



A Fairer NHSGGC Staff Survey 2019

Summary of Results and Recommendations

The third Fairer NHS Staff Survey was carried out in November 2019 to monitor NHSGGC's progress on -

- staff attitudes to and knowledge of inequalities
- progress in implementing key actions to tackle inequality
- patient and staff experience of discrimination.

Summary of key points:

- Almost 89% of staff agree that NHS Greater Glasgow & Clyde can improve health care to patients when staff have a better understanding of the discrimination faced by people in Glasgow and Clyde
- 59.5% agree that NHS Greater Glasgow & Clyde has got better at recognising and responding to the health effects of discrimination on patients over the last 3 years
- Almost 60% agree that NHSGGC should be using its resources to reduce health gap
- Over 66% of staff believe that the health gap is the result of injustice in our society
- The number of staff using telephone interpreting has doubled to 53%
- 91% of staff are booking a BSL interpreter for every clinical appointment
- Staff have taken a wide range of actions to support people with learning disability, physical impairments and mental health issues, gender based violence, poverty and other forms of marginalisation.
- More than 78% of staff who considered themselves disabled said their manager knew – an increase of 14%
- Approximately 80% of LGBT+ staff are out in the workplace – a rise of 22%

These results have informed the mainstreaming and equality outcomes for the next 4 years, published in A Fairer NHSGGC 2020-24.

Introduction

The involvement and commitment of the NHSGGC workforce has been crucial to the development of an inequalities sensitive health service. Staff surveys were carried out in 2013, 2016 and 2019 to monitor improvement in meeting the requirements of NHSGGC's duties under the Equality Act 2010

The surveys have sought to identify –

- staff attitudes to and knowledge of inequalities
- progress in implementing key actions to tackle inequality
- patient and staff experience of discrimination.

Comparing the findings from the previous survey has allowed us to assess changes in attitudes, actions and experiences that impact on our goal of providing an inequalities sensitive health service and identify priority areas for further action.

The 2019 survey used the same methodology as previous and was issued by email to all staff during November 2019. Early findings were used to inform the final monitoring report of the 2016-20 planning cycle.

An overview of the findings will be communicated to the NHSGGC workforce via internal mediums such as Staff News and the Equalities in Health website.

The survey form

The survey form consisted of 32 questions in 3 sections –

- Your views on inequality and its impact on our patients
- Practical action to tackle inequality
- About you

Respondents were asked about their job role, location and their protected characteristics. There was an opportunity for respondents to submit free text to provide examples of action they had taken in response to the needs of specific groups and examples of discrimination they had witnessed or experienced within their working environment.

Respondents were also invited to submit any other general comments at the end of the survey. The survey was anonymous.

Analysis of the data has been carried out by the Public Health Department. 1375 free text comments were submitted by respondents and these will be analysed separately as they provide a rich source of information on equality issues in NHSGGC.

Survey Response

2283 members of staff responded to the survey. This was a decrease of 28% from the 2016 survey. One possible reason for this was the proximity of the Staff Health Survey. 73% of the responses were from acute, corporate and public health and 27% were from HSCPs.

Findings

Figures have been rounded up or down to the nearest percentage point.

Staff views on inequality and discrimination

The aim of the first section of the survey was to determine whether or not staff support the position and approach taken by NHSGGC to tackle inequalities. NHSGGC's approach is to tackle discrimination, to close the health gap by improving understanding of differential health outcomes between groups in the population and to meet the needs of marginalised groups who face discrimination e.g. homeless people, prisoners and people involved in prostitution.

Staff views are summarised as follows:

89% of respondents in the survey either strongly agree or agree that NHSGGC can improve health care when staff have better understanding of discrimination. This is an increase of 3% on those who expressed this view in 2016. This figure suggests a continued strength of support from staff for NHSGGC's work on tackling discrimination

76% of respondents agreed that NHSGGC should be using its resources to narrow the health gap, an increase of 4% since 2016.

The number of staff who are of the view that the causes of variations in health are structural and the result of injustice in society rather than as the result of personal failure or bad luck rose 11% to 66% of the workforce.

The number of staff who thought that NHSGGC has got better at recognising the health effects of discrimination on patients rose slightly to 60%.

