



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

Monitoring Report  
2018 - 2020



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**A Fairer NHSGGC**  
**Progress Report 2018-19**

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## **1. Introduction and summary of progress in 2018-19**

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

In April 2016 NHS Greater Glasgow and Clyde (NHSGGC) published 'Meeting the requirements of Equality Legislation: A Fairer NHSGGC 2016-20'.

This report is our third annual update of the range of work underway across NHSGGC to meet the mainstreaming and equality outcome actions and covers the period between April 2018 and March 2019.

### **1.2 Where we have made a difference to patients in 2018-19**

NHSGGC's work on equality and human rights aims to ensure equitable access to our services and to improve outcomes where we have identified that we need to make a significant difference for patients from equality groups.

Sections 2 and 3 in the report on Mainstreaming and Equality Outcomes give specific updates on this work in 2018-19.

Key highlights include:-

#### **1.2.1 Uptake of the equality and human rights e-learning module**

There has been a significant increase in the uptake of the introductory equality and human rights e-learning module: 71% of the workforce have successfully completed the e-learning module equating to around 28,400 employees compared to 2,906 in 2017-18. This dramatic increase is due to the module now being included in the suite of 7 mandatory e-modules. The module has also been revised to make it more interactive and covers core Equality Act (2010) considerations together with broader issues including hate crime, human rights in health and social care and promotion of staff engagement groups e.g. Staff Disability Forum. An example of an e-module question can be seen below:-

#### **Question 7**

**You hear a manager making fun of the accent of a BME teammate. There's a small cluster of colleagues listening, some of whom laugh and join in with their own parodies. You find this behaviour offensive, but would you:**

- a) Challenge it
- b) Ignore it
- √ a) Challenge it

**Well done. This type of behaviour needs to be challenged whenever it is witnessed. It may feel uncomfortable but you are doing the right thing by taking a clear stand against it. Parodying accents and making other racial stereotypes directly undermines a safe and secure environment for all our staff. Remember the Equality Act provides protection to employees who challenge discriminatory behaviour – you cannot be treated unfairly as a result of your challenge.**

### **1.2.2 Patient engagement**

A wide range of engagement has been undertaken in 2018-19 to ensure we are genuinely involving patients in improving our services. Some highlights include:-

**Audiology** - Eight hundred questionnaires were disseminated across our 8 Acute Audiology Departments to collect patient feedback. The overall return rate was 92%. The results showed that overall patient satisfaction with NHSGGC's Audiology staff and services is high; 87% saying they were very satisfied' or 'somewhat satisfied' with the service. 518 patient satisfaction cards were also returned as part of a suggestions box initiative and also showed a high rate of satisfaction. The Patient Reference Group discussed the findings of the Patient Survey and suggested ideas for improvement from their own experience of using the service. The Senior Audiologist has attended the group.

**British Sign Language (BSL) users** - In October 2018 NHSGGC published its first BSL Action Plan as part of our duty under the BSL Scotland Act 2015. In order to develop the plan the Equality and Human Rights Team we held 10 public engagement events with BSL users over a 5 month period. This included two in Glasgow City and one each in Inverclyde, East Renfrewshire, Renfrewshire, East Dunbartonshire and West Dunbartonshire in collaboration with Health and Social Care Partnerships and Local Authorities where possible. In total, more than 100 BSL users participated in these events to inform the plan.

**Online patient feedback system** - Work was undertaken in 2018-19 to improve uptake of the online patient feedback system by people with protected characteristics, particularly Black and Minority Ethnic (BME) people.

The Equality and Human Rights Team engaged with 135 BME people over 4 language groups as well as 20 sessions with third sector BME agencies. The sessions demonstrated how to use the feedback system and gathered real time feedback at the events. In all, 90 staff for third sector organisations attended. Since 2017 – 18 there has been a seven fold increase in the feedback from BME groups.

### **1.3 Where we have made a difference for staff in 2018-19**

#### **1.3.1 Staff Money Wellbeing programme**

A post funded from endowments has been working to address financial issues of staff in the workplace. This included commissioning research and implementing the findings. The work has taken a whole system approach and identified key trigger points which may result in financial worries, for example absence from work or diagnosis of a long term condition. This has enabled NHSGGC to take a preventative and early intervention approach which will support staff wellbeing.

#### **1.3.2 Interpreting Service**

The provision of interpreting across NHSGGC was reviewed in 2018-19. The aims of the review were to promote greater consistency of good practice across the Interpreting Service, maximise the potential for efficient and effective working and ensure that the service is adequately resourced and sustainable in order to meet future demand. Training was delivered to over 500 staff across Acute and Primary Care including: the policy and legal context; how to book interpreters both spoken language and BSL; how to use telephone interpreting; how to use online interpreting for BSL users, Contact Scotland and telephone interpreting to call out to patients at home.

In 2018-19 interpreting provision was re-tendered as part of the review. The change in providers aims to meet the aspirations in the review. In preparation for the change in providers the following communications work was undertaken:-

- A Core Brief went to all staff outlining the changes, supplying the new contact details and linking to our new Interpreting web pages which contain links to department codes, more detailed user guides and the language identification codes.
- Two global emails have gone out to all staff as above.
- 'How to Access Interpreting Support' posters have been produced and distributed to all of our Acute sites and primary care/community services.
- Telephone Interpreting guides in the form of desk cards have also been printed and distributed as above.
- Additional materials which contain interpreting information, such as our 'Communicating with our diverse communities' Tip Cards have also been re-printed and are currently being distributed.
- The new details were promoted in Staff News in print and online.

### **1.3.3 Staff Resources**

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

### **1.2.3 Human Rights**

NHSGGC is an early adopter of Human Rights approaches. There is evidence that when health and social care services adopt a human rights approach they can achieve better patient outcomes, patients feeling more empowered and improved staff satisfaction. Human rights link closely with the aims and values of the NHS to deliver patient centred services which are free from discrimination and meet people's needs.

In 2018-19 the Equality and Human Rights Team have focused on tests of change around human rights to assess ways of achieving long term impact of human rights approaches with staff and service users. This has included the following work:

- Three hundred and ninety seven staff from across NHSGGC including Primary Care, Acute and Mental Health have received training on a Human Rights approach to delivering health services. The sessions were well received by staff.
- A poster was developed with young people taking a human rights approach to Adverse Childhood Experiences- See Appendix I.
- In February 2019, Turning Point staff and service users attended NHSGGC's Alcohol and Drug Services Person Centred Care and Equalities Group to share the learning from their approach. Leads in this Group across NHSGGC are supporting a human rights approach to the evaluation of recovery cafes and networks.
- Work with NHSGGC complaints staff to explore human rights approaches has resulted in staff identifying changes to work practices such as improving approaches with patients who are distressed or have complex issues.
- Work with the NHSGGC's Specialist Work and Health has found an improvement in confidence, skills and knowledge around human rights issues for staff. Comments included: **"I liked the concept of the Human Rights flowchart and could see that when speaking with clients over the phone this would a useful approach. The handout explaining this was good"**.
- Joint Work took place with Older People's Acute Services over the past 18 months to develop staff knowledge and confidence in balancing human rights and risks in care delivery in hospital settings. Following staff training on human rights legislation and using FAIR model and PANEL principles, staff in Ward 52 of Langlands, QEUH, delivered a Test of Change (ToC) which aimed to provide holistic person centred care by meeting patients' spiritual and emotional care needs. Between June and December 2018, 53 patients were referred by staff to spiritual care services. The case study below provides an example of how patients might benefit from support from spiritual care services.

Challenges remain, consistent with other similar organisations, in ensuring that patients who are medically fit for discharge from hospital can be provided with appropriate care where they lack capacity to make decisions. This means that a move to a more residential setting may be delayed. NHSGGC are currently engaging with the Equality and Human Rights Commission and the Mental Welfare Commission to identify the most appropriate mechanism to providing care in these challenging circumstances.

### **Case Study:**

**Patient B was referred by the SCN to chaplaincy services due to the complex nature of the patient's spiritual distress. The patient's husband was a long term patient of a mental health unit in a different hospital in Glasgow. A neighbour had called her an ambulance and she was now in ward 52, with no way of letting him know what had happened to her. On arrival in the ward the chaplain met the patient who spoke about the complexities in her relationship with her husband and why she was so worried. With her consent it was arranged for a fellow chaplain to visit her husband in the hospital he was in to let her husband know why she was unable to visit. As a team we were able to reassure both the woman and her husband that the other was ok. Both said they felt relief and valued this support and the risk of mental distress hindering patient recovery was alleviated.**

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

In 2018-19 NHSGGC's Equality and Human Rights Team (EHRT) supported HSCPs with their equality outcomes for service users on request and where efficiencies can be made by working together. The Head of Equality and Human Rights and the team's three Planning and Development Managers lead on this work.

**East Dunbartonshire** – East Dunbartonshire HSCP reviewed all outcomes, performance measures and associated performance achieved from their 2017 – 2021 report, at a senior manager's workshop, supported by EHRT.

The HSCP continues to invest in staff learning and education with organised class-based sessions and a commitment for all staff to complete NHSGGC's statutory and mandatory Equality and Human Rights e-learning module (currently standing at 83% of all NHS staff).

**East Renfrewshire** – EHRT staff facilitate ER's equalities and human rights action plan, as well as work on poverty.

This has included: collation of mid-year and end of year reports; ongoing problem solving on EQIA and assessment of financial plans; implications of the Fairer Scotland Duty; follow up of an additional needs audit of Eastwood HCCC; and support for Child Poverty Act work.

**Glasgow City** - The Glasgow HSCP Equality Group been active throughout 2018-19 and the Head of Equality and Human Rights attends the meetings in an advisory capacity and to make links to Board activity where relevant. The EHRT has supported engagement with Deaf people and Equality Impact Assessment training. The EHRT have also worked with the sectors to develop actions on the Black and Minority Ethnic (BME) Health and Wellbeing Survey. This has included advising Glasgow Community Planning Equalities Group and Glasgow City Council's BME Working Group on aspects of the survey.

**Mental Health Services and Alcohol and Drug Services** - NHSGGC Mental Health Service (MHS) has three priorities: financial inclusion, human rights and sensory impairment. EHRT have supported reviews of the work on these topics which are included in MHS's annual report. A successful BSL and Mental Health event took place in December 2018. This work received the Scottish Sensory and Equality Award in March 2019 sponsored by DeafScotland, ScotRail and Disability Equality Scotland. The work of the Deafness and Mental Health Improvement Practitioner will continue in 2019-20. The EHRT have supported Alcohol and Drugs Services Care Governance Group on service user engagement, staff reflective practice and financial inclusion.

**Renfrewshire HSCP** has led on introducing routine enquiry on Gender Based Violence within primary care mental health services.

**West Dunbartonshire** - Following the higher than average levels of domestic abuse reported in the 2017 DPH report, West Dunbartonshire introduced a zero tolerance policy on domestic abuse within its social housing properties.

The No Home for Domestic Abuse initiative introduces measures aimed at reducing homelessness and increasing protection and rights of victims by:

- ensuring victims have immediate access to practical help and specialist legal assistance
- introducing a presumption that all tenancies for couples are in joint names to ensure the victim is legally entitled to remain in the home whilst the perpetrator is legally removed, and prevented from returning.
- offering tenants found guilty of committing domestic abuse only short-term tenancies and ensuring the property is at a distance from the victim.

This work was supported by Public Health who carried out a comprehensive literature review on prevention interventions.

## Update on activity in 2018-19 on Equality and Human Rights

### 2. Mainstreaming Actions

NHSGGC's mainstreaming actions cover NHSGGC's core functions to ensure equality considerations are embedded in the way 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.**

Eleven Acute Equality Impact Assessments and 3 Corporate EQIAs have been undertaken across the reporting period.

In addition to the above, NHSGGC's Equality and Human Rights Team have quality assured 32 EQIAs returned from aligned health and social care partnerships (HSCPS).

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

<http://www.nhsggc.org.uk/your-health/equalities-in-health/equality-impact-assessments/2017-2018>

#### 2.2 Leadership on tackling inequality

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

The Equalities in Health website continues to provide up to date information on progress against equalities legislation. New sections this year include signed pages on British Sign Language (BSL) activities and patients' rights to a BSL Interpreter. Additional information is now also available on the Fairer Scotland Duty and NHSGGC work to address socio-economic issues.

Seven Equalities Updates have been produced throughout the year highlighting issues such as Black & Minority Ethnic Staff Engagement;

training on LGBT+ issues; Healthier, Wealthier Children initiative; BSL Mental Health A-Z resource, Inclusive Workplace event and Staff Disability Forum.

Equalities Updates can be viewed at the Equalities in Health website.

