

Meeting the Requirements of Equality Legislation

# A Fairer NHS Greater Glasgow & Clyde

Monitoring Report  
2022 - 2024





# A Fairer NHSGGC Progress Report 2022-24

## Table of Contents

 1. Introduction	03
 2. Mainstreaming Actions	04
 3. Equality Outcomes	44

## Introduction

### 1.1 Aim of the report

In April 2020, NHS Greater Glasgow and Clyde (NHSGGC) published 'Meeting the requirements of Equality legislation: A Fairer NHSGGC 2020 - 2024.' The document had been completed prior to the full realisation of the impact COVID-19 would have on the operational capacity of the organisation.

This report is the second monitoring report aligned to our 2020 - 2024 ambitions and covers a range of work undertaken across NHSGGC to meet the mainstreaming actions and equality outcomes covering the period between April 2022 and March 2024.

Due to the COVID-19 pandemic, the delay to planned work has impacted on the delivery of the suite of eight Equality Outcomes into this reporting period.

Specifically, the impact of COVID-19 on the older population meant that we delayed initiating Outcome 1 until 2023. This outcome: Person Centred Care for older people, is enhanced by addressing ageism and its impact on treatment options and care for older people. This outcome will be carried into the Fairer NHSGGC reporting period of 2024 - 2025. Details of the work completed in relation to this outcome is reported in Outcome 1 below.

The Scottish Government are in the process of reviewing the effectiveness of the Public Sector Equality Duty (PSED). A consultation was carried out in December 2021 with the analysis published in November 2022. The intention is that regulatory change will be implemented in April 2025. NHSGGC's reporting period ends in April 2024. This means that in 2024-2025 we will deliver a set of actions for one year and prepare our evidence for the new PSED launch in April 2025.

The planning period for our next set of Equality Outcomes 2025 - 2029 was initiated in 2023, ensuring that any urgent or extensions of existing outcomes for 2024 - 2025 are contextualized by a broader view of the evidence to ensure compliance.

Our aim is to deliver a fair and equitable service across all of our Corporate Plan priorities: Better Care; Better Health; Better Workplace; Better Value. We have delivered actions under each of the priorities which are summarised below.



## 2. Mainstreaming Actions

### 2.1 Planning and delivering fairer services

2.1

#### Equality Impact Assessments (EQIAs)

Equality Impact Assessment is a vital part of NHSGGC's overall approach to address discrimination. It means that services, policies and projects are thought about carefully in terms of their likely impact on people protected under the Equality Act. NHSGGC has published 34 EQIA's on our website and assisted HSPC's with the facilitation and quality assurance of a further 46. A total of 209 staff have received scheduled EQIA training since it re-started in 2023 (which is bookable online) with a further 140 (approx.) receiving bespoke programme training. The NHSGGC tool has been adapted to include evidence relating to adherence to the British Sign Language (BSL) Act, The Fairer Scotland Duty, the United Nations Convention on the Rights of the Children and the Human Rights Act.

### 2.2 Leadership on tackling inequality

2.2

#### 2.2 Leadership on Tackling Inequality

##### **Equality Champions**

NHSGGC has continued to recruit Board members as Equality Champions with a specialist focus in their role. These Champions as well as the Staff Forum chairs sit on the Workforce Equality Group providing support and influence.

##### **Human Rights**

NHSGGC has reviewed its approach to human rights in line with the recommendations of the Scottish National Action Plan on Human Rights (Version 2, 2023). This included an assessment against the Scottish Human Rights Commission Human Rights Toolkit. This analysis showed NHSGGC faring well in integrating human rights into -

- Leadership
- Equality Impact Assessment of new policies, service redesigns, service developments and cost savings
- Role as an employer



- Role as a commissioner
- Patient Engagement and Public Involvement
- Provision of accessible information to patients
- Development of patient and staff resources.

### **Equalities in Health website**

The website continues to provide up to date information on progress against equalities legislation. In the last two years, the site has hosted pages relating to a range of campaigns instigated by the Equality & Human Rights Team, including Pledge to Be Seen, Hate Crime, the Pride Badge pledge and Stand Against Racism.

Pages have also been developed in relation to equalities training and the [BSL National Plan](#).

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

2.3

### **Action: Develop innovative ways to engage with equality groups in partnership with the voluntary sector organisations that support them to monitor progress on actions we are taking across the scheme**

Since April 2022 the Equality & Human Rights Team (EHRT) has undertaken a wide range of engagement activities involving 1,374 people. Engagement work has focused on working with those with protected characteristics to explore how their lived experience of our services can help us meet their needs and remove structural barriers.

This includes the following:

282 people with a learning disability (LD) participated in sessions associated with several LD organisations such as People First, Values Into Actions Scotland and Promoting a More Inclusive Society. A variety of issues were discussed and advice and support was given in relation to COVID-19, LD annual health checks, cost of living crisis and the impact on mental health, amendments to patient information and links between housing and health.



132 people from a variety of Black & Minority Ethnic (BME) communities participated in engagement activity during the timescale of this report. A range of issues were discussed and advice and support was given in relation to accessing and receipt of NHSGGC services such as Pain Management and Maternity services.

194 Deaf people engaged with EHRT on issues including the Interpreting Service, mental health, the effects of assuming normative abilities such as reading and writing and staff training in BSL.

EHRT staff engaged with attendees at Mardi Gla in July 2023. This produced 109 returns outlining attendees' experiences of the NHS. Feedback highlighted the importance of lived experience and building on good practice. Feedback also indicated that NHSGGC scored well in relation to how safe the LGBTQ+ community felt when using hospital and community services (an overall average of 8.45 on a star rating scale of 1 - 10)

Engagement work relating to the new Equality Scheme for 2025 - 2029 saw 484 people give feedback on their experience of NHSGGC services in relation to their disability, race, faith, sexual orientation or socio-economic circumstances. This will be reported in A Fairer NHSGGC - Meeting the Requirements of Equality Legislation 2024 - 2025.

### **Peer Model**

The EHRT and PEPI Teams have been supporting a Peer Model (Vaccinations, Screening and Poverty). A Peer Co-ordinator, 25 peer workers and 3 volunteer peer supporters carry out community engagement around vaccination uptake, screening and the intersection with poverty (See section - 2.4). This innovative approach utilises peers from communities who reported a lack of trust in the health service during COVID-19, to help build relationships and engage on vaccine, screening and poverty issues.

### **BSL Champions**

This volunteer group previously met online to report on problems experienced by BSL users accessing healthcare. The BSL Health Champions' role is to monitor online interpreting as a secret shopper across NHSGGC sites. The group also provides updated news and events relating to health by translating into BSL and posting on the Facebook champions page. Since summer 2022, the BSL Health Champions have been conducting quarterly face to face meetings to drive forward the group's agenda.



## **Mainstreaming Engagement for the Patient Experience and Public Involvement (PEPI) Team**

The PEPI Team drives the engagement function of the Board. The following report outlines improvements made to the PEPI team's approach to equalities sensitive engagement practice and provides an overview of equalities information gathered from a range of public involvement approaches and patient feedback systems, including Care Opinion. All engagement and feedback systems provide people with the opportunity to share optional equalities monitoring information.

From 12,013 interactions with members of the public, we received 7,065 completed equalities forms - a 59% return rate from these sources. Care Opinion equalities information is not included in this due to the differing approach in how they capture this information.

### **Improvements to Equalities Practice**

During the development of the NHSGGC Stakeholder Communications and Engagement Strategy, it was identified that the PEPI team could improve how it captures equalities information from people engaged with. To help achieve this the team decided to include an optional equalities survey with all appropriate digital engagement.

### **Equalities data reporting**

The table below outlines the sources for NHSGGC gathered equalities data, alongside the percentage return rate for each project. Overall, we saw a 59% return rate to the equalities portion of our engagement surveys.



Sources of Equalities Data	Total interactions	Returned Forms	Percentage Return Rate
Continuity of Carer (Maternity)	2879	2539	88%
GP OOH - 2023	2935	1593	38%
Understanding Emergency Department Access 2022	1141	716	63%
Understanding Emergency Department Access 2023 (Summer)	1264	711	56%
Patient Feedback Equalities	936	472	50%
Primary Care Strategy	955	288	30%
Quality Strategy	1009	205	20%
Long COVID Service	178	159	89%
Best Start Strategy Engagement	447	147	33%
RHC Wheeze App	77	58	75%
Complex Mesh Surgical Service - 2023	57	43	75%
Scottish Specialist Prosthetic Service (WestMARC)	45	43	96%
CCE & Colonoscopy	39	39	97%
Stoma Forum	36	36	69%
Critical Care Unit - Clyde Sector	15	25	53%
<b>PEPI Total</b>	<b>12013</b>	<b>7045</b>	<b>59%</b>



## Summary of data

The analysis by protected characteristics shows the following:

- PEPI continued to see more female (83%) contributors than male - 5798 vs. 1156 (of those who stated their sex). It should be noted a large volume of Maternity-focused engagement occurred during this period.
- 309 people who completed forms shared that their current gender identity was different than ascribed at birth.
- In relation to sexual orientation, the form was completed by 3930 heterosexual, 112 Gay/Lesbian, and 119 Bisexual respondents (38 stated "other" and 285 preferred not to answer).
- There was a range of ages, with the highest number of contributors being 25-34 year olds (2961), followed by 55-64 (1012), 65-74 (854). 23 people under 16 years and 364 over 75 years provided comments.
- It should be noted that large scale maternity engagement occurred in 2023 which skewed our age range data. When excluded, the number of 25-34 year olds completing the optional forms was 534.
- 1946 form completions came from people self-identifying as having a physical or mental health condition lasting more than 12 months.
- 370 form completions were from Black or Minority Ethnic people.
- In relation to religion and belief, 18 completed forms were from Buddhist, 14 Hindu, 19 Jewish, 66 Muslim, 1115 Church of Scotland and 1102 Roman Catholic people. 1696 stated they had no religion or were Atheists and 188 respondents preferred not to disclose their religion.

### Example - Maternity Engagement

The PEPI team, in collaboration with the Continuity of Carer Project Midwife, developed a survey to understand the experiences of women who had given birth between January 2022 and March 2023. This initiative aimed to enhance Continuity of Carer and guide the NHSGGC Maternity and Neonatal Strategy. The survey, featuring a mix of closed and open questions, was translated into Arabic, Polish, Romanian and Urdu to accommodate the diverse linguistic needs of BadgerNet users within NHSGGC. Distributed to over 13,000 women in June 2023, it garnered 2,879 responses, reflecting a 21% response rate and broad community engagement. Analysis by the PEPI team revealed significant insights, including a 98% rate of women sharing birth planning information, identification of 1,147 antenatal appointment improvement themes with better continuity as the top priority, and 123 purely positive themes. This comprehensive feedback underscores the community's diverse perspectives and will inform further enhancements in maternity care services.



### **Online Patient Feedback**

NHSGGC.scot offers patients and carers the opportunity to provide suggestions for improvements and tell us about their experiences of care. Those sharing feedback are encouraged to share additional equalities information as this allows NHSGGC to have a much clearer understanding of who is using online patient feedback and where there may be potential barriers to access.

Voluntary organisations can support patients to leave feedback on the online system, enabling people from equality groups to use it. From April 2022 up to 31st January 2024, 936 comments were made, a 14% increase from the previous monitoring report. It should be noted that we have seen a large increase in Care Opinion usage in this period.

