

Meeting the Requirements of Equality Legislation 2020-2024

A Fairer NHS Greater Glasgow & Clyde

Easy Read version



Foreword

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

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

- Better Care
- Better Health
- Better Workplace
- Better Value

These mainstreaming actions aim to benefit all our staff and patient groups and will include:

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

The report also highlights a range of specific equality outcomes. This is where we have identified a need for action which will make a positive difference for a particular group of patients. These outcomes are based on evidence gathered from extensive research, policy and, of course, engagement with patients and staff.

Over 1000 people from across a range of communities were involved in discussions which will inform our actions over the next 4 years.

Those involved included representatives from the Black & Minority Ethnic community, the Lesbian, Gay, Bi and Trans community and religious groups, as well as people with learning disabilities, older people, people on a low income and pregnant women.

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

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



Jane Grant Chief Executive
NHS Greater Glasgow & Clyde

In this document you will see words that are harder to understand. When the word appears for the first time it will be in this **colour and be bold**. Each time it appears after this it will be in this **colour**. It is also in a list at the back of the document. You can go there to check the meaning of the word.

Introduction



Since 2016 NHS Greater Glasgow & Clyde (NHSGGC) has shown how we will make sure that no one is discriminated against. We have done this by following our responsibilities in the Equality Act 2010 and the Equalities Act (Specific Duties) Regulations 2012.



You can read more about the work we have done at www.nhs.gov.uk/equality



Every day we make sure that we stop:

- All discrimination
- Harassment and victimisation



We also make sure everyone with different **protected characteristics** gets the same chances as everyone else.



Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010. The word 'protected' means protection from discrimination.





The Equality Act 2010 says the **protected characteristics** are:

- Age
- Marriage and civil partnership
- Disability
- Religion and belief
- Gender reassignment
- Pregnancy and maternity
- Race
- Sex and sexual orientation

More than one **protected characteristic** can make up the person we are.



There are other laws and rules that protect people from discrimination. They are:

- The British Sign language (BSL) (Scotland) Act 2015
- The Fairer Scotland Duty
- The Child Poverty (Scotland) Act 2018



Scotland are looking at how to make sure equality groups get better services. The Scottish Parliament are working on a new Act on Human Rights.



The public will be asked to be involved during 2020.

This will make sure everyone's human rights are respected and protected when we provide services.



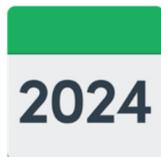
Talking to Communities



NHSGGC asked 1,065 people what was important to them when using NHS. We asked them how being in a **protected characteristic** group affected their health.



We used the information to help us develop 8 outcomes. We will use these between 2020 and 2024 to work on making our services better.



We will keep working with our patients during this time to make sure we are doing what we need to do to make our services better.

When we talk with patients they can tell us whether they think we are achieving our aims as part of our Equality Scheme.



Talking to staff



In 2019 we asked our staff to tell us if they thought things were getting better. They told us they could see that a lot of work was being done. This was clearest for patients with additional needs. They told us:



- More staff are using BSL interpreters and telephone interpreting
- Staff still see and experience discrimination but the number of people reporting this to their managers has gone up since 2016
- 80 percent of LGBT+ staff are out in the workplace



Staff felt more work needs to be done for all equality groups especially poorer, older and disabled people.



Mainstreaming Report



In 2020 – 2024 we want to be sure that everyone who works in or who uses our services is treated fairly. This means:

- Patients receive better care
- Patients believe their health is getting better
- Making the NHS a better place for our staff to work in
- Getting better value in how we spend our money to provide care for our patients



We will check and report on this work each year. These checks will show if we are making a difference and if things are getting better for our patients and staff.

We will provide updated information about our work on our website:

www.nhsggc.org.uk/equality



Better Care

Supporting Communication

Better communication means better care.

We give support to people who:



- Use more than 60 different languages
- Have disabilities
- Who use sign language
- Who are blind
- Who need written information in a way they can understand



From 2020-2024 we will use the National Interpreting and Translation Policy. This will help us to support all patients who need an interpreter for appointments.



We will ask patients to tell us how we are doing. This will help us to do better.

Listening to patients is important. It helps us to give better care. We have talked to patients from all the quality groups to make sure we get it right for them.



This includes talking to the Voluntary Sector to find a new way to get feedback on the actions we are taking.



Understanding each person's needs means we can give better care. It also means we can understand how discrimination might affect their health.

This is what patients have told us is most important to them:



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



NHSGGC will try to make sure we know how to ask and respond to the things that affect health. We will support staff to do this.



