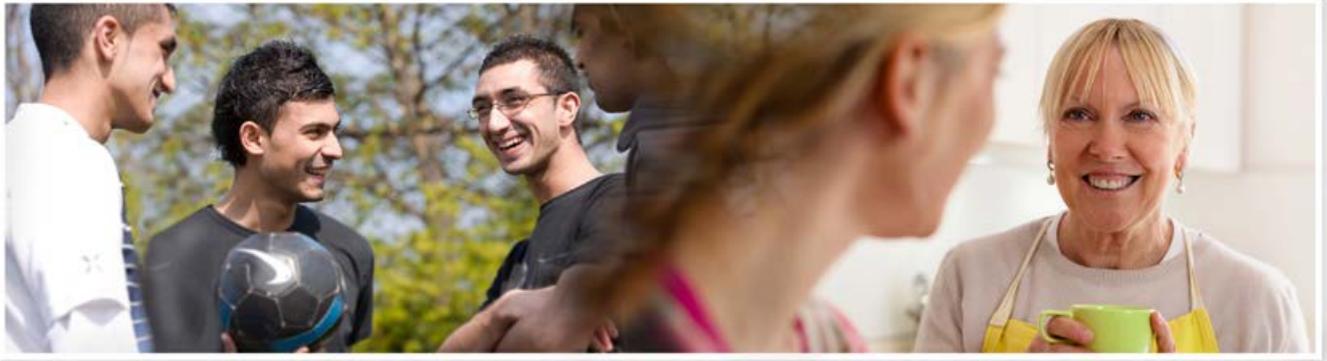




Meeting the Requirements of Equality Legislation

A Fairer NHS Greater Glasgow & Clyde

2016-2020



Contents

Chief Executive's Foreword	2
Mainstreaming Report	
Introduction	3
NHSGGC's progress on mainstreaming responsibilities	4
Planning and delivering fairer services	6
Leadership on tackling inequality	7
Listening to patients and taking their needs into account in improving services	8
Working towards fairer health outcomes and tackling the underlying causes of ill-health	10
Creating a diverse workforce, supporting staff to tackle inequalities and acting as a fair employer	13
Measuring performance and improving data collection	15
Resource allocation, fair financial decisions and procurement	16
Equality Outcomes	17
Appendix 1 References	32
Appendix 2 Glossary of Terms	34



Robert Calderwood,
Chief Executive of NHS Greater Glasgow and Clyde

Foreword

I'm very pleased to present NHS Greater Glasgow and Clyde's (NHSGGC) equality mainstreaming actions and outcomes for 2016-20. Our mainstreaming actions are the objectives we would like to achieve across all of our services. Our outcomes are where we want to make a difference for particular groups of patients.

This is our 3rd 'Fairer NHSGGC' report setting out our actions. Since the first report was published in 2009 we have taken huge steps forward in meeting the needs of people from equality groups who rely on and use our services. For example:

- We have the largest in-house interpreting service in the UK which provides communication support for 450 patients a day and we are committed to making continued improvements to provide the best possible service.
- In the last year alone, 13,597 NHSGGC staff received training on aspects of inequality - nearly a third of our workforce.
- We have engaged with hundreds of people from equality groups to understand better what action we should be taking to improve access to our services.
- We have helped access £20 million for patients through referral to money advice services and assistance with debt worries.
- Since 2010 we have carried out 360 Equality Impact Assessments to ensure that we are planning services to meet the needs of all of our patients.

This work demonstrates our commitment to providing the highest quality services which are transparently fair and equitable for everyone.

The Equality and Human Rights Commission in Scotland recently published a national Equality and Human Rights Report Card. It concluded that there was "good progress, work still to do." This sums up our approach in NHSGGC and this report reflects the actions we plan to take in the next 4 years so that we can continue to make improvements.

Equality issues affect every one of us - both personally and in how we deliver all of our hospital and community services. I want to take this opportunity to thank all of our staff, partners and volunteers for their achievements and commitment to this important work and I am confident that we will be able to continue to make NHSGGC fairer in everything that we do.

Mainstreaming Report



Introduction

Over the last 7 years, NHSGGC has demonstrated our commitment to addressing discrimination and delivering services that are fair and equitable for all. We have met our responsibilities as required by the Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012. Details of the wide range of work undertaken across all services can be found on our website www.equality.scot.nhs.uk

In this section you will find the mainstreaming actions we are intending to take over the next 4 years to ensure that we are tackling inequality across all of NHSGGC's core functions. As our work develops, this activity to tackle inequality will become embedded into NHSGGC's day to day work. The outcomes in this report (see Section on Equality Outcomes) are the areas where we want to make improvements for specific groups of patients.



NHSGGC's progress on mainstreaming responsibilities

All public authorities in Scotland, including Health Boards, must comply with the public sector equality duty set out in the Equality Act 2010.

This means that all public authorities, as part of their day to day business, must show how they will:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between groups of people with different 'protected characteristics';
- Foster good relations between these different groups.