### **Care Opinion**

Care Opinion is a non-profit organisation funded mainly through subscriptions from health and care organisations. They offer a place for people to share their stories about service experience. Care Opinion can now provide some information describing authors' protected characteristics. While this provides limited insight into detailed user demographics, it tells us most accounts of NHSGGC experience come from females (69%). It should be noted we have seen a change in this make up from the previous monitoring report which showed 81% of users sharing they were female. BME feedback accounts for 2% of the total number of users, a reduction from 4% in the previous report. Forty eight percent of users consider themselves to be disabled, an increase from 25% in the previous report and the highest number of submissions remains consistent, being people in their 50's.

### **Capturing Carer Involvement**

During 2023 the PEPI team made a significant change to their digital equalities monitoring form by incorporating additional data capture fields specifically aimed at recognising carer involvement. This initiative aligns with the provisions set out in the Scottish Carers Act, which emphasizes the importance of identifying and supporting carers' roles in healthcare settings. By updating their monitoring form, the PEPI team is not only adhering to legislative requirements but also taking a proactive step in recognising the valuable contribution of carers to patient care. This addition will better enable the organisation to gather data on carer involvement, facilitating the development of more inclusive and supportive healthcare services that recognise the vital role carers play in the health and wellbeing of those they look after.



## **Action: use staff and patient feedback to ensure we address concerns around the provision of BSL interpreters**

### **Face to face interpreting and Attend Anywhere**

NHSGGC Interpreting Service continues to offer communication support to our BSL users from a pool of sessional interpreters as well as three purchased services. During 2022-23 there were 4,099 BSL face to face interpreter supported appointments. For 2023-24 (to end of February) there was a total of 3,955 - an increase across a full year projected numbers. Additionally, Attend Anywhere jobs utilising a remote NHS Appointment system, were filled as follows: 31 in 2022/23 and 8 in 2023/24. The reduction in Attend Anywhere appointments is directly linked to the increase in more face to face appointments post COVID-19 and the use of a remote interpreting app (see below).

### **Online interpreting**

NHSGGC provides online BSL interpreting services. This utilises iPads in all wards and unplanned services to make video contact with an online BSL interpreter. During 2022 - 23 the total number of online minutes provided to our Deaf patients was 5,634. For the same period in 23-24 the total number of mins online was 5,824, totalling 11,458 minutes - almost 191 hours - of online interpreting support over the last two years. This indicates a substantial increase in use in this two year period since the last two year period.

In total therefore, NHSGGC supported 8,093 BSL users in their NHS appointments over the two year reporting period with an additional 191 hours of on-line interpreting support.

### **BSL Mediator**

The BSL Mediator operates as a bridge between NHSGGC and our Deaf community. The Mediator enables feedback and complaints to be made by BSL users and also trouble shoots issues relating to interpreting provision. The BSL Mediator works with the Interpreting Service and our Complaints Department. From April 2022 to January 2024, 1,098 contacts were made with our BSL Mediator (374 contacts year 1, 724 contacts year 2). The majority of contacts were from Deaf people seeking assurance that interpreters were booked for them for their out-patient appointment or in-patient stay. In 2022 - 23 16 people (4%) contacted to say that they were in an Acute bed and no interpreter had been booked for them. The BSL Mediator and NHSGGC Interpreting Service works to resolve these issues when identified.



### **BSL Classes for staff**

A total of 10 classes were held across 6 hospital locations, accommodating a maximum of 14 students in each class. The overall enrolment reached 140 students. The classes spanned 6 weeks, running from May 29th to July 11th 2023. Staff were trained in social signs to enable them to engage with BSL users in our services in everyday chat. Clinical conversations are carried out with BSL interpreting support.

### **Deafblind Communication Support**

NHSGGC support Deafblind Scotland to provide communication support to Deafblind people in health services and to deliver a programme of activity and information to improve health outcomes for Deafblind people.

Deafblind people's use of health appointments included; GP visits, hospital appointments, dental appointments specialist assessments, nurse appointments, breast screening appointments, COVID-19 and flu booster appointments, optician, audiology, physiotherapy, ophthalmology, chiropodist and podiatry appointments and also surgeries.

In the past 24 months this has totalled 508 appointments and 1069.25 hours.

The specialist Guide Communicators service delivered by Deafblind Scotland provides one to one support for patients attending hospital and other healthcare appointments. Across this 2-year reporting period they supported 508 clinical appointments, plus 1043 health activity sessions. This amounted to 2991.24 hours of Guide Communicator support across NHSGGC services to February 2024. During this period no complaints were made.

Deafblind Scotland also run a programme of health activity and information provision for members. From 2022 - 2024 this has included cancer awareness sessions and information to improve access to screening services. This was done in partnership with NHSGGC Public Health services. Further activity was undertaken around physical health and improvement of mental health and wellbeing.

Engagement opportunities and surveys were carried out to contribute to consultations led by DbS or partner organisations such as the NHS, the Alliance and CCPS (e.g., National Care Service, new Human Rights Bill, SeeHear Strategy, and BSL National Plan).

As part of Deafblind Scotland's contracted work with NHSGGC they also deliver tailored training for our staff. 142 staff received patient specific or general awareness training on Deafblindness over this 24-month period.



### **Action: use staff and patient feedback to ensure we address concerns around the provision of spoken language interpreters**

In 2022 - 23 a total of 52,432 face to face interpreting requests were filled, up from 31,315 in 202 - 22. The top 4 languages were Arabic, Romanian, Farsi and Mandarin. Telephone interpreting over the same period saw demand increase to 158,828 completed calls in 2022-23, up from 115,121 in 2021-22. The top 5 languages for telephone interpreting were Arabic, Romanian, Polish, Farsi and Mandarin.

For 2023 - 24 (to the end of January 2024) 52,707 face to face interpreting requests were filled. The top 5 languages were Arabic, Urdu, Polish, Farsi and Mandarin. Again there was an increase in the number of telephone interpreting calls to support patients, with the total sitting at 141,362. The top 5 languages were Arabic, Kurdish Surani, Urdu, Farsi and Romanian.

Over the two years, NHSGGC's Interpreting Service provided 97,045 face to face supported appointments for those who do not speak English. Additionally, 300,190 telephone interpreting supported calls were completed.

#### **Direct Patient Telephone Interpreting**

NHSGGC can now provide direct access for patients who do not speak English to call our services via telephone interpreting. The 'patient code' means that our non-English speaking patients can now call their GP, pharmacy, maternity services or Medical Records staff from home through the NHSGGC telephone interpreting provider. Leaflets produced in 40 languages are available from the NHSGGC website and have been disseminated to Primary Care, Acute and 3rd sector/ community networks in the NHSGGC area.

Usage of the Direct Patient Telephone interpreting had reached 5,913 in 2022 – 2023 and for 2023 – 2024 (to January 2024) was at 3,865. We project there to be over 5,000 calls made by patients, using this direct access to contact NHSGGC services, in the 2024 – 2025 financial year.

#### **Interpreting Training**

We continue to support the effective deployment of specialist interpreting services to meet our legal requirements through direct training for NHSGGC staff. Since April 2022, 15 workshops have delivered competence-based training to more than 240 staff. Training included best practice in terms of how and when to book interpreters and the legal requirement to do so. This training covers all forms of interpreting for those who need spoken language interpreter as well as BSL interpreters.



## Translations and transcriptions

In keeping with our Clear to All (accessible information) Policy, NHSGGC produced 781 resources in more than 42 languages across April 22 to January 23. These are typically appointment letters, clinical instructions, reports and mental health resources as well as health improvement information.

NHSGGC re-tendered its translation contract April 2023. From April 2023 to end January 2024, 992 translations were completed across 51 languages. In total 1,773 across 51 languages were delivered from April 2022 to January 2024.

In this same time period, a total of 34 BSL translations were completed. These translations encompassed various topics including, Immunisations, COVID-related materials, outpatient leaflets, maternity resources, NHSGGC campaigns such as ABC and information aimed at engaging with BSL users regarding the BSL Act.

These translations relate directly to NHSGGC's work. Other health materials can be found on the NHS Inform website.

Deafblind Scotland provide a Braille service for NHSGGC patients. Since April 2022 the following has been completed for our patients: 2 letters patient letters, one questionnaire and one Weight Management Manual.

Five documents were developed in easy read format over the reporting period. Most of these were resources developed to improve access to NHSGGC service provision or as an accessible translation of an organisational report. One request for easy read was from a patient in relation to information regarding a healthcare appointment.



## Person-Centred Visiting and Virtual Visiting

Helping people in hospital to get the vital support from the people who matter to them is of paramount importance. This has been a key commitment of the NHSGGC's Quality Ambitions during the reporting period 2019 - 2024.

As a consequence of COVID-19, it was necessary to temporarily restrict hospital visiting at various times to ensure the safety of our patients, their families and our staff. However, the Board position of Person-Centred Visiting (PCV) has been maintained since this was remobilised on 23 May 2022. At all times where temporary restrictions to visiting have been required, these decisions have been taken with a view to ensuring a balance of actual and potential risks proportionately with the rights, wellbeing and safety of all concerned. In all circumstances, local decisions taken to support families visiting are recommended to be flexible and compassionate, with each patient's needs considered on their own merits.

Following the publication of updated guidance received from Scottish Government on 23 August 2023 – 'Hospital visiting: guidance for health boards' - NHSGGC was able to demonstrate we were meeting the guidance as published.

Updated 'Welcome to the Ward Posters' have been introduced to the entrances of all inpatient wards and outpatient areas. These posters provide at a glance information for all people visiting the area, with a QR Code embedded to access the information in the eleven languages most prevalent in the community populations of NHSGGC catchment area. Additional information is also available on the website with visiting information available in other languages.

Virtual visiting continues to be integral to our PCV approach when an in-person visit is not possible due to family commitments or geographical distance of family etc. Virtual visiting allows all patients access to technology which enables them to see and talk to the people who matter to them. The Virtual Visiting iPads, introduced during the COVID-19 pandemic in 2020, include software for accessing spoken language interpreters and British Sign Language (BSL) interpreters. The iPads have the additional benefit of providing access to a speech to text transcription service – the AVA app. The app transcribes what a staff member is saying, even when wearing a mask. This ensures that our patients with a hearing loss can understand what staff are saying to them on our wards. As well as communication support tools, the Virtual Visiting iPads continue to provide access to Apps and Icons to support:

- spiritual care, culture and religion
- health and wellbeing
- information and support
- care experience feedback.



## Person-Centred Care Planning

The NHSGGC Quality Ambitions outline our commitment to enable people to share their personal preferences, needs and wishes about their care and treatment and include these in their care plan, care delivery and in our interactions. They can also share how to involve the people who matter to them in a way that they wish.

Following the structured engagement approach commenced in 2021 to ensure we effectively listened to the views and experiences of patients, their families and staff to improve our person-centred approach to planning care, an iterative approach has been taken forward throughout 2022/23 to design and test the person-centred care plan aligned to the implementation of Digital Clinical Notes (DCN) for Nursing Staff. Three early adopter wards commenced implementation in April/May 2023 with full rollout planned in Acute Adult Wards in Spring 2024.

