



Meeting the Requirements of Equality Legislation

A Fairer NHS

Greater Glasgow & Clyde

2020-2024



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Jane Grant
Chief Executive
NHS Greater Glasgow & Clyde

Foreword

I am delighted to present our Fairer NHS Greater Glasgow & Clyde equality report which outlines our priorities for action over the next four years.

In 2020-24 we aim to deliver a fair and equitable service across all of our Corporate Plan priorities: Better Care; Better Health; Better Workplace and Better Value. These mainstreaming actions aim to benefit all our staff and patients groups and will include:

- supporting staff to respond to the social issues affecting health including money worries, housing and hate crime
- providing interpreting support to all patients who require communication support for NHS related appointments
- using our unique position as healthcare providers to assist those experiencing forms of gender-based violence
- developing the NHSGGC Workforce Equality Plan to ensure staff are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued
- carrying out audits of NHSGGC hospitals and clinics and implement actions to remove barriers to disabled people.

The report also highlights a range of specific equality outcomes. This is where we have identified a need for action which will make a positive difference for a particular group of patients.

These outcomes are based on evidence gathered from extensive research, policy and, of course, engagement with patients and staff. Over 1000 people from across a range of communities were involved in discussions which will inform our actions over the next 4 years. Those involved included representatives from the Black & Minority Ethnic community, the Lesbian, Gay, Bi and Trans community and religious groups, as well as people with learning disabilities, older people, people on a low income and pregnant women.

Members of our own staff forums and networks were also involved in this process and it is clear our staff feel strongly about equality issues. The Fairer NHSGGC staff survey revealed that almost 90% of staff agree that we can improve patient health care by having a better understanding of the discrimination faced by the people in Glasgow and Clyde.

I want to take this opportunity to thank all of our staff, partners and volunteers for their hard work and commitment to create a fairer NHSGGC.



Introduction

Over the last 4 years, NHS Greater Glasgow & Clyde (NHSGGC) has demonstrated our commitment to addressing discrimination and delivering services that are fair and equitable to all. We have done this by meeting our responsibilities as required by the Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012. Details of the wide range of work undertaken across all services and with our workforce can be found on our website at www.nhsggc.org.uk/equality.

Our work continues to ensure that in our day to day business we:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between groups of people with different 'protected characteristics'
- foster good relations between these different groups.

The protected characteristics referred to, as listed in the Equality Act 2010 are: age; marriage and civil partnership; disability; religion and belief; gender reassignment; pregnancy and maternity; race, sex and sexual orientation. We are all likely to have more than one protected characteristic which make up our individual identities.

Since the Equality Act 2010 other related legislation and duties have been introduced to meet the needs of specific equality groups. These include:

- The British Sign Language (BSL) (Scotland) Act 2015
- The Fairer Scotland Duty which requires the Board to consider how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions
- The Child Poverty (Scotland) Act 2018.

In 2020, the Public Sector Equality Duty is being reviewed. The review is intended to deliver improvements in the processes for mainstreaming equality by public authorities in Scotland, in turn delivering improved outcomes for equality groups.

An Act of the Scottish Parliament which provides human rights leadership is proposed and a public participatory process will be carried out in 2020. The new framework will ensure that public sector organisations respect, protect and fulfill human rights obligations in their services.

From the 30th April 2016, Integrated Joint Boards (IJBs) are the legal entities responsible for delivering an Equalities Mainstreaming Report and Equality Outcomes relating to their functions. IJBs provide governance for the Health and Social Care Partnerships (HSCPs). This report will therefore relate only to the specific functions of the Health Board and not the new integrated bodies.

Engaging with Communities to develop the outcomes and activities for 2020-24

NHSGGC's Equality and Human Rights Team organised engagement sessions to ask people what was important to them when using NHS Services and how their protected characteristic affected their health. Overall, 1,065 people were involved in the discussions.

This feedback was used to help develop the outcomes for 2020-24 and will inform the actions over the next 4 years. Many of the responses concurred with other evidence reviewed when developing the outcomes.

Many of the groups and individuals we engaged with have agreed to be involved over the life of the scheme to feedback on improvements and make suggestions on further improvements.

The engagement is summarised below.

Black & Minority Ethnic Communities including Asylum Seekers and Refugees

Engagement was carried out with over 500 community members who attended 39 information workshops to raise awareness about different NHS Services and feedback on the issues which were concerning them. The organisations included: Govanhill Regeneration Agency; Govan Integration Network; East Glasgow Regeneration Network; Maryhill Integration Network; Centre West Integration Network; Al Meezan House; Red Cross; Kingsway Court Community Centre; Hindu Mandir and Scottish Akta Women's Group. Members spoke up to 20 different languages. Interpreters were used when needed and translated resources were shared to reinforce messages, such as a Human Rights leaflet designed by service users and produced in English, Arabic, Farsi, Polish, Urdu, Mandarin, and Romanian.