[http://www.equalitiesinhealth.org/public\\_html/current\\_activities\\_news.html](http://www.equalitiesinhealth.org/public_html/current_activities_news.html)

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

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

#### **Hard of Hearing**

NHSGGC continues to engage with those using Audiology Services to ensure a continuous dialogue between patients and services. The Patient Reference Group, set up in 2018, has met 3 times to provide a platform for patients to give feedback on our services. The Senior Audiologist has attended this group. The Patient Reference Group discussed the findings of the Patient Survey (see below) and suggested ideas for improvement from their own experience of using the service.

Eight hundred questionnaires were disseminated across our 8 Acute Audiology Departments to collect patient feedback. The overall return rate was 92%. The results showed that overall patient satisfaction with NHSGGC's Audiology staff and services is high; 87% saying they were 'very satisfied' or 'somewhat satisfied' with the service. 518 patient satisfaction cards were also returned as part of a suggestions box initiative and also showed a high rate of satisfaction.

From the survey and discussions with the Patient Reference Group the following areas have been highlighted as requiring improvement; provision of consistent information on care of hearing aids, loop systems, the National Standards and other relevant services, waiting times, the appointment system and parking and access to clinics.

The next stage in this process of improvement is to use the patient suggestions boxes to ask specific questions relating to the areas requiring improvement.

NHSGGC have this year reviewed staff guidelines on working with people who are affected by Deafness, including those who are Hard of

Hearing and Deafblind. Third Sector agencies contributed to an update of these guidelines which will be published in April 2019.

### **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 11<sup>th</sup> April 2018 up to 31<sup>st</sup> January 2019, 697 comments were made, less than the 994 comments made in 2017/18.

The analysis by protected characteristics shows the following:

- As in the previous year, there were more female contributors than male – **424** vs. **292**; (out of those who stated their sex).
- **15** trans people provided comments (**11** preferred not to answer). Of these, 12 were positive and 3 negative. Negative comments related to issues such as staff attitudes. Only one comment was connected with the gender reassignment procedure, which was positive. All other positive comments were about caring staff.
- In relation to sexual orientation, the comments came from **579** heterosexual, **9** Gay/Lesbian, and **15** Bi respondents (**13** stated “other” and **50** preferred not to answer).
- There was a range of ages, with the highest number of contributors being 55-64 (**269**), followed by 45-54 (**207**), **6** people under 16 years and **12** over 75 years provided comments.
- 13% of comments come from disabled people.
- **28** comments were made from Black or Minority Ethnic people which is an improvement on 2017-18, where only **4** comments were made.
- **14** 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 **8** comments were from Buddhist, Hindu, Jewish, Muslim, **106** Church of Scotland and **80** Roman Catholic. **130** stated they had no religion or were Atheists and **63** respondents preferred not to disclose their religion.

Work was undertaken in 2018-19 to improve uptake by people with protected characteristics, particularly Black and Minority Ethnic people. The Equality and Human Rights Team engaged with 135 BME people over 4 language groups as well as 20 sessions with third sector BME agencies. The sessions demonstrated how to use the feedback system and gathered real time feedback at the events. In all 90 staff for third sector organisations attended.

The issues raised from these events covered; problems with getting interpreters at appointment in some languages, staff attitudes toward BME patients whether they spoke English or not, inability to read letters that are sent in English leading to missed appointments, difficulties in getting same day GP appointments and getting referrals on to mental health services and financial inclusion services.

Since 2017 – 18 there has been a seven fold increase in the feedback from those from BME groups.

### **British Sign Language Champions**

We have supported the work of our BSL Champions throughout 2018-19. The champions work is an innovative approach to involving Deaf people in improving care. The champions have met 3 times as a group in 2018-19 and carried out the following work:-

- Produced resources such as a leaflet entitled 'Your Rights to an Interpreter' leaflet for Deaf BSL patients to be used in waiting areas to encourage Deaf people to ask for a BSL interpreter and inform staff of their responsibilities in ensuring interpreting provision.
- Helped in the planning and running of engagement activity in relation to the development of NHSGGC's BSL Action Plan.
- Developed BSL videos for the Health Champions Facebook page to promote the hand held online BSL interpreting pilot.

The work of the BSL champions was also acknowledged in a Chairman's Award which was presented to Scott Campbell for his work to promote a barrier free NHS for BSL using patients.

### **Implementing the BSL Scotland Act**

Ten public engagement events with BSL users were held over a 5 month period to inform NHSGGC's BSL Action Plan. This included two in Glasgow City and one each in Inverclyde, East Renfrewshire, Renfrewshire, East Dunbartonshire and West Dunbartonshire, where possible in collaboration with Health and Social Care Partnerships and Local Authorities. In total, more than 100 BSL users participated in these events.

In addition, an event was held on the 23rd May where 8 mental health professionals and 8 Deaf service users met to discuss psychological therapies for Deaf people. A celebrated Deaf comedian, John Smith, worked with the group to deliver this innovative approach to engagement and consultation.

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

In 2018-19 the number of hospital sites who can access online BSL interpreting for emergency use has expanded. Feed back from the BSL Patient Reference Group felt that a reduction in complaints and an increase in the fill rate for face to face interpreting were indicators of success.

The BSL Patient Reference Group also expressed concerns around online interpreting such as: concerns about online interpreting replacing face to face interpreters; potentially poor Wi-Fi connections in some hospital sites; this technology excluding some Deaf people with less confidence to use it; the need for staff training on how to use the online system and the need for feedback from Deaf people on the use of the service. These issues are being addressed through ongoing training on interpreting (see throughout report).

Deaf 3<sup>rd</sup> sector organisations met twice last year with NHSGGC to feed back on interpreting. Their concerns focussed on: how we can better promote online interpreting to the community; that we need to be able to ensure the quality of interpreters and the need for guidelines for Deaf people on the role of the interpreter. We have addressed these concerns by a continuous communication plan utilising social media to promote the online service. Concerns around quality of interpreters are being addressed through the re-tendering of our BSL face to face provision. A guide has been produced in BSL and disseminated.

We employ a BSL mediator who has informed Deaf people how to check if their interpreter has been booked and how to give feedback or complain. The service has been developed to utilise video telephony for Deaf people to use BSL to raise issues with interpreting in real time.

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

**Reference Groups**

NHSGGC supports a range of reference groups who we meet to get feedback from different perspectives on communication support.

The Staff Interpreting Reference Group feed back concerns from the practitioner's perspective. They face challenges in accessing specific languages groups e.g. Amharic, Kurdish Sorani / Badini, Herero and Vietnamese. This was raised in relation to face to face interpreters for mental health appointments. We have recently re-tendered all of our interpreting provision which will improve language access and also recruited sessional staff with an emphasis on rarer languages.

The 3rd Sector Reference Group feed back on behalf of their service users.

The Interpreters Reference Group took part in Mental Health and Sexual Health training which highlighted the following:

- Patients who have not disclosed everything they wish to could utilise telephone interpreting to do so
- Patients should be made aware that if an interpreter breaches confidentiality they can make a complaint
- Interpreters should get more information about the appointment type
- Some patients do not understand how counselling and other mental health services work
- Training should be offered to reception staff regarding the role of the interpreters

Considerable work has been done to improve the experience of BSL users in mental health services including developing a series of BSL signed DVDs, engagement with Deaf patients and training for staff on Deaf awareness.

## **Interpreting Service**

### **a) Spoken Language**

The NHSGGC Interpreting Service continues to provide an essential service to our patients who do not speak English. Between April 2018 and February 2019 they provided interpreters in 103,493 face to face appointments which is an 5.57% decrease on last year in the same period. Additionally, in the same time period, calls to NHSGGC's telephone interpreting service increased by 15,059, to 27% of all interpreting supported appointments on last year's figures. These figures reflect a change from face to face interpreting to telephone interpreting for many NHSGGC appointment types creating efficiencies in the service. Overall demand for spoken languages is up from 131,084 in 2017-18 to 140,032 2018-19, an increase of 8,948.

Figures show that 98% of requests for spoken language interpreters are filled. This means that approximately 6 appointments per day are unfilled. In some languages this will be higher as there are fewer interpreters for some rarer languages. We have recently re-tendered all of our interpreting provision which will improve language access and also recruited sessional staff with an emphasis on rarer languages.

### **b) British Sign Language (BSL)**

For 2018-19 4,567 face to face appointments received BSL interpreter support. This is a 3.6% decrease since 2017 - 18. Additionally 25 hours of online interpreting were used; 78 of these minutes were in out of hours services.

Figures show that 95% of requests for BSL are filled. This means approximately 2 appointments per day are unfilled. We will continue to make improvements to staff and patient awareness of the interpreting service to ensure all requests are met.

### **c) Deafblind communicators**

Deafblind people's communication needs are supported in NHSGGC services by Deafblind Scotland's Guide Communicators. Last year they supported 247 clinical appointments and a range of health improvement interventions. This amounted to just over 800 hours of Guide Communicator support across NHSGGC.

### **Interpreting Service Review**

The provision of interpreting across NHSGGC was reviewed in 2018-19. The aims of the review were to promote greater consistency of good practice across the Interpreting Service, maximise the potential for efficient and effective working and ensure that the service is adequately resourced and sustainable in order to meet future demand. The main changes in service provision were to change all appointments under 26 minutes to telephone interpreting unless the patient was particularly vulnerable; to create permanent employment for 12 full time interpreters and to pilot an Arabic telephone interpreting system specific to NHSGGC. As a result of the review all of NHSGGC's interpreting and translation provision has been re-commissioned. This is now complete the new suppliers will come on line in April 2019.

Face to face training was delivered to 191 staff on how to use telephone interpreting across Acute and Primary Care. Staff who took part in the training were surprised at how simple it was to use. To facilitate the use of telephone interpreting across services we addressed issues with areas where phone lines or cordless phones were unavailable. One hundred and nine new telephones were bought across Acute to enable staff to more easily use telephone interpreting.

A further 301 staff received face to face training on interpreting generally; including the policy and legal context, how to book interpreters both spoken language and BSL, how to use telephone interpreting, the on line interpreting for BSL users and how to use Contact Scotland and telephone interpreting to call out to patients at home. This number includes 108 doctors trained as part of the FY2 Clinical Simulation Training.

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

The Equality and Human Rights Team utilised existing contacts in the third sector disability organisations to recruit members to a Disability Access Group. Interested people were invited to information and training sessions on equalities and the audit process. Those who attended

the sessions are all now members of the Access Group. The group will be asked to participate in other audit and access related work as it emerges over the year. Growth of the membership will be encouraged over time as our audit process develops.

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

The Equality and Human Rights Team have actively promoted the online patient feedback system to third sector organisations to ensure that people with protected characteristics utilise the feedback methods provided by NHSGGC (see Section 2.3).

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

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

### **Gender Based Violence (GBV)**

Staff in NHSGGC are encouraged to carry out Routine Enquiry (RE) on Domestic Abuse (DA) and Female Genital Mutilation (FGM) to support their patients and prevent harm. Related areas such as Human Trafficking come under the umbrella of preventing harm and are covered in this section.

#### **a) Maternity Services**

RE on DA and FGM is standard practice. The move to Badgernet electronic data system has taken place but the system is not yet able to provide data on the numbers of enquiries made and disclosures to evidence routine enquiry practice. Work will take place with Business Intelligence during 2019-20 to progress a solution to effective data capture and reporting.

#### **b) Health Visiting (HV) Services**

RE on DA is standard practice. In 2018-19 all HVs across NHSGGC received training in using a multi –agency Domestic Abuse Stalking and Honour- based Violence Risk Assessment Checklist (DASH – RIC). The DASH-RIC enables practitioners who work with adult victims of DA to

identify those at high risk of harm and make referrals to a multi-agency risk assessment conference in order to manage their risk.

Between March 2018 and February 2019 routine enquiry on domestic abuse by HVs took place on 18,013 occasions across NHSGGC area. This means 52.1% of service users were asked about abuse.

### **c) Emergency Department Services**

GBV leads within ED services have trained colleagues on domestic abuse enquiry.

### **d) Health and Social Care Partnerships**

**Renfrewshire HSCP** has led on introducing routine enquiry within primary care mental health services.

Following the higher than average levels of DA reported in the 2017 DPH report **West Dunbartonshire** introduced a zero tolerance policy on domestic abuse within its social housing properties. The No Home for Domestic Abuse initiative introduces measures aimed at reducing homelessness and increasing protection and rights of victims by:

- ensuring victims have immediate access to practical help and specialist legal assistance
- introducing a presumption that all tenancies for couples are in joint names to ensure the victim is legally entitled to remain in the home whilst the perpetrator is legally removed, and prevented from returning.
- offering tenants found guilty of committing domestic abuse only short-term tenancies and ensuring the property is at a distance from the victim.

This work was supported by Public Health who carried out a comprehensive literature review on prevention interventions.

### **e) Human Trafficking**

Identifying and supporting victims of Human Trafficking is a feature of NHS services where victims may present. Medical and nursing staff within GRI have received training on Human Trafficking. NHSGGC provided training to GPs and primary care service staff within Glasgow's Govanhill area. Staff guidance has been updated to incorporate recent changes in legislation. Training was developed and delivered within Primary Care and Emergency Services. RCM colleagues planned and delivered a Human Trafficking staff conference.