Particular focus has been taken to improve how we identify people with protected characteristics at point of initial contact. For example -

- **People with communication support needs will be identified by the admitting nurse at the very beginning of the admission assessment. Any necessary communication support will be put in place as soon as possible to ensure further inquiry is supported appropriately while balancing and risk assessing the need for urgent care. Any communication support will be documented and carried forward throughout the admission episode.**
- **People with caring responsibilities or people who are being cared for by an unpaid carer will be identified at point of admission and appropriate referrals made for ongoing support.**
- **The interventions section of the person-centred care plan contains a free text box where personalised interventions can be documented, to ensure those with specific care or cultural needs have those appropriately addressed while in hospital.**

The above information is automatically applied to the individual's plan of care for ongoing assessment, planning, intervention and evaluation throughout the episode of care.



## Board Patient Stories

A key objective of the NHSGGC Quality Ambitions is to listen to what matters to patients and their families and present a patient story at the beginning of each board meeting and in other key groups and committees. This is to demonstrate excellence in quality of care, learning and improvements being taken forward in practice.

Examples of stories shared in 2022/23 include the following:

Providing Person-Centred Care within Pharmacy Services, Personalised Care and Realistic Medicine Co-designing patient information in Leverndale Hospital, Physical Activity Project Beatson West of Scotland Cancer Centre, Family Nurse Partnership (FNP), Maternity Services and Continuity of Carer

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

Disability Audits were conducted on Ronald McDonald House, Kirkintilloch Health & Care Centre and the reconfiguration of access to Townhead GP Practice (on GRI campus) during the reporting period. Each of the audits contributed to positive improvements in relation to disability access e.g. Kirkintilloch Health & Care Audit has been utilised as part of a major refurbishment of the site being overseen by NHSGGC's Capital Planning.

A pilot programme aimed at improving accessibility for those with mobility issues was initiated in the GRI. The programme utilised the NHSGGC Volunteers Project. The pilot ran for 6 months but showed that the use of volunteers in that particular area was not viable and so the pilot was discontinued. However, in part due to connections made during this time and in part to audits previously undertaken by the Disability Access Group, joint work with the Volunteer Manager at QEUH has commenced. Volunteer feedback is also a central feature of this work, which is aimed at improving access via a programme of mitigations in and around the campus buildings of the QEUH.

The Disability Access Group have also been instrumental in the development of the Autism Sensitised Pathway which had early input from the Scottish Women's Autism Network (SWAN) and Glasgow's Autism Resource Centre. The pathway involves improving Autistic patients' experiences in NHSGGC services and includes information about potentially necessary mitigations to the physical environment.

Also arising from input from the Disability Access Group, were the replacement of pedal bins in accessible toilets across the estate. To date, sixty-four sensor operated bins have replaced pedal bins and work is on-going to replace more.



Over the reporting period, policy improvement and development have also been undertaken in relation to policies which aid disability access across NHS GGC. This work has involved the Assistance Dogs Policy, Powered Wheelchair & Scooters Policy and best practice guidelines relating to visually impaired and Deaf people.

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

Working with the voluntary sector is an integral part of working with those with Protected Characteristics. Examples are throughout this report. For example in the Maternity actions in Equality Outcome 7 and the EHRT work with Amma Birth Companions, British Red Cross and the Integration Networks who work with Asylum Seekers.

This includes meeting on a quarterly basis with these organisations to feedback live issues. Issues raised include interpreting availability of certain languages and use of interpreters (e.g. in labour); birth planning and levels of intervention for BME women in labour. All of these now have improvement plans.

As part of our Peer Worker Pilot (Vaccinations, Screening, Poverty) representatives from voluntary organisations are able to raise issues directly with peer workers. These have included lack of awareness of Right Care Right Place and GP Out of Hours Service. (see section 2.4)



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

2.4

### **Action: Improve transition pathways for young people moving into adult care**

Transitions between age range-specific services should be planned and coordinated to ensure the continuation of patient care delivery, that human rights are upheld and that no discrimination is experienced. NHSGGC's activity on transition points is articulated within the NHSGGC Public Protection Quality and Assurance Framework (2023). NHSGGC has agreed to take action to ensure there are protocols in place at key transition points across the range of Maternity, Neonatal, Paediatric, Health Visiting and School Health services, and also between Children and Young People Services and Adult Services.

The protocol for Discharge Planning for Children with Complex Health Needs has been ratified and was implemented in April 2023. Additionally, Child Protection guidance documents have been revised to reflect the needs of young people aged 16 - 17 years who are at risk of harm and require support.

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

This mainstreaming action is reported under Equality Outcome 7.

### **National consultations**

NHSGGC contributed to eight Scottish Government Consultations on proposed changes to legislation relating to equalities. These were:

- Scotland's social security system: Enhanced Administration and Compensation Recovery
- Equality Evidence Strategy 2023-2025
- Anne's Law
- National Carers Allowance
- National Community Justice Strategy
- National Violence Against Women and Girls Funding Review
- Scottish Government Public Sector Equality Duty Review 2025
- National Violence Prevention Strategy



## Implementing the BSL Act

Significant actions have been undertaken in the delivery of the first BSL Act (2015) Action for NHSGGC. This work, in conjunction with HSCPs colleagues, has addressed issues highlighted in the National BSL Act Action Plan 2017 - 23. Work has focused on mental health, accessible information, health literacy issues and engaging with BSL users. The BSL Act (2015) NHSGGC 2024 - 2030 Action Plan is to be published on 6th May 2024 and will be available at [British Sign Language \(BSL\) National Plan - NHSGGC](#)

## Public Health

The Fairer NHSGGC Monitoring Report 2020 - 2022 detailed work around the COVID-19 pandemic. Follow up actions are reported below.

## Peer worker pilot

An Education and Engagement Peer Worker Programme (Immunisation, Screening, and Poverty) pilot programme was initiated for 1st October 2022, 30th June 2024, supported by the EHRT and PEPI team.

There is a strong international evidence base for peer-led approaches to promoting health and supporting access to health services. Initially, NHSGGC set up the Engagement and Educational Peer Worker Programme to support the COVID-19 vaccination programme. This followed emerging evidence, highlighted in NHSGGC's COVID-19 Inclusive Vaccine Plan, that some communities experienced differential impact of the virus on their health outcomes. The plan cited evidence that showed some black and minority ethnic (BME) groups experienced low vaccine uptake and higher deaths, and areas of high deprivation experienced low vaccine uptake. The plan also highlighted a lack of connection between NHSGGC and some communities contributing to the differential access and uptake of services more widely. The pilot was therefore designed to also include action on screening and poverty.

The NHSGGC Engagement and Educational Peer Worker Programme aimed to:

- **Support patient engagement with the COVID-19 vaccination programme; understanding barriers to vaccine take-up and providing information on vaccines, poverty and access to wider NHSGGC services.**
- **Maximise contact with communities who find it hard to engage with NHSGGC routine engagement activity and support them to do so.**



The pilot is delivered by a Peer Co-ordinator, 25 peer workers and 3 volunteer peer supporters. The peer workers and supporters reach out to individuals and groups of the respective communities, to provide information on specific topics and gather feedback on people's experiences, both positive and negative, of health and social care services. This is then fed back to services as appropriate and the EHRT analyse the information to inform priorities and planning. Examples of practical changes that were implemented rapidly as a result of this work include:

- **Winter Vaccine Information being made available on NHS Inform in an additional 19 languages**
- **Vaccination clinics offering drop in appointments to help remove barriers to accessing appointments for those unable to book online or call**
- **The mobile vaccination bus carrying supplies of 1st/2nd vaccination doses to enable those not having received their primary course of immunisation previously, to take up the offer.**

The first engagement took place on 31st of August 2022 and to date this project has seen 5397 people, with an on-the-day vaccination uptake of 26.3% for COVID vaccinations and 20.5% for flu vaccinations.

The programme has an onward referral rate of 21.8%. Onward referrals include those to: money advice services; access to emergency food and food pantries; the Support and Information Services for travel expense support to appointments, GPs for mental or physical health support and the Asylum Seeker Bridging Team. The programme has also been working with Home Energy Scotland to provide help and support for those struggling with rising fuel costs. The programme has the ability to be flexible and has tested joint working with Public Health on maternity early booking and screening and with the Patient Engagement Public Involvement Team on GP Out of Hours Services.

Peer worker and supporter training is ongoing, including screening services and child immunisations as well as personal development of individuals. An external evaluation demonstrated the positive perception and benefits of NHSGCC's Engagement and Educational Peer Worker Programme since it was established in Autumn 2022.



### **Action: Follow up actions to target differentials in screening uptake and health outcomes to ensure completion**

The NHSCCG annual screening report details uptake of adult screening programmes by age, SIMD, ethnicity, Severe & Enduring Mental Health and Learning Disabilities. The NHSGGC Widening Access and Addressing Inequalities in Adult Screening Programmes: Action Plan for 2022-25 was published in 2022 and is currently being reviewed in the context of a new Scottish Equity in Screening Strategy 2023-2026, which was launched in July 2023. The plan is supported by funding from Scottish Government Cancer Screening Inequalities Fund (SG SIF), which is currently being used across the adult screening programmes to address inequalities in uptake

Key areas of progress to date include:

- A two year Engagement Practitioner post, funded by the SG SIF, undertook engagement with Black Minority Ethnic communities across NHSGGC. During the first year, 1,302 participants were involved in 47 engagement activities in partnership with 29 community groups in Glasgow City. We conducted an exercise to identify the issues emerging and to clarify the policy, corporate and service responses available to address these issues. The next stages are to address these issues specifically within services, including piloting sending invitations to breast screening in appropriate non-English languages and British Sign Language and developing a targeted communications plan.
- In preparation for the introduction of learning disabilities health checks in early 2024, we have recruited a fixed term Inequalities Sensitive Practice Development Lead post to drive service improvement within screening programmes and liaise with LD service staff delivering health checks. We have also commissioned engagement with people with learning disabilities in order to gain insight and understanding of their experiences of accessing screening programmes locally.
- NHSGGC Mental Health Physical Health Check Steering Group have supported a 2 year pilot to deliver an in-reach cervical screening programme within inpatient mental health settings. Implementation planning is progressing, aiming to commence delivery in early 2024.



## Women's Health Plan

The Women's Health Plan (2021-2024) aims to reduce women's health inequalities by raising awareness around women's health, improving access to health care and reducing inequalities in health outcomes, both for sex-specific conditions and in women's general health. The Plan adopts a life course approach and there are 66 actions across 6 priority areas.

One of the medium term goals was the appointment of both a National Women's Health Champion and a Women's Health Lead in each board. Professor Anna Glasier was appointed as the National Women's Health Champion.

The NHS GGC Director of Public Health is the Executive Lead for the WHP in NHSGGC and a Programme Manager in the Equality and Human Rights Team, is supporting the coordination and implementation at board level.

There is a large amount of work taking place across NHSGGC which reads across to the vision and actions of the Women's Plan, including a substantial portfolio of work at both Sandyford Sexual Health Services and Acute Gynaecology services.

