remobilisation planning team have undertaken 6 equality impact assessments (EQIAs) to better understand and identify potential barriers for people accessing redesigned services. A core focus of the EQIAs was the mainstreamed
use of virtual patient engagement to reduce risk associated with attending in person. The table below provides links to the assessments.

<table>
<thead>
<tr>
<th>EQIA</th>
<th>Date completed</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Phlebotomy Hubs</td>
<td>26/02/2021</td>
<td><a href="https://www.nhsggc.org.uk/media/265630/eqia-acute-phlebotomy-260221.pdf">https://www.nhsggc.org.uk/media/265630/eqia-acute-phlebotomy-260221.pdf</a></td>
</tr>
</tbody>
</table>

3.1.4 Inclusive Vaccine Plan

In identifying COVID-19 vaccine centres, NHSGGC assessed all for accessibility and transport links to ensure maximum access for our population. We utilised the national inclusive vaccine EQIA as a template for our vaccine model role out, supplemented with local population and infrastructure knowledge. We identified broad mitigations for all to ensure maximum access such as robust transport links and appointment flexibility.

A range of local clinics have been set up - including in areas of high deprivation - and if not possible, transport support options have been put in place. Evening, morning and weekend appointments have been planned for to accommodate those with less flexibility in their workplace or who lose money if they take time off work.

Additional services were provided via a mobile vaccination service and drop in session run for those who might experience a challenge in attending a scheduled appointment.

Staff were given training to ensure have knowledge relating to those who have additional needs such as guiding visually impaired people. Where appropriate, people who are additionally vulnerable due to mobility issues, mental health or cognitive impairment are being vaccinated at home and others provided with additional support to attend vaccine centres. We have worked with our Local Authority and third sector partners to have a joint approach for certain populations such as asylum seekers or homeless people. Key to the success of our plan is not to presume homogeneity within groups, but to plan for difference.

The EHRT created a BSL video to promote the national COVID-19 helpline to ensure BSL users knew how to make an enquiry, to change their appointment time or to book an interpreter for their vaccination. This initial video had 615 views then
a further 830 when it was re-shared on our BSL Facebook page. Remote BSL interpreting is also available at vaccine centres.

For our non-English speaking BME population, posters were produced in 24 languages providing a step-by-step guide to pre-booking an interpreter for a vaccination appointment, using our telephone interpreting service. Targeted communications promoting the uptake of the vaccine were produced in a range of languages and disseminated to the target communities. These videos incorporated representatives from the various communities and were shared widely via social media.

Carers are vaccinated at home or at vaccine centres if they attend with those they have a carer’s role for; flexibility has been built into appointments to accommodate dual visits. Communications have gone out via carer organisations. There has been communication with clinical staff and NHSGGC contact centres to ensure consistent messaging to enable dual appointments where possible.

In principle, NHSGGC’s approach to COVID-19 vaccination is to deliver a mass population vaccination programme whilst addressing barriers for individuals to ensure a person-centred approach.

### 3.1.5 Engagement as a consequence of COVID-19

Due to lack of data across all protected characteristics, the EHRT have developed a model to understand the specific barriers faced by specific population groups. (See Fig 1.) Evidence and media reports have been a constant throughout the COVID-19 pandemic and can be used as a proxy for local data. However assumptions cannot be made that all groups across the UK have the same lived experience. To address these concerns the EHRT has been using community voices as a check and balance against the national evidence.

![Fig 1: NHSGGC Model](image)

*Evidence*  
*Media Reports*  
*Community Voice*  
*Targeted Comms*
In order to produce effective, targeted communications, evidenced gathered via community engagement was used to identify any specific barriers and concerned for communities and to prepare targeted key messages. We then identified spokespeople from the each group to present this information in various languages. Our community contacts also helped to identify the most effective dissemination channels such as community networks and social media.

Black and Minority Ethnic Communities

A baseline study of community needs was undertaken between October 2020 and March 2021.

Twenty-three separate COVID-19 Information community group sessions were held between October 2020 and the beginning of March 2021 (316 participants). Twenty-five separate community COVID-19 Vaccination community group sessions were held between the February 2021 and the end of March 2021 (286 participants); 48 Sessions and 602 participants in total.