## **f) Rape and Sexual Assault (RSA)**

Following publication in December 2017 of national standards and indicators for *Improving Healthcare and Forensic Medical Services (HIS Standards) for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults* it has been agreed to develop a cost-effective regional model for rape and sexual assault services based on hub and spoke model in conjunction with the West of Scotland regional planning process.

## **g) National Consultations**

NHSGGC contributed to numerous Scottish Government consultations on proposals to legislation, policy and service standard proposals on different forms of GBV in relation to NHSGGC's role. These consultations covered:

- Provision of indicators for Clinical Pathways and Guidance for Healthcare Professionals Support Adults Experienced Rape or Sexual Assault in Scotland;
- Strengthening legislation on FGM;
- Scottish Psychological Trauma and Adversity Training Plan;
- Protective Orders for people at risk of Domestic Abuse;
- Improving Multi-Agency Risk Assessment and interventions for victims of domestic abuse;

## **h) Infrastructure**

In 2018-19 the GBV agenda has been linked strategically to new NHSGGC Public Protection Forum and represented on the Child Protection Forum. A GBV Network has been established and met twice to share information across the Board and HSCPs on best practice.

## **Money Worries**

NHSGGC has action plans in place for child poverty, welfare reform, fuel poverty & food poverty. Mental Health Services and Alcohol and Drug Services have referrals to money advice as key priorities and have improvement plans in place.

In 2018/19 we are improved our approach to reviews of electronic routine enquiry money worries data for the children and families settings.

Through increased local efforts we have seen an increase in referrals for children and families.

**Table 2. Healthier Wealthier Children referrals and financial gain Jan-Dec 2017 & 2018**

Year	Midwifery referrals	Health visiting referrals	Other referrals*
2017	293	1581	708
2018	304 (4% ↑)	1965 (24% ↑)	767 (8% ↑)

\*GPs and health care assistants

\*\*Approximately 46% of those referred take up the referral.

The table below shows financial gain and referrals between April and December 2018 for GGC's tracked money advice programmes (Healthier Wealthier Children).

Area (Apr - Dec 2018)	Financial gain	Referrals	Average gain p.a. per family
Healthier Wealthier Children	£4,330,235	3182	£3,000
Children's Hospital	£2,664,077	332	£8,024

329 emergency grants have been obtained for families in the Children's Hospital amounting to £14, 969.

Adult hospital services have made 2886 referrals for financial support for patients with long term conditions between April 2018 and December 2019.

An innovation has been money advice workers in GP 'Deep End' practices, which has resulted in more targeting to meet unmet need. In addition, we have seen a 41% increase in referrals to Healthier Wealthier Children and financial gain (18/19 3182 referrals, 17/18 1852 referrals). Part of this is due to an innovative approach on money advice and advocacy within our midwifery Special Needs in Pregnancy Service and developmental work to increase referrals as part of Child Poverty Act work.

NHSGGC continues to review its welfare reform, fuel poverty and mental health services financial inclusion plans on a 6 monthly basis and reports on the initiatives on a quarterly basis. GGC's materials on unclaimed social security benefits are being used in Acute Services and have been distributed for use by HSCPs as required.

GGC continues to work with national leads on the national roll out of the Healthier Wealthier Children initiative. NHSGGC has developed a range of actions in 2018-19 around the Child Poverty Act (Scotland) 2017 and has also set out actions for 2019-20. Healthier Wealthier Children is a key service delivery element of the work. In 2018-19, a governance structure was identified for NHSGGC child poverty work and a range of activity was undertaken including:-

- presentations to CPPs which included information on support available from NHSGGC;
- programme of staff awareness sessions alongside 2 NHSGGC wide events;
- new Healthier Wealthier Children staff and public materials;
- funding bid for the Hunter Foundation with a money advice partner was submitted;
- analysis of Healthy Start uptake was undertaken and distributed to HSCPs to use;
- cost of the pregnancy pathway proposal was developed;
- research on staff with money worries was conducted which has resulted in a range of actions around attendance management, wage arrestment and nursing registration processes.

56 health visitors attended the training session. Comments included:

**“Very helpful session and lots of useful information. This reinforced that income maximisation has a significant impact on poverty”**

**“I will ensure finances are discussed with all families – employed and unemployed”.**

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

### **Additional Support Needs**

NHSGGC used the national improvement plan for additional needs to develop an additional needs SBAR. National guidance on the use of streamlined national codes for additional needs were issued and SBAR actions in relation to SCI Gateway and Trakcare are being implemented. A new SCI gateway additional needs approach has been developed with the support of the Local Medical Council and a streamlined approach to feed new data into Trakcare is being identified.

Once the new system is live, we will re-issue Client Additional Support Needs cards and posters as part of this development. SCI gateway additional needs data flow from primary care remains very low although we expect the new national system to vastly improve this and will disseminate knowledge about this development widely.

Secondary care alerts continue to be added to Trakcare as appropriate. In addition, we tested an 'additional needs' audit in primary care which resulted in improvements such as staff training and use of 3<sup>rd</sup> sector providers on equalities issue.

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

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

### **Workforce Equality Group (WEG)**

Workforce equality documents - including the Workforce Equality Action Plan and Equal Pay Statement and workforce equality statistics, are presented in the Equalities in Health website [http://www.equalitiesinhealth.org/public\\_html/workforce-accessible-documents.html](http://www.equalitiesinhealth.org/public_html/workforce-accessible-documents.html)

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

- Disclosure of disability by our staff is still low at 1.13% although this is a slight improvement since the introduction of employee self-service
- Success at recruitment is slightly lower for all non-white groups apart from Caribbean and Any Mixed Background.

The Workforce Equality Group is working towards the inclusion of further measures and improvement plans to tackle gaps. The introduction of employee self-service will mean that we have an opportunity to improve equalities data capture for our existing staff.

The WEG has undertaken a wide range of work in 2018-19 including: submitting the Stonewall Workplace Equality Index for assessment; supporting the Staff Disability Forum including an event in December to celebrate World Disabilities Day; establishing a Black and Minority Ethnic Network following a series of focus groups; supporting the LGBT+ forum; developing actions on equal pay; and reviewing and analysing workforce equality data.

**Staff Money Wellbeing programme** – As part of the Staff Health Strategy a post funded from endowments has been working to address

financial issues of staff in the workplace. This included commissioning research and implementing the findings. The work has taken a whole system approach and identified key trigger points which may result in financial worries for example absence from work, diagnosis of a long term condition etc. This has enabled NHS GGC to take a preventative and early intervention approach which will support staff wellbeing.

## **Training staff on equalities issues**

### **a) Mandatory Equalities Training**

There has been significant increase in the uptake of the mandatory equalities e-learning module: 71% of the workforce has successfully completed the e-learning module equating to around 28,400 employees. The module covers core Equality Act (2010) considerations together with broader issues including hate crime, human rights in health and social care and promotion of staff engagement groups e.g. Staff Disability Forum. Additionally topic specific e-learning modules have been completed by a number of staff wishing to increase their knowledge (April 2018 – Feb 2019):-

Accessible Information	140
Addictions	136
Age	133
Deaf Awareness	95
Disability	128
Ethnicity	115
Gender Based Violence	132
Inequality Sensitive Practice	114
Literacy	94
Marginalised Groups	98
Sex and Gender	96
Sexual Orientation	94
Social Class	95
Transgender	84
Visual Impairment	91
Welfare Reform	98
Working with Interpreters	96

## **b) Sensory Impairment**

Sensory impairment training was delivered to 168 staff in 2018-19. The training is delivered by people with a lived experience of being visually impaired or hard of hearing. The training also covers issues relating to BSL users. Staff who participated in the training were from emergency services, midwifery, nuclear medicine, speech and language therapy, occupational therapy and surgical recovery.

## **c) BSL classes for staff**

A new series of BSL classes for staff started in QEUH and the Beatson West of Scotland Cancer Service with 87 staff in total attending. To date more than 200 staff have participated and benefitted from this course. By the end of 2019-20 we aim to have a further 200 to 250 NHSGGC and HSCP staff completing the course.

## **d) Face to Face Training**

The Equality and Human Rights Team carry out bespoke training for NHS staff and external organisations on a wide range of equality issues.

In 2018-19 this included:-

- Nursing Induction (419 staff)
- Hidden Bias Training (160)
- Foundation Managers equalities element (98 staff)
- Junior Dentists (80)
- EQIA and Equality Act (2010) (60)
- Junior doctors general awareness (67 staff)
- Health Care Support Workers (82 staff)
- West of Scotland Psychiatrists (52 staff)
- SPSP ward managers (31 staff)
- Specialist Work & Health service (4 staff)
- Glasgow Association for Mental Health (GAMH) (Training for Trainers 10 staff x 2 sessions)
- Woodside Health Centre Equalities & Human Rights (18 staff)

- GAMH human rights review (14 service users and 10 staff)
- Turning Point Human Rights Training (6 service users)
- Langlands Older People's Wards Human Rights (10 x 2 sessions)

Other training e.g. on money worries and gender based violence can be found in Mainstreaming section 2.4

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

NHSGGC is formally recognised as a Disability Confident Employer based on self assessment against the following themes:-

- getting the right people for our business;
- keeping and developing our people.

NHSGGC is committed to the provision of equal opportunities, a safe environment for our staff and recruiting and retaining the best people, regardless of disability. These commitments are demonstrated through actions such as:

- the Disability Confident standard is embedded in our recruitment practice
- we provide supporting guidance for managers and staff on HR Connect and in our recruitment training for managers
- our Staff Health Strategy 2017 – 2020 outlines our exemplary approach to staff health in areas such as improving working culture and conditions and tackling inequalities in the workplace
- continued support to the established Staff Disability Forum with a focus on achieving and maintaining a positive culture towards disability in NHSGGC. The Forum provides a platform for consultation and influence on issues impacting on the health, well being and work of those with a disability

We are working towards the renewal of our commitment to Disability Confident in 2019.

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

### **LGBT+ staff forum**

The NHSGGC LGBT+ Staff Forum uses a closed Facebook page to facilitate communication between members though the group has also met on several occasions. The Forum currently has 80+ members from across NHSGGC. Developments are underway to link the Forum into

a wider national NHS Scotland LGBT+ forum leading to greater benefit from scale of membership including event management and social activities. The forum supported a successful lanyard campaign which distributed rainbow lanyards to 10,000 staff. Lanyards are accompanied by a Flyer entitled 'Why go Rainbow?' explaining the levels of discrimination faced by LGBT+ staff and service users.

### **BME Employee Network**

NHSGGC set up a Black and Minority Ethnic staff engagement group after feedback from staff focus groups organised in different hospitals. The network currently has 32 members from across the NHSGGC. After the initial meeting a survey was conducted to find out what steps those present would like us to take to establish ongoing engagement. A wide range of suggestions were made on areas such as representation, recruitment, progression and access to training for BME staff. A development session for the group was recently organised by Corporate Organisational Development to establish the agenda for the upcoming year for the forum and agree terms of reference.

### **Staff Disability Forum**

The Staff Disability Forum (SDF) continues to meet and take an active role in supporting disability issues in the workplace. In 2018-19 the forum were involved in a number of events:-

Long Term Conditions Event: The event was organised by Healthy Working Lives and was aimed at managers. SDF's stall included the manager's guides to supporting staff at work who have impairments which proved very popular.

Disability, Employment and the Workplace Congress: The event was organised by the Scottish Government and NHSGGC were represented by the Human Resources and the forum.

NHSGGC World Disabilities Day Event: The event was held in December 2018 to celebrate World Disabilities Day and was supported by Human Resources and the Staff Governance Committee. It was attended by 39 senior managers and disabled staff members.

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

A transitioning guide for Trans members of staff was approved April 2017 by the Area Partnership Forum. The document is now available via NHSGGC's HR Connect site. The guide has also been Equality Impact Assessed which is available here:

<http://www.nhsggc.org.uk/media/244423/nhsggc-transitioning-in-the-workplace-protocol.htm>

## 2.6 Measuring performance and improving data collection

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

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

- Mental Health Services are developing EMIS as the new electronic assessment. This has been reviewed to ensure that all equality fields are included.
- In Health Visiting, EMIS is being reviewed to ensure money and debt worries items are streamlined.
- The Live Active system was lacking on information on sexual orientation. This is now included and a review of use by protected characteristics is planned.

**Action: Include in the performance framework measures based on identified gaps in health outcomes for people with protected characteristics and by deprivation and seek to show improved health outcomes through related measures.**

Disaggregated data (age, sex, deprivation and ethnicity) in relation to Did Not Attends was last reviewed in 2017 using 2016-17 data. It showed that:-

- men are more likely to DNA than women
- the highest DNA rates are reported amongst the younger age group categories particularly the 16 - 44 years age group
- the risk of DNA for both men and women is greater with increasing deprivation
- DNAs were higher for all ethnic groups who were not White Scottish (although the numbers were small)

The data will be reviewed in 2019 to see if there has been any change.