Additionally, highlights include:

- Creation of a Women's Health section on Staff Health pages
- Questions on menopause were included in the NHSGGC Staff Health Survey (2022); a Staff Menopause Group has been set up and key deliverables included in the NHSGGC Staff Health Strategy 2003-2025
- The Menopause Referral Guidance and accompanying FAQ for GPs has been launched on the Right Decision Service. This guidance aims to minimise variation in initial management, promote appropriate specialist referrals and provide educational support to non-specialist clinicians.
- The collaborative approach to developing guidance has been continued and the review and revision of other primary care/ gynaecology pathways including Post-Menstrual Bleeding on HRT; Intermittent Menstrual Bleeding and Isolated Post-Coital Bleeding, are nearing completion. They will similarly be launched on the Right Decision Service



- There has been a focus on the provision of Long Acting Reversible Contraception (LARC).
- A short survey aimed at primary care practitioners to ascertain their views was launched at the end of January 2024. This survey will run for 4 weeks and the results, together with the recommendations from the National SLWG on LARC, will inform the next steps for NHSGGC.
- Updated and routine LARC prescribing data has now been received and will be reviewed and shared with Primary Care partners.
- In West Dunbartonshire, a pilot training LARC hub has been established which provides IUD fitting for all practices in the Alexandria /Dumbarton locality. The LARC hub trains peers including nurses and GPs to faculty (FSRH) standards. This 2-year project aims to train at least one clinician to fit IUDs in each practice within the Alexandria and Dumbarton locality.
- Further work is underway with CTAC Treatment Rooms and Sandyford to review the currently available delivery models.
- As drugs deaths is one of the main drivers of premature mortality in women, a significant development has been the creation of the women's subgroup of the Alcohol Drug Partnership in Glasgow City HSCP. The Glasgow City drugs harms intelligence hub is conducting detailed analysis of the circumstances surrounding drug deaths in women. This intelligence will be reviewed by services to explore what opportunities there are to adjust interventions.

### **Blood Borne Virus Programme**

The Blood Borne Virus Programme aims to: protect public health through reducing transmission of blood borne viruses (HIV, hepatitis B and C); improve access to prevention, treatment and care, improve health outcomes for those at risk of, or living with blood borne viruses and reduce inequalities and stigma which impact on BBV outcomes and/or arise from living with a BBV.

While blood borne viruses can affect anyone, BME communities, Gay, Bisexual and Men who have sex with Men (GBMSM) and those who inject drugs are disproportionately affected. Our targeted work with these communities is outlined below.



Co-ordination of the programme sits with Public Health but delivery of the required primary, secondary and tertiary prevention measures is via a range of teams, services and settings, including but not limited to, Acute Services, Alcohol and Drug Recovery Services, Health Improvement, Prisons, Sexual and Reproductive Health Services and third sector agencies.

Examples of activity include:

- A 3rd sector service has been commissioned and is in place to deliver prevention and support service aimed at key groups living in GGC with primary aims of increasing awareness of BBVs, providing access and signposting to prevention measures including condoms and testing and supporting and sustaining those living with a BBV in treatment and care specifically targeted to our vulnerable communities.
- A multiphase social media campaign aimed at improving testing frequency among GBMSM was developed and launched. The assets sought to educate GBMSM about the importance of testing, the ease of testing and the frequency at which they should test based on their own behaviours. Analytics showed the campaign had wide reach, with over 4000 men clicking through the assets to sexual health service landing page.
- Our Sexual Health Improvement team supported the development of a national HIV stigma campaign. The campaign which aired on Scottish television and has range of campaign assets seeks challenge stigma by addressing misconceptions about HIV.
- For World AIDS day, staff communications and briefings were prepared to increase awareness of HIV and signpost to the national stigma campaign. Key NHS facilities were lit red in recognition of the day and to show support for those affected.
- While there is now guidance to support breastfeeding in certain circumstances, bottle feeding with formula milk is still considered the safest means feeding an infant born to a woman living with HIV. To alleviate any financial burden associated with this prevention measure, free formula milk and equipment is provided to mothers living with HIV.
- Peer support and a patient forum for those living with HIV is available through our HIV treatment and care service.



## Glasgow Centre for Population Health (GCPH)

Glasgow Centre for Public Health have been driving work to ensure it operates as an anti-racist organisation and takes account of the needs of those with Protected Characteristics across the portfolio of work.

Two anti-racist staff surveys have been developed and administered across the whole team. The surveys are designed to help support and monitor the progress in working towards becoming an anti-racist organisation.

GCPH has developed a bespoke internal Equalities Impact Assessment form to be used internally during the development of all new projects. The form prompts the staff to consider and explain how the project relates to, or does not relate to, each of the 9 protected characteristics; and what efforts will be made (and at what stage) to directly engage protected characteristics groups in the project. All new GCPH strategy development will complete a full NHSGGC Equality Impact Assessment.

In August 2023, GCPH published a report in collaboration with Glasgow Disability Alliance examining the impacts of the cost-of-living crisis. The [report](#) was presented by GDA members directly to the First Minister, who subsequently led the re-introduction of a £9million independent living fund for disabled people with complex needs and re-instated the abolition of non-residential care charges for disabled people as a party priority.

GCPH carried out in collaboration with LGBT+ Health and Wellbeing charity, an evidence review examining the unmet public health needs of LGBT+ groups. This will be published in Spring 2024

GCPH has commissioned Gillian Neish of Neish Training Ltd to partner the GCPH in working further towards becoming an anti-racist organisation. This contract is to provide expert support and facilitation for the entire team and is anticipated to take around 6 to 9 months. It will be reported on in the Fairer NHSGGC Monitoring Report 2024 - 2025.

Details of all GCPH work addressing the needs of those with Protected Characteristics can be found on the [GCPH website](#).



### **Anchor Organisation**

NHSGGC is committed to our role as an anchor organisation, which acts on behalf of the local communities and the local areas that we serve by going beyond healthcare provision. Our Anchor Strategic Delivery Plan will ensure NHSGGC works closely with our local partners, ensuring our property and assets positively benefit our local population, and reduce the impact of poverty and inequality within communities and strengthen community capacity and resilience. Our Anchor Strategic Delivery Plan will be a route to deliver community wealth building outcomes, with a particular focus on employment, procurement and land and assets and our contribution to a range of partnerships.

[NHS Greater Glasgow and Clyde's anchor strategic delivery plan 2023 - 2026](#)



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

(Led by Anne MacPherson, Director of Human Resources and Organisational Development)

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

The Board Workforce Equality Group (WEG) leads the development of NHSGGC as an inclusive organisation that engages with staff across all aspects of employment, in a way that reaches to the core of our organisational values and meets and exceeds our legal requirements as an equal opportunities employer.

The WEG is responsible for the NHSGGC Workforce Equality Plan. The group includes representatives from the Staff Disability Forum, the Black and Minority Ethnic Staff Network and the LGBTQ+ Forum, plus three non-Executive Diversity champions demonstrating leadership from the very top of the organisation.

The NHSGGC Workforce Equality Plan covers the following overarching ambitions -

- Our staff are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued
- Our data collection is legally compliant and is used to improve equality and diversity of our workforce
- We continue to build an inclusive culture, where all staff feel listened to and are confident in speaking up.
- We have taken all the actions in our control to reduce equal pay gaps by sex, disability and ethnicity
- We ensure delivery of our equality commitments to the attraction, development, retention and career advancement opportunities of all employees within our diverse workforce



Details of the actions for 2020-24, including an in-year action plan, can be found on our Workforce Equality Group website.

Deliverables against the agreed themes in our plan include:

### **Highlights from the plan overseen by the Workforce Equality Group**

**Consistency:** Align on key messages to ensure our staff are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued.

A new Managers' Guide to Equality Law was launched across the organisation in November 2022.

The new NHSGGC Clear To All policy - ensuring accessibility in all our printed documents for staff and patients - was launched in October 2022 with a new accessible font minimum standard implemented as a default for all Outlook messages from February 2023.

A Workplace Adjustment Passport and updated Reasonable Adjustment Guide to ensure support for all staff with disabilities or long term conditions.

**Equal Pay:** Take action to reduce gender, disability and ethnicity pay gaps.

Through the publication of Equal Pay statements and gender pay gap information, we are meeting our statutory requirements. Underpinning actions are integrated into the Workplace Equality Action Plan and are progressing well. For example, following the 2022 statement, the discretionary points process was reviewed in partnership, with a member of the BME network part of the review group.

Key priorities for 2024/25 overseen by the WEG include:

- Further developing the training offering for new and existing managers in all aspects of Equality, Diversity and Inclusion.
- Better developing the guidance and information available for staff and managers to support our Neuro-divergent staff.
- Achieve Carers Positive "Established" level Employer Award
- Deliver an annual engagement programme, including Pride, Black History Month, Disability History Month and an anti-racism campaign (See Outcome 3).
- Fully embed new and improved services to provide routes for staff to raise issues and support including our bullying and harassment confidential contacts, peer supporters and our Speak Up campaign.



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

### **Staff Equality Forums**

NHSGGC has three staff led equality forums, the Staff Disability Forum, The BME Network and the LGBTQ+ Staff Forum. Each has been provided with an annual budget of £5000 through the award from our Equality, Diversity and Inclusion grant via the Greater Glasgow & Clyde Health Care Charity. They are supported by the Equality and Human Rights Team and Human Resources, via the newly established Staff Experience Team.

To ensure that the lived experience of staff from these groups is reflected in our policy and practice, the Chairs of each of the groups attend our Workforce Equality Group (WEG) and policy and process changes are regularly tested with these groups.

Further detail of each group is set out below.

### **Staff Disability Forum**

The Staff Disability Forum was established in 2014/ 2015 and was formed to support the Board in making positive changes for disabled staff by promoting equality and to protect disabled staff against discrimination. The aims of the Forum are to:

- Promote equality
- Protect staff against discrimination
- Encourage colleagues to share their lived experiences
- Empower staff to feel able to confidently disclose their disability.

The Forum has over 300 members on their mailing list and over 100 on their Facebook Page. They consider the issues affecting staff and propose solutions, including recently helping to create and launch the Workplace Adjustment Passport. In 2022 and 2023 the Forum has celebrated Disability History month, with stalls across our local sites promoting the rights of disabled staff and membership of the forum.



### **LGBTQ+ Forum**

The current Forum was formed in 2018/2019 for NHSGGC staff members who want to contribute to creating a more inclusive LGBTQ+ workplace. The aims for the forum are to:

- Create visibility for LGBTQ+ people within our organisation
- Provide a point of contact and sign posting
- Actively be involved in policy development within NHSGGC
- Be as accessible as possible with a mailing list, meetings, activities, events, and social media presence
- Provide networking opportunities with other forums and groups.

The LGBTQ+ Forum has continued to grow in membership with a closed Facebook membership in excess of 150 and a smaller core coordinating group. The Forum is represented on the Workforce Equality Group where they can directly inform mainstream strategic decision making processes, for example recently developing guidance on good practice around the use of pronouns and our coordinating our annual Pride celebrations. The Forum runs a wide range of educational, development and networking opportunities for their members, including leadership development events and LGBTI Awareness Workshops.

### **Black and Minority Ethnic Network**

The Black And Minority Ethnic (BME) Staff Network was established in 2018. The aims of the network are to:

- Provide a safe, supportive and confidential forum for sharing experiences.
- Network and discuss identified issues that affect members of staff from BME groups.
- Act as a platform for consultation and influence on issues impacting on the health, wellbeing and work of BME staff.
- Facilitate opportunities for feedback on staff governance issues in relation to the experience of BME staff.