A range of issues were raised concerning patients requiring interpreting support. For example, many people are experiencing difficulties when communicating by phone for things such as self-referral or cancellations. There were also concerns over the last minute cancellation of appointments due to interpreters being unavailable - leading to long waiting times for another appointment.

Other issues included: lack of awareness of the NHS system e.g. minor injuries units; difficulty using NHS 24 due to the language barrier, NHS services not being gender sensitive and people feeling discriminated against when they don't speak English well. Asylum seekers often expressed their feeling that staff thought that they did not deserve NHS services.



People with a Learning Disability

Through working in partnership with 'The Life I Want' health stream meetings, we have had over 150 conversations with people with learning disabilities about their experience of the NHS. Group members come from a range of 3rd sector support organisations including People First, Values Into Action Scotland, Enable, Mainstay Trust and PAMIS (Promoting a More Inclusive Society).

Staff awareness of the needs of people with learning disabilities is the single biggest factor that informs the experiences of learning disabled patients.

Engagement events have been held with over 500 medical and nursing staff to gauge their understanding of the needs of people with learning disabilities. These were across a number of acute and community NHS sites, including the Queen Elizabeth University Hospital, Royal Hospital for Children, Royal Alexandra Hospital, Eastwood and Gorbals Health & Community Care Centres.

LGBT+ People

A health needs assessment was carried out jointly between NHSGGC and NHS Lothian which conducted interviews and focus groups with 175 LGBT+ people. The research was designed in consultation with voluntary sector organisations. The feedback identified areas of concern in services such as how same sex partners were treated (as visitors, next of kin), problems associated with hospital inpatients being placed in inappropriate wards and mis-gendered and bisexual people less likely to rate their health positively compared to other groups with particular concerns about women.

Men Living on a Low Income

14 men aged 16-44 from Ashfield Football Club took part in an event to explore the reasons for men having high levels of missing appointments. Most of the men who took part reflected on employment in trades (either self-employed or for a third party) or call centres where time away from work meant lost earnings. Any other costs like travel and parking compounded the financial barrier. Expected behaviours for men, for example being tough and resilient, were seen as aggravating factors in delaying seeking help and missing appointments.

Two group discussions were carried out with 14 men between the ages of 29 and 47, each at various stages in their recovery from drug addictions in a voluntary sector project. Many hadn't attended appointments in the past and expressed the reasons as 'traditional' attitudes and behaviours of men towards their health needs and fear of knowing what was wrong with them. Inflexibility of appointments, short notice or letters too far in advance all contributed to missed appointments, particularly for men who were working. Prioritising appointments when you are being treated for several health issues also leads to missed appointments. Loneliness was seen as an issue which was impacting on men's health.

Older People

Engagement was carried out with 100 older people in Inverclyde, West Dunbartonshire and East Dunbartonshire to find out their experience of hospital stays and discharge. People highlighted ageist attitudes towards them, particularly if they were hard of hearing. They felt they were often not listened to. Issues in relation to discharge included overcrowded discharge areas, not being told how to get home following discharge e.g. transport arrangements and the long wait for medication. Transfer between hospitals or departments often involved long waits and people felt that there was poor communication between departments and hospitals generally. We also spoke to 10 Asian older people who highlighted communication support and specific needs on discharge.

Experience of Pregnancy

We spoke to 32 women from BME communities who had been pregnant within the last 2 years, who spoke English, Arabic, Vietnamese and Mandarin. Asylum seekers we spoke to came from Syria, Iraq, Namibia, Nigeria, China, Vietnam, Sierra Leone and Cameroon. Many said they had received very good care from midwifery staff. They highlighted some issues with their care including: not enough time at ante-natal booking to accommodate interpreting or complex issues; interpreters not being booked during labour and the birth (sometimes this was due to the interpreting service and sometimes hospital staff); being moved between hospitals and not being told why, and difficulty phoning in to services if English isn't their first language. Some women felt that other patients and visitors were staring at them and felt there were cultural issues around gender and privacy in relation to breastfeeding and preferring female staff. Asylum seekers have particular issues around finding money to attend appointments and not having family members to help them home when being discharged with their baby. Women felt that the relationship with their health practitioner was the most important factor for a good experience.