The NHS is currently unable to provide appointment letters in different languages due to the national Trakcare system. To mitigate this the Equality and Human Rights Team distribute guides to using the NHS in over 20 languages at a wide range of community events.

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

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

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

These are regularly reviewed within each area and reported to the Senior Management Team. The AHIG is currently being reviewed to ensure that it is effective and meets the needs of the system.

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

Public Health has recently published a report "Widening access and addressing inequalities in adult screening programmes: Action plan for 2019-21". The following marginalised groups are identified as priorities for providing support to access screening services:

- Adults involved in the justice system
- Adults with severe and enduring mental illness
- Adults from travelling communities
- Adults in the armed forces.
- Adults with a learning disability

The report, which has a comprehensive action plan to address inequalities in screening uptake across all protected characteristics can be found here <https://www.nhsggc.org.uk/your-health/public-health/public-health-screening-unit/reports/>

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

## **Gender Reassignment**

NHSGGC has worked to sensitise mainstream patient information systems to be inclusive of the Trans identity of patients. The organisation has informed the development of national screening programmes in order to adapt inclusion to Trans patients who otherwise would be at risk of being removed from potentially lifesaving interventions. In addition NHSGGC has amended core fields in TrakCare locally to remove gendered titles and in so doing remove risk of inadvertently outing Trans patients through misgendered correspondence. A locally agreed protocol for the recording, storage and sharing of information relating to Trans identities of patients will go to a regional records meeting for discussion and a resolution to create a national protocol.

## **British Sign Language Act notification of additional need**

NHSGGC will improve the individual electronic patient health records so that they clearly show when the first or preferred language is BSL and a BSL Interpreter is needed.

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

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

### **Equality Impact Assessment (EqIA)**

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

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

### **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.

NHSGGC has a long history of considering socio-economic inequalities as part of service delivery and the prevention of ill-health. Some examples of previous activity include:-

- Creating hundreds of training places for young people in the building of the Queen Elizabeth and our modern apprenticeship programme
- The support service for parents in the children's hospital which, among other outcomes, has increased family incomes by an average £6k per year at a financially challenging time
- A wide range of referrals to money advice, housing advice, fuel poverty and debt advice which has generated the equivalent of £245m for cancer patients, children and their families and many other people in our care.

We will continue to have examples of this type of work however the duty specifically requires us to show how strategic decisions will help to reduce poverty. The Child Poverty Act is another piece of legislation which requires us to take action on tackling socio-economic inequalities to improve health.

In 2018-19 we have:-

- Included the Fairer Scotland Duty in our EQIA template and in EQIA training
- Added information to the FIP guidance for Directors on assessing risk in relation to inequalities including socio-economic

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

**Better Health through Employment Group**

In line with the Procurement Reform (Scotland) Act 2014, work is underway to ensure procurement policy supports fair work practices, sustainability, community benefits and ethical supply chains.

### 3. Equality Outcomes

NHSGGC's equality outcomes are based on evidence gathered prior to publishing our equality outcomes for 2016-20 and highlights where we need to make a significant difference for patients with protected characteristics. This section provides an update of progress made on the outcomes in 2018-19.

#### **Equality Outcome 1: Disabled people and people experiencing poverty can access NHSGGC services without barriers and in ways which meet their needs**

**Measure:** 3 DDA audits per year carried out in priority areas

Three audits were carried out to assess any potential barriers to our services for disabled people. These were in: the Acute Assessment Unit; Glasgow Royal Infirmary Plastics (Outpatients); and the West of Scotland Cancer service.

The audits in GRI highlighted some common issues: access from public transport to both services was problematic due to the terrain and length of journey; the signage to both services could have been clearer; the buzzers to enter ward areas were too high for wheelchair users to utilise; staff did not utilise the dropped counter for wheelchair users at reception desks and did not respond to patients at this area. There were some differences in the specific services, examples including the use of peddle bins in the accessible toilets and lack of induction loops. A priority action plan has been drawn up to address and mitigate these barriers.

The audit at the West of Scotland Cancer Centre is a three part assessment of both the physical building as well as the service's website for patients. An initial audit focusing on the route from the main entrance to the Outpatient's Clinic and waiting areas has been completed. A second stage will ask members of NHSGGC Disability Access Group (including people who may use assistive technology) to conduct a website audit. Finally a short staff questionnaire on their view of access and equalities issues will be carried out. The results will be utilised along-side the audit information to produce an overall report which will highlight any issues and inform other potential areas of work.

**Measure:** Disabled people are involved in audit process

As part of NHSGGC commitment to working with disabled people the Equality and Human Rights Team utilised existing contacts in the third sector disability organisations to recruit members to a Disability Access Group. A process is in place to continually recruit for

<p>a virtual DDA audit group made up of disabled patients. This group will be supported with training and be asked to participate in various audits throughout the year. Some members of this group were involved on the three audits above.</p>
<p><b>Measure:</b> Numbers of people with protected characteristics who use Cashiers Office and make enquiries at Support and Information Services and an increase in appropriate claims by all people with protected characteristics.</p> <p>A snap shot audit was undertaken across 5 cashiers' offices in the following sites - Victoria ACH, Stobhill ACH, QEUH, Royal Hospital for Children and Glasgow Royal Infirmary. Five hundred questionnaires were distributed to patients to collect data on their experience of using the cashiers' service for claiming fares and asking them to fill in an equalities monitoring form so that we can identify issues for particular groups.</p> <p>Analysis of the questionnaires will be carried out in 2019. A number of focus groups are planned to augment the questionnaires to ascertain if there are differences in knowledge or experience of people with specific protected characteristics.</p>
<p><b>Measure:</b> Numbers of patients engaged on access issues</p> <p>We have engaged with over 673 people throughout the year on a wide range of access issues. Details can be found throughout the report and cover British Sign Language users, asylum seekers and refugees, disabled people (learning disability, physical disability and visual impairment), Lesbian Gay and Bi people, Trans people, women and men and people who have experienced poverty. Actions for this work and how it has been fed back to services can be found throughout the report.</p>
<p><b>Measure:</b> Increased money advice referrals</p> <p>See Mainstreaming Section 2.4</p>
<p><b>Measure:</b> Increase recording of patients' access support needs</p> <p>See Mainstreaming Section 2.4</p>

**Measure:** Patient feedback on access support needs being met.

The EHRT facilitated health discussions at 12 meetings for people with learning disabilities. This was in partnership with People First, The Life I Want Group, Mainstay Trust and Enable. Much of this work is about ensuring people with learning disabilities have an opportunity to feedback on their experience of using NHSGGC services. Areas raised include: how to increase staff knowledge of learning disability and how to support people in our services better; how to make cancer information more accessible for those with learning disabilities and how to improve access to dental services.

The Learning Disabilities Patient Group have also produced a staff training resource to inform NHS about how to provide more supportive engagement and care for patients who have a learning disability- see Appendix II. The group have made plans to run awareness and education events with staff in NHSGGC hospitals over the next 12 month period from April 2019.

Feedback was also sought from Glasgow Disability Alliance to understand how disabled people use NHS services and barriers they may experience. This found three areas of concern:-

- appointment letters which indicate you need to call to confirm or that come too late for disabled people to plan a hospital visit
- travel to hospital which involves travelling to any hospital in NHSGGC area e.g. a disabled woman in chronic pain had to travel from Glasgow East End to the RAH for a pain management appointment
- scheduling of appointments in the morning when disabled people express a need for later appointments. Hospitals need to recognise the mobility and support needs of many disabled people which rely on social care workers when scheduling appointments.

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

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

Two hundred and forty staff watched the DVD on how to book BSL interpreters. Nineteen wards were trained on how to use on line BSL interpreting. 95 staff completed the Deaf Awareness e-learning module and 96 completed the How to Work with an Interpreter e-learning module.

Two hundred and eighty staff attended classroom sessions on Deaf Awareness training. This included Acute Ward staff, mental health staff and HSCP staff. Across Acute 168 staff attended ward sessions on sensory impairment awareness including content around BSL.

Training was delivered on interpreting to communicate changes brought about by the Interpreting Service review. This was delivered to 23 sites to 153 staff across Acute and Primary Care. This training included information on how to book BSL interpreters and the legislative imperative to do so.

Additionally, with the revision of the mandatory Equality and Diversity e-learning module and associated performance plan, 70% of all NHSGGC staff have completed the course which includes a section covering British Sign Language users. This equates to approximately 28,400 employees answering a question on the requirement to provide a BSL interpreter for a patient who is Deaf.

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

The BSL Mediator works directly with Deaf people to ensure they can feedback on their experiences of NHSGGC services and to ensure they have no barriers to making a complaint. The mediator had contact with 77 Deaf people whose issues were as follows; 29 had no interpreter at their appointment; 19 contacted to query if an interpreter had been booked; 12 fed back about poor quality or poor attitudes of interpreters at appointments; 7 fed back about poor staff attitudes in relation to their Deafness; 4 fed back about not getting a reply for the Interpreting Service text phone; three feedback they were not happy with their choice of interpreters and three fed back about poor care from NHSGGC.

The mediator is able to problem solve the issues that were raised, often in real time.

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

### **Online BSL interpreting**

Over the past year we have increased the number of mini lap tops in our services to 33 which means that in emergency situations an online interpreter can be made available. These are placed in all Accident and Emergency Departments, all Minor Injury Units, Mental Health Services in patient services and Patient Support Services.

An evaluation has been carried out with staff. Results show that it works very well and staff felt that patients benefited from the service.

Another development in 2018-19 is our patient hand held online interpreting for BSL users. BSL using patients can now download specific software to their own mobile phones to dial up an interpreter at a GP appointment. A protocol is in place to ensure that staff know how and when to use this service instead of a face to face interpreter. So far 10 patients have registered to use the service. A review will be carried out in June to understand how it is meeting people's needs.

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

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

We have a range of resources to assist patients in getting the communication support they require and to understand how the health service works. These include information and guidelines on BSL and spoken language interpreting services, advice on accessible formats and easy read guides on using the health service (Pathways to Health) and patients' rights. We distributed over 2000 of these resources to staff and patients through training and engagement events. Many more were distributed on demand to voluntary sector organisations working with equality groups. For example, specific translations of our Pathway to Health document were requested by organisations such as the Scottish Refugee Council and the Red Cross to assist in their advocacy work with asylum seekers and refugees.

**Measure:** Improved patient satisfaction.

A number of targeted engagement work with Refugees and Asylum seekers has been delivered to promote NHS services. Thirteen events have been run with asylum seekers and refugees in partnership with a number of third sector support organisations including the Integration Networks and the Red Cross. Two hundred and sixty two people attended these sessions across many language groups. The dissemination of information about how the NHS works was highly valued. Concerns about how difficult mental health services are to navigate was raised and how referral on to other services would be helpful. This included money and welfare advice services. Further action will be taken to address these concerns.

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

**Measure:** Improved patient satisfaction

Trans people speaking to NHSGGC representatives at Pride Glasgow reported high levels of confidence in the being 'out' with service providers though there remains a small but significant cohort of responders who continue to experience negative attitudes from some service areas. Shared experiences emerging included being misgendered or being outed. The Go Rainbow Campaign has circulated more than 10,000 rainbow lanyards accompanied by staff fact sheets relating to gay, bi and trans phobia within health and social care. A repeat of the engagement activity at Mardi Gla in July 2019 will ask if attitudes have changed in light of the campaign and associated learning and education activity.

**Measure:** Numbers of staff trained on gender reassignment issues

With the revision of the statutory and mandatory Equality and Diversity e-learning module and associated performance plan, 71% of all NHSGGC staff have completed the course which includes a section covering gender identity as one of the 9 protected characteristics. This equates to approximately 28,400 employees.

Importantly, the induction programme for new nursing intakes now sets aside a day for completion of statutory and mandatory learning modules, meaning that all new nursing staff complete the equality and diversity module (including awareness of gender reassignment) before talking up post.

**Equality Outcome 5: Disabled young people receive support and information to enable them to successfully transition to Acute adult services from Acute children's' services**

**Measure:** Patient and carer satisfaction

NHSGGC Draft Transition Guidance is currently going through governance process to obtain sign off.

Young people's service experience of Cerebral Palsies is being used as proxy for ensuring effective transition pathways in place for children with complex needs, long term conditions or disabilities. A clinician led Cerebral Palsies Transition Group is leading on health service actions and carer/ patient engagement to establish a patient centred pathway and ensure effective support and information provided during transition process.