In 2022, working in partnership with the BME Network, the organisation launched our first dedicated BME leadership programme, with a second cohort of staff undertaking the programme from December 2023. The Network has also taken the lead in celebrating Black History Month in 2022 and 2023 and South Asian Heritage Month in 2023.

### **One NHS Family**

To ensure an intersectional approach, representatives from the forums/network come together once a quarter in our One NHS Family Group. This group provides input and oversight of the equalities budget from the Greater Glasgow & Clyde Charity, inputs into shared communications and has led on the development of an NHS arts programme, including our One NHS Family Picturing Our Workforce photo exhibition, Black Mother and Baby Mural and our Inclusivity Pathways.

### **Use External Frameworks and Standards to promote continuous improvement**

As part of our approach to ensure we are delivering best practice, NHSGGC uses a range of external standards and frameworks to learn from and use as continuous improvement tools. This further includes identifying relevant national studies to understand whether any lessons learnt can be applied within NHSGGC. For example, in 2022/23 the Workforce Equality Group considered both the Sports Scotland report into racism at Cricket Scotland and the Breaking the Silence report on sexual harassment in Surgery departments across the UK.

### **Disability Confident**

Disability Confident is a government scheme that promotes the benefits to workplaces of recruiting and retaining people with disabilities.

NHSGGC became accredited in October 2017 following on from the DWP's Double Tick Standard which the Board held for a number of years.

The Double Tick Standard means that NHSGGC has made the following commitments:

- **To interview all applicants with a disability who meet the minimum criteria for a job vacancy and consider them on their abilities.**



- To ensure there is a mechanism in place to discuss at any time, but at least once a year, with disabled employees what can be done to make sure they can develop and use their abilities.
- To make every effort that when employees become disabled, they remain in employment.
- To take action to ensure that all employees develop the appropriate level of disability awareness needed to make the commitments work.

Each year NHSGGC reviews these commitments and what has been achieved, to plan ways to improve on them and to let employees and the Job Centre know about progress and future plans.

### **Carer Positive**

At NHSGGC we recognize the significant contribution carers make to our society and workforce. We successfully achieved the Engaged level of Carer Positive accreditation in 2019, demonstrating our commitment to supporting carers. This included key policies like flexible working, special leave options, and access to confidential support services.

We are striving for Established level Carer Positive accreditation in 2024 and we are committed to fostering an inclusive and supportive environment for employees with caring responsibilities.

### **Fair Work**

Aligned with the Scottish Government's vision for Fair Work, we strive to create a work environment that champions the five dimensions of the Framework - opportunity, security, respect, fulfilment, and effective voice for all our employees. Examples of how we make this real in NHSGGC include:

- **Living Wage:** As a Living Wage employer, we demonstrate our commitment to fair pay.
- **Flexible working options:** We offer a range of flexible working arrangements, including part-time, remote work, and compressed hours, recognizing individual needs and circumstances.
- **Employee wellbeing:** We promote employee wellbeing through initiatives like health and fitness programs, stress management workshops, and confidential support services.



- **Training and development:** We invest in training and development opportunities for all employees, empowering them to reach their full potential and pursue career progression.
- **Regular consultations:** We work in partnership with trade unions and professional bodies to gather feedback, understand concerns, and improve our practices.

We review and assess our activity against these Fair Work Dimensions in partnership.

### **Pledge to be Seen**

In October 2022, the EHRT launched our 'Pledge to be Seen' in support of the Changing Faces Campaign. The launch was accompanied by a 'lunch and learn' session with staff. A volunteer staff member with a visible difference has worked on a photography shoot and we have committed to include these images in future staff recruitment campaigns and in a redesigned staff information pack that is included with job applications.

### **Equality and Human Rights Training**

All NHSGGC staff undertake a statutory and mandatory equality, diversity and inclusion training at least once every two years through our Learn-pro online, e-module.

The module follows an approved national template designed by topic specialists though the content is shaped to meet the needs of NHSGGC staff. To this end NHSGGC Staff Forums and Networks were involved in reviewing content to ensure lived experience is reflected in our staff learning. The module builds on a legislative background and includes several case studies to help staff relate to everyday practice

NHS Greater Glasgow and Clyde Statutory and Mandatory Equality and Human Rights e-learning module completion rates across the 4-year period are detailed below:

Dec 2020 - 95.6% = 42,000 employees

Dec 2021 - 87.7% = 38,600 employees

Dec 2022 - 88% = 38,700 employees

Dec 2023 - 92% = 40,500 employees



Completion rates across the 4-year period reflect the impact of COVID-19 on workforce pressures. Rates have improved significantly during 2023 through application of performance management strategies applied by NHSGGC's Statutory Mandatory Steering Group. The Group is chaired by the Organisational Head of Learning and Education and brings together a range of subject matter specialists and Staff-side representatives.

The online module is part of a broader suite of learning interventions related to Equality, Diversity and Inclusion. More than 250 staff participated in workshops to promote the NHSGGC resource 'Equality Law - A Manager's Guide to Getting it Right in NHSGGC' and in October 2023 more than 100 newly qualified mental health nurses participated in a learning session that linked equality legislation with an overview of NHSGGC's Women's Health Plan. Since April 2022, 225 members of staff have completed the online Learning Disability module and from April 2022 - January 2024 a total of 781 members of staff attended 43 online Deaf Awareness training sessions reflecting a growing appreciation of the importance of delivering inclusive services underpinned by due regard to the organisation's legal responsibilities.

We continue to support learning for potential future staff cohorts through provision of equality and human rights lectures to nursing, psychology and dental students with more than 130 students trained across the 2-year period.

On 20 June 2023, NHSGGC held our first Workforce Equality, Diversity and Inclusion Conference, for leaders across NHSGGC.

This conference recognised that a person-centred workforce is essential for delivering person-centred health and care. When staff feel valued, respected, and supported, they are better able to provide care that is tailored to the individual needs of our patients and service users, recognising the diversity of our patients' needs with empathy and understanding.

Importantly, our staff-led equalities groups were at the heart of setting the agenda, agreeing the outcomes and ensuring that the conference remained focussed on the lived experience of staff from diverse backgrounds. The Chairs of these groups' our Staff Disability Forum, BME Network and LGBTQ+ Staff Forum, came together through our One NHS Family Group to oversee the programme, provide advice on speakers and topics.



The event was designed as part of a larger equality, diversity and inclusion learning programme, with all breakouts on the day being run as online seminars between the conference and the end of the year. These were recorded and shared with all staff, creating that sense of something different and unique that all staff can be part of. In July 2023, we shared with all participants and the rest of the organisation, a resource pack of hints and tips from the conference, with attendees challenged to act as advocates within their service to share their learning and be change-makers for EDI.

### **Measuring performance and improving data collection**

To provide an accurate reflection of the demographics for analysis purposes, NHSGGC is reliant upon high disclosure rates by employees using data systems that are accessible and trusted. Whilst there is 100% complete data available for both Age and Sex, there is variation in disclosure rates across the remaining protected characteristic groups. Missing information is typically comprised of 'prefer not to answer' and 'don't know' responses or fields that have been left blank.

Following a campaign to encourage more staff to provide their data and improvements to processes for new starts, analysis shows a monthly improvement trend in the percentage of protected characteristic data that is unknown for the reporting period 2023-2024. The largest group of staff for which information is missing is for those with over ten years of service, with an over 90% completion rate for all new staff joining the organisation.

### **Performance Reporting**

Every quarter, a range of measures are reported to our Workforce Equality Group to allow them to track progress and identify areas for improvement. Measures reported by protected characteristic include:

- Staff numbers analysed by grade and job family
- Staff recruited into NHSGGC and promoted within the organisation
- Turnover levels

From December 2023, we have also started to report on training and development received by protected characteristic.

- You can see the latest annual reports on our [Workforce Equality - NHSGGC website](#).



## 2.6 Better Value - Measuring performance and improving data collection

2.6

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

The mandatory recording of ethnicity was made live in October 2020. At that point 33% of our patients had their ethnicity recorded. By 2022 reporting had increased to 51% and as of February 2024 it now sits at 54%, which is equivalent to 2,408,869 patient records. This is drawn from all patients on NHSGGC's system, some of whom may not have attended health services for many years, However, Public Health Scotland publish the ethnicity of current patients in all health boards. The completion rate for NHSGGC patients is currently 91.6%. See also Equality Outcome 3 for other work targeting our BME communities and tackling racism.

As part of the governance arrangements for screening programmes, uptake data by ethnicity is required for the annual screening reports, for service monitoring and improvement and governance scrutiny. This is required to monitor inequalities amongst ethnic groups and inform interventions for service improvement to ensure equitable accessibility, engagement and ultimately outcomes for Scotland's ethnic groups. The following screening programmes do not record ethnicity as part of the core screening data: breast cancer, bowel cancer, cervical cancer, abdominal aortic aneurism (AAA), and child vision. For the 2021/22 and the 2022/23 annual screening reports, analysis by ethnicity was undertaken via data linkage to a self-reported ethnicity reference dataset held within the West of Scotland Safe Haven.

### **Hate Crime**

Two hundred and ninety one hate incidents were captured via Datix and reported to the Workforce Equality Group across the 2-year monitoring period. The majority of incidents are on the grounds of race and perpetrated against staff by in-patient adults with incapacity. Organisational support is provided to staff including one-to-one counselling via the Occupational Health Service (self or management referral). NHSGGC's 'Stand Against Hate' campaign launched during National Hate Crime Awareness Week in October 2023 and targeted all sites with posters featuring QR gateway codes to further online content including access to the new Hate Crime Awareness e-learning module.



System-wide Core Brief communications further supported the programme which will continue to run across 2024 and dovetail with the complementary Stand Against Racism, Stand Against LGBTQ+ Discrimination and Stand Against Discrimination campaigns. NHSGGC's expected response to Hate Crime also features in the statutory and mandatory Equality and Human Rights e-learning module completed by more than 40,000 staff and forms part of the supporting learning resource pack for the NHSGGC Pride Pledge programme signed by more than 8500 employees.

**Action: put in place data collection and performance to track progress on mainstreaming and equality outcomes for the board 2020 - 2024.**

Routine Enquiry on money and debt worries has been integral to the support for individuals during and after the height of the COVID-19 pandemic and continues to be of vital importance in the context of the cost of living crisis.

Over the two years, over 20,000 referrals to money advice services were made. In addition, 676 emergency food packages were issued to patients on hospital discharge.

Routine enquiry money worries data is available for midwifery and health visiting but is generally not recorded. Over the 2 years, 61% of these referrals to money advice services were from SIMD 1, 22% SIMD, which is an increase from previous years in terms of reach to those most in need.

Our referrals to money advice services include:

- Acute Services (Total: 4869)
- Healthier Wealthier Children (Total: 5550 referrals)
- Welfare Advice in Health Partnerships (Total: 8337 referrals)
- Support and Information Services (Total: 1585)
- New services such as partnership with the Marie Trust around homelessness and Acute Services are in place

In terms of reach to protected characteristics, our contracted money advice services (via Acute services) fare well. This is the first time we have been able to collate this data so trends are unavailable in terms of reach to protected characteristics.