Better Health

Helping young people moving to adult healthcare services

NHSGGC believes young people's health and social care needs should be met:

- When they are children
- When they are teenagers
- And when they become adults



The law says we need to support young people as they become adults. We must not discriminate against patients with disabilities. We must make sure all children with a disability live full lives and be as independent as possible. (United Nations Convention on the Rights of the Child)



We will:

- Work out what **pathways** exist to help them **transition**
- Produce **Transition** Care plan forms and instructions on how to use them
- Make sure there are tools online to help



with this

- Talk to young people and their carers to help us get it right

A **pathway** means help where you need it in all parts of the NHSGGC.

Transition means moving from children's to adult services.





Routine Enquiry on **Gender-Based Violence**



Gender based violence is usually harm against women by men. It can also be women harming men. It causes pain and suffering and is a major issue for public health services. It will have many effects on people. It can cause:

- Injury
- Anxiety
- Depression
- Addiction
- Self harm
- Suicide



People affected by violence might not ask for help from other agencies. But they do come to NHS services. This means health workers are in a place to give help and support. NHS staff will ask anyone they are worried about if they can help.



If **gender- based violence** is ignored, other health issues cannot be treated properly. This could mean more long-term health issues for the person. It could even mean that the person could be killed or could die because they do not get the treatment they need.



We will look closely at this. We will compare it with the Scottish Government's Equally Safe Performance Standards. We will collect information and report on the improvements in our services.



British Sign Language (BSL)

NHSGGC is working to make sure BSL is used to help patients get better services.

This includes:

- An online interpreting service
- Basic BSL training for staff
- A BSL Health Champions Group



We will also talk to our patients about how we are responding to the things that the BSL Act says we should do.

We will work to do the things in the BSL Act (Scotland) 2015 action plan.

Better workforce

NHSGGC have a **Workforce Equality Group (WEG)**. This means we will talk to all staff equally.



This group will help NHSGGC to be a more inclusive organisation.

The **WEG** will make sure we have a Workforce Equality Plan. The group will include people from:



- The Staff Disability Forum
- The Black and Minority Ethnic Staff Network
- The LGBT+ Forum

Our plan will make sure:

- Staff are treated fairly, consistently, with dignity and respect
- Staff are working in a place where diversity is valued
- Information collected meets the rules of the law
- Information is used for equality



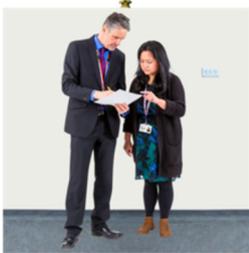
improvement and to have a diverse workforce

- We can show we are good equality employers
- We take action on equal pay gaps
- People from equality groups are part of the **WEG**



Better Value

Fair work practices (**Procurement**)



Procurement means getting goods and services from somewhere else. NHSGGC include providers from other places in Fair Work Practices. This means we can deliver quality services which meet individual needs and provide joined up care.

We will monitor how **procurement** affects Fair Work Practices.



Equalities Impact Assessment (EQIA)

NHS GGC will check new policies or ways of working. We will do this to see how this affects patients. The law says we must do this.

We will give NHSGGC and the Health and Social Care Partnerships support with their **EQIAs** to deliver equality across all services.

We will check the quality of **EQIAs** and give training where it is needed.



Fairer Scotland **Duty**



The Fairer Scotland Act says NHSGGC has to think about reducing **socioeconomic** disadvantage when they make any decisions.

Socioeconomic means things like:

- How and where you live
- How much money you have
- What education you have
- Whether you have a job or not
- The kind of job you have



We will look at how changes we make to services affects people who do not have a lot of money.



The law says NHSGGC must take away anything that stops disabled patients getting services.



We do Disability Discrimination **audits**. We will work with disabled patients to do audits of NHS buildings.

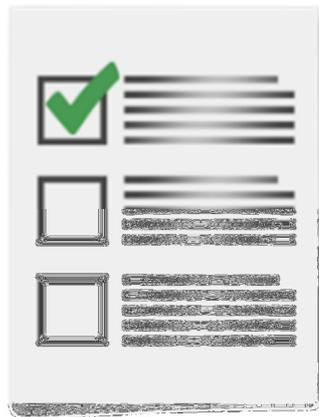


We will do the **audits** in our hospitals and clinics. We will take action to remove any barriers.



An **audit** means a way of checking things are being done properly and that there are no barriers to accessing a service.

The 8 Outcomes





Equality Outcome 1 Older People

Older people use health services more the most. More people are living to an older age so we know that in the future the number of older people using the health care system will increase.