<p><b>Equality Outcome 6: People whose health is affected by their social circumstances as a result of inequality have their needs identified and addressed through routine sensitive enquiry as part of person centred care.</b></p>
<p><b>Measure:</b> Number of routine sensitive enquiry for gender based violence and money worries</p> <p><b>Gender Based Violence (GBV)</b> See Mainstreaming section 2.4 Page</p> <p><b>Money worries</b> See Mainstreaming section 2.4</p>
<p><b>Measure:</b> Number of staff trained in priority areas on equalities sensitive conversations.</p> <p>Inequalities Sensitive Practice is a way of working which responds to the life circumstances that affect people's health. Evidence shows that if these issues are not taken into account by the health service, opportunities are missed to improve health and to reduce health inequalities. Work in NHSGGC has focussed on gender based violence (GBV) and poverty however training on all of the protected characteristics can improve practice.</p> <p>The Equality and Human Rights Team undertake a wide range of bespoke training which covers equalities sensitive conversations. Training has been delivered to junior doctors, new nursing staff and new managers. For more details see Mainstreaming section 2.5</p>
<p><b>Measure:</b> Staff undertaking hate crime training</p> <p>96 members of staff have completed the online Hate Crime module. However the revised NHSGGC mandatory Equality and Human Rights e-learning module contains a section on Hate Crime and this has been completed by 71% of the workforce, equating to approximately 28,400 employees.</p>
<p><b>Measure:</b> Staff deliver healthcare which meets the needs and understands the experience of Black / Minority Ethnic communities.</p> <p>During 2018 – 2019 (to February 2019) NHSGGC produced 408 resources in other languages or formats to meet the needs of our patients. This compares to 239 in 2017-18. These translations include clinical reports, treatment instructions for patients, consent forms, public health information, speech language therapy reports for parents of children who do not speak English and NHSGGC</p>

clinical information required for patient care. Our translation service provider has just been re-commissioned as part of the interpreting service review to ensure we have the most cost-effective service.

The Clear to All Policy is being reviewed and a short life working group comprising representation from Public Health, Medical Illustrations, Patient Experience and the Public Involvement team with links to Clinical Effectiveness colleagues is taking this forward. This group has recommended the development of a Quality Assurance process for the development of health information; both clinical and prevention information. This group will manage the co-ordination of this information in other formats to ensure equitable patient pathways.

#### **Equality Outcome 7: Patients who require augmented support in Acute care as a result of their protected characteristics are linked to appropriate voluntary sector support**

Partnership links between the third sector and NHSGGC Acute have been mapped showing active links with 104 third sector organisations. Of these organisations 11 are cancer related charities, 7 are Deaf organisations and 6 are related to money advice and/or poverty related issues. Learning disability and pan-disability organisations account for 5 organisations each.

Further analysis will be done to establish what type of working relationship services have with the voluntary sector to ensure that patients can access specialist community support.

A partnership event is planned to provide opportunity for all partners to promote their work with Support and Information Service and the Family Support and Information Service and to review current service referral pathways and identify opportunities for increased partnership working in 2019 - 2020.

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

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

A Board wide group is overseeing delivery of a pathway in acute hospitals to deliver a high quality fast track frailty service that is accessible to patients irrespective of arrival route. NHSGGC is actively participating in the national HIS Frailty Collaborative which continues to inform the Board wide improvement group.

IT changes will be introduced after April 2019 to make the new standard frailty screening tool available on TrakCare. This will create system wide visibility of frailty positive patients, target resources and improve access to specialists for patients' out-with the dedicated areas and extend their liaison service across the hospital.

All six HSCP's have collaborated over the introduction of a single frailty screening tool throughout GGC. The tool will ensure patients who present with frailty receive the support they need within their own home.

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

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

See Mainstreaming section 2.5

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

The manager's guidance was been published in 2017 and can be accessed on HR Connect.

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

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

**Measure:** Ensure young disabled people access NHSGGC modern apprenticeships.

Human Resources staff took a series of measures to increase the diversity of applications to NHSGGC's modern apprenticeship scheme. This included the following actions:-

- Inclusion of the statement "We welcome applications from disabled people, minority ethnic groups, those who are care experienced and the LGBTI community"
- Creation of promotional flier to promote inclusive recruitment processes
- Information sessions hosted tailored to each vacancy to provide information, advice and guidance on recruitment stages
- Interview preparation sessions offered to every short-listed candidate
- Opening up of vacancies to applicants aged up to 29 with a disability (generally up to 24 for non-disabled applicants) in line with Skills Development Scotland strategy to increase the number of young people with disabilities being supported into employment
- Advert in Enable magazine
- Circulation of vacancies to disability organisations
- Interview confirmation email amended to include general statement reminding all applicants requiring adjustments to advise team of requirements so that appropriate arrangements can be provided in a supportive manner

In 2018-19 We appointed 10 apprentices who disclosed a disability.

The Equalities and Human Rights Team and Human Resources have supported a Glasgow Centre for Independent Living graduate trainee placement. The trainee has delivered a high standard of work on access audits, research on pregnancy and maternity and in audiology.

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

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

With the revision of the statutory and mandatory equalities e-learning module and associated performance plan, 71% of all NHSGGC staff have completed the course which includes a section covering Sexual Orientation as one of the 9 protected characteristics. This

equates to approximately 28,400 employees.

NHSGGC has supported the Rainbow Lanyard campaign, distributing more than 10,000 lanyards to staff across NHSGGC accompanied by a flyer entitled 'Why go Rainbow?' explaining the levels of discrimination faced by LGBT+ staff and service users.

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

NHSGGC had a stall at Pride Glasgow 2018, talking to a large number of LGBT people across the weekend about their experience of using our services. Three hundred and seventy five people completed feedback questionnaires – the largest return achieved in 6 years supporting the event.

Of those completing questionnaires, 19% described themselves as gay, 23% as lesbian, 25% as bi and 22% as straight. 10% defined their sexual orientation in another way and 1% declined to answer the question.

As with previous years, the majority of people completing the questionnaire described very positive health care experiences including praise for LGBT+ awareness amongst NHSGGC staff. However, 10% of respondents recorded less positive experiences, citing issues such as stereotyping and patronising attitudes as impacting on overall quality of service. The NHSGGC stall at Mardi Gras in July 2019 will re-visit attitudinal feedback and ask if visibility of NHSGGC's 'Go rainbow' Rainbow Lanyard Campaign has further improved service user experience.

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

**Measure:** Feedback from Human Library events and unconscious bias events.

The Equality and Human Rights Team have delivered 6 Unconscious Bias training sessions to a mix of integrated NHS and local authority staff and community representatives totalling approximately 160 people. The sessions have evaluated extremely well and developments are underway to develop an associated e-learning module. It is important to clarify that NHSGGC's interpretation of unconscious or hidden bias brings a focus to structural discrimination and how this plays out in the behaviours of individuals rather than locating the challenge solely with the individual. NHSGGC will be delivering a joint learning event on unconscious bias with the Commission for Race and Equality in April 2019 to NHSGGC's top management cohort.

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

The 2016 survey will form a baseline for the follow up survey in 2019-20.

## Appendix 1

Young people aged 12-25 were given an opportunity to explore ACEs (Adverse Childhood Experiences). They were then asked how a young person who was struggling or in distress should be treated by responsible adults. This was their response:



## 7 Steps to equal healthcare

Providing equal healthcare for people who have a learning disability



Our partners **ENABLE Scotland** and **Macmillan Cancer Support** have also developed a number of resources to improve awareness of how to support people with a learning disability.

For more information about the work that are doing please visit [enable.org.uk](http://enable.org.uk) and search for Macmillan

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**MACMILLAN**  
CANCER SUPPORT



**Our patients** have told us that better awareness and understanding from staff would make their experience of using healthcare services **so much better**.

Here are the **top tips** and suggestions that patients gave us:

- Please involve me in any discussions or decisions regarding my health and care.
- I am able to understand what you tell me - what is important is how you explain things.
- I should be allowed to have my carer/ support worker with me in my appointment.
- When you speak with me, please talk to me and not my carer/ support.
- At the beginning of my appointment please take time to explain what is going to happen before we start; this will make me less anxious.
- Please talk in plain language, don't use jargon.
- Take time to make sure that I am understanding and following everything that you say. I may ask you to explain some things a little more clearly.

**Please remember**, a little more time and understanding will make a big difference to me.

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For more information about NHSGGC's work to improve the experiences of patients with learning disabilities, please contact the Equality and Human Rights Team on Tel: **0141 201 4560** • e-mail: **[martin.patterson@ggc.scot.nhs.uk](mailto:martin.patterson@ggc.scot.nhs.uk)**



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

Monitoring Report  
2019 - 2020

# **A Fairer NHSGGC Progress Report 2019-20**

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## **Introduction and summary of progress in 2019 - 20**

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

In April 2016 NHS Greater Glasgow and Clyde (NHSGGC) published 'Meeting the requirements of Equality Legislation: A Fairer NHSGGC 2016 – 20.'

This report is the fourth and final annual report on the range of work undertaken across NHSGGC to meet the mainstreaming and equality outcome actions covering the period between April 2019 and March 2020<sup>1</sup>.

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 equality outcomes.

### **1.2 Key highlights: where we have made a difference to patients**

#### **1.2.1 Mitigating the impact of poverty**

An estimated £49million for clients from approximately 17,800 NHSGGC referrals is gained per annum. NHSGGC has achieved a 25% increase in referrals and a 32% increase in financial gain as compared to the previous 4 years (2011-15). In the last two years, there has been an increase of 17% Healthier Wealthier Children referrals. In the last year there has been a 56% increase in Acute referrals and 14% increase in financial gain.

#### **1.2.2 Getting our systems right**

A standard Gender Based Violence (GBV) routine enquiry question has been added to the Child Health Surveillance templates to ensure consistency in recording and reporting of GBV enquiry. This has resulted in a two-fold increase in reported enquiries on GBV by Health Visitors since October 2019.

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<sup>1</sup> 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 total number of GBV enquiries made by Health Visitors March 2019- Feb 2020 was 21,354. This gives women the opportunity to disclose abuse and seek support.

### **1.2.3 Travel costs to appointments**

NHSGGC explored how the cashier's service is used by our patients and if there is anything we can do to improve the service. Focus group were organised by Equality and Human Rights Team members with disabled people and Black and Minority Ethnic (BME) people including asylum seekers.

Eighty two community members attended the discussion from 5 different community organisations including a range of age groups. Only 6% of participants knew of about the cashier's service. Group members suggested that: the service should be promoted in GP surgeries; appointment letters should include the information; and leaflets should be promoted through the community organisations.

Four thousand leaflets have been produced in English and in the six most commonly spoken languages explaining how to claim travel expenses. These have been distributed via appropriate groups serving the relevant communities. Four hundred and fifty posters have been produced and placed at Cashier's Offices and throughout hospital sites. As part of this awareness campaign, posters directing patients to the Cashier's office on each site have also been displayed.

### **1.2.4 Listening and responding to patients from equality groups**

#### **Learning Disability**

In partnership with The Life I Want group and our patient volunteers we have produced a training resource to inform staff about how to provide more supportive engagement and care for patients who have a learning disability. This resource has been used in staff engagement sessions across 7 NHSGGC sites, including 4 acute settings and 3 community Health and Care Centres. These sessions have allowed our patient volunteers to engage directly with approximately 1000 staff.

#### **Physical Disability**

Our continuing association with 3<sup>rd</sup> sector disability services, including Glasgow Disability Alliance has been our main opportunity for dialogue with disabled service users.

This has facilitated our understanding of how disabled people use NHS services and the barriers they continue to experience. Examples of barriers removed include:-

- The radar keys system is to be introduced to disabled toilets/assisted changing facilities in QEUH and Children's Hospital atriums. This system will be monitored and if positive, radar keys could be used on other sites that require locked facilities for security reasons etc.
- Signage for lifts in Queen Elizabeth University Hospital (QEUEH) i.e. lack of pictorial description – Lift manufacturers have been contacted to ascertain if they have a standard for pictorial signage and discussions are still ongoing about how best to resolve this. There are two patient movement buggies in the QEUEH one of which is wheelchair accessible.
- Signage within GRI Accident and Emergency now clarifies where Acute Assessment Unit
- GRI have no dedicated quiet space for patients with sensory issues, however - a single room can be used when necessary. Patients who need it can also be accommodated earlier in the list.
- GRI have increased use of portable hearing loops enabling better access within, for example consulting rooms and treatment bays.

## Deaf / BSL

To drive forward our commitment to the British Sign Language Act 35 wards have been trained on how to use on line BSL interpreting. Over 510 staff attended classroom sessions on Deaf Awareness training. This included Acute Ward staff, mental health staff and HSCP staff, including 305 Health Visitors. Across NHSGGC 193 staff attended sessions on interpreting including how to book a BSL interpreter.

## Asylum Seekers and Refugees

We have a range of resources to assist patients to get the communication support they require and to understand how the health service works. Our easy read guide

on using the health service (Pathways to Health), GP information cards and information on how to use an interpreter have been produced in multiple languages and continue to be widely used, with over 2000 distributed since April 2019.