Setting Number	Female	Male	BAME	Disability	LGBTQ+	Under 25yrs	Average Age
Children's Hospital	259	82	57	229	0	158	N/A
Special Needs in Pregnancy Service	289	0	76	137	0	119	16-29
Acute Services	239	268	7	157	Not Captured	2	Not Captured

Our partnership with Home Energy Scotland resulted in 721 referrals from NHS staff with fuel poverty and 4,131 local authority referrals. A good uptake of the Warm Homes Scotland intervention was also found across the NHSGGC areas. Our staff financial inclusion programme includes regular sessions by NHS Credit Union and Home Energy Scotland. A new Home Energy Crisis Response Service for patients in Acute and mental health care was launched in 2023 and had 266 clients achieving a financial gain of £35,606 (including debt managed) The reach in terms of protected characteristics was 54% women, 75% 36 plus years and 7% BME. The service provides energy efficiency advice, priority service register, successful challenge of energy bill error and referral onwards.

The already high numbers accessing money advice services has continued to increase with Welfare Advice in Health Partnerships live in NHSGGC from 2021. Evidence from NHSGGC and other Scottish Health Boards indicates that this intervention is much more cost effective than traditional models of money advice provision, where people present in 'financial and mental health crisis.' By routinely enquiring about money and debt worries in universal health and social care services and having easily accessible referral pathways to money advice services, prevention and mitigation of poverty and child poverty is possible to a wider population in need than traditional models of money advice.

A new Department of Work & Pension (DWP) helpline for NHSGGC patients was set up in 2022, giving patients across all hospitals quick and direct access to advice and support on benefits and related issues.



Poverty proofing of services is being tested in NHSGGC. A pilot with the Vaccinations Programme included work with the national vaccination call centre and an improvement plan was put in place to enhance anti-poverty approaches. In addition, we worked with NHS Lothian to review approaches to provision of free period products and share good practice from NHSGGC.

NHSGGC's partnerships on child poverty is evidenced in Local Child Poverty Action Reports. The work streams include: NHSGGC as an anchor organisation and employer; patient routine enquiry on money worries and referrals to money advice; crisis interventions (e.g. Home Energy Crisis Service, Emergency Food Packages on Discharge) and anti-poverty interventions for staff with money worries.



## 2.7 Better Value - Resource allocation, fair financial decisions and procurement

2.7

### **Action: Continue to refine the process of making fair financial decision**

Equality Impact Assessment (EQIA) NHSGGC's EQIA programme continues to consider the impact of service change that includes a cost saving component and offers proportionate mitigation (see section 2.1 on EQIAs). All strategic decisions that are subject to equality impact assessment include an integrated abbreviated assessment in line with NHSGGC's requirement to show due regard to the Fairer Scotland Duty. The assessment content is drawn from the revised guidance for the Fairer Scotland Duty and asks:

- What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?
- What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socioeconomic disadvantage)?
- What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?
- Are some communities of interest or communities of place more affected by disadvantage in this case than others?
- What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?
- How has the evidence been weighed up in reaching our final decision?
- What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socioeconomic disadvantage?

Application of the assessment criteria has informed strategic decisions including:

**Review of Out of Hour GP service provision** which has mitigated impact of consolidation of service sites through extended provision of patient transport, home visits and inclusion of carers in transport arrangements.



Assessment of NHSGGC's Digital Strategy recognising digital exclusion resulting from poverty as one of the biggest barriers to benefiting from investment in this area. Mitigation was identified through applying further impact assessments to all associated programmes of work and making adjustment where required to ensure no-one is 'left behind' due to digital exclusion.

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

Work is continually underway across NHSGGC through the Procurement Directorate to ensure procurement policy supports fair work practices, community benefits and ethical supply chains. Within our Procurement Strategy, contract strategies and tender/contract information we consider fair work practices, sustainability and community benefits.

In terms of Fair Work Practices we have initiated full implementation of SPPN 6/2021 (Fair Work First implementation) within local contract tendering process.

Our ethical standards within supply chain developments have ensured maximum use of Project Bank Accounts within in-scope Construction projects to ensure prompt payment to contractors and sub-contractors in line with SPPN 10/2016. We have ensured Ethical Standards are enshrined in all local contracting activity where appropriate, including Human Rights, Modern Slavery, Whistleblowing, application of the Serious Organised Crime Protocol and use of Fairtrade products

Wherever possible we have adhered to the Government Buying Standards which cover food and catering services, construction projects and buildings, electrical goods and furniture.

In terms of Societal Benefit we have driven the following actions:

- **Increase spend with local businesses. As the first NHS Board to become an affiliate member of the Supplier Development Programme , throughout 2023/24 we will work on initiatives to engage with suppliers through Meet The Buyer events and to promote local contract opportunities amongst Scottish/local SMEs**



- Maximise Community Benefits. Ensure that wherever appropriate, local contracts include Community Benefits clauses. Ensure that the Community Benefits Gateway is referenced with Invitation to Tender documents
- Increase spend with supported businesses. Develop a plan to increase spend with supported businesses using the flexibility within the Procurement Regulations referenced in SPPN 04/2017 to make direct awards to such entities. Ensuring Procurement contributes to the Community Wealth Building and Anchor Institution agendas and finally by working with Public Health and Health Improvement colleagues on how Procurement can play its part in the Community Wealth Building and Anchor Institution agendas



# Equality Outcomes

EO:1

## Equality Outcome 1:

### **Person Centred Care for older people is enhanced by addressing ageism and its impact on treatment options and care for older people.**

This outcome was not initiated until 2023 due to the impact of the risk of COVID-19 on older people's services and therefore not all actions have not been delivered. This outcome will be fully completed as part of the Fairer NHSGGC: Meeting the Requirements of the Equality Act 2024 - 25 reporting period.

A broad range of work has been carried out to understand existing practice in key services and is described below.

### **Survey and gather evidence on existing practice in key services**

#### **Future Care Planning (Anticipatory Care Planning)**

A programme of work dedicated to Future Care Planning has been active for the past four years working across all areas of NHSGGC, including the six HSCPs, primary care, Acute settings and the independent care sector.

The aim of the programme is to help embed Future Care Planning into core business and empower the public to be involved in decisions relating to their care and treatment. Whilst this type of planning can be offered to anyone, particular focus has been made to engage those over 65, those living with a long term disease or people towards the end of their life.

Staff training has been a key element of the programme with online, bite-sized and in-depth training all available. As of December 2023, almost 900 people have attended in-depth training, over 1670 have completed the e-module and there are now a range of short 'Focused Fundamental' sessions on topics such as Clinical Frailty Scales and Power of Attorney.

A Standard Operating Procedure (SOP) has also been published giving detailed guidance to staff regarding the process of having and recording Future Care Planning conversations. Alongside this, there are dedicated webpages providing both staff and the public with information and resources in order for them to begin having these conversations.

Since launching the platform in Oct 2019, there have been over 5,500 conversations recorded on our electronic system which can be seen and shared with multiple services including Primary Care and Scottish Ambulance.



## **Older people and their carers are routinely involved in discharge planning and decisions as part of person centred and inequalities sensitive care.**

Although the specific actions relating to this outcome have not been initiated due to the COVID-19 pandemic, AHPs (Allied Health Professionals) have continued to prioritise Dementia Champions training to improve all aspects of person centred care for older people in relation to planning and decision making. As a result of the Dementia Champions training many AHP services have prioritised the Dementia & Delirium and Dementia & Distress LearnPro modules for staff to enhance person centred care for patients.

Two new initiatives have been launched across the Board. Firstly, a toolkit to help people and those they support plan ahead with the aim of reducing stress at times of crisis. Alongside an online information session, two documents are available:

- a 'preparing for hospital checklist' detailing different paperwork which can be completed at any time and will make a hospital stay smoother
- a 'plan to get you home' which helps people think through the logistics of a hospital discharge, including the assets available to them such as family/friends, housing solutions/equipment and personal attributes/abilities.

The second initiative is the Board wide adoption of the 'Friendly Faces' scheme, a scheme that enables family, friends and/or carers to stay with people throughout their hospital journey, including traveling to surgery or undergoing some procedures such as x-ray or phlebotomy.

Additionally, work programmes were initiated around Virtual Visiting to enhance person centred care.

A programme of work was also undertaken which focussed upon the support needs of carers. This included the development of public facing communications to ensure that the identification of carers continued via NHSGGC and NHSGGC Carers social media platform.



### **Dementia SIGN Guidance**

NHSGGC's Equality and Human Rights Team (EHRT) peer reviewed SIGN Guideline 168: Assessment, diagnosis, care and support for people with dementia and their carers, which was published by Healthcare Improvement Scotland (HIS) in November 2023. The guideline covers the identification and diagnosis of dementia, investigative procedures, post-diagnostic support, non-pharmacological distressed behaviours, grief and dementia, the changing needs of people with dementia, and palliative approaches. The guideline contains 67 evidence-based recommendations across six domains. EHRT reviewed the guideline during its development to assess the content against the Equality Act (2010) and Human Rights PANEL principles and advise on further improvements.



## Equality Outcome 2:

**Appointments will be planned and scheduled so that the needs of patients who require additional support are met to ensure appropriate care during all outpatient visits.**

A range of work has been undertaken to address the issues relating to meeting the needs of patients at the entry point to our services.

**Ensure services address the additional needs of patients by giving staff evidence-based information on removing barriers for different groups**

### Mitigation Guide

A [Mitigation Guide](#) has been developed and is now published on the EHRT webpages enabling staff to access information relating to improving patient access across a range of disabilities. In this context mitigation can be seen as removing barriers, listening to lived experience and person-centred care, making for a better patient experience in our services. The published Guide covers autistic people, people with visual impairments, people with hearing loss, people who are Deaf, people who are Deafblind, people with learning disabilities and physically disabled people.

### Frontline Equality Access Tool (FEAT) Pilot

The FEAT Tool was developed to make equality legislation 'real' for practitioners and test how front line services are able to implement equality policies and practice on a ward setting. It is a hybrid assessment tool, bringing together aspects of EQIA and Accessibility Audit for use in ward environments. It is sponsored by the Chief Operating Officer.

The Tool was piloted in the Royal Hospital for Children (RHC) and in the GRI. It was tested across 6 wards. This test of change will inform the tool and how it is used at a ward level for inpatient and for outpatient areas.



The tool combines environment access review with equality-sensitive person-centred care considerations, creating a Disability Access audit / EQIA hybrid for frontline service delivery. The FEAT also includes specific consideration for adjustments available for autistic people using the services. A completed audit report was returned to the Chief Nurse with an action plan.

A recommendation to use the tool for equality proofing delivery models has been included in the Quality Strategy and will support further scheduled audits across 2024/25 as an Equality Outcome.

### **Autism Pathway**

Aimed at all staff involved in out-patient appointments or admission and care of patients, an Autism Sensitised pathway has been developed. Utilising lived experience of Autistic people and up to date resources relating to Autistic experience, the Pathway supports staff to give the right care to Autistic patients as they use our services. This Pathway is being developed into a staff app as part of the Right Decisions digital developments.

### **Review systems for appointing and communicating with patients and remove barriers.**

#### **Letter to Non-English Speakers**

The letter has been distributed to households by language groups along with clear instructions on how to use the direct access telephone interpreting service. It explains that patients can now use telephone interpreting to call any of our services free of charge. It provides examples such as contacting GPs, Maternity and pharmacies and highlights NHS 24 and 999. It also emphasises that patients can use the service to contact us if they receive a letter from us in English and we will talk them through it. This letter is being sent to over 20,000 non-English speaking patients for our top 40 languages groups covering 98% of all non-English speaking NHSGGC patients.