Religion and Belief Issues

109 people attended seven focus groups with different faiths (Muslim, Hindu, Sikh and Christian) and covering the following languages: Punjabi, Hindi, Urdu, Arabic, English, Farsi, Kurdish and Tigrinya. Issues raised related to discrimination and racism due to stereotypes and the need for staff training and knowledge to respond sensitively to patients' needs.



Engaging with staff to develop the outcomes and activities for 2020-24

We wanted to consult our staff to see if the actions we have taken since 2016 are making improvements. To do this we carried out our third Fairer NHSGGC Staff Survey in 2019. The feedback showed that there is clearly a huge range of work being undertaken to support patients with additional needs. Some areas have shown improvements. This includes a significant increase in staff using BSL interpreters and use of telephone interpreting has more than doubled since 2016. Instances of discrimination are still being witnessed and experienced. However, the number of staff who have felt able to disclose their disability status to their managers has increased since 2016. The survey also revealed that over 80% of our LGBT+ staff are out in the workplace – an increase of 22%. Staff felt that more work needs to be done for all equality groups, in particular people in poverty, older people and disabled people. For more information on the Fairer NHSGGC Survey, visit our website at www.nhsggc.org.uk/equality.

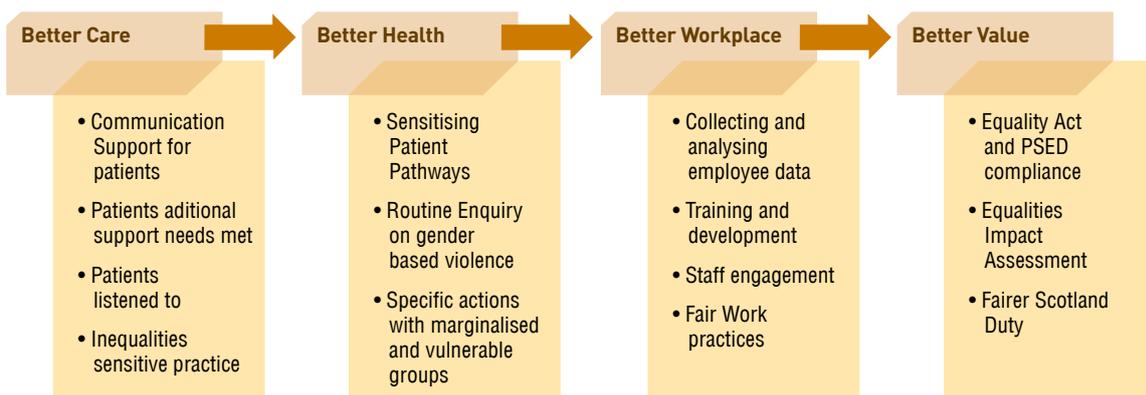
NHSGGC's Staff Disability Forum, Black & Minority Ethnic Staff Network and LGBT+ Staff Forum have also been invaluable in providing feedback and guidance for the organisation on equality issues based on their knowledge and experience.

Mainstreaming Report

In 2020-24 we aim to deliver a fair and equitable service across all of our Corporate Plan priorities:

- Better care
- Better health
- Better workplace
- Better value.

We will deliver actions under each of these priorities which are summarised below:-



Progress against these actions will be reported on annually to show where we are making a difference across the protected characteristics. These will be available on our website at www.nhsggc.org.uk/equality.

Better Care

Communication support for patients



“

We know how vital interpreting support is in ensuring our patients can fully engage with the health service. We simply cannot properly meet the needs of our patients without it.

”

Nareen Owens

Head of People & Change, NHSGGC

Ensuring that patients have communication support underpins better care. NHSGGC has the largest in-house language interpreting service in Scotland and delivers 650 interpreting supported appointments a day. We have a large number of asylum seekers in our area and over 60 different languages are spoken.

Disabled people are also provided with communication support such as note-takers, British Sign Language interpreters and Deaf Blind communicators.

Written information including appointment letters, instructions for self-care and health improvement resources are available to patients in appropriate formats to ensure they have access to the information they need.

Over the life of the scheme we will:

- implement the National Interpreting and Translation Policy
- provide interpreting to all patients who require communication support for NHS related appointments
- engage with patients to gather feedback and make continuous improvement.



“

I see the relief on people's faces when they see me arrive. I know how isolated and vulnerable people can feel in that situation and the interpreting support makes all the difference.

”

Mircea Harpalete

Interpreter, NHSGGC

Listening to patients

Listening to patients is essential to delivering better care and NHSGGC has worked with a wide range of patients from equality groups to ensure their voice is heard. This includes engaging with the voluntary sector to widen the scope of this work.