A Human Rights leaflet, produced in conjunction with a patient group, has also been requested in alternative languages by community groups and distributed widely. Extensive engagement work has ensured that these resources reach their target group. Forty one workshops have been facilitated in the last year, covering 10 different community organisations and nearly 700 people. Staff resources have also been disseminated at various training sessions, including an interpreting service awareness raising session attended by over 200 staff members.

### **1.3 Key highlights: where we have made a difference to staff**

#### **1.3.1 Staff Financial Wellbeing Action Plan**

Following on from 2018/19 commissioned research on financial issues of staff in the workplace, a Staff Financial Wellbeing Action Plan was developed.

In conjunction with the Staff Health Strategy a wide range of actions include:

- Staff Net Money Worries pages for staff and managers have been uploaded.
- Poverty awareness training for Occupational Health, staff side, Human Resources and payroll staff completed.
- Template letters developed with information on where to get help with money worries
- Pilot programme of 'energy and money worries checks' with low income staff groups in partnership with Home Energy Scotland.

#### **1.3.2 Unconscious Bias**

NHSGGC undertook a series of interactive sessions exploring unconscious bias and societal and institutional discrimination. Session content was planned in partnership with CRER (Coalition of Racial Equality and Rights) and delivered to more than 500 members of staff. Following a presentation to the NHSGGC Board, a commitment was given to support the roll out of unconscious bias learning across the organisation. A targeted approach to delivery will be undertaken across the life of

the 2020-2024 organisational equality outcomes with on-going evaluation and feedback in terms of practice change and impact for service users.

### **1.3.3 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 given their time to develop the Forum, consider the issues affecting staff and propose solutions. The group are now represented on the Workforce Equality Group and are involved in planning a conference on equalities in 2020 for staff.

#### **LGBT+ Forum**

The Forum was formed in 2018/2019 for NHSGGC staff members who want to contribute to creating a more inclusive LGBT+ workplace. The LGBT+ Forum has continued to grow in membership, and now provides options for engagement including a small group of Forum members meeting in person in addition to an online network, using social media. The group are now represented on the Workforce Equality Group and are involved in planning a conference on equalities in 2020 for staff.

#### **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.

In addition to providing a support network for BME staff, the Forum is supported by members of the Board Workforce Equalities Group to enable it to become a fully established Forum.

This approach commenced with a development session in Spring 2019 with the aim of creating a more formal structure where feedback on workplace experience can be transformed into actions making positive changes within the organisation.

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

#### **1.3.4 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.

#### **1.3.5 Fairer NHS Staff Survey**

Our third Fairer NHSGGC Staff Survey was completed at the end of 2019.

The survey found that the vast majority of NHSGGC staff – almost 90% - agreed that we can improve patient health care when we have a better understanding of the discrimination faced by our population.

There is clearly a huge range of work being undertaken to support patients with additional needs. This includes a significant increase in staff using BSL interpreters (91% - an increase of 38% from the 2016 survey) and telephone interpreting (53% - 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 by 14% since 2016. The survey also revealed that over 80% of our LGBT+ staff are out in the workplace – an increase of 22%.

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

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 integrated bodies

## 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.**

19 EQIAs have been completed in 2019/20 planning year and have included significant service reviews including the rationalisation of Out of Hours services and amended Access to Treatment policy.

EQIAs have been published on NHSGGC's website and can be found at:  
<http://www.nhsggc.org.uk/your-health/equalities-in-health/equality-impact-assessments/2017-2018>

### 2.2 Leadership on tackling inequality

**Action: NHSGGC will continue to report on our progress against the Equality Act 2010 and produce new outcomes in 2020**

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

[http://www.equalitiesinhealth.org/public\\_html/equality\\_scheme.html](http://www.equalitiesinhealth.org/public_html/equality_scheme.html)

#### Leadership on tackling inequality

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

Work is currently underway to move the Equalities in Health website content to the NHSGGC server. This will provide consistency of presentation, simpler navigation and ensure the continuation of full accessibility.

It will also provide more detailed tracking information which will help report on how and what information is being accessed from the site. In the meantime, the website continues to provide up to date information on progress against equalities legislation.

Workforce equality documents including the Workforce Equality Action Plan and Equal Pay Statement and workforce equality statistics, are presented in the Equalities in Health website [http://www.equalitiesinhealth.org/public\\_html/workforce-accessible-documents.html](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.

Work has been underway in 2019-20 to produce new equality outcomes for 2020-24. This included a review of evidence and engagement with community groups and patients which is included in the new scheme. A staff survey was issued in November 2019 to gather staff views and experiences. The findings have informed the new scheme and a report will be put on the website in April 2020

In 2019-20 the following communications have been disseminated to staff:-

- Information on the new interpreting protocol
- Clear to All - Promoting use of plain English and updated terminology through Clear to All process
- Equality Updates/Network – Review of contacts and production of newsletters
- Promotion via Staff News, StaffNet, Core Brief, direct email, social media and website of issues such as Rainbow Lanyard campaign, equality training, staff forums, BSL Online provision in accident and emergency and counselling for Deaf patients.
- A range of printed resources including Tip Cards on how to use appropriate language and Pathways to Health translated into over 20 languages to give people information on how to sue the health service.

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

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

#### **Hard of Hearing**

The Audiology Patient Reference Group was set up in response to concerns relating to the gathering and effective use of patient feedback in making service and patient experience improvements in Audiology.

Since initially meeting in April 2018, the group have established links with NHSGGC Audiology staff and have fed into service improvements. These include: effective information provision for patients; a regular system of subject specific patient feedback leaflets; and department walk-rounds. In October 2019, NHS Health Scotland published the work of the group as an example of good practice in the effective use of resources

(<http://www.healthscotland.scot/reducing-health-inequalities/case-studies-of-inequalities-sensitive-practice/allocating-resources-proportionate-to-need/developing-audiology-services-based-on-patient-feedback>)

### **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 2019 up to 31<sup>st</sup> January 2020, 993 comments were made, 30% increase from 2018/19.

The analysis by protected characteristics shows the following:

- As in the previous year, there were more female contributors than male – **548** vs. **345**; (out of those who stated their sex).
- **23** people who provided comments had undergone gender reassignment (**13** preferred not to answer). Of these, 19 were positive and 2 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 **645** heterosexual, **15** Gay/Lesbian, and **21** Bisexual respondents (**17** stated “other” and **65** preferred not to answer).
- There was a range of ages, with the highest number of contributors being 55-64 (**363**), followed by 45-54 (**273**), **8** people under 16 years and **19** over 75 years provided comments.
- **19%** of comments came from disabled people.
- **33** comments were made from Black or Minority Ethnic people
- **23** 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 7 comments were from Buddhist, Hindu, Jewish, Muslim, 165 Church of Scotland and 101 Roman Catholic. 201 stated they had no religion or were Atheists and 72 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 on Health related information and activities within NHSGGC. The Facebook page has also been used by members of the BSL community to feedback issues and comments to the Equality and Human Rights Team.

For the fifth consecutive year our BSL Champions delivered a training session to first year nursing students at the University of Glasgow. To date some 250 nursing students have received this training. The feedback from participants shows that the session raises issues that individuals had not previously considered such as the communication needs of Deaf BSL patients and how this impacts on how they access

### **Implementing the BSL Scotland Act**

Work has focussed on ensuring communication support is available and that patients needs are anticipated in Acute care. Remote interpreting and the use of Contact Scotland has been promoted widely with staff and face to face training undertaken with 35 Medical Records staff.

Specific joint work was undertaken in relation to the BSL Act. The Deafness and Mental Health work stream resulted in Glasgow HSCP piloting a project with Lifelink who support people with mild to moderate mental health issues. This pilot project provides a counsellor who communicates in BSL to offer a direct service to our BSL users. The project runs from July 2019 until Spring 2020. The counsellor, who is Deaf and based at Lifelink, can match the Deaf person's communication needs whether it is BSL, SSE (Sign Supported English) or spoken English.

From the information gathered on BSL users' experiences, it is clear that there is a need for robust evidence regarding suitable psychological therapies for BSL users. Two principal clinician psychologists from Stobhill Hospital submitted an application to NHSGGC Research Endowment Fund. The purpose of the funding is to explore different psychological therapies that are fully accessible and achieve healthy outcomes for BSL users.

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

Feedback from BSL users through our Mediator, engagement and standing groups has indicated most concerns relate to not having interpreters in planned appointments. The Interpreting Service has continued to try to address this by recruiting more BSL interpreters where possible.

Concerns were also raised about NHSGGC promoting on line interpreting for BSL users in unplanned services against reports that staff did not know about this or were not offering it this at the appropriate time. Staff have received communications to raise the profile of this service throughout the year.

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

### **Staff Reference Group**

NHSGGC continue to support a range of Reference Groups to gather feedback on our provision of communication support. The Staff Reference Group fed back some issues over the year following the review and changes to Interpreting service.

This included the quality of telephone interpreting from the new provider and the quality of interpreting. Staff had also experienced cancelation of appointments in Acute and mental health services due to lack of interpreter's availability. Some services express concern about their ability to use telephone interpreting such as trauma services, theatres and maternity. Lack of availability of some languages such as Vietnamese and Albanian were particularly highlighted as an issue. The Interpreting Service have worked closely with different departments to address these issues although availability of some languages is beyond our control.

Positive feedback from staff highlighted that the new provider was able to source a Tigrinyan interpreter for the same afternoon; this would normally take up to 48 hours leaving the patient without the urgent care.

### **Spoken language patient feedback**

Feedback regarding the interpreting service was received through different engagement events and programmes over the year. The majority of those attending did know that they are entitled to an interpreter if they needed one  
This feedback is used to inform the provision of interpreting across NHSGGC and the Interpreting Service have engaged closely with service areas to troubleshoot specific issues.

Training sessions were delivered to a range of different services on interpreting and relevant resources were also shared. One hundred and ninety three staff members attended the sessions. Participants included Midwives, Senior Staff nurses, the Money Matters Team, community nurse manager's, lead nurses, link workers and many more.

### **Interpreting Service**

The NHSGGC Interpreting Service continues to provide an essential service to our patients who do not speak English, delivering on average 650 supported appointments a day. In order to facilitate telephone interpreting 104 handsets/cordless phones have been purchased for our hospital sites. Telephone interpreting is beneficial because it is immediate, confidential and covers a wide range of languages.

### **Deafblind communicators**

Deafblind people's communication needs are supported in NHSGGC services by Deafblind Scotland's Guide Communicators. Last year they supported 339 clinical appointments and a range of health improvement interventions. This amounted to 1,482 hours of Guide Communicator support across NHSGGC to December 2019.

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

The Equality and Human Rights Team in conjunction with NHSGGC Facilities Directorate have created a post which supports an access group to directly influence the disability audit process by participating in the audits themselves, contributing to the written reports on the audits and feeding back on the outcomes of the audits.

Actions either arising directly or indirectly from the audits undertaken on the QEUH and GRI sites have recently been assessed by participants as improving the experience of disabled people.

### **Action: Promote opportunities for voluntary organisations to feed back 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 Section 2.3 – online patient feedback.

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

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

### Gender Based Violence (GBV)

#### a) Maternity Services

In maternity services staff asked the three essential questions of almost 60% women attending their service. Royal Alexandra Hospital have the highest rate of 71% of women asked.

Maternity – Report from Badgernet electronic record March 2019 – Feb 2020.

	No of women asked the 3 essential questions about safety	% of women asked these questions	Number of positive disclosures
<b>Royal Alexandra Hospital</b>	3694	71%	12
<b>Vale of Leven</b>	468	63%	0
<b>Inverclyde Royal Hospital</b>	412	59%	0
<b>Princess Royal Maternity</b>	5318	64%	20
<b>Queen Elizabeth University Hospital</b>	6780	65	19

#### b) Health Visiting (HV) Services

We have delivered HV workforce training to ensure all are competent and confident to ask service users about any past or current experiences of gender-based violence, assess risk of harm and engage effectively in multi-agency arrangements for assessing and responding to risk via multi – agency risk assessment conference (MARACs).

In 2019-20 all HVs across NHSGGC received training in using a multi –agency Domestic Abuse Stalking and Honour- based Violence Risk Assessment Checklist (DASH – RIC). The DASH-RIC enables practitioners who work with adult victims of domestic abuse to identify those at high risk of harm and make referrals to a multi-agency risk assessment conference in order to manage their risk.

Between March 2019 and February 2020 151 HVs were trained in this area.

Changes have been introduced to HV’s EMIS electronic Child Health Record data recording system to evidence that GBV enquiry of the child’s carer took place. HVs engage routinely in multi-agency information- sharing arrangements aimed at identifying and managing high risk of harm to mothers (and some fathers) who disclose domestic abuse.