The protected characteristics referred to, as listed in the Equality Act are; age, marriage and civil partnership, disability, religion and belief, gender reassignment, pregnancy and maternity, race, sex and sexual orientation. We are all likely to have more than one protected characteristic which make up our individual identities. Many people with protected characteristics experience poverty and other forms of social inequality such as homelessness or isolation. Therefore we have reflected this in our engagement and actions for 2016-20.

The purpose of this section of the document is to describe how we are mainstreaming this work, i.e. integrating this activity into our core functions. These core functions are:

- Planning and delivering fairer services;
- Leadership on tackling inequality;
- Listening to patients and taking their needs into account in improving services;
- Working towards fairer health outcomes and tackling the underlying causes of differential health outcomes;
- Creating a diverse workforce, supporting staff to tackle inequalities and acting as a fair employer;
- Measuring performance and improving data collection;
- Resource allocation, fair financial decision making and procurement.

In the process of developing our equality outcomes for 2016 – 20, we have used a range of evidence and patient engagement to assess our priorities. As a consequence, we have now mainstreamed some of the areas of work relating to the outcomes from 2013 – 16. These are now embedded into our core functions and are as follows:

- Clear to All accessible information policy and interpreting service;
- Gender reassignment protocol;
- Removal of unjustified age cut offs in service provision;
- Homelessness service;
- Prison Health service;
- Asylum seekers and refugees service;
- Inequalities sensitive practice / Person centred care;
- Hate Crime work.

Progress against these outcomes can be found in NHSGGC monitoring reports available at www.equality.scot.nhs.uk.

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



Planning and delivering fairer services

Where NHSGGC issues new policies or makes changes to the way services are delivered that might impact on patient care, we conduct an equality impact assessment (EQIA). This identifies any associated risks to groups of service users and takes appropriate mitigating action. NHSGGC's EQIA approach is now delivered through an online system. This package includes training for lead reviewers and quality assurance and will continue to be available to HSCPs.

Planning activities have been informed by engagement with equality groups. i.e. groups of people with protected characteristics. For example:

- Engagement with older people and those with impairments as part of the Clinical Services Review;
- Engagement with British Sign Language users on their use of mental health services;
- Shaping our response to female genital mutilation by engaging with women who have been affected or who are potentially affected.

The Acute Health Improvement and Inequalities Group will oversee the delivery of the mainstreaming actions with support from the Corporate Inequalities Team, Human Resources, Public Health, specific equality leads and other managers and staff as required.

Future action

- We will equality impact assess future changes to acute services to ensure they meet the needs of equality groups and plan services to meet these needs.



Leadership on tackling inequality

The Chief Executive is ultimately accountable for ensuring equality legislation is upheld and services are designed and delivered in a way that meets the general and specific duties. This responsibility is delegated to the Director of Corporate Planning and Policy who is the lead director for equalities with support from the Director of Human Resources and Organisational Development.

The NHSGGC Board approves the equality outcomes and associated monitoring reports. There are specific governance routes within acute services through the Acute Health Improvement and Inequalities Group.

Implementation of the equality outcomes is supported by the Corporate Inequalities Team (CIT), the Equality and Diversity lead within the Human Resources Directorate and a range of leads for specific actions, for example Clear to All Leads (accessible patient information), Gender Based Violence Leads and EQIA Lead Reviewers. Support is also offered to the Integrated Joint Boards where we have shared patient pathways and integrated services.

Future action

- NHSGGC will continue to report our progress against the Equality Act 2010 and produce new outcomes in 2021.

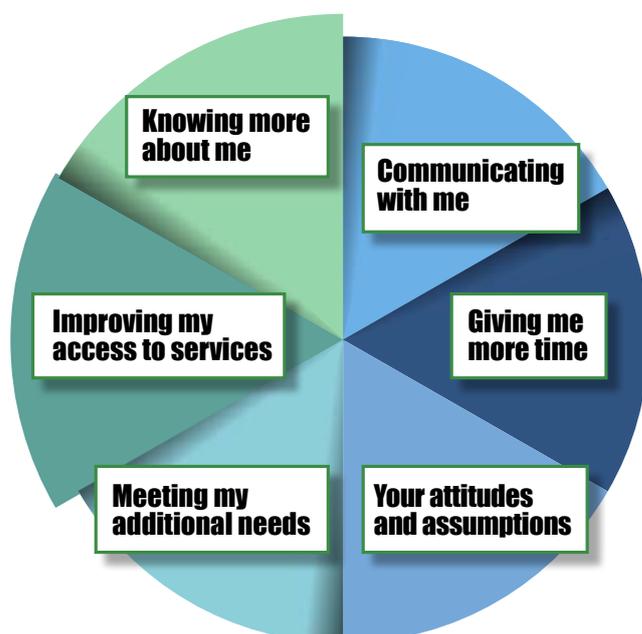


Listening to patients and taking their needs into account in improving services

NHSGGC has embedded listening to our patients into the delivery of our services. There are a wide range of engagement structures including Patient Partnership Fora, Managed Clinical Networks, Patients Panels and a Mental Health Network.