Over the life of the scheme we will:

- implement a new engagement strategy to monitor progress on the actions we are taking across the scheme.

Inequalities sensitive person centred care

Understanding people's individual needs is core to delivering better care and this includes people's experience of difference, marginalisation, stigma, poverty and discrimination and how it affects their health. Patients from equality groups have told us that the following things are most important to them:

- Communicating with me
- Giving me more time
- Your assumptions and attitudes
- Meeting my additional needs
- Improving my access to services
- Knowing more about me.

NHSGGC aims to ensure that our services understand how to enquire and respond to the life circumstances that are affecting someone's health.

For example, the Healthier Wealthier Children Project focuses on identifying and responding to the needs of people who have worries about money.

Over the life of the scheme we will:

- support staff to deliver inequalities sensitive practice on social issues including money worries, housing and hate crime.

Better Health

Transition pathways for young people moving into adult care



“

Young people with long term conditions have the same right as everyone else to be all they can be. A positive transition means they have a much better chance of enjoying their right to be a happy, healthy, fulfilled and secure adult.

”

Kath Gallagher

Equality & Human Rights Team, NHSGGC

NHSGGC believes that every young person deserves their health and social care needs to be met timeously and effectively during childhood, adolescence and as they move into adulthood.

Ensuring each young person has a successful transition into adult services falls within our legislative duties not to discriminate against patients with disabilities and to uphold the rights of all children with a disability to live a full and, as far as possible, independent life and to play an active part in their community (United Nations Convention on the Rights of the Child).

Over the life of the scheme we will:

- map existing transition pathways
- produce NHSGGC Transitions Care Plan Templates and Guidance
- ensure online access to tools and guidance
- undertake effective engagement with young people and their carers to underpin and inform NHSGGC guidance and care planning templates.



“

Transition from children’s healthcare services to adult services can be challenging for patients and their families. Clear pathways of care and joint clinic visits when necessary with both teams present can help reduce anxiety during this period of change.

”

Heather Read

Paediatric Orthopaedic Consultant, NHSGGC

Routine Enquiry on gender based violence

Domestic abuse, sexual violence, child sexual abuse and other forms of gender-based violence cause immense pain and suffering and are a major public health issue. The physical, emotional and psychological consequences of gender based violence can be profound and include injury, anxiety, depression, addictions, self-harm and suicide.

Many people affected by gender based violence are reluctant to come forward to other agencies, often through fear or shame, but do present across the whole range of primary and acute health settings. Consequently, health workers are in a unique position to provide help and support. Ignoring or not responding to gender-based violence means that the presenting health issue cannot be properly treated and could increase the risk of long-term and chronic ill-health and even death.

Over the life of the scheme we will:

- evaluate Board activity against the Scottish Government's Equally Safe Performance Standards
- implement data collection and reporting improvement plans in key services.

British Sign Language

A range of work is currently being undertaken by NHSGGC to promote British Sign Language (BSL) as a language and culture and to improve the experience of our Deaf BSL patients.

This includes a BSL Online Interpreting Service, a plan to better meet the mental health needs of Deaf and hard of hearing people, basic BSL training for staff and engagement with a BSL Health Champions Group. We are also consulting with our patients regarding NHSGGC's response to the BSL Act.

Over the life of the scheme we will:

- implement the BSL Act (Scotland) 2015 action plan.

Better Workplace



“

I'm delighted that our staff forums and networks are involved in the Workforce Equality Group. We have a focused action plan which I am greatly looking forward to seeing implemented in the near future.

”

Anne MacPherson

Director of Human Resources &
Organisational Development, NHSGGC

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 LGBT+ Forum.

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.



“

The Workforce Equality Group provides a route into the organisation for our Forum, the LGBT+ Forum and the BME Staff Network. It's so important to know that we are part of the bigger picture and can contribute to how we move forward in terms of equality and staff engagement.

”

Kate Ocker

Chair, NHSGGC Staff Disability Forum

Better Value

Fair work practices: procurement



We want to continue to ensure that the goods and services we buy have added benefits for our community. We are already seeing the positive results of this work, for example through workforce commitments including 'back to work' and apprenticeships.



Christine Leese-Young
Interim Head of Procurement, NHSGGC

NHSGGC supports Fair Work Practices which extends to external providers who support the delivery of services. The impact of Fair Work Practice is considered in all health and social care procurement processes as a means to support the delivery of high quality services that are responsive to individual needs and offer continuity of care, including consideration of community benefits.

Over the life of the scheme we will:

- monitor the impact of Fair Work Practices in procurement.