Practical Action by Staff to Tackle Inequality

It is clear from both the qualitative and quantitative responses to the survey that staff are involved in a huge range of activities and innovative ways of working to support patients from vulnerable groups. This information will be used to inform equalities activities, identify gaps and direct future plans.

Poverty

Around half of respondents have been involved in action to tackle poverty in their work, with an increase in the number of staff referring their patients to money advice services (36%).

Patients for whom English is not their first language

The survey asked staff about what action they had taken or might take to meet the needs of patients who face communication barriers when accessing services.

There was a slight decrease in the number of staff who would book a spoken language interpreter for every clinical encounter if they had a patient who doesn't have English as a first language: 86% of staff who deal directly with patients.

However, the use of telephone interpreting for this staff group more than doubled to 53%.

Deaf patients

91% of staff who deal directly with patients reported that they would book a British Sign Language interpreter for every clinical encounter for someone who is Deaf – a rise of 38% from 2016.

Hearing Impaired

There was no change in the numbers regarding knowledge of loop systems and how to use them. Only 13% of staff reported that they a loop system in their workplace and knew how to use it.

Learning disabilities

Of the respondents who reported they worked directly with patients, 89% stated that they had taken actions to support people with learning disabilities to access their service.

78% stated that they worked with the patient's advocate or support worker, a rise of 5% from 2016.

Physical disabilities and mental health

89% of staff working directly with patients reported that they had taken action to support people with physical disabilities or mental health issues.

Of these, there was a significant increase (9%) in the number of staff who had improved physical access for patients (32%)

Inquiring about life circumstances

Inequalities Sensitive Practice (ISP), enquiring about life circumstances, is a key part of NHSGGC's approach to tackling inequality. ISP recognises the significant interaction between experiences of inequality and medical presentations.

Over half of all staff who work directly with patients stated that they always or sometimes ask their patients about gender-based violence, reflecting an increase 4%.

Staff views of impact of work to tackle inequalities

The Public Sector Equality Duty requires organisations to tackle discrimination faced by people with protected characteristics. Staff were asked where NHSGGC had done well in removing prejudice and discrimination for each protected characteristic.

The top three areas where staff felt we should be doing more remained the same as the 2016 survey - for people experiencing poverty (57%), older people (49%) and disabled people (48%).

The people for whom staff felt NHSGGC was doing best were in terms of removing prejudice and discrimination in our services were women, black and minority ethnic people and the LGBT+ community (all approx 42%)

Developing specific responses to patients from other marginalised groups

55% of respondents who worked directly with patients from marginalised groups stated that they had taken action to support people within their service, up 6% from the previous survey. Of this group, staff were most likely to have helped Asylum Seekers (70%) and homeless people (66%).

People were less likely to have helped Gypsy travellers (24%), Roma (25%) and people involved in prostitution (25%) - possibly as they would be less likely to have contact with these groups.

Protected characteristics of respondents

14% of staff considered themselves disabled. Of these, 78% said their managers were aware of their condition – an increase of 14% from 2016.

85% of staff described themselves as heterosexual, 2% described themselves as gay, 1% as lesbian and 1% as bisexual. 1.5% preferred to self-describe. 8% preferred not to answer. 0.2% of the workforce identify as Trans.

Of those who described themselves as lesbian, gay or bi-sexual 80% stated that they were out in their workplace, an increase of 22%.

Personal experience of discrimination and prejudice in the working environment

Staff were asked whether they had either witnessed or personally experienced prejudice in their working environment in relation to staff or patients. Staff reported witnessing or experiencing prejudice in relation to all of the protected characteristics albeit to varying degrees.

The most common prejudice witnessed or experienced was against age (45%) followed by race (37%) and social class (34%). These are the same top 3 categories as reported in the 2016 survey.

Staff were also invited to provide comments on these experiences. 515 comments were received. The comments contained concrete examples of prejudicial attitudes, negative assumptions and discriminatory behaviours. These related mainly to staff attitudes to patients or colleagues (as opposed to patients attitudes/actions)

Practical action taken by staff to tackle prejudicial attitudes.

Staff were asked what action, if any, they would take if they overheard a patient or colleague saying something discriminatory (racist, homophobic etc).

The vast majority of staff would take action of some kind, either by challenging the person (66%) or reporting the person to their manager (27%).