Since 2010 we have engaged with over 400 patients specifically relating to NHSGGC's equality outcomes. Additionally, we have regularly met with specific groups of people with protected characteristics to consult, engage and take action to reduce their experience of discrimination in our services. These include two patient Health Reference Groups, our Human Library volunteers, the British Sign Language (BSL) champions, our Asylum Seeker peer educators, our Roma peer educators, patients with Learning Disabilities and our Better Access To Health (BATH) Group. The BATH group is made up of disabled patients who advise on the adjustments required in our buildings to ensure that they are accessible. We have also spoken to hundreds of our patients at area-wide events such as the Mela and Pride festivals over the last three years. We have developed innovative methods of patient engagement including Conversation Cafes, the Human Library and a British Sign Language mediator to gather feedback from Deaf BSL users.

Key themes from engagement with people from equality groups



The Jeannie Brown Group was set up in 2013 to provide an advisory forum and expertise to support the Person-Centred Health and Care Collaborative. The group considers the Patient Rights Act, the Equality Act and Participation Standards in relation to integrating patient involvement into person-centred health and care.

A programme of meetings with voluntary organisations is in place to identify potential barriers for patients and gather patient stories and views.

Future actions

- Develop innovative ways to engage with equality groups in partnership with the voluntary sector organisations who support them.
- Use staff and patient feedback to ensure that we address concerns around the provision of BSL interpreters.
- Include the BATH Group in assessing action plans for new buildings and existing estate improvements.
- Promote opportunities for voluntary organisations to feed back directly to services on the experiences of those with a shared protected characteristic.



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

Inequalities Sensitive Practice (ISP) 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 inequalities. ISP will continue to be embedded into all of our service provision, putting patients at the centre of our patient / clinician interactions. Person-centred care forms part of ISP and work in these areas can improve outcomes for patients.

Access to fair and equitable NHSGGC services is dependent on a number of factors. These include communication support needs, physical access needs and an understanding of how NHSGGC services operate. It also depends on the complexity of the health problems experienced by equality groups and people experiencing poverty. NHSGGC has a range of policies and activities to help provide services that are effective, equitable and continuously improving to meet the changing demands of our patients. These include:

- Clear to All Policy for accessible information;
- Interpreting and Communication Support Policy (and in-house interpreting services);
- Assistance Dog Policy;
- Faith and Belief Manual;
- Signage Policy;
- Good Practice Guidelines on Sensory Impairment;
- Transgender Policy ;
- Augmentative and Alternative Communication (AAC) Partnership;
- Care Assurance and Accreditation System;
- Person Centred Care team.

NHSGGC aims to improve health outcomes for patients from equality groups through data collection and equality monitoring as well as inequalities sensitive practice.

Understanding the experiences of different groups helps service planning to improve health outcomes. Data collection and equality monitoring enables us to inform service development and improvement and take action where differences exist between groups. We will continue to improve our data collection through a review of electronic recording systems.

Work has been underway since 2013 to use our data referral systems to alert staff in acute services to the additional support needs of patients coming into hospital or attending out-patient appointments. This work will be developed to include a question in hospital referrals to ask if the “Patient needs staff assistance” with a corresponding drop down list -

- Deafblind
- Hard of hearing
- Learning disability
- Speech impairment
- Severe mental health problem
- Visual impairment
- Dementia
- Requires bariatric equipment
- Other (e.g. addictions, poverty, severe mental health issues)

We will assess the impact of this development on day to day practice to ensure staff are equipped to meet patients’ access needs.

NHSGGC has a wide range of work to tackle the determinants of health, and this is described in the Director of Public Health Report, which is available on the NHSGGC website www.nhsggc.org.uk The report highlights our commitment to address health inequalities faced by groups such as prisoners, those living in poverty and older people. This work is necessarily driven through partnership working with agencies other than the NHS. This includes education, housing, transport and other public services which impact on the underlying causes of poor health.

The experience of discrimination in itself can lead to poorer health, which is why addressing health inequalities is a core function of NHSGGC and is reflected in our strategic priorities.

Welfare reform is having a significant impact on many equality groups, particularly disabled people, lone parents (who are mostly women), people experiencing homelessness and young men. This leads to increased poverty, food and fuel poverty and, for some people, destitution as a result of benefit sanctions. NHSGGC will continue to take action to mitigate poverty by referring patients for financial inclusion support.

Future actions

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



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

NHSGGC has 38,000 staff and delivering the equality agenda is everyone's responsibility. We help our staff to deliver on our commitments to the Equality Act through support and training. This includes our Facing the Future Together (FTFT) initiative, which is designed to look at how staff support each other to do their jobs and provide the best service possible for patients.

Since 2012, more than 250 members of staff have been trained to conduct formal Equality Impact Assessments. In addition to this, a further 302 members of staff have attended Equality Act 2010 training. We offer a wide range of learning opportunities for staff to understand the equality agenda and challenge views and practices in a learning environment.

Employee data is regularly published and reported on at two major committees within the Health Board; the Staff Governance Committee and the Area Partnership Forum. The workforce data is published on the staff intranet (StaffNet) and on the Equalities in Health website. Equality data is presented to the Staff Governance Committee using the 'Smart Metrics' approach which focuses on identifying areas for improvement. NHSGGC's approach has been highlighted as good practice by the Equalities and Human Rights Commission.