Equalities Impact Assessment (EQIA)

Where NHSGGC issues new policies or makes changes to the way services are delivered that might impact on patients, we have a legal duty to conduct an equality impact assessment.

Over the life of the scheme we will:

- deliver ongoing, system-wide support for NHSGGC and aligned HSCP EQIA delivery programme, including quality assurance for returned assessments and localised bespoke training where appropriate
- deliver EQIA key work programmes and service redesign.

Fairer Scotland Duty

The Fairer Scotland Duty requires the Board to consider how they can reduce socio-economic disadvantage when making strategic decisions, for example when planning high-level service changes that might affect people on low incomes.

Over the life of the scheme we will:

- assess the impact of changes to services on people with low incomes.

Disability Discrimination Audits



“

Involving disabled people in the audit of health service buildings makes sense as we're in a strong position to identify the likely problems. We know because we've experienced it ourselves!

”

Jackie & Margaret Maceira
West Dunbartonshire Access Group

NHSGGC has an anticipatory duty to remove access barriers for disabled patients. This takes the form of Disability Discrimination Audits (DDA) which involve patients in assessing access.

Over the life of the scheme we will:

- carry out DDAs in NHSGGC hospitals and clinics and implement actions to remove barriers.

Equality Outcomes 2020 – 24

Introduction

NHSGGC's equality outcomes for 2020-24 are based on evidence gathered since 2016 which has highlighted where we should aim to make a significant difference for specific groups of patients. This evidence includes research, policy and engagement with patients. We believe that this set of outcomes combined with our mainstreaming actions will make a real difference to patients by eliminating unlawful discrimination, increasing equal opportunities and fostering good relations. Each outcome describes:

- the reason we have developed the outcome
- which general duty and protected characteristic it covers
- what actions will be taken
- how these actions will be measured.

The outcomes cover all the protected characteristics. Within each outcome there are inter-sections with other protected characteristics. For example, older people have common experiences of ageism but differential experiences as women, Black and Minority Ethnic people and as a result of being Lesbian, Gay, Bi-sexual or Transgender. Actions to achieve each outcome will be sensitive to people's particular needs and experiences.

Equality Outcome 1

Older People



“

Our Fairer NHS Staff Surveys consistently show that staff believe older people to be the most discriminated against in our services. We are committed to addressing ageism and ensuring that our older patients feel valued and fully involved and confident in their care.

”

Margaret Mcguire
Nursing Director, NHSGGC

Older adults are major consumers of health care and their presence in the health care system will continue to grow. Ageist stereotypes and discrimination against older adults have an impact on their health and well-being. Ageism can include how we communicate with older patients or age-based clinical decision-making regarding diagnosis and treatments.

Patients aged 81 and older are less likely than younger patients to feel they have been given adequate information about their discharge and what to do about their health if they are worried after leaving hospital¹. Engagement with older people in NHSGGC has shown that there are differential experiences in discharge across our services.

A key recommendation from the Royal Society of Public Health report, 'That Age Old Question' was for improved education and training of healthcare professionals on the effects of ageism in clinical care and care settings.²

This evidence has led us to develop Outcome 1, which will address ageism and ensure that older people are empowered to be involved in decisions about their care.

Equality Outcome 1



“

It’s easy to make assumptions about people based on their age. However, this can affect how you talk to us, how you treat us and ultimately how you care for our health and wellbeing.

”

Catherine Buchanan
Kirkintilloch Seniors Forum

1 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.

How the outcome meets the General Duty:

Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.

Protected Characteristic(s) covered

Age

Activities that will support achieving this outcome:

- Deliver evidence-informed educational materials on the impact of ageism within services to staff
- Equality impact assess discharge planning and associated policies
- Survey and gather evidence on existing practice in key services

How we will measure success:

- Delivery and evaluation of training
- Number of older people with a discharge plan in place
- An improvement in patient and carer feedback on experience of discharge planning

Equality Outcome 2

Supporting Patients from Equality Groups to Access Our Services



“

The NHS has to understand and address the things that can stop people from being able to attend their appointment. This can range from appointment letters not being in an accessible format to early morning appointments that do not take account of impairment or support related issues. ”

Marianne Scobie

Glasgow Disability Alliance

Those with additional needs can experience barriers to health services before reaching their appointments. Engagement with patients has given us an understanding of the barriers for people from equality groups:

- People receiving appointment letters within a couple of days of the appointment date
- Complicated language in appointment letters which is a barrier for many patients with learning disability or literacy issues
- Patients not being able to read the appointment letter where English is not their first language
- Format of the letters meaning that people with a visual impairment cannot read them
- Appointment scheduling creating barriers for those disabled patients who have complex or multiple health needs. For example scheduling appointments early in the morning can be difficult for disabled people who may need longer to get dressed
- Long appointments with no access to appropriate toilets is an issue for those requiring adult changing places
- Meeting the needs of patients with autism is limited due to lack of staff knowledge.