## **BSL Short Life Working Group (SLWG)**

The BSL SLWG was set up with key staff across NHSGGC to address concerns raised by BSL users through our BSL Mediator. Staff represented includes e-health, nursing, medical, medical records, business intelligence and person-centred care. The group focus has been to discuss and find solutions to issues for BSL users regarding consistency of interpreting support provision in in-patient beds.

A Human Library event was held focusing on enabling Deaf individuals to share their healthcare experiences with NHS staff who are members of the BSL SWLG. The primary objective was to raise awareness among healthcare professionals regarding the challenges faced by Deaf patients in the healthcare system. The engagement revealed several key issues and recommendations:

**Communication Barriers:** Deaf individuals often face difficulties when healthcare staff assume normative abilities like reading and writing. Recruitment of more interpreters, potentially maintaining a surplus, was suggested to meet varying communication needs.

**Staff Training:** Providing staff with BSL training can enhance the social aspects of a hospital stay. Collaborating with BSL learning centres can ensure access to qualified interpreters and address the disjointed approach to communication support.

**Tailored Support:** For BME (Black and Minority Ethnic) Deaf individuals without BSL proficiency, international or Deaf relay signers could be essential. The offer of tailored training sessions for ward teams was suggested, as was making Deaf awareness e-learning mandatory.

**Long-Term Support:** Concerns were raised about long-term patient support deteriorating over time and the impact of temporary staff. Ensuring interpreting support throughout the entire surgical pathway, including post-surgery and discharge, was emphasised.

A specific Action plan to deliver these issues is almost complete. The SLWG have identified a work around for the limitation of Track care - the national patient system - to identify BSL using patients.



### **Equality Outcome 3:**

**Ensure that Black and Minority Ethnic (BME) patients have access to full service pathways in all NHSGGC services, particularly those that do not speak English, informed by an understanding of the impact of racism on health.**

#### **Improve data recording of ethnicity in Mental Health Services**

Across Mental Health Services in NHSGGC the current proportion of patient records where ethnicity is recorded is 73.5% - an increase from 63% in 2022.

Improved recording has been possible as Glasgow City HCSP has been updating the EMIS Web lesson plans for training to ensure staff know how record ethnicity on the system. These now include direction for admin and clinical staff to review all information contained within the Patient Registration Field and update as required. This field includes information on ethnicity.

Additional clinical templates have been created to capture equality monitoring data.

#### **Deliver a staff focussed campaign on racism**

##### **Stand Against Racism - staff campaign**

The campaign is based on feedback received from BME staff regarding their experience of working in NHSGGC. The posters feature quotes from staff members (remaining anonymous) and provides two 'calls to action'. One is for staff who have experienced discrimination and the other for all staff to challenge racism. The former links to HR's reporting mechanisms and the latter to a webpage with information on speaking up, how to support colleagues, training opportunities and getting involved - including links to the BME Staff Network.

##### **Engage BME communities in reviewing pathways to make improvements where required**

The development of this pathway focused on working with the Pain Management Services and Type 2 Diabetes Prevention services and was also informed by the BME focused work in our Maternity Services (see Outcome 7). A pathway approach was developed which is transferrable across GGC services. The information contained in the guidance is for all staff involved in the treatment and care of our patients in NHSGGC to meet the needs of our BME communities.



Using these guidelines will help ensure that our BME patients are enabled to access services and undergo treatments in a manner which fully addresses their needs. This guidance will also be available to staff as a staff app on the Right Decision platform during 2024-25.

The development of these guidelines is detailed below.

### **Reviewing patient pathways - Pain Management Services**

The work was initiated by speaking to our patients. Fourteen interviews and 1 group session relating to Pain Management/Pain Management Physiotherapy were carried out. Twenty four people were spoken to in total and all participated in work relating to this.

Themes arising from the work included:

- **Not understanding the NHS system - a difference between new community members and settled community members**
- **Difficulty with particular aspects of system - e.g. phone calls and self-referral**
- **People wanting patient facing information in their own language and in English and patients reporting being confused by the use of jargon**
- **Not understanding the purpose and reasoning of the various treatment options being offered**

A pathway has been compiled through working with staff and consulting further with our patients about how many had received and understood Direct Patient Access information and NHSGGC substantive interpreters. Each aspect of the patient's journey through pain services was assessed for accessibility for BME people, taking account specifically of the needs of non-English speakers. This included: access to information; understanding potential cultural differences in understanding and managing pain, use of opt-in appointments and exploring how to deliver therapeutic group work through interpreters.

### **Reviewing patient pathways - Diabetes Pathway**

The corporate Health Improvement Team leads on the implementation of Scottish Government's Type 2 Diabetes (T2D) Prevention and Early Intervention Framework within NHSGGC. As part of this implementation, there is a particular focus on work within Black and Minority Ethnic (BME) communities, given the increased risk and prevalence of T2D within these groups. Over the period of this report, a Health Improvement Practitioner has been in post with a specific remit for engagement within BME communities. The post holder has developed and overseen a range of activity, described below.



## Pathway Development

In May 2022, an opt-out referral pathway was launched for newly diagnosed T2D patients within Greater Glasgow and Clyde. Following their diagnosis, patients are automatically contacted by the Board's T2D Hub and are invited to attend the T2D education programme Control IT Plus and, if eligible, the Glasgow and Clyde Weight Management Services.

One challenge identified following implementation of the Pathway was the limited information Hub staff had on patients' ethnicity and language/interpreter requirements at point of diagnosis, meaning correspondence was being distributed in English without knowing if this was appropriate for all recipients. In partnership with the Equalities and Human Rights team, the pathway's patient correspondence has been reviewed and updated. In November 2023 new patient invitation letters were launched including information in Arabic, Urdu, Hindi and Punjabi with QR codes linking to bespoke content for patients who speak these languages allowing them to better understand and engage with the services on offer.

## Translated Resources

The Control IT Plus programme was rolled out within NHSGGC as part of the referral pathway described above. As part of the development of Control IT Plus, the programme's participant booklet and videos have been translated into Arabic, Urdu, Hindi and Punjabi to reflect the composition of the T2D population within the board. The videos have also been supplemented with BSL translation while further translations are planned. Alongside the translation of these resources, Health Improvement partnered with Dietetics to ensure that the booklet content with regards to diet and healthy eating was appropriate for, and reflective of, the diverse population within NHSGGC. Up to December 2023, in addition to the physical booklets that have been distributed, PDFs of the translated booklets had been downloaded 956 times while the translated videos have had 768 views.

## Community Champions

A primary focus of the T2D implementation plan has been the establishment of a community champions programme, with individuals from BME backgrounds recruited to support and carry out engagement and awareness raising activities within their communities.



The Health Improvement Practitioner completed a range of scoping work to inform the development of a champion role profile and to identify appropriate avenues for recruitment. In partnership with Diabetes Scotland, a training package was developed incorporating an overview of T2D and information on NHSGGC's core lifestyle services and support and the referral pathways for these. In August 2023, the training was delivered in-person to a cohort of 18 community champions. Following the training, feedback on the engagement and promotional activity undertaken by the champions has been provided routinely and an online forum has been established to provide a platform for peer support amongst the champions. Quarterly touch points are planned as opportunities to bring the champions together and provide further training or support. The first of these took place in November 2023 and focused on the health board's physical activity provision. A model for the rolling recruitment and training of further champions is in development.

This information on our Patient Pathways is also being developed into an easily accessible and interactive information app for clinical staff on how to meet the needs of our BME patients at each stage of the trajectory of care. This will ensure a standardised approach to person centred care for BME patients and to improve the patient pathway. The app development is part of a suite of apps being developed for staff by the EHRT with the Right Decision Service. It will ensure we meet our needs with regard to provision of professional guidelines, an interactive pathway and mobile access with regard to BME patients.

[The BME Patient Pathway is available on the Equalities in Health website.](#)



### **Equality Outcome 4:**

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

**Review the context for responding to religion and belief needs in NHSGGC through the establishment of a Staff Interfaith Group**

A Staff Interfaith Group was established to bring service perspectives together to better understand where religion or belief considerations were proportionately relevant for service planning. Following the piloting of faith inclusive developments in Person Centred Care planning tools and the electronic Digital Clinical Notes, the work of the group has been stepped down.

Mainstreaming the consideration of faith and belief needs into patient records had been the primary ambition of the group which the new electronic Digital Clinical Notes resource will deliver.

**Ensure equality impact assessments of specific services which affect religion**

Bespoke equality impact assessment training was delivered to all leads who participated in the Staff Interfaith Group who represented service areas across NHSGGC. Application of equality impact assessments has supported reviews of NHSGGC's Food, Fluid and Nutrition Policy (practical steps to inclusive menu planning) and NHSGGC's Public Protection Policy where attention has been drawn to duty of care response to female genital mutilation risk. From a workforce perspective, the review of the Uniform and Dress Code Policy in 2022 highlighted several areas for consideration in relation to the intersection of religion or belief, sex and safeguarding through infection control measures.



## Equality Outcome 5:

**Improved access and quality of care for patients who have a learning disability will improve their experience of services and health outcomes.**

### **Deliver evidence-informed educational materials to staff on the management of care for patients with a learning disability**

An evidence review has been completed to inform staff training and resources. This included engagement with other Health Boards. The evidence review identified that some areas in England have Standard Operating Procedures for Acute Services around learning disability and this learning was used to inform our NHSGGC learning disability pathways work. We also completed an evidence review of Acute Liaison Learning Disability Nurses as a model.

NHSGGC staff website pages have been updated based on the learning from the evidence review.

In 2022-24, 556 staff completed our learning disability e-module. The content of the training focuses on how to identify health issues and barriers for people with a learning disability and how staff can improve care and health outcomes for patients.

We developed a staff training programme, which includes mock appointments with volunteers with a learning disability and this has been evaluated. This is now being rolled out across NHSGGC staff and will be carried into 24 - 25 reporting period.

Support patients and carers in reviewing patient pathways in and out of services, developing approaches such as 'mystery shoppers'

A range of marketing, recruitment, induction/training materials and monitoring pro formas for a mystery shopper programme were developed. However, the uptake from people with a learning disability was extremely limited even with the engagement of 3rd sector organisations to develop and implement this work stream. Instead, we gathered feedback from existing groups where people with a learning disability meet and worked with volunteers to enable them to participate in staff training (see Activity 1 above). We talked to 76 people with a learning disability.



In terms of improvements, people with a learning disability felt there needed to be improved recording of patient needs on notes. Other improvements suggested included reducing waiting times, improving communication and staff attitudes, flexible lengths of appointments and better access to dental care. In addition, a theme for people with learning disability was the cost of living crisis and its impact on mental health.

This learning has informed a review of the Digital Clinical Notes. We had a range of inputs from people with a learning disability who actively took part in this review. We worked with Acute Services nursing practice developments leads to review the continuous audit process from a learning disability perspective.

We developed an action plan to address findings from a significant incident review from another Scottish Health Board involving a person with a learning disability. The action plan was aligned with this Equality Outcome and also involved a review of assessment, care and discharge documentation covering, for example, informed consent, carer involvement and guardianship issues and 'What Matters To Me' / 'Getting to Know Me' tools. As part of this work we explored with our Health Information Technology colleagues enhancements to the main Acute electronic patient administration system, in terms of appointment letters.