We will continue to build on the work we have done to increase the diversity of our workforce and particularly support disabled staff through our Staff Disability Forum.

The 'Fairer NHSGGC' staff survey is completed every 3 years and is reported fully in our Fairer NHSGGC Monitoring Reports. The survey was circulated in January 2016 and was completed by 3161 staff - 400 more than in 2013.

86% of respondents either strongly agreed or agreed that NHSGGC could improve its health care if staff had a better understanding of discrimination. This means that a significant majority of this group of NHSGGC staff recognise the link between discrimination and health. This compares to 64% in the last survey.

58% of staff think that NHSGGC has become better at recognising and responding to the health effects of discrimination on patients (compared to 42% in 2013).

The groups where people feel more needs to be done are as follows (older people were at the top in 2013):

- People in poverty 53%
- Older people 52%
- Disabled people 46%
- People who have reassigned their gender 31%
- Religion and Belief 27%
- Black and Minority Ethnic communities 26%

Staff views have been used to inform the equality outcomes for 2016-20 and will be analysed in detail to inform future campaigns and key messages.

Future Actions

- 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.
- Develop future staff fora on other protected characteristics where a need is identified.
- Produce and distribute a Transitioning in the Workplace Guide on how to support staff reassigning their gender.



Measuring performance and improving data collection

In October 2015, an 'Equality Counts' report was presented to the NHSGGC Board on using data to understand and tackle inequality.

Collecting data is one way to help us raise awareness of the diverse nature of our population with staff and to enable us to know when and where we are impacting on differential health outcomes.

It has been challenging to find measures that will enable us to assess whether we are closing the health gaps between groups even though we routinely collect data on sex, age and socio-economic status. This is further compounded by a lack of disaggregated data in many NHS data collection systems on other protected characteristics covered by the Equality Act 2010 (disability, ethnicity, religion and belief and sexual orientation). However, the report was able to present some areas where we have made progress in performance monitoring, screening data and using referral information to prepare for people's additional support requirements when attending hospital e.g. interpreters, guides or equipment. The Board agreed improvement measures which will form our future actions for 2016-20.

Future actions

- Ensure that new data systems or migrated data systems will always include fields to collect equality data and undertake an improvement programme to update existing data systems.
- 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.
- Put in place data collection and performance measures to track progress on the mainstreaming and equality outcomes for the Board for 2016-20.
- Follow up actions to target differentials in screening uptake and health outcomes to ensure action has taken place.
- Seek to influence national systems to include equalities data.



Resource allocation, fair financial decisions and procurement

NHSGGC has a process in place to assess any risks in relation to the equality impact of costs savings. A Rapid Impact Assessment Tool is used to support a quick and effective risk assessment of proposed cost saving areas with regard to equality groups. This does not replace the need for all service redesigns to be EQIA'd but is an additional process to equality proof all cost savings.

NHSGGC is required to ensure that the procurement of goods and services is not discriminatory. In order to achieve this, our procurement process includes equalities assessment in the tendering process. NHSGGC aims to promote fair employment practices through our procurement process to bring about wider social benefits in the communities we serve.

Future actions

- Continue to refine the process of rapid impact assessments in our commitment to making fair financial decisions.
- Explore wider social benefits through our procurement processes.

Equality Outcomes



Introduction

NHSGGC's equality outcomes are based on evidence gathered since 2013 which highlights where we should aim to make a significant difference for patients. The evidence appearing here has been drawn from a wider report, NHSGGH Evidence Review 2013-2016 which is available on our website www.equality.scot.nhs.uk Governance for the delivery and monitoring of the outcomes is through the Acute Health Improvement and Inequalities Group who will link with Strategic Management Groups and relevant people across acute services and other directorates. Governance for outcomes which relate to staff is through the Workforce Equality Group. Support and expertise will be provided by the Corporate Inequalities Team.

General Duty:

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

Equality Outcome 1.

- Disabled people and people experiencing poverty can access NHSGGC services without barriers and in ways that meet their needs.

Protected characteristics covered: All

Evidence:**Disability Access**

The health of disabled people is detrimentally affected by poor physical access to health services (1.). Unmet need in 20% of disabled people was due to difficulty accessing health service buildings. Recent engagement with disabled people in NHSGGC has shown that we still have barriers to acute service such as: doors that are too heavy to get through in a wheelchair; signs that are difficult to read; poor way-finding for visually impaired people; lack of dropped pavements and safe crossing points for those with mobility issues and visual impairments; insufficient accessible parking spaces and drop off points not kept free for disabled people and frail people to use (2.). While many of these issues are resolved on a case by case basis we would like to continue an emphasis on physical access, particularly as our population ages.

Learning Disability

The quality of health and social care given to those with a learning disability is shown to be deficient in meeting their needs (3.). Many health professionals are not aware of the specific needs of those with learning disabilities or are unable to adapt their practice to suit the needs of this group of patients. 37% of deaths were found to be avoidable for people with a learning disability as compared to 11% in the general population (4.). Improving access to mainstream services for people with a learning disability is a priority for NHSGGC.