Discrimination against older people can impact on their health and well-being. It is often called **Ageism**.

Ageism is when you are treated differently because you are older

Ways **ageism** can happen are:

- how we communicate with older patients
- making a clinical decision about diagnosis or treatment because a person is older

From what patients have told us, those aged 81 or over feel they do not get enough information when leaving hospital. They do not know what to do about their health after leaving hospital.

The Royal Society of Public Health report, '**That Age Old Question**' was written to improve education and training of healthcare professionals on **ageism** in clinical care and care settings.

We used this information to develop Outcome 1. This will mean older people will be more involved in decisions about their care.

	<p>Equality Outcome 1</p> <p>Person centred Care for older people is improved by addressing ageism and its impact on treatment options and care for older people.</p>
	<p>How the outcome meets the General Duty</p> <p>Eliminates unlawful discrimination, harassment and victimisation and other prohibited conduct</p> <p>Protected Characteristic covered:</p> <p>Age</p>



What we will do to achieve this outcome:

- Make sure staff get good information to help them learn about **ageism**
- Test how we plan for people leaving hospital
- Make sure our policies match up to what we do in practice
- Gather and examine information on what we do now



How we will know it works:

- Deliver training and evaluate it
- Look at the number of older people with a plan in place for leaving hospital
- Feedback from patients and carers about plans for leaving hospital will be better.



Equality Outcome 2

Supporting Patients from Equality Groups to Access our Services.

People with additional support needs experience barriers to health services even before getting appointments. This includes people with a learning disability or autism, people with sight or hearing loss, people who have a physical disability and some Black and Minority Ethnic People.

Talking to patients has helped us to understand these barriers. Some of the things they told us are:

- Getting appointment letters only 2 or 3 days before the appointment
- Letters that are hard to understand for patients with learning disability or literacy issues
- Patients who do not use English as their first language not being able to read or understand the letter
- Letters that are hard for people with a visual impairment to read
 - Unsuitable appointment times given to



disabled patients who have complex or multiple health needs

For example, early morning appointments can be difficult for people who need longer to get dressed. Long appointments for people who need accessible toilets or changing places are not good. Some people felt that staff do not know enough about helping patients who have autism.



Working with different patient groups and getting their feedback means we have been able to provide better support and care.

We know we need to do more. Outcome 2 says we will change the things that stop some patients with support needs from being able to access our services fairly.

	<p>Equality Outcome 2</p> <p>Appointments will be planned and scheduled so that the needs of patients who require additional support are met to ensure appropriate care during all outpatient visits.</p>
	<p>How the outcome meets the General Duty</p> <p>Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.</p>
	<p>Protected Characteristics covered:</p> <p>Disability, race, Sex, Socio economic.</p>
	<p>What we will do to achieve this outcome:</p> <ul style="list-style-type: none"> • Give staff good information on how to remove barriers for equality groups. • Change how patients get appointments • Change how we communicate with patients • Remove barriers for equality groups.



How we will know it works:

- Feedback from patients will tell us we are meeting their needs
- More people will keep and attend their appointments



Equality Outcome 3

Black and Minority Ethnic (BME) patients

NHSGGC's **Black and Minority Ethnic** community is growing.

In 2017, NHSGGC looked at the health of Glasgow's Black and Minority Ethnic population. The report showed where we need to work with partners to improve health, particularly for:

- Pakistani people
- Some groups of women
- People who do not speak English.

Some things needed to be changed:

- Feelings of safety and inclusion
- Freedom from discrimination
- High levels of poverty for some groups.

Since the report was published health improvement teams have worked on some of these issues. They did this with our partners in their own areas. Research is telling us that people who experience racism may be more likely to have mental health problems.

The British Medical Journal says “discrimination leads to more risk of things like”:

- heart disease
- mental health issues
- obesity
- low birth weight babies
- premature mortality – this means early death or people who die younger than expected

Outcome 3 will help us to change the way we care for **BME** patients. It will help to make sure we do not discriminate. It will help us to understand how racism affects people.