Information gathered in the report “Who is least likely to attend?”³ published by NHS Health Scotland in 2015 identified men as being more likely to not attend appointments than women. This was particularly the case for men under 44. Our engagement with men identified the inability to get time off work, hidden costs of attending appointments and expected male behaviours as being the key reasons for not attending.

Although we have been able to improve access to many of our services in partnership with patient groups and the third sector, evidence shows we need to do more. This has led us to develop Outcome 2 which will require us to address the many factors creating barriers to services for equality groups.

Equality Outcome 2



“

Our focus is on equity - how we can get it right for every patient every time. This means addressing the support needs of individual patients to ensure they have equitable access, services and care.

”

Jonathon Best

Chief Operating Officer, NHSGGC

2 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.

How the outcome meets the General Duty:

Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.

Protected Characteristic(s) covered

Disability, Race, Sex, Socio-economic

Activities that will support achieving this outcome:

- Ensure services address the additional needs of patients by giving staff evidence-based information on removing barriers for different groups
- Review systems for appointments and communicating with patients and remove barriers

How we will measure success:

- Improved patient feedback on additional needs being met
- Disaggregated data on Did Not Attends showing improvements

Equality Outcome 3

Black and Minority Ethnic patients



“

I have been involved in engagement work with the health service and it is clear that BME people are finding it difficult to use the mental health services available. This has to change if we are to address discrimination for this community.

”

Kanta Sood

Volunteer, NHSGGC Human Library project

NHSGGC’s Black and Minority Ethnic community continues to grow, with 25% of under 5s in Glasgow from an ethnic minority.

In 2017, NHSGGC carried out a major study of the health of Glasgow’s Black and Minority Ethnic population. The findings of the study were complex but showed areas where we need to work with partners to improve health, particularly for Pakistani people, some groups of women and those who haven’t had access to or been able to learn English. There were some key areas to be tackled such as feelings of safety and inclusion, freedom from discrimination and high levels of poverty for some groups. Since the report was published, work has been undertaken in local health improvement teams to address some of these issues with our partners.

There is a growing body of research to suggest that those exposed to racism may be more likely to experience mental health problems such as psychosis and depression⁴. The British Medical Journal states that: “discrimination leads to an increased risk of a broad range of diseases, including heart disease, mental health, and obesity, as well as to low birth weight infants and premature mortality”. Understanding these differences is hampered by poor quality data, however the evidence shows disparities⁵.

Engagement with staff and patients in NHSGGC highlights that Black and Minority Ethnic patients are sometimes unable to access the full service pathway, for example group work. This has led us to develop Outcome 3 - to ensure that we do not discriminate in how we deliver services to BME people and that service design is informed by an understanding of the impact of racism.

Equality Outcome 3



We need to improve the way mental health services work for all our patients and especially to be aware of the way in which the experience of racism can impact on people from marginalised groups.



Michael Smith

Lead Associate Medical Director, NHSGGC

3 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.

<p>How the outcome meets the General Duty:</p> <p>Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.</p>	<p>Protected Characteristic(s) covered</p> <p>Race</p>
<p>Activities that will support achieving this outcome:</p> <ul style="list-style-type: none"> • Improve data recording of ethnicity in mental health services • Deliver a staff focussed campaign on racism and the impact on health and mental health • Engage BME communities in reviewing patient pathways to make improvements where required 	<p>How we will measure success:</p> <ul style="list-style-type: none"> • Evaluation of the impact of staff focussed campaign • Increased patient involvement in reviewing pathways • Number of pathways altered to ensure BME patients can access fully

Equality Outcome 4

Religion and Belief



“

Someone's faith can affect many aspects of their care, from giving birth to how they wish to be treated at the end of their life. It is so important for each person's mental health and wellbeing that these requests are respected.

”

Madhu Jain

Volunteer, NHSGGC Human Library project

The wide range of religions and beliefs in the UK today and how these impact healthcare, from pre-conception to death and dying, require NHS staff to be sensitive to these many perspectives. Patients who do not have religious beliefs also have wishes in these areas which require sensitivity.