### **c) National Consultations**

NHSGGC contributed to two Scottish Government consultations on proposed changes to legislation. These were:

- Protective Orders for those at risk of Domestic Abuse;
- Equally Safe – a consultation on legislation to improve forensic medical services for victims for rape or sexual assault.

### **d) Infrastructure**

In 2019 -20 GBV topic was incorporated into the new NHSGGC Public Protection Forum and GBV is represented on the Child Protection Forum. A GBV Liaison Group has been established to provide assurance to the Public Protection Forum that NHSGGC is meeting its responsibility on GBV, strengthening the governance.

## **Money Worries**

### **a) Poverty**

Poverty and child poverty is rising in Scotland. Adverse childhood experiences (ACES), long term health conditions, mental health problems, homelessness, alcohol and drug problems, social isolation and poor educational attainment are linked to poverty. Innovation is required throughout health and social care services to increase incomes and reduce costs to patients.

For Healthier Wealthier Children, our children and families financial inclusion initiative, 3897 referrals and £6,003,370 gain was found. This is a 22% rise in referrals since this time last year – see below.

Area (Apr - Dec 2019)	Need identified (No., %)	Referral to money advice services (No. , %)
Midwifery	630 (3% of caseload)	630 (3% of caseload)
Health Visiting	2761 (5% of caseload)	2480 (4% of caseload)

In Acute Services, there were **6851** referrals and £6,902,326 gain (Table 1.). This is a 68% increase in referrals since the same time last year.

In addition, 761 referrals to money advice services were made by Acute Support and Information Services interventions were for money and debt worries, Acute Services are piloting an emergency food discharge service within QEUH (from 1<sup>st</sup> Dec 19 – 31<sup>st</sup> Jan 20), 21 emergency food packages issued. This offers access to a 2 day emergency food package. If successful, this service will be rolled out across inpatient sites. 80% of the costs of this project including non-perishables, delivery and packing is funded by Glasgow Food Banks.

Additionally to date during 2019/20 (from April 1st to 10th Feb 2020) there has been 214 x emergency grants (to the value of £5 - £50) distributed to families from Family Support at RHC totalling £8,665 for immediate emergency need relating to access to food, travel, laundry & travel costs.

NHSGGC has made a long term commitment to address poverty in its role as an employer, service provider and partner. There is a range of evidence in Scotland that co-location or in-reach of money advice services into health and social settings results is more cost-effective and has major impacts on preventing financial crisis and stress as compared to traditional money advice provision. In 2019-20, NHSGGC revised its approach to poverty. A Public Health Poverty Huddle aims to:

- Consider how to increase leadership and interventions on poverty, child poverty, fuel poverty, food poverty, housing and health, transport and health and role as employer from poverty perspectives
- Streamline Corporate and Acute public health poverty work
- Analyse reach of poverty interventions and provide innovative solutions for wider reach

Routine enquiry and direct referral to money advice services, alongside approaches to address fuel and food poverty (in partnership with Home Energy Scotland), are priorities in Acute Services, Children and Families Services and primary care services. NHSGGC is also exploring improvements with mental health services, homelessness services and alcohol and drugs services. There is also recognition that staff experience money and debt worries themselves and we are testing innovative staff energy and money advice clinics. Recent innovation includes in-reach from the Department of Work and Pensions for complex cases and planning with Social Security Scotland for co-location / in-reach into health and social care settings.

With scarce resources, NHSGGC is committed to reduce duplication by partnership working to truly tackle poverty throughout our services.

## **b) Additional support needs**

NHSGGC chairs the national group developing an interpreting and accessible information policy for the NHS in Scotland. In 2019-20, in terms of improvements, the group has confirmed the following is viable:

- Flagging of needs: establishment and use of electronic flags or alerts, or paper-based equivalents, to indicate that an individual has a recorded information and / or communication need, and prompt staff to take appropriate action and / or trigger auto-generation of information in an accessible format / other actions such that those needs can be met
- Letters automatically generated in large font. There is no electronic function possible to generate community language letters automatically although the ability to record alerts and patient language is listed therefore this is implicitly covered through patient preferences.
- Services MUST provide one or more communication or contact methods which are accessible to and useable by the patient, service user, carer or parent. The method(s) must enable the individual to contact the service, and staff must use this method to contact the individual. Examples of accessible communication / contact methods include email, text message, telephone and text relay. There is work also on a specification which will see electronic communication for patients who sign up to this automatically so that they would receive their initial communication in the format they have requested and can be a variety of the above. This will also include access for patients to book their own appointments via an App.

NHSGGC has aimed to improve its approach to additional support needs over the last few years. This has included various improvement plans. In 2019-20, a snapshot of data was checked between 8/11/19 and 15/01/20. 438 additional needs were recorded via SCI gateway. This equates approximately to 2628 additional support needs recorded per annum. This is a major improvement on previous years, where generally less than 40 cases had additional needs documented.

The type of additional support needs documented were: hearing impairment / deaf; language interpreter required; dementia; housebound; visual impairment; poor mobility; speech impairment; learning disability; wheelchair user; requires a personal assistant in attendance; autism with many people having multiple needs listed. There is work on a streamlined approach to feed this data into TrakCare. Secondary care alerts continue to be added to TrakCare as appropriate

In addition, NHSGGC's person centred care team have developed a range of resources around 'Ask for Help' which are on stands and posters in hospital settings. NHSGGC is also using the new national 'Near Me' service, which offers appointments, where possible, via video call and considering best use of a Regional 'Access Support' card. This is available for patients to carry in a purse / wallet.

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

Since December 2019 we have changed our patient appointing system to ensure that patient preferences with regard to what format they require written information in is recorded and acted upon. This will ensure those with visual impairment who need letters in large font or Braille will get this if they tell staff. This was changed on the national TrakCare system.

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

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

**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 additions to this there have been 2,142 episodes of e learning covering the following topics;

<b>Title</b>	<b>Number</b>
Accessible Information	140
Addictions	131
Age	118
Deaf Awareness	115
Disability	121
Ethnicity	115
GBV	119
Hate Crime	110
Inequality Sensitive Practice	122
Literacy	122
Marginalised Groups	116
Sex and Gender	118
Sexual Orientation	115
Social Class	115

Transgender	131
Visual Impairment	112
Welfare Reform	112
Working with Interpreters	110

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**

Our 12 week Introductory Course in British Sign Language (BSL) continues to be popular. Over the past 12 months 2 further courses were held at QEUH, 1 course at GRI and for the first time a course was facilitated at Inverclyde Royal Hospital. This has resulted in another 110 staff completing the course, bringing the numbers in total over the past 4 years to over 300.

There are waiting lists of staff who have requested to take part and further classes are planned across various NHS GGC sites for this year. The training improves people's understanding of the language and enables them to use simple forms of communication as part of person-centred care.

A number of staff who have done the Introductory Course have gone on to undertake training in BSL Level 1 and 2 courses.

### **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 given their time to develop the Forum, consider the issues affecting staff and

propose solutions. The group are now represented on the Workforce Equality Group and are involved in planning a conference on equalities in 2020 for staff.

#### LGBT+ Forum

The Forum was formed in 2018/2019 for NHSGGC staff members who want to contribute to creating a more inclusive LGBT+ workplace. The LGBT+ Forum has continued to grow in membership, and now provides options for engagement including a small group of Forum members meeting in person in addition to an online network, using social media. The group are now represented on the Workforce Equality Group and are involved in planning a conference on equalities in 2020 for staff.

#### 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.

In addition to providing a support network for BME staff, the Forum is supported by members of the Board Workforce Equalities Group to enable it to become a fully established Forum.

This approach commenced with a development session in Spring 2019 with the aim of creating a more formal structure where feedback on workplace experience can be transformed into actions making positive changes within the organisation.

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

## 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.**

#### Hate Crime

The pilot of text fields on the Datix reporting system capturing perceived hate incidents by protected characteristic has concluded having run

successfully across 2018/19 with additional explanatory text being added to support robust reporting. In addition a field capturing reporting of sexual harassment was added in 2019. Further work to make recording of protected characteristics mandatory is being submitted to the overseeing governance group and will conclude before April 2020. Progress is reported to the Board's Workforce Equality Group on a quarterly basis.

### **Gender Based Violence (GBV)**

A standard GBV routine enquiry question has been added to the Child Health Surveillance templates to ensure consistency in recording and reporting of GBV enquiry. This has resulted in an approx 100% increase in reported enquiries on GBV by HVs since October 2019.

The total number of GBV enquiries made by HVs March 2019- Feb 2020 was 21,354.

### **Action: Include in the performance framework measures based on identified gaps in health outcomes for people with protected characteristics and by deprivation and seek to show improved health outcomes through related measures.**

The Equality and Human Rights Team distribute guides to using the NHS in over 20 languages at a wide range of community events. However the NHS is currently unable to provide appointment letters in different languages due to the national Trakcare system.

Since December 2019 we have changed our patient appointing system to ensure that patient preferences with regard to what format they require written information in is recorded and acted upon. This will ensure those with visual impairment who need letters in large font or Braille will get this if they tell staff. This was changed on the national TrakCare system.

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

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

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

These are regularly reviewed within each area and reported to the Senior Management Team. In 2019-20 the AHIIG was reviewed to ensure that it is effective and meets the needs of the system. The following priorities were agreed for 2020-24:-

- Reduce **discrimination, prejudice and unconscious bias** as outlined in Equality Outcomes 2020-2024
- Mitigate impact of **poverty** and welfare reform
- Test person-centred care approaches and embed health & wellbeing support into **peri-operative pathways**
- Explore practical approaches to reduce **social isolation**.

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

The Equality Action Plan for screening has been developed and is reported on as part of screening updates to the Board.

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

A range of work on how we have influenced national systems is included across the report including on BadgerNet, EMIS, hate crime reporting on Datix and additional needs.

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

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

### **Equality Impact Assessment (EqIA)**

No rapid financial EqIA's were carried out in 2019 – 20. However a number of full EqIA's considered the impact of service change that included a cost saving component and offered proportionate mitigation to impact.

### **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.

NHSGGC has a long history of considering socio-economic inequalities as part of service delivery and the prevention of ill-health which can be seen throughout this report in relation to financial inclusion. NHSGGC has demonstrated over a number of years that universal routine enquiry around money worries and direct referral to money advice services is a non-stigmatising, cost-effective way of providing money and debt advice interventions. In contrast to traditional money advice service provision in communities, money advice services in-reach or co-location in health and social care facilities has higher rates of engagement and has the potential to reach people before major financial crisis and stress.

The Board has also worked with HSCPs on delivering actions to reduce child poverty as evidenced in our child poverty action plans.

We will continue to have examples of this type of work however the duty specifically requires us to show how strategic decisions will help to reduce poverty.

In 2019-20 the following activity has addressed socio-economic inequalities:-

- The Special Needs in Pregnancy Service enhanced model of money advice which includes advocacy support for families, has been funded from national monies for Healthier Wealthier Children and a funding bid for 2020/21 is being pursued. This model continues to reach families with complex needs on very low income (i.e. under £6,000 per annum).
- Research on the cost of the pregnancy pathway was completed and disseminated. This was a partnership project with NHS Ayrshire and Arran, funded by Health Scotland. The research found low income families experience many additional costs during pregnancy and having a new baby. Particular groups with major difficulties were asylum seekers / refugees; lone parents and parents with a disability. A range of actions have been identified for 2020/21.
- The financial inclusion pilot at Stobhill Hospital Mental Health Inpatient Services involves DWP support around Universal Credit applications for people with very complex cases in the context of joint working with Patient Affairs and money advice services. There has been recent agreement with the DWP to pilot in-reach on universal credit applications for patients with complex cases initially in QEUH.

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

In line with the Procurement Reform (Scotland) Act 2014, work is underway to ensure procurement policy supports fair work practices, sustainability, community benefits and ethical supply chains.

### 3. Equality Outcomes

NHSGGC's equality outcomes are based on evidence gathered prior to publishing our equality outcomes for 2016-20 and highlights where we need to make a significant difference for patients with protected characteristics. This section provides an uptake of progress made on the outcomes in 2018-19.

<b>Equality Outcome 1: Disabled people and people experiencing poverty can access NHSGGC services without barriers and in ways which meet their needs</b>
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<b>Measure: 3 DDA audits per year carried out in priority areas</b>
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The Equality & Human rights Team support Access Group members to directly influence the disability audit process including participating in the audits themselves, contributing to the written reports on the audits and feeding back on the outcomes of the audits. For example, improvements either arising directly from or associated with audits which were undertaken on the QEUH and GRI sites have been assessed by participants.

Three main audits were carried out across our estate (see below). These were New Victoria Ward 2, Rehabilitation: Care of the Elderly patients, West MARC and QEUH.

Additionally staff carried out brief assessment looking at services and buildings with the Disability Access Group to give feedback on equality sensitivity in services; including looking at available information, staff confidence in providing a service for those with protected characteristics and trying to identify mitigation for physical access.