	<p>Equality Outcome 3</p> <p>Ensure that Black and Minority Ethnic (BME) patients have access to full service pathways in all NHSGGC services. This includes those that do not speak English. It is informed by an understanding of the impact of racism on health.</p>
	<p>How the outcome meets the General Duty</p> <p>Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.</p>

	<p>Protected Characteristics covered:</p> <p>Race</p>
	<p>What we will do to achieve this outcome:</p> <ul style="list-style-type: none"> • Improve the way we keep information about BME people using mental health services • Teach staff more about racism and how it can affect mental health • Talk to the BME communities and get their help to make things better where needed
	<p>How we will know it works:</p> <ul style="list-style-type: none"> • Looking closely at how staff work differently after training • Involve more patients in helping us to change the way we treat them <p>Numbers of changes for BME patients will change</p>



Equality Outcome 4 Religion and Belief

There are many different religions and beliefs in the UK. These affect healthcare, from before birth to death and dying. NHS staff need to be sensitive to these. Staff need to know patients without religious beliefs also have wishes in these areas.

The NHSGGC **Fairer NHS Staff Survey** shows staff are not confident helping patients with faith related requests. NHSGGC talked to faith groups. They said they were worried about:

- Care related to diet
- Discrimination due to stereotyping and racism, modesty, and gender
- Staff training and knowledge
- Beginning and end of life care
- Specific drugs and treatments
- Mental health

Outcome 4 will help the **Chaplaincy** to work with staff to develop activities to address the issues raised by patients.

The **Chaplaincy** is a group of different faith leaders who work in the hospitals. For example:

- Priest

- Rabbi
- Imam
- Minister
- Swami

	<p>Equality Outcome 4</p> <p>The needs of patients with religious beliefs are understood and acted on in services through an established Staff Interfaith Group</p>
	<p>How the outcome meets the General Duty</p> <p>Fostering good relations</p> <p>Fostering good relations is about improving awareness and relations between people who share a protected characteristic and people who do not share it.</p>
	<p>Protected Characteristics covered:</p> <p>Religion and belief</p>



What we will do to achieve this outcome:

We will form a Staff **Interfaith** Group.
Interfaith refers to how different faith groups such as Muslim and Christian, Jewish or other faith group communicate and relate to each other.

- The group will look at how NHSGGC respond to religion and belief needs
- We will assess the services which affect religion and belief to make sure everyone can access them



How we will know it works:

Staff will know more about meeting the needs of patients from faith groups when giving care



Equality Outcome 5

Patients with a Learning Disability

People with a learning disability receive poorer levels of care within the NHS. In the UK 38 percent of people with a learning disability died from an avoidable cause compared to 9 percent of people without a learning disability.

Some reasons for this could be:

- Staff not knowing enough about learning disability
- Staff being anxious or less confident treating people with learning disabilities
- Staff not knowing a patient has a learning disability
- Staff not realising that a person with a learning disability is unwell
- Staff not involving the patient's carers
- Lack of joint working between different services

By talking to support organisations, we learned staff awareness affects the experiences of patients with a learning disability most.

Outcome 5 will help us to get better at caring for patients with a learning disability.

	<p>Equality Outcome 5</p> <p>Improved access and quality of care for patients who have a learning disability will improve their experience of services and health outcomes</p>
	<p>How the outcome meets the General Duty</p> <p>Advance equality of opportunity between groups of people with different protected characteristics</p>
	<p>Protected characteristics covered:</p> <p>Disability</p>



What we will do to achieve this outcome:

- Provide staff with training on how to provide better support and care for patients with a learning disability
- Work with patients and carers to find out how we care for patients and how we can make things better
- Work with patients and staff to make sure all the services a patient needs work together to provide the best support
- Use mystery shoppers to check our services are being delivered correctly
- Patients and carers will tell us they are happy with the care they received



How we will know it works:

- Check how training has changed the way staff work with people with learning disabilities. We will do this by asking patients about their experiences when using our services
- More patients with learning disabilities will have a suitable plan for care and support when they leave hospital



Equality Outcome 6

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

In 2019 NHSGGC looked at the health needs of LGBT+ people. In May 2019 we talked to LGBT+ people and organisations. We looked at information about LGBT+ people. This is some of the things we learned:

- Most health staff assume that a person is **heterosexual**. **Heterosexual** means a person is attracted to someone of the opposite sex
- Concern about how same sex partners were treated (as visitors, next of kin)
- Concern about mental health service waiting times and lack of appropriate services

Transgender people told us:

- Common experiences of staff inappropriately thinking symptoms are because of hormones
- Hospital patients being placed in inappropriate wards and **mis-gendered**. When someone is **mis-gendered** it means that they have been identified as the wrong sex

Transgender is a term used to describe people whose gender identity differs from the sex they were assigned at birth. **Gender identity** is someone's personal sense of being a man or a woman (or boy or girl.)

Research shows that **bisexual** people do not usually rate their health positively compared with other groups, particularly bisexual women.

Bisexual means someone who is attracted to both men and women.