The roll out of the national annual health checks starting in October 2023. The pilot phase of the health-check programme began in January 2024, with patient groups in Inverclyde. An initial target group of around 200 people has been identified to take part in the pilot. A further update on this work will be provided in the second quarter of 2024. The roll out will include additional training.

We developed Standard Operating Procedures (Learning Disability) for inpatient and outpatient Acute services. These are being tested in 2024-25 as part of a new interactive process with staff around Equality Impact Assessments (our new Frontline Equality Assessment Tool - FEAT).



## Equality Outcome 6:

### **NHSGGC is perceived as a safe and inclusive place by Lesbian Gay Bisexual Transgender & Queer + (LGBTQ+) people.**

The NHS Scotland Pride Pledge programme was launched nationally in June 2021. NHSGGC representatives participated in the national co-ordinating groups and since adopting the programme in 2021 have continued to promote the initiative across the workforce with more than 9,200 employees signing the pledge and receiving a badge.

By wearing the NHS Scotland Pride badge, NHSGGC Staff members are pledging to:

- be aware of and responsive to issues faced by LGBTQ+ people accessing care
- be a friendly, listening ally who staff and service users can safely approach
- use inclusive language and respect identity

NHSGGC has created a robust contact directory for all staff willing to participate in the national evaluation of the programme. This directory was contacted in July 2022 with the national evaluation template to support the Scottish Government evaluation of this programme.

Each pledger has access to a range of learning resources to inform a sensitive response to LGBTQ+ staff and service users. This range was bolstered in 2024 with the additional of an LGBTQ+ e-learning module available to all staff and linking directly to the Pride Pledge work.

Members of the Equality and Human Rights Team attended Glasgow Pride in July 2023 after a 2-year hiatus due to COVID-19 restrictions. This opportunity was used to ask a question about feelings of safety while using NHSGGC services. 109 people responded using a Likert scale with an average score of 8.45 (where 1 = not safe at all and 10 = totally safe). Of those responding, a third said the Pride Programme had made a positive impact on how services are perceived as safe and inclusive.



## **Health Needs Assessment**

The Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-Binary People undertaken by NHS GGC, NHS Lothian and Public Health Scotland and published in 2022 specifically asked respondents about their experiences of COVID-19. This related to how experience of COVID-19 had changed the lives of LGBTQ+ people and how services could positively adapt to better meet needs as part of a national recovery plan.

### **Frontline staff will receive training that challenges the hetero-normative assumptions in relation to LGBT+ identities**

In addition to delivery of the statutory and mandatory e-learning module completed by more than 40,000 members of staff, the Equality and Human Rights team have responded to frontline requests and delivered 7 learning sessions that cover both sexual orientation and gender reassignment identities. The sessions cover questions staff may have around inclusive language and practicalities of inclusive service delivery. To further support a wider demand for this information, an LGBTQ+ e-learning module has been designed and is available to staff via our LearnPro platform. The module specifically focuses on challenging assumptions and stereotyping from hetero (and gender) normative assumptions.

### **Improve understanding of issues facing bi-sexual people, particularly women**

NHS GGC's collaborative research 'Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people' (2022) highlighted significant concerns in relation to discrimination and negative attitudes. While highest amongst non-binary and trans people, specific concerns were disclosed in relation to bi-phobic attitudes and 'bi-erasure' - where bi-sexual identities are being invalidated in society. Bisexual women were amongst the highest groups to report experience of abusive relationships (43%) with 61% of bisexual participants disclosing they currently had a mental health problem. Bisexual women were also one of the highest reporters of eating disorders (after trans men and non-binary identities). Challenges for bisexual people were seen to be compounded through a lack of visibility, with 48% of bisexual women stating they were not 'out' or only 'out' to close friends.

The Health Needs Assessment has been widely circulated across NHS GGC and is being used to inform service design and delivery.



**NHSGGC will establish an LGBT+ patient experience group to monitor progress against the outcome.**

Due primarily to COVID-19 and lower than anticipated numbers of NHSGGC residents giving approval for follow-up as part of the LGBT Health Needs Assessment, it was not possible to fully action this outcome. However, renewed attendance at Glasgow Pride was used as an opportunity to engage with more than 100 LGBTQ+ people to assess how NHSGGC is fairing in relation to this equality outcome. As previously noted, this returned a score of 8.45 from a possible 10 (where 10= felt totally safe). Attendance will be repeated this year with a repeat of the question set to determine any changes.



## Equality Outcome 7:

**Women with protected characteristics of race, socio-economic inequality or who are affected by gender based violence (GBV) receive perinatal care which improves their health outcomes.**

### **Develop responses to any structural barriers identified**

Maternity services have developed a focus on improving the experiences and outcomes of the BME population. This is aligned with work streams on poverty and gender based violence. Consultation with patients and third sector partners and audit work is being used to inform improvements in the patient pathway for BME women. This is supported by wider developments within the Maternity service to implement Best Start, including continuity of carer. We are ensuring that the service changes that are implemented as part of Best Start consider the needs of equality groups through a robust process of EQIA. We are supporting staff to provide better care for all women including those with interpreting needs through longer appointment times, staff training and joint work with the Interpreting Service. We recognise the importance of embedding these inclusive values in the service. The actions we are taking to achieve this include ensuring our patient consultation and communication is inclusive and a developing stream of work to increase diversity within our workforce.

Additional ongoing work includes:

- Quality improvement and outreach to increase the proportion of women booking early in their pregnancy
- Development of inclusive antenatal and parent craft education
- Improvements to experiences around the time of birth by strengthening birth planning and the risk assessments that influence birthing options for women
- Actions to reduce stillbirths, including education for women around foetal movements that has been supported by community engagement
- Review of guidance around late booking and transfer of care from out with the UK
- Development of data to monitor inequalities and assess progress



A specific improvement plan for the use of interpreting services has been drafted utilising learning, including the issuing of Direct Access to Telephone Interpreting in 2022 as well as staff training and new resources. A Step by Step Guide to maternity care has been developed for the BME community including advice on continuity of carer; routine enquiry on social issues and rights to interpreting. We are working with the 3rd sector provider for the patient complaints system and are testing accessible patient feedback systems in partnership with Amma Birth Companions, British Red Cross and Maryhill Integration Network. Amma Birth Partners have raised concerns about the treatment of BME women in NHSGGC Maternity services during 2021 - 2022 based on evidence they have collated. The work below has addressed some of the issues raised; further work will be carried out in partnership with Amma, under the Fairer NHSGGC 2025 - 2025. A range of new resources have been developed, including a Patient Step by Step Guide to Maternity Services, Patient guidance on single point of access, reception desk quick guides to interpreting, Labour ward posters on interpreting needs and a Staff electronic quick guide to interpreting. An interpreting audit in September 2023 found problems with provision although these were low prevalence. Maternity and Interpreting services are problem solving these issues and the audit will be repeated in six months' time. Evaluation of equalities and interpreting staff training found this was useful to staff.

The HEAT target on antenatal booking before 12 weeks shows trends around ethnicity. The target is missed for the following groups: African, South Asian, Chinese, Roma and Gypsy Travellers. There is regular community engagement by peer workers to raise awareness, address myths and break down barriers to this and other maternity care issues. Continuity of carer is a key mitigation against poor outcomes for mother and baby. Regular reviews of midwifery continuity of carer have been analysed by SIMD and ethnicity. A review of Alongside Maternity Unit data by ethnicity found that BME women were less likely to be offered birth within the Alongside Midwifery Unit. This is likely to increase levels of intervention during birth for BME women. Case review has led to staff training around areas of risk assessment including late booking and communication issues. Audit work is ongoing and suggests early improvements in response to the work completed. A patient survey - translated into the top 5 community languages - received over 1,000 responses revealed many positive themes, however there were also areas for improvement, including around postnatal care.



**Carry out and record routine enquiry on GBV and update existing and develop new protocol on GBV as required.**

In terms of gender based violence, an NHSGGC pilot of maternity services independent domestic abuse advocacy (IDAA) has started within post-natal wards at the RAH. The model started in February 2024. A review of domestic abuse maternity protocols and Learn pro e modules is taking place. Recording of routine enquiry domestic abuse is problematic. This is similar to recording of routine enquiry money worries and KPIs are being explored for these issues. Maternity referrals to money advice services and action post routine enquiry domestic abuse are covered in the Mainstreaming section of this report.

Midwifery Services Domestic Abuse recording (April 2022 - February 2024) shows that 95 women were referred with domestic abuse for a total booking number of 25,369. For 4,125 women 'unable to ask' was recorded with no data returned for 505.



## Equality Outcome 8:

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

**Develop and deliver training on overshadowing, stigma and discrimination and 'What Matters to Me' for service staff and develop and deliver a rights based approach to considering the physical health of patients with mental health issues**

The Physical Health Care Policy for people with mental health problems has been refreshed in line with the new national Mental Health Strategy. An EQIA has been completed. A project to ensure access to cervical screening within inpatient settings is in place with staff recruited February 2024.

We tested improvements to patient experience conversations on physical health topics. This was problematic due to the informal nature of patient experience conversations and the number of physical health topics under consideration. We developed a pictorial tool to aid patient feedback on physical health interventions. This was developed from an NHS GGC health needs assessment for mental health patients and new national policy. This tool is being tested in 2024.

In terms of patient experience, the following themes were identified from engagement with 139 patients in 2023.

Staffing issues can challenge the physical activity agenda (e.g. walks outdoors with staff)

- access to own tablets and relaxation apps is difficult on some sites
- lack of awareness of a plan/assessment for physical health
- frequent medication meaning patient sleepy at times
- garden spaces are really welcomed
- smoking cessation being offered when not wanted
- requests for an on-site café

Due to service pressures, there was no time to release staff on overshadowing training.



### **Increase number of in-patients who access screening**

Data trends around screening indicate that people with severe and enduring mental illness have lower uptake than the general population although there is a positive trend towards increased uptake in recent years. The pandemic was a major barrier to this work as many staff were off sick and there was reduced capacity for physical health interventions. The work is continuing with Glasgow HSCP from 2024/25.

The Annual Screening Reports can be found on our [website](#).





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## **Next Steps**

The Scottish Government are in the process of reviewing the effectiveness of the Public Sector Equality Duty (PSED). A consultation was carried out in December 2021 with the analysis published in November 2022. The intention is that regulatory change will be implemented in April 2025. This means that we will deliver a set of actions for one year and prepare our evidence for the new PSED launch in April 2025.

To demonstrate how NHSGGC are meeting the requirements of the Equality Act until the regulatory changes are implemented, A Fairer NHSGGC 2024-25 covers one year - from April 2024 to March 2025. It covers actions relating to how we will ensure our mainstream functions and Equality Outcomes that are delivered in a way that meets the General and Specific Duties in line with the Act.

The planning period for our next set of Equality Outcomes 2025 - 2029 was already initiated in 2023, ensuring that any urgent or extensions of existing outcomes for 2024 - 2025 are contextualised by a broader view of the evidence to ensure compliance.



## **Accessible formats**

This publication has been produced in line with NHS Greater Glasgow and Clyde's Accessible Information Guidelines. It is available in a range of formats and languages.

For more information please contact us.

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BSL users can contact us via [www.contactscotland-bsl.org](http://www.contactscotland-bsl.org) - the online British Sign Language interpreting service.