Across both types of community sessions a range of ethnic groups (e.g. Arabic, Kurdish, Nigerian, Pakistani, Iraqi, Algerian, Congolese, Eritrean, Vietnamese & Indian) and a range of languages were represented (e.g. Arabic, Spanish, Kurdish Sorani, Tigrinyan, Vietnamese and English) by session participants.

Both the EHRT 2020 Baseline Study and the resultant community information sessions highlighted the need to ensure that accurate, up to date information is made available to the black and minority ethnic communities through appropriate channels and in relevant languages. Links with community groups will continue to be strengthened and new ones forged in order to promote dialogue with people with lived experience, feeding such experience back into NHSGGC in order to achieve optimum levels of policy and service. It is fully recognised that this is not a one off exercise but rather part of a continual process.

To date some of the highlights of this activity are as follows:

- Key messages regarding COVID-19 were produced in English, Urdu, Punjabi, Tamil, Hindi and disseminated via to community groups and organisations.
- A video with COVID-19 information was produced in English and Urdu.
- Key messages and video links were shared with targeted social media channels with a reach of over 36,000 people, including religious organisations.
- An interview with an NHSGGC GP was aired in English and Urdu on Radio Awaz, as well as a series of advertisements in English, Urdu and Punjabi.
- An interview Dr Syed Ahmed concerning the COVID vaccination programme was aired on Radio Awaz in early 2021.
- Targeted videos promoting the uptake of the COVID-19 vaccine have been produced in 9 languages, presented by staff and community representatives from each target group and disseminated via community networks and social media channels.
• Selfie videos from BAME community staff members receiving their COVID vaccinations have been produced and shared via social media and relevant community networks.

• The translation of communications assets into Slovakian, Romanian and Roma have been undertaken to support the Roma community. In response to feedback from this community, three videos were also produced in all 3 languages, covering information about COVID-19, how to self-isolate and vaccination programme.

• With Glasgow Council, the use of the Glasgow Central Mosque as an asymptomatic testing centre was promoted. This included the involvement of a representative from the Mosque, emphasizing that the centre was open to all and welcoming the local community.

• Printed and animated communications materials across a range of topics have been translated which have been utilized in conjunction with Scottish Government assets. These materials have been shared on social media to support wider COVID-19 messaging.

Work is currently focused on targeting the Polish and African communities where uptake is particular low.

Faith Groups

NHSGGC is committed to ensuring that all those with a faith or non-faith have barrier free access to COVID-19 vaccines.

Information was shared via targeted social media channels, including religious organisations, and was sent to all Mosques in the Greater Glasgow and Clyde area. The information was also shared via targeted Whatsapp groups and sent it to the Muslim Council of Scotland for further dissemination. The Muslim Chaplain at Glasgow University participated in our vaccine ‘selfie’ campaign. Radio Awaz programmes were also used to target the Muslim community on Fridays and a Public Health Consultant shared vaccine information.

Some of the Muslim population had concerns about taking the vaccine during the Ramadan fast. The EHRT carried out engagement across multiple groups which included Muslim participants and in the run up to Ramadan spoke to 72 Muslim people about their vaccine concerns.

During Ramadan, NHSGGC promoted the advice from Muslim organisations that the vaccine would not break the fast to all Mosques in the area and through Radio Awaz.

Videos were also shared with Gudwara’s via social media and further disseminated through the Renfrewshire Interfaith Group.

In response to concerns regarding household mixing around the Eid celebrations, a video was produced in both English and Urdu, encouraging the community to keep to the current restrictions. The video was disseminated via the community channels and promoted on NHSGGC’s social media.
A series of radio ads were also produced in English and Urdu and played on Radio Awaz in the week leading up to and including the Eid festival. Dr Syed also recorded an interview regarding the current guidelines and additional messages were conveyed via key presenters in English, Urdu and Punjabi re staying safe and the opportunities for local testing.