The NHSGGC Fairer NHS Staff Survey has highlighted that staff are not confident in addressing faith specific requests from patients. NHSGGC has engaged with faith groups who expressed concerns about: service provision related to diet; discrimination due to stereotyping and racism; modesty and gender; staff training and knowledge; beginning and end of life care, specific drugs and treatments and mental health.

In progressing Outcome 3, the Chaplaincy will work with staff from across the organisation to develop activities to address the issues raised by patients.

Equality Outcome 4



“

We know how important it is for patients to have their beliefs respected – whether they are based on faith, religion, a philosophy or not. We also know that our staff may benefit from training and support to ensure that they do not discriminate and are aware of the issues around spiritual care that support someone’s overall wellbeing.

”

Dawn Allan

Lead Healthcare Chaplain, NHSGGC

4 Equality Outcome 4

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

How the outcome meets the General Duty:

Fostering good relations.

Protected Characteristic(s) covered

Religion and belief

Activities that will support achieving this outcome:

- Review the context for responding to religion and belief needs in NHSGGC through the establishment of a Staff Interfaith Group
- Ensure equality impact assessments of specific services which affect religion and belief

How we will measure success:

- Increased awareness of the needs of patients from faith groups in relation to their care

Equality Outcome 5

Patients with a Learning Disability



“

Patients need to be given information in a way they understand and they might need more time to process that information. Staff need to talk to the patient if they are unwell rather than just making an assumption about what might be wrong or talking to their support.

”

Jordan Allan
Life I Want Group

People with a learning disability receive poorer levels of care within NHS provision. Thirty eight per cent of people with a learning disability died from an avoidable cause in the UK, compared to 9% in a comparison population of people without a learning disability.⁶

Barriers to equal healthcare for people with a learning disability include:

- Staff having limited knowledge about learning disability
- Anxiety or a lack of confidence for people with a learning disability
- Patients not being identified as having a learning disability
- Failure to recognise that a person with a learning disability is unwell
- A lack of involvement from carers
- Lack of joint working between different services.

Feedback received from our extended partnership with patients and third sector support organisations, indicate that staff awareness is the single biggest factor affecting the experience of learning disabled patients. We have therefore developed Outcome 5 to improve the care experience of patients with a learning disability.

Equality Outcome 5



“

It is clear that increasing staff awareness and understanding of learning disability has the potential to impact hugely on our patients. We must ensure that people with a learning disability receive care that is sensitive to their needs.

”

Linda de Caestecker

Director of Public Health, NHSGGC

5 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.

How the outcome meets the General Duty:

Advance equality of opportunity between groups of people with different protected characteristics.

Protected Characteristic(s) covered

Disability

Activities that will support achieving this outcome:

- Deliver evidence-informed educational materials to staff on the management of care for patients with a learning disability
- Support patients and carers in reviewing patient pathways in and out of services, developing approaches such as 'mystery shoppers'

How we will measure success:

- Evaluation of the impact of training
- Increase in the number of patients with a learning disability with a discharge plan in place
- Improved patient and carer feedback on experience of care

Equality Outcome 6

Lesbian, Gay, Bisexual and Transgender (LGBT+) patients



“

As a member of both NHSGGC staff and the LGBT+ community I am passionate about protecting the rights of my LGBT+ siblings and promoting fair and good standards of practice in a health care setting; particularly those of trans and bi/pansexual people, as they are amongst our most vulnerable and under-represented members of our community

”

Katie Sharpe

LGBT+ Staff Forum, NHSGGC

NHSGGC carried out a health needs assessment of LGBT+ people in 2019⁷. This was also informed by a literature review and input from representatives of various statutory and third sector organisations who attended engagement events in May 2019. In the research, LGB people reported:

- Wide experiences of assumptions of heterosexuality in healthcare settings
- Some concern about how same sex partners were treated (as visitors, next of kin)
- Much concern about mental health service waiting times and lack of appropriate services.

Trans people reported:

- Common experiences of healthcare professionals inappropriately attributing symptoms to hormones
- Problems associated with hospital inpatients being placed in inappropriate wards and mis-gendered.

Research consistently shows that bisexual people are less likely to rate their health positively compared to other groups, particularly women.

Outcome 6 will address these issues and continue to engage with people who took part in the research to make improvements.

Equality Outcome 6



“

This important research has shown the many issues faced by our LGBT+ community in health services. We need to ensure that we continue to listen to people’s experiences and take action to address their concerns.

”

Alastair Low

Equality & Human Rights Team, NHSGGC

6 Equality Outcome 6

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

How the outcome meets the General Duty:

Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.