Poverty

Early prevention is more likely to reduce health inequalities than either treatment of illness or measures to change behaviours delivered to individuals. A review of 10 years of evidence produced by Glasgow Centre for Population Health identified poverty as the main issue in relation to Glasgow's poorer health and proposed that tackling poverty and reducing income inequalities be at the core of all policies and practices (5.). Low pay is also affecting many families living in poverty, combined with rising food costs and benefit sanctions. NHSGGC has helped access over £20 million for patients through financial inclusion activity such as the Healthier Wealthier Children project, showing the effectiveness of health service approaches.

Multiple Protected Characteristics

An individualised care approach that recognises all aspects of people's identity - such as race, religion and sexual orientation - as well as their disability or socioeconomic status is essential to encourage early help-seeking among different population groups (6.). Work to ensure people's additional needs are known before they attend a hospital appointment can reduce barriers to health care.

Activity:

- Improve the physical accessibility of our buildings through a planned approach to auditing new buildings and our existing estate.
- Support eligible patients to access expenses to attend appointments and link to money advice services where appropriate.
- Increase our understanding of financial barriers to services through engagement work and seek to remove those barriers.
- Consider patients' access support needs and prepare for when they are admitted to hospital and out-patient clinics.

Measures:

- 3 DDA audits per year carried out in priority areas.
- Disabled people involved in audit process.
- Numbers of people with protected characteristics who use Cashier's Office and make enquiries at Support and Information Services and an increase in appropriate claims by all people with protected characteristics.
- Numbers of patients engaged on access issues.
- Increased money advice referrals.
- Increased recording of patients' access support needs.
- Patient feedback on access support needs being met.

Lead area: Facilities Directorate, Acute Service (Sectors / Directorates), Health and Information Technology (Medical Records), Public Health.

<p>General Duty:</p> <p>Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.</p>
<p>Equality Outcome 2.</p> <ul style="list-style-type: none"> • People who require communication support in British Sign Language (BSL) receive it.
<p>Protected characteristics covered: Disability</p>
<p>Evidence:</p> <p>Research on the NHS within Scotland (7.) shows that Deaf peoples' access to the NHS is affected by the provision of British Sign Language interpreters. Feedback from Deaf people highlighted the following areas of concern: management of communications support and the process of booking interpreters in hospitals; confidentiality, as the Deaf community is small and close-knit; choice of interpreter, including the sex of interpreters; appropriateness of online interpreting in some situations. This research is corroborated by our own engagement with Deaf patients. (See 6)</p>
<p>Activity:</p> <ul style="list-style-type: none"> • Ensure all staff always book a BSL interpreter as part of an agreed communication plan for in-patients and at out-patient appointments. • Deliver an online British Sign Language interpreting service to augment face to face BSL interpreting. • Scope innovative ways to deliver a note-taking service to support patients with hearing loss in appointments.
<p>Measures:</p> <ul style="list-style-type: none"> • Numbers of staff trained in using the BSL interpreting service and a year on year increase in BSL supported appointments. • Number of complaints from BSL users. • Patient feedback on their communication needs being met.
<p>Lead area: Acute Service (Acute Sectors / Directorates), Public Health.</p>

<p>General Duty:</p> <p>Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.</p>
<p>Equality Outcome 3.</p> <ul style="list-style-type: none"> • People who have migrated to our area, asylum seekers and refugees, know how to access acute services.
<p>Protected characteristics covered: Race</p>
<p>Evidence:</p> <p>Knowledge of the healthcare system in Scotland is a prerequisite for accessing appropriate care (8.). There are gaps in the knowledge of migrant, refugees and particularly asylum seekers accessing out-of-hours and emergency care, mental health services and support for gender based violence (9.).</p> <p>Our engagement with refugees and asylum seekers shows areas which can affect access to healthcare: lack of financial support (e.g. destitution); knowledge of our health care system; staff not being aware of people's rights to healthcare; and staff not booking interpreters (See 6).</p>
<p>Activity:</p> <ul style="list-style-type: none"> • Ensure migrant, asylum seeker and refugee populations have clear information on NHS GGC services and how to access them. • Ensure migrant, asylum seeker and refugee populations are aware of their right to an interpreter.
<p>Measures:</p> <ul style="list-style-type: none"> • Number of translated patient publications disseminated via services and voluntary sector organisations. • Improved patient satisfaction.
<p>Lead area: Acute Service (Acute Sectors / Directorates), Public Health.</p>

General Duty:

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

Equality Outcome 4.

- People who have reassigned their gender are not discriminated against in our services.

Protected characteristics covered: Gender reassignment

Evidence:

People who have reassigned their gender experience high levels of discrimination in society and this is reflected in their experience of the NHS (10.). In this study, for nearly 30% of respondents a healthcare professional had refused to discuss a gender reassignment-related health concern.

Activity:

- Ensure people who have reassigned their gender are addressed by their preferred name and letters are received with the appropriate pronoun.
- Targeted training for staff to support the implementation of the Transitioning in the Workplace Guide.

Measures:

- Improved patient satisfaction.
- Numbers of staff trained on gender reassignment issues.

Lead area: Acute Service (Sectors / Directorates), Health and Information Technology (Medical Records).

General Duty:

Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.

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.

Protected characteristics covered: Disability, age.