Disability

The EHRT has initiated a series of sessions with disabled people to ascertain their experience. A discussion session with patients living with a learning disability was held in conjunction with The Life I Want (TLIW) public partnership forum. The session and ensuing survey covered the patients’ experiences of the COVID-19 vaccination process.

Issues raised included confusion over media coverage of the COVID vaccine and the importance of carers being able to attend appointments with patients. Staff support and information given during appointment was rated very highly. Recommendations included the need to ensure that vaccination letters are sent out early enough for patients requiring support to read and respond. While venue accessibility was rated generally positively, there is a need to promote the availability of alternative venues for those with specific issues such as mobility, including the option of home vaccination.

The EHRT identified the use of masks by all staff as a communication barrier to many disabled people early on in the pandemic. This precluded lip reading both those who use this as primary communication and those who use to augment other communications means such as BSL users. The Person-Centred Care Team introduced Person-Centred Virtual Visiting (PCVV) across all NHSGGC hospitals in March 2020 to allow all patients access to technology specially set up to enable them to see and talk to the people who matter to them during COVID-19 visiting restrictions. This action aimed to address:

- communication needs
- spiritual care, culture and religion
- health and wellbeing
- information and support
- care experience feedback

These ipads have software for accessing spoken language interpreters, BSL interpreters and can access a speech to text transcription service – the AVA app. It will transcribe what a staff member is saying, even with a mask on and present it in written English on the ipad. This ensures that our patients with a hearing loss can understand what staff are saying to them on our wards. Engagement was carried out with staff at drive in testing centres to see if the app would work when staff were wearing masks.

NHSGGC support Deafblind Scotland to both provide communication support to Deafblind people in health services but also to deliver a wellbeing programme targeting Deafblind people. During the COVID 19 pandemic Deafblind Scotland have continued to keep in contact with Deafblind people within Greater Glasgow
NHS area providing wellbeing calls and visits as necessary and providing information and support to them, some of whom very distressed as a result of the pandemic and others requiring emotional support as they are very isolated and lonely. These connections have been invaluable for many and Psychological First Aid was delivered to all staff due to the distress experienced. We also sought to support more people than ever before by training six guides as wellbeing coordinators. These staff have kept in contact with all NHSGGC members by phone or face time during the pandemic and offered wellbeing visits to those with no SDS service including wellbeing walks of 77 hours during lockdown.

Deafblind Scotland has fully supported the vaccination programme roll out and have encouraged and supported members by sending formatted version of the vaccination leaflet to 452 members including the vaccination process and assigning guide/communicators, with members receiving support to attend vaccination appointments.

**LGBTQ+**

In preparation for developing the patient experience group post pandemic and in response to the national crisis in demand and waiting lists for Gender Identity Clinic services, Boards are using the ‘Your Voice’ tool to engage with the Trans community currently, on what services would aid them whilst on the GID clinics waiting lists. Like other marginalised groups, unprecedented levels of poverty, stress, abuse and social isolation are live issues for the Trans community. Peer worker models have been raised as a means to provide a ‘co-produced’ service response to the current crisis.

**Learning Disability**

We disseminated eight pieces of easy read COVID-19 information to all learning disability originations and generic disability organisations as well as information on how to access the national easy read information.

Our partnership with The Life I Want Group and with other learning disability patients and 3rd sector organisations has continued over the course of the past year. Monthly meetings of the group have continued throughout the pandemic using virtual platforms until the beginning of this year. We have been able to get ongoing feedback from patients regarding their use of healthcare provision during this period.

The issues fed back focussed on confusion over cancelling of appointments during early stages of pandemic and not being able to visit hospitals. Clarification was requested about identifying cold/ flu symptoms from COVID -19 symptoms. There were also preliminary discussions on delivery of our 2020-24 equality outcomes relating to learning disability.

**Information in Other Formats**

Spoken languages - A large number of COVID-related information and resources has been translated into a wide range of spoken languages over the last year.
These include local service information, animations on visiting restrictions and video scripts and adverts for targeted campaigns. We have also produced translations of Scottish Government materials where additional languages were required to meet our target demographic. These have been mainly disseminated via our community networks, incorporating presentations, local groups and social media. 14 videos have currently been produced and this endeavour is ongoing.