Outcome 6 will help us to keep talking to people who took part in the research to make things better.

	<p>Equality Outcome 6</p> <p>NHSGGC is seen as a safe and inclusive place by Lesbian Gay Bisexual and Transgender + (LGBT+) people</p>
	<p>How the outcome meets the General Duty</p> <p>Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct</p> <p>Prohibited conduct means something that is</p>



Equality Outcome 7

Pregnancy

The **‘Saving Lives, Improving Mothers’ Care** review showed risk factors for maternal deaths which included:

- Multiple health problems
- Other vulnerabilities
- Domestic violence

Domestic violence is a high-risk factor for women and their babies.

Black and Asian women and older women had a higher risk of dying in pregnancy. The report did not give any possible reasons for this. We have a growing Black and Minority Ethnic (BME) population. This means a higher number of pregnancies. It also means we need to better understand the needs of these women.

The **Costs of Pregnancy Pathway**’ research (2019) showed:

- Limited coordination of appointments across different departments
- A lack of flexibility meant missed appointments

- Additional costs for going to hospital appointments (for example: childcare, loss of income and buying food and drink on site for other children)

Time off work to attend appointments was an issue for dads. This meant loss of pay if coming with partners more than the two permitted occasions. Child poverty has been found to increase infant deaths. Therefore, ensuring families get money advice during pregnancy continues to be a priority.

	<p>Equality Outcome 7</p> <p>Women with protected Characteristics of race, socio- economic inequality or who are affected by gender -based violence (GBV) receive perinatal care which improves their health outcomes</p>
	<p>How the outcome meets the General Duty</p> <p>Advance equality of opportunity between groups of people with different protected characteristics</p>

	<p>Protected Characteristics covered:</p> <p>Sex, race, socio-economic</p>
	<p>What we will do to achieve this outcome</p> <ul style="list-style-type: none"> • Talk to BME women and asylum seekers to understand their needs • Find ways to break the barriers they tell us about • Find out if the women have any money issues • Refer them to people who can help with money issues • Improve the ways we work with the women and find new ways to work with them to provide better care
	<p>How we will know it works</p> <ul style="list-style-type: none"> • We will meet with BME women regularly and get their feedback • Questions about violence against women and money issues will always be asked within maternity services and we will provide appropriate care and advice



Equality Outcome 8

Physical Health of Mental Health Patients

Evidence says people with mental health problems like schizophrenia and bipolar disorder die 15-20 years earlier than people without mental health problems.

The Royal College of Nursing list the following issues in mental and physical health inequality:

- Stigma and discrimination is highly evident in many communities
- Mental health can hide physical health problems which affect decisions on health care.
- Sometimes the way some people think about mental health is negative.

The Royal College of Nursing has said that we need to find better ways to treat physical health for patients with complex mental health needs.

Outcome 8 will consider how we treat physical health better for patients with mental health problems

	<p>Equality Outcome 8</p> <p>The physical health of those with mental health problems is addressed</p>
	<p>How the outcome meets the General Duty</p> <p>Advance equality of opportunity between the groups of people with different protected characteristics</p>
	<p>Protected characteristics covered: Disability</p>
	<p>What we will do to achieve this outcome:</p> <ul style="list-style-type: none"> • We will look at the physical health needs of patients within our mental health inpatient services • Provide training for staff on the rights of patients with mental health issues and treatment for physical health issues



How we will know it works:

- The number of patients in mental health services getting physical health checks will be higher We will assess how the training helped staff to provide better care and support
- Patients will tell us they are happy with the treatment and care they received and that their mental health and physical health needs are being met

What words mean

Ageism	Is when you are treated differently because you are older
Audits	A way of checking things are being done properly
Bisexual	When a person is attracted to both men and women
BME	Black and minority ethnic people
Duty	What the Equality Act says we have to do for people
EQIA	Checking and reporting on how what we do affects people
Gender based violence	Violence against women (it can sometimes be against men too)
Heterosexuality	A person who is attracted to someone of the opposite sex
LGBT+	Lesbian, Gay, Bisexual, Transexual +
NHSGGC	National Health Service Greater Glasgow and Clyde
Pathways	help where you need it in all parts of the NHSGGC
Procurement	means getting goods and services from somewhere else

Protected characteristics	means people who are likely to experience discrimination the most.
Transgender	means people whose gender identity is different from the sex they were assigned at birth.
Transition	means moving from children's to adult services
WEG	Workforce Equality Group – a group who will work to make sure all staff are treated equally.

This document has been produced for NHSGGC by CH Consultancy on behalf of

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