Protected Characteristic(s) covered

LGBT+, sex

Activities that will support achieving this outcome:

- Frontline staff will receive training that challenges hetero-normative assumptions in relation to LGBT+ identities which will cover overshadowing (making assumptions on diagnosis based on identity) and intersections with other identities
- Improve understanding of the issues facing bi-sexual people, particularly women
- NHSGGC will establish an LGBT+ patient experience group to monitor progress against the outcome

How we will measure success:

- Evaluation of the impact of training
- An improvement in patient experience

Equality Outcome 7

Pregnancy



“

As a mother, I know that the lead up to the birth of your child is an anxious time for everyone. It's so important that midwives can identify and help women who are experiencing additional difficulties which could affect their health at this critical time.

”

Shumaila Mirza
Patient

The 'Saving Lives, Improving Mothers' Care'⁸ review of maternal deaths identified risk factors for maternal deaths which included multiple health problems or other vulnerabilities, with domestic violence a significant risk factor for women and their babies⁹. Black and Asian women and older women had a higher risk of dying in pregnancy. However the report did not give an indication of the possible reasons. The growth of NHS GGC's Black and Minority Ethnic population and higher number of pregnancies means that we need a more nuanced understanding of their needs, including our diverse asylum seeker population.

'Costs of Pregnancy Pathway' research, completed in 2019 with patients and midwives in GGC, found that limited coordination of appointments across different departments and lack of flexibility led not just to missed appointments but also to additional costs (related to childcare, loss of income and the need to purchase food and drink on site for other children). Managing time off work to attend appointments was an issue for dads, potentially resulting in loss of earnings for those wishing to accompany their partners on more than the two permitted occasions.

Child poverty has been found to increase infant deaths,¹⁰ therefore ensuring families have access to money advice during pregnancy continues to be a priority.

Equality Outcome 7



It is clear that certain groups of women are much more vulnerable than others in terms of risks to their own and their babies' health. The fact that these groups have been identified means that we can take targeted action to make sure that we are supporting all our women and their families.



Evelyn Frame

Chief Midwife, NHSGGC

7 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.

<p>How the outcome meets the General Duty:</p> <p>Advance equality of opportunity between groups of people with different protected characteristics</p>	<p>Protected Characteristic(s) covered</p> <p>Sex, race, socio-economic</p>
<p>Activities that will support achieving this outcome:</p> <ul style="list-style-type: none"> • Carry out engagement to understand the needs of different Black and Minority Ethnic women, including asylum seekers • Develop responses to any structural barriers identified • Carry out and record routine enquiry on GBV and financial inclusion, making referrals when appropriate • Update existing and develop new protocols on GBV 	<p>How we will measure success:</p> <ul style="list-style-type: none"> • Engagement with BME women • Routine enquiry on GBV and financial inclusion

Equality Outcome 8

Physical Health of Mental Health Patients



“

There is no doubt that the presence of complex mental health issues can make it more difficult to identify and treat underlying physical health problems. We need to find ways of working which will improve the physical health of mental health patients.

”

Trevor Lakey

Health Improvement & Inequalities
Manager – Mental Health, NHS GGC

Evidence shows that those with mental health problems like schizophrenia and bipolar disorder die 15-20 years before the general population.

The Royal College of Nursing¹¹ cite the following issues in relation to mental and physical health inequality:

- Stigma and discrimination is still highly evident in many communities
- Diagnostic overshadowing, that is, mental health masking underlying physical health problems, impacts decisions around health care
- The language and experience of marginalisation is still broadly negative.

They suggest that innovative practice is required to deliver differences in physical health outcomes for those with complex mental health needs. In order to support this, Outcome 8 will consider the needs of people with mental health problems in our care and how we can address their physical health needs.

Equality Outcome 8



“

The aspirations of people who receive mental health support and services for good health are the same as those who don't. We all want to be healthy despite the challenges we face, and we have a right to that.

”

Gordon McInnes

Mental Health Network Greater Glasgow

8 Equality Outcome 8

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

<p>How the outcome meets the General Duty:</p> <p>Advance equality of opportunity between groups of people with different protected characteristics</p>	<p>Protected Characteristic(s) covered</p> <p>Disability</p>
<p>Activities that will support achieving this outcome:</p> <ul style="list-style-type: none"> • Increase the number of in-patients who access screening • Develop and deliver training on overshadowing, stigma and discrimination and 'What Matters to Me' for service staff • Develop and deliver a rights based approach to considering the physical health of patients with mental health issues 	<p>How we will measure success:</p> <ul style="list-style-type: none"> • Increased uptake of screening • Evaluation of the impact of staff training • Improved patient feedback

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