Evidence:

A review by the Care Quality Commission (11.) spoke to 180 young people, or parents of young people, between the ages of 14 and 25 with complex disabilities. It found that the transition process is variable and that previous good practice guidance had not always been implemented. Young people and families are often confused, and at times distressed, by the lack of information, support, and services available to meet their complex health needs. They were often caught up in arguments between children's and adult health services as to where care should come from.

Activity:

- Review transition pathway for young people with complex physical disabilities.
- Engage young people and carers in developing transition pathways.

Measures:

- Patient and carer satisfaction.

Lead area: Acute Service (Sectors / Directorates/ Planning), Public Health.

General Duty:

Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.

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.

Protected characteristics covered: All

Evidence:**General**

Health inequalities can be mitigated through equitable provision of services and programmes, sensitive to social context. "For example, treatment for a mental health problem stimulated or exacerbated by domestic abuse will be more effective if the abuse is dealt with, or instructions for treatment might not be followed if the service provider is unaware that the patient cannot read well or is not fully conversant with the English language. Services' contributions to reducing inequalities come through ensuring that social factors are addressed, and that equal access to services is available to all regardless of circumstances or ability to articulate or understand health issues. The focus is on improving health of individuals, but in a way that recognises the barriers to health related to social circumstances and takes action on them where possible" (12.).

Gender Based Violence (gbv)

Gender based violence significantly impacts on women's physical, psychological, sexual and reproductive health. Forty-two percent of women who have been physically and/or sexually abused by their partners have experienced injuries as a result of that violence (13.). Whilst it is mostly women and girls who are affected by gbv some men are also survivors of gbv.

Intimate partner violence and abuse can include physical assault and injury or unprotected sex and pregnancy or sexually transmitted infections. Health staff have a unique and crucial role in identifying and supporting all those affected by gbv (14.). National Institute for Health Research, School for Social Care Research (15.) highlighted high levels of gbv experienced by women with learning disabilities; Berg et al (16.) address issues relating to Female Genital Mutilation. (FGM)

Money Worries

There are worse end of life outcomes for people in more disadvantaged socioeconomic positions (17.). There is a differential impact of benefit changes on different groups, in particular lone parents (who are mostly women), disabled people and young people. People with learning disabilities are at greater risk of rent arrears due to payment of the housing element of Universal Credit directly to tenants. Disabled people who work up to 16 hours a week will have the 'disabled worker' element of Working Tax Credit withdrawn under Universal Credit (18.).

Black/ Minority Ethnic

Some of the key issues identified by Coalition for Equality and Rights (19.) through their Community Ambassadors Programme were as follows:

- The NHS should be more aware of different needs and experiences and how they impact on health;
- There are barriers to health services for Black / Minority Ethnic groups as a consequence of language, lack of knowledge of the health service, stigma around health conditions and lack of cultural sensitivity;
- Concerns about surcharges to some migrant populations.

Activity:

- Staff carry out routine sensitive enquiry on gender based violence and money worries.
- Identify and strengthen best practice on responding to gender based violence experienced by people with learning disabilities.
- Pathways for preventing and responding to FGM will be established and human trafficking guidance will be reviewed.
- Staff deliver healthcare which meets the needs and understands the experience of Black and Minority Ethnic Communities

Measures:

- Numbers of routine sensitive enquiry for gbv and money worries.
- Numbers of staff trained in priority areas on equalities sensitive conversations.
- Staff undertaking Hate Crime training.

Lead area: Acute Service (Sectors / Directorates), Public Health.

<p>General Duty:</p> <p>Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.</p>
<p>Equality Outcome 7.</p> <ul style="list-style-type: none"> • Patients who require augmented support in acute care as a result of their protected characteristics are linked to appropriate voluntary sector organisations.
<p>Protected characteristics covered: Disability</p>
<p>Evidence:</p> <p>Support and Information Services have identified people with unmet needs in our acute services where the voluntary sector can offer tailored support for example, disability, ethnicity, gender, addictions and financial issues. NES (20.) has suggested a number of recommendations to strengthen the links between NHS and the voluntary sector including: a formal strategic engagement process; a system wide accessible contacts database of the voluntary sector; partnership working and shadowing and continuation of existing and successful partnerships.</p>
<p>Activity:</p> <ul style="list-style-type: none"> • Audit and map voluntary sector involvement in our patient pathways, assess gaps and make recommendations to address deficits.
<p>Measures:</p> <ul style="list-style-type: none"> • Referrals for voluntary sector support.
<p>Lead area: Public Health, Acute Sector (Planning).</p>

<p>General Duty:</p> <p>Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.</p>
<p>Equality Outcome 8.</p> <ul style="list-style-type: none"> • Older people receive services based on their needs.
<p>Protected characteristics covered: Age</p>
<p>Evidence:</p> <p>There is evidence that some services have operated explicit age restrictions on accessing services which have little justifiable clinical basis. Age discrimination is more often covert and subtle and is implicit in a general lack of priority for older people's services. Discrimination is sometimes difficult to separate from other issues around gender, poverty, ethnicity and the way in which people with disabilities and long term illness are treated (21.). Older people have difficulty with travel to hospital due to mobility issues and poverty (22.). Evidence from primary care showed that although practices in more disadvantaged areas have younger populations, they also have higher levels of complex multi-morbidity occurring at a much younger age, demonstrating that services should be needs led rather than organised around biological age (23.).</p>
<p>Activity:</p> <ul style="list-style-type: none"> • Review impact of Frailty Assessment Tool in developing a needs-led service.
<p>Measures:</p> <ul style="list-style-type: none"> • Impact of Frailty Assessment Tool on people's health and care. • Increased patient satisfaction.
<p>Lead area: Acute Service (Sectors / Directorates), Public Health.</p>