<b>Measure: Disabled people are involved in audit process</b>
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Feedback for our Disability Access Group has highlighted some positive examples where we have made changes to our services that has made a difference to their experience of accessing our services:

- The radar keys system is to be introduced to disabled toilets/assisted changing facilities in QEUH and Children's Hospital atriums. This system will be monitored and if positive, radar keys could be used on other sites that require locked facilities for security reasons etc.
- Signage for lifts in Queen Elizabeth University Hospital (QEUH) i.e. lack of pictorial description – Lift manufacturers have been contacted to ascertain if they have a standard for pictorial signage and discussions are still ongoing about how best to resolve

this.

- There are two patient movement buggies in the QEUH one of which is wheelchair accessible.
- Signage within GRI Accident and Emergency now clarifies where Acute Assessment Unit
- GRI have no dedicated quiet space for patients with sensory issues, however - a single room can be used when necessary. Patients who need it can also be accommodated earlier in the list.
- GRI have increased use of portable hearing loops enabling better access within, for example consulting rooms and treatment bays.

**Measure: Numbers of people with protected characteristics who use Cashiers Office and make enquiries at Support and Information Services and an increase in appropriate claims by all people with protected characteristics.**

NHSGGC was interested to know how the cashier's service is used by our patients and if there is anything we can do to improve the service. Focus group were organised by Equality and Human Rights Team members with disabled people and BME people including asylum seekers.

Eighty two community members attended the discussion from 5 different community organisations. There was a good mix in terms of the age group. Most were women across all groups. Interpreters were utilised where appropriate.

Only 6% of participants knew of about the cashier's service. Group members suggested that the service should be promoted in GP surgeries; appointment letter should also have this information and leaflets should be promoted through the community organisations.

Four thousand leaflets explaining how to claim travel expenses have been produced in English and in the six most commonly spoken languages. These have been distributed via appropriate groups serving the relevant communities. Four hundred and fifty posters have been produced and placed at Cashier's offices and throughout hospital sites. As part of this awareness campaign, posters directing patients to the Cashier's office on each site have also been produced.

**Measure: Numbers of patients engaged on access issues**

We have engaged with 1560 people throughout the year on a wide range of issues. Details can be found throughout this report detailing the feedback given and actions taken to mitigate concerns where possible.

<p><b>Measure: Increased money advice referrals</b></p> <p>See Mainstreaming Section 2.4</p>
<p><b>Measure: Increase recording of patients' access support needs</b></p> <p>See Mainstreaming Section 2.4</p>
<p><b>Measure: Patient feedback on access support needs being met.</b></p> <p>The EHRT now co-chair the meetings of the Life I Want Health Group, 8 meetings of the group were held in the year from April 2019. Our participation in this group continues our partnership with support organisations working with people with a learning disability, including People First, Values Into Action Scotland, Mainstay Trust Enable and The Advocacy Project. ensuring that people who have a learning disability have the opportunity to feedback on their experience of using NHSGGC services. Areas raised within the group include staff awareness and how medical staff talk with and convey information to patients.</p> <p>Our role as co-chair of the group has provided us with a valuable opportunity for bringing NHS service delivery issues to the group's attention and in looking at how we might continue to improve quality of care that meets the needs of patients whilst considering the issues for NHS planners and front-line staff.</p> <p>The EHRT have also developed links with the LD Observatory, a Scotland wide academic forum that looks at the general health and lifestyle support needs of people with a learning disability and we continue to work with them to consider how their work might inform the planning and quality of care issues for our patients.</p> <p>In partnership with The Life I Want group and our patient volunteers we have produced a training resource to inform NHS staff about how to provide more supportive engagement and care for patients who have a learning disability. This resource has been used in staff engagement sessions across 7 NHS GGC sites, including 4 acute settings and 3 community Health and Care Centres. These sessions have allowed our patient volunteers to engage directly with approximately 1000 of our staff.</p> <p>Our continuing association with 3<sup>rd</sup> sector disability services including Glasgow Disability Alliance has been our main opportunity for</p>

dialogue with disabled service users; facilitating our understanding of how disabled people use NHS services and the barriers they continue to experience.

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

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

Thirty six thousand staff completed our statutory / mandatory equalities and human rights e learning module. This contained questions about the legislative requirement to provide BSL interpreters for BSL Users. This means 91% of our staff have understood that message and their responsibility to act on it. To date 35 wards were trained on how to use on line BSL interpreting. 115 staff completed the Deaf Awareness e-learning module and 110 completed the How to Work with an Interpreter e-learning module.

Over 510 staff attended classroom sessions on Deaf Awareness training. This included Acute Ward staff, mental health staff and HSCP staff, including 305 Health Visitors. Across NHSGGC 193 staff attended sessions on interpreting including how to book a BSL interpreter.

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

The BSL Mediator works directly with Deaf people to ensure they can feedback on their experiences of NHSGGC services and to ensure they have no barriers to making a complaint.

The mediator had contact with 152 Deaf people who's issues were as follows; 42 had no interpreter at their appointment; 76 contacted to query if an interpreter had been booked; 5 fed back about poor quality or poor attitudes of interpreters at appointments; 8 fed back about poor staff attitudes in relation to their Deafness; 12 complained that they were not offered on line interpreting in A&E or other appropriate service which should have offered this; 6 fed back about being called by the NHS when they are Deaf and cannot answer the phone; three people complained about one off issues.

The mediator is able to problem solve the issues that were raised, often in real time.

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

**Online BSL interpreting**

Over the past year we have increased the number of mini lap tops in our services to 35 which means that in emergency situations an on line interpreter can be made available. These are placed in all Accident and Emergency Departments, all Minor Injury Units, Mental Health Services, in patient services and GP out of hours services.

BSL using patients are able to download specific software to their own mobile phones to dial up an interpreter at a GP appointment. A protocol is in place to ensure that staff know how and when to use this service instead of a face to face interpreter. So far 23 patients have registered to use the service. This service continues to be promoted though social media and if we receive complaints about lack of face to face interpreting for a specific patient.

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

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

We have a range of resources to assist patients in getting the communication support they require and to understand how the health service works. Our easy read guide on using the health service (Pathways to Health), GP information cards and information on how to use an interpreter have been produced in multiple languages and continue to be widely used with over 2000 distributed. A Human Rights leaflet, produced in conjunction with a patient group, has also been requested in alternative languages and distributed widely.

Extensive engagement work has ensured that these resources reach their target group. Forty one workshops have been facilitated in the last year, covering 10 different community organisations and under 700 people. Staff resources have also been disseminated at various training sessions, including an interpreting service awareness raising session attended by over 200 staff members.

**Measure: Improved patient satisfaction.**

Over the year a number of targeted engagement events have been delivered in partnership with 9 different third sector organisations who work with BME communities including Asylum Seekers and Refugees. This included; the Govanhill Regeneration Agency, three

integration networks, East Glasgow Regeneration Network, Al Meezan House, the Red Cross, Kingsway Court Community Centre, Hindu Mandir and Scottish Akta women's group

As above just under 700 community members attended across 41 information workshops looking at How to Access the NHS and provided feedback on the issues which were of concern. Group members spoke up to 20 different languages. Some of the participants in these groups developed Human Rights Tip Cards in English, Arabic, Farsi, Polish, Urdu, Mandarin and Romanian.

Common issues raised in the workshops focussed on lack of awareness of how the NHS works, gender sensitivity, that staff attitude can be poor with patient who do not speak English, self referral, opt in and cancelations are difficult when the patient cannot speak English to make a phone call. The majority of the patients who took part in the workshops were not aware of the minor injury units

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

##### **Measure: Improved patient satisfaction**

NHSGGC has historically supported a stand at Pride Glasgow and engaged with trans people over the weekend to better understand trends in service satisfaction. Unfortunately Pride Glasgow was cancelled in 2019 meaning this opportunity was no longer available. However, a parallel activity to engage with LGBT+ people specifically on health and wellbeing issues in NHSGGC and NHS Lothian has been completed. As part of this work, agreement has been confirmed with participants to create a 'tracker' group of LGBT+ people who will provide year on year feedback on service experience including experience of discrimination and prejudice.

##### **Measure: Numbers of staff trained on gender reassignment issues**

There is a gender reassignment section in the statutory and mandatory e-learning module meaning that more than 36,000 members of staff have accessed information on gender reassignment.

**Equality Outcome 5: Disabled young people receive support and information to enable them to successfully transition to Acute adult services from Acute children's' services**

**Measure: Patient and carer satisfaction**

NHSGGC Transitions Guidance has been developed and is being used to inform changes required of medical specialities to improve young people's transition into adult services. Specialist knowledge from third sector organisations supporting young people and their carers is incorporated into the guidance.

**Equality Outcome 6: People whose health is affected by their social circumstances as a result of inequality have their needs identified and addressed through routine sensitive enquiry as part of person centred care.**

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

**Gender Based Violence (GBV)**

See Mainstreaming section 2.4

**Money worries**

See Mainstreaming section 2.4

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

See Mainstreaming section 2.4, **c) Health Visiting (HV) Services** and throughout the report.

**Measure: Staff undertaking hate crime training**

The statutory and mandatory Equality and Human Rights e-learning module incorporates a section on understanding and responding to hate crime (including making 3<sup>rd</sup> party online reports). This means that more than 36,000 members of staff have accessed information on hate crime. In addition, face to face sessions have targeted key staff group including senior mental health staff with approximately 60 attendees.

**Measure: Staff deliver healthcare which meets the needs and understands the experience of Black / Minority Ethnic**

**communities.**

During 2019 – 2020 (to February 2020) NHSGGC produced **245** resources in other languages or formats to meet the needs of our patients. This compares to 408 in 2019-20. These translations include clinical reports, treatment instructions for patients, consent forms, public health information, and speech language therapy report for parents of children who do not speak English and NHSGGC clinical information required for patient care.

**Equality Outcome 7: Patients who require augmented support in Acute care as a result of their protected characteristics are linked to appropriate voluntary sector support**

The Equality and Human Rights Team and the Support and Information Centres have engaged with the voluntary sector throughout the year to support patient's with specific needs, disseminate information and engage with patients to rescue barriers to their care.

Information on this can be found throughout the report.

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

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

This work is completed.

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

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

See Mainstreaming section 2.5

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

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

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

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

**Measure: Ensure young disabled people access NHSGGC modern apprenticeships.**

We continue to take measures to encourage people to apply to work for NHSGGC including advertising in Enable magazine.

This statement is included in all adverts;

'As an employer who actively supports disabled people, NHS Scotland is committed to providing a fully inclusive and accessible recruitment process. If you have a disability, please indicate, what adjustments you would need to allow you attend the interview in as much detail as possible, to allow arrangements to be put in place. NHS Scotland will endeavour to comply, and will always discuss any difficulties they have meeting your requirements with you.'

We have recruited a disabled graduate from the GCIL Equality Academy to work in the Equality and Human Rights Team and a fixed term two year post.

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

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

The statutory / mandatory e learning module captures sexual orientation which 36,000 (91%) of staff completed. One hundred and

fifteen staff also completed the stand alone module on sexual orientation. In addition to this, NHSGGC distributed 10,000 rainbow lanyards to members of staff accompanied by a fact sheet outlining the discrimination faced by LGBT people. This was supported by several articles in our staff newsletter.

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

NHSGGC has historically supported a stand at Pride Glasgow and engaged with LGB people over the weekend to better understand trends in service satisfaction. Unfortunately Pride Glasgow was cancelled in 2019 meaning this opportunity was no longer available.

However, a parallel activity to engage with LGBT+ people specifically on health and wellbeing issues in NHS Greater Glasgow and Clyde and NHS Lothian has been completed.

As part of this work, agreement has been confirmed with participants to create a 'tracker' group of LGBT+ people who will provide year on year feedback on service experience including experience of discrimination and prejudice.

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

**Measure: Feedback from Human Library events and unconscious bias events.**

NHSGGC undertook a series of interactive sessions exploring unconscious bias and societal and institutional discrimination. Session content was planned in partnership with the Coalition of Racial Equality and Rights and delivered to more than 500 members of staff. Following a presentation to the NHSGGC Board and other strategic senior leadership groups, a commitment was given to support the roll out of unconscious bias learning across the organisation. A targeted approach to delivery will be undertaken across the life of the 2020-2024 organisational equality outcomes with ongoing evaluation and feedback in terms of practice change and impact for service users.

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

Our third Fairer NHSGGC Staff Survey was completed at the end of 2019.

The survey found that the vast majority of NHSGGC staff – almost 90% - agreed that we can improve patient health care when we have a better understanding of the discrimination faced by our population.

There is clearly a huge range of work being undertaken to support patients with additional needs. This includes a significant increase in staff using BSL interpreters (91% - an increase of 38% from the 2016 survey) and telephone interpreting (53% - 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 by 14% since 2016. The survey also revealed that over 80% of our LGBT+ staff are out in the workplace – an increase of 22%.