BSL users - We have translated and disseminated 34 pieces of COVID-19 information into BSL for the Deaf community. This was done utilising the BSL Health Champion volunteers. These 34 videos were translated between March 2020 and March 2021 and cover: changes to our services; how to use Interpreter Now to access remote interpreting; bereavement services update, how Test and Protect works and how to book an interpreter for your vaccination appointment.

4. Equality Outcomes

NHSGGC’s equality outcomes are based on evidence gathered prior to publishing and highlights where we need to make a significant difference for patients with specific protected characteristics.

This section provides an update on progress made on the equality outcomes in 2020-21. Due to the need to prioritise mitigation of the COVID-19 pandemic, initiating work on this set of outcomes has been limited. We have therefore only reported on the outcomes where work is underway.

Equality Outcome 1:

Person Centred Care for older people is enhanced by addressing ageism and its impact on treatment options and care for older people.

Older people and their carers are routinely involved in discharge planning and decisions as part of person centred and inequalities sensitive care.

The specific actions relating to this outcome have not been initiated due to the COVID-19 pandemic and will be reported in the 2021-22 Monitoring Report.

Equality Outcome 2:

Appointments will be planned and scheduled so that the needs of patients who require additional support are met to ensure appropriate care during all outpatient visits.

The specific actions for outcome has not been initiated due to the COVID-19 pandemic. However, over the past 12 months the Equality and Human Rights Team has continued its links with 3rd sector partners working with disabled people, including people with learning difficulties. During this time we have received updates and feedback on how the pandemic and lockdown has had an influence on the general health and wellbeing of patients and on their experiences of accessing and using acute and community healthcare provision. This information will be used as learning for the development of our equality work in the future and will inform NHSGGC’s post COVID activities.

A suite of EQIA’s relating to NHSGGC Remobilisation Plan has been carried out (see section 3.1.3). This included an EQIA of the Active Clinical Referral Triage/ Patient Initiated Review, Virtual Patient Management including engagement around the Attend Anywhere / Near Me virtual appointing system.
Almost 900 services (Acute, Primary Care and Mental Health Services) can now use this virtual consultation service. An interim evaluation of over 3000 recipients found that any concerns about reduced quality of the consultation were not reported at all, with benefits of better time management and no travel costs. Interpreting support is also available and can ensure interpreters can cover more appointments due to removing the need to travel. However, virtual services do not suit all e.g. some older people, people with complexity in their lives and people who do not own a computer or are digitally excluded currently may not be able to access this service. Standard appointments can be made available to those who cannot use such a service and will be offered subject to safe distancing and risk assessment.

Twenty two non-English speakers across 12 languages and 12 disabled people were interviewed about their experience of using Attend Anywhere / Near Me remote appointing system.

The feedback given by all interviewees regarding “Near Me” was largely positive. Overall it is a good system although some people find some technical difficulties and/or require support of differing types to use it. Some issues raised were: Due to the nature of a person’s disability or condition “Near Me” may never be a good appointment option. Not everyone is digitally connected/aware or is able to be Some people are happy to use the system for now (during the COVID-19) restrictions but see it as purely temporary

Any evaluation of the worth of an appointment system like “Near Me”, for all of its benefits, needs to fully recognise and take account of the fact that one size does not fit all and patients should be offered a choice.

EHRT has begun online engagement activity with Glasgow Disability Alliance and some of their members to look at how the equality outcomes which have reference to improving healthcare services and experiences for disabled patients might effectively be actioned on and to discuss the various methods for supporting patient engagement to inform the development of these outcomes.