<p>General Duty:</p> <p>Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.</p>
<p>Equality Outcome 9.</p> <ul style="list-style-type: none"> • Disabled staff receive appropriate reasonable adjustments and young disabled people are supported to access modern apprenticeships in NHSGGC
<p>Protected characteristics covered: Disability</p>
<p>Evidence:</p> <p>Previous NHS Scotland Staff Surveys have shown that disabled staff who have received support from their managers to do their job are among the happiest in the workforce. However, when they do not tell their manager they are the least content. NHSGGC is committed to improving the number of staff declaring a disability (24.).</p> <p>Less than 0.5% of all Modern Apprenticeship placements are taken by someone with a declared disability. Around 8% of the target population (16-24) is disabled (25.)</p>
<p>Activity:</p> <ul style="list-style-type: none"> • Deliver Double Tick Action Plan in consultation with Staff Disability Forum. • Produce and disseminate a manager’s guide to reasonable adjustments. • Ensure that young disabled people access NHSGGC modern apprenticeships. • Review recruitment practices to ensure fair access to employment opportunities by protected characteristic.
<p>Measures:</p> <ul style="list-style-type: none"> • Increase in staff declaring a disability. • Increase the number of young people with disabilities who are admitted to NHSGGC’s Modern Apprenticeship programme.
<p>Lead area: Human Resources.</p>

<p>General Duty:</p> <p>Fostering good relations between people who share a protected characteristic and those who do not.</p>
<p>Equality Outcome 10.</p> <ul style="list-style-type: none"> • Lesbian, Gay and Bisexual (LGB) patients and staff are not subject to discrimination, including assumptions of heterosexuality.
<p>Protected characteristics covered: Sexual Orientation</p>
<p>Evidence:</p> <p>Stonewall (26.) interviewed NHS staff and identified evidence of: bullying and discrimination in health and social care; failure to support LGBT patients; staff afraid to speak up and unequipped to challenge prejudice. Eliot et al (27.) reported that sexual minorities were two to three times more likely to report having a longstanding psychological or emotional problem than heterosexual counterparts. Sexual minorities were also more likely to report fair/poor health than the rest of the population.</p>
<p>Activity:</p> <ul style="list-style-type: none"> • Challenge assumptions of heterosexuality.
<p>Measures:</p> <ul style="list-style-type: none"> • Number of staff trained on sexual orientation issues in priority areas. • Improved patient and staff satisfaction in how the organisation includes Lesbian, Gay and Bi-sexual people.
<p>Lead area: Acute Service (Sectors / Directorates), Public Health.</p>

<p>General Duty:</p> <p>Fostering good relations between people who share a protected characteristic and those who do not.</p>
<p>Equality Outcome 11.</p> <ul style="list-style-type: none"> • Patients and staff have an increased understanding of discrimination and unconscious bias.
<p>Protected characteristics covered: All</p>
<p>Evidence:</p> <p>Evidence suggests that one-off activities make less impact on addressing and removing discrimination; better results come from sustained activities over a period of time. Some short-term projects may still be effective, however these should be part of a wider framework that emphasises long-term education and opportunities for long-term contact with the potential for cross-group friendships (28). Interventions should take place within a broader context of commitment to diversity in terms of institutional and cultural change. For example, organisations holding diversity training courses should also be addressing under-represented equality groups in senior positions within their workforce. Interventions which facilitate positive inter-group contact, or are based on principles of perspective or empathy, are considered to be effective.</p>
<p>Activity:</p> <ul style="list-style-type: none"> • Run events in public areas for patients and staff to understand other people’s experience of difference and how it impacts on their health.
<p>Measures:</p> <ul style="list-style-type: none"> • Feedback from events. • Feedback from staff and patients on perceived cultural change e.g. Fairer NHS Survey, patient engagement.
<p>Lead area: Human Resources, Acute Service (Sectors / Directorates), Public Health.</p>