**Equality Outcome 3:**

**Ensure that Black and Minority Ethnic (BME) patients have access to full service pathways in all NHSGGC services, particularly those that do not speak English, informed by an understanding of the impact of racism on health.**

NHSGGC now record ethnicity in all Acute related services. This is now a mandatory field. The ethnicity field was made live in Trakcare on the 15th October 2020. At that point there were 33% of patients who had their ethnicity recorded. As of 1st March 2021 47% of patients have their ethnicity recorded on Trakcare in NHSGGC, this equates to a total of 2,000,792 patients’ records.
In terms of mental health services, a programme of improvement is in place. Where no ethnicity has been provided by the GP on referral; ethnicity data is being lifted from Trakcare to place on the Mental Health Services recording system – EMIS. E-Health staff have raised with EMIS the need to ensure that 2011 Ethnicity codes can be recorded via the main registration screen as there is currently a workaround to enter this in a different part of the system. Clinical conversations will also be had to ensure this data is self-defined and accurate.

**Equality Outcome 4:**

The needs of patients with religious beliefs are understood and acted on in services through an established Staff Interfaith Group.

The specific actions relating to this outcome have not been initiated due to the COVID-19 pandemic and will be reported in the 2021-22 Monitoring Report.

**Equality Outcome 5:**

Improved access and quality of care for patients who have a learning disability will improve their experience of services and health outcomes.

The specific actions relating to this outcome has not been initiated due to the COVID-19 pandemic. However, we have worked with group members of The Life I Want group to produce an accessible easy read version of our Equality Scheme 2020-24. We have also continued to speak with TLIW and other learning disabled people and support organisations to identify potential timelines for actioning our equality outcomes relating to LD and to agree how we might initiate our specific patient engagement programme for overseeing the outcomes post COVID.

**Equality Outcome 6:**

NHSGGC is perceived as a safe and inclusive place by Lesbian Gay Bisexual Transgender & Queer + (LGBTQ+) people.

In preparation for developing the patient experience group post pandemic, to support this outcome and in response to the national crisis in demand and waiting lists for Gender Identity Clinic services, Boards are using the ‘Your Voice’ tool to engage with the Trans community on what services would aid them whilst on the GID clinics waiting lists. Like other marginalised groups, unprecedented levels of poverty, stress, abuse and social isolation are live issues for the Trans community. Peer worker models have been raised as a means to provide a ‘co-produced’ service response to the current crisis.
Equality Outcome 7:

Women with protected characteristics of race, socio-economic inequality or who are affected by gender based violence (GBV) receive perinatal care which improves their health outcomes.

This outcome has been initiated with regard to Black and Minority Ethnic women.

- Carry out engagement to understand the needs of different Black and Minority Ethnic women, including asylum seekers

We have contacted 8 Black and Minority Ethnic organisations to identify issues for Black and Minority Ethnic women during their pregnancy from their point of view. This is being triangulated with patients view and staff views. Focus groups are now planned with a range of Black and Minority Ethnic women – these will include Roma women, asylum seekers, South Asian women and women from African communities / of African descent.

Focus groups with staff have been carried out and will be used to inform the patient focus groups.

A draft survey has been developed for pregnant women incorporating the focus group activity above. This is being piloted at QEUH and if successful rolled out across postnatal wards in NHSGGC. This will be used as a service ‘exit interview.’

- Develop responses to any structural barriers identified

Feedback from Amma Birth Companions, an organisation that provides birth companions for asylum seekers and other vulnerable women throughout their maternity pathway, suggested that access to interpreting was an issue in our services. We provided Amma’s birth companions with an NHSGGC patient interpreting code so that they could access our telephone interpreters independently. This enables women to call in to access help and make appointments rather than come to the service.

A review of national clinical protocols is planned for 21/22 and issues arising from patients and staff will be explored.

- Carry out and record routine enquiry on GBV and financial inclusion, making referrals when appropriate
An analysis of the antenatal access HEAT target revealed that this is not met for the Black and Minority Ethnic communities. Data on BAME communities routine enquiry GBV and financial inclusion will be reviewed 21/22.

- Update existing and develop new protocols on GBV

This action has not been initiated due to the COVID-19 pandemic. It will be reported on in the 21-22 Monitoring Report.

**Equality Outcome 8:**

**The physical health of those with mental health problems is addressed.**

The specific actions relating to this outcome have not been initiated due to the COVID-19 pandemic and will be reported in the 2021-22 Monitoring Report.