Appendix 1



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Appendix 2



Glossary

Access	The extent to which people are able to receive the information, services or care they need and are not discouraged from seeking help (e.g. premises suitable for wheelchairs; information in Braille/ large print and other formats and languages; and the provision of culturally appropriate services).
Age	A person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds). Age may refer to actual or perceived age based on appearance or assumptions.
Asylum Seeker	This is a person who has submitted an application for protection under the Geneva Convention and is waiting for the claim to be decided by the Home Office.
BME	BME is an abbreviated term for Black/Minority Ethnic and is used to describe people from minority ethnic groups, particularly those who have suffered racism or are in the minority because of their skin colour and /or ethnicity.
Culture	Relates to a way of life. All societies have a culture, or common way of life, which includes: <ul style="list-style-type: none"> • Language - the spoken word and other communication methods • Customs - rites, rituals, religion and lifestyle • Shared system of values - beliefs and morals • Social norms - patterns of behaviour that are accepted as normal and right (these can include dress and diet).
Disability	A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Discrimination	Unfair treatment based on prejudice. In health and social care, discrimination may relate to a conscious decision to treat a person or group differently and to deny them access to relevant treatment or care.
Diversity	Appreciating diversity goes beyond the mere recognition that everyone is different; it is about valuing and celebrating difference and recognising that everyone through their unique mixture of skills, experience and talent has their own valuable contribution to make.
Equality Duty	Under equalities legislation public authorities have general duties and specific duties. These are things that have to be done by the authority in order to meet the requirements of the law.
Equal Opportunities	This is a term used for identifying ways of being disadvantaged either because of, for example, race, disability, gender, age, religion/belief or sexuality. 'Equal Opportunities' is an attempt to provide concrete ways to take action on the inequalities revealed by analysis of the differences and barriers that exist for people in the above groups.
Equalities	This is a short hand term for all work carried out by an organisation to promote equal opportunities and challenge discrimination, both in employment and in carrying out functions and delivering services.
Equality	Equality is about making sure people are treated fairly and given fair chances. Equality is not about treating everyone in the same way, but it recognises that their needs are met in different ways.
Ethnicity	A sense of cultural and historical identity based on belonging by birth to a distinctive cultural group.
Gender	Gender is the term used to describe key characteristics of male and female behaviour. Our gender is learned behaviour.
Gender Reassignment	The process of transitioning from one gender to another.
Hate Crime	Hate crimes are any crimes that are targeted at a person because of hostility or prejudice towards that person's: disability; race or ethnicity; religion or belief, sexual orientation or transgender identity.
Homophobia	An irrational fear of, aversion to, or discrimination against people who are lesbian, gay or bisexual.
Indirect Discrimination	Setting rules or conditions that apply to all, but which make it difficult for a group to comply with on the grounds of race, disability, gender, age, religion or belief, gender reassignment, pregnancy or maternity status, marriage or civil partnership status or sexual orientation.

Inequality	Refers to the experience of discrimination and oppression. It is concerned with differentials in terms of allocation of power, wealth, status, access to resources and equality of opportunity.
Interpreting	The conversion of one language into another, enabling communication between people who do not share a common language.
Marginalised Groups	Some marginalised groups are not generally covered by legislation but are discriminated against for a range of reasons which have a negative impact on their health. For example, homeless people, asylum gypsy travellers and prisoners have poorer health than the rest of the population. However, some gypsy travellers are covered by equality legislation as they are defined as an ethnic group.
Marriage and Civil Partnership	Employees who are in a civil partnership or marriage are protected by the law against discrimination. Whatever benefits married employees and their spouses are given, must also be given to employees who are in civil partnerships and to their civil partners.
Migrant	An inclusive term meaning someone who has migrated here from another country e.g. Polish people, Roma, South Asian populations, Chinese people.
Monitoring	The process of collecting and analysing information about people's gender, racial or ethnic origins, disability status, sexual orientation, religion or belief, age or post code to see whether all groups are fairly represented.
Multicultural	Of, or relating to many cultures; including people who have many different customs and beliefs. For example, Britain is increasingly a multicultural society.
Pregnancy & Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
Prejudice	Is a negative assumption or judgement about a person - or a group of people.
Protected Characteristics	People's identity which are protected by the Equality Act 2010 from behaviour such as discrimination, harassment and victimisation. The protected characteristics are: Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion and belief, Sex, and Sexual orientation.
Race	Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
Refugee	A refugee is someone who has had their claim for asylum accepted.

Religion	The term religion - sometimes used interchangeably with faith or belief system - is commonly defined as belief concerning the supernatural, sacred, or divine, and the moral codes, practices and institutions associated with such belief.
Sex	A man or a woman.
Sexism	A prejudice based on a person's sex in which one sex is seen as inferior. Also may be used to describe discrimination on grounds of gender.
Sexual Orientation	Sexual orientation is defined as: <ul style="list-style-type: none"> - An orientation towards persons of the same sex (lesbians and gay men) - An orientation towards persons of the opposite sex (heterosexual) - An orientation towards persons of the same sex and opposite sex (bisexual)
Social Class	Social Class refers to the hierarchical arrangements of people in society based on occupation, wealth and income. Higher social classes have more power and status. In Britain class is also determined by values and behaviours such as accent, education and family background rather than purely money. The difference in status between social classes leads to inequalities of resources, including income, education, work, housing and health.
Transgender	A person who identifies with a gender other than their biological one.

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This publication is available in large print, Braille and easy to read versions, on audio-CD, or any other format you require.

Please contact the Corporate Inequalities Team on 0141 201 4560 or email CITAdminTeam@ggc.scot.nhs.uk

The Equality Scheme is available in hard copy, as a fully accessible document on the website and in a range of other formats to allow everyone to understand the steps taken by the organisation to promote equality and remove discrimination.

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Arabic

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