



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

Monitoring Report
2024 – 2025

A Fairer NHSGGC Monitoring Report 2024-25

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1 Aim of the report

In April 2024, NHS Greater Glasgow and Clyde (NHSGGC) published 'Meeting the requirements of Equality legislation: A Fairer NHSGGC 2024-25.' The report set out a range of equality-related activities to be delivered over a 12-month period and serves to evidence NHSGGC's due regard to meeting legislative responsibilities as set out in the Equality Act 2010 (Specific Duties) Scotland Regulations 2012.

The equality-related activities comprise both mainstreaming actions which help evidence legislative compliance in the organisation's day to day 'business', and specific equality outcomes. The specific outcomes describe actions considered proportionate to better meet the needs of protected characteristic groups.

This document is the monitoring report for our agreed targets and details progress across NHSGGC to meet both the mainstreaming and specific equality outcomes covering the period between January 2024 and December 2025.

As this monitoring report covers an interim 12-month period, as opposed to the usual four-year timescale, the content and scope has been adjusted accordingly.

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 and in February 2025 the Scottish Government's Equalities, Human Rights and Civil Justice Committee published a call for views into the operation of the PSED. The expectation is that regulatory change will come into force during the course of our next four-year report. We will adjust relevant aspects to meet any new requirements.

Our aim is to deliver a fair and equitable service across our four Corporate Plan priorities:

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

We have delivered actions under each of these corporate priorities which are summarised in the following sections. Each section states our agreed actions and how well we have achieved them.

We have avoided publishing information in tables to support use of assistive technologies such as screen readers.

2 Mainstreaming Actions

2.1 Better Care

‘We will provide interpreting to all patients who require communication support for NHS-related appointments’

NHSGGC delivered approximately 60,000 face-to-face interpreting supported appointments across 2024/25. To better meet the communication support needs within unscheduled care and shorter outpatient appointments, we encouraged use of telephone interpreting and saw a significant uptake across the reporting period, with over 156,000 telephone interpreting bookings made.

We also provided a broader range of communication support such as note-takers, British Sign Language (BSL) Interpreters and Guide Communicators. Our BSL interpreter bookings for the 12-month period totalled 4975, up slightly from the previous year (4588). Our partnership with Deafblind Scotland ensured that we fully supported all 235 health appointments for people with dual sensory impairment.

In keeping with our clear to all (accessible information) Policy, NHSGGC provided translated versions of 1398 printed resources into other languages during 2024. Translated materials are typically appointment letters, clinical instructions, reports and other health maintenance or improvement resources. More than fifty languages have been represented through delivery of the service.

‘We will scope out how to track patients who require interpreting support through our Acute Services’

Our Staff Bank Team, responsible for managing interpreting requests from services, tested and implemented an alert system on patient records that identifies Deaf BSL users accessing NHSGGC care. The Team contact receiving wards to ensure staff members are aware of the communication support needs that need to be considered.

The ongoing roll-out of digital clinical notes and move away from paper-based records will routinely capture communication support needs of patients.

‘We will enhance the digital equalities monitoring process to improve response rates to optional questions’

Our Patient Experience Public Involvement team (PEPI) explored various approaches to enhance digital equalities monitoring data capture, returned from patient engagement activities across the reporting period. Monitoring forms were returned from engagement with:

- Audiology Service

- Emergency Department
- Infection Prevention and Control
- Maternity Services
- Patient Digital Hub
- The Quality Strategy
- Scottish Specialist Prosthetic Service
- Travel Health Service
- Allied Health Professional Role Engagement

The programmes provided valuable learning for the PEPI team who will further refine and enhance approaches within mainstreaming outcomes for 2025-29.

‘We will further test the use of translated surveys in maternity services, building on our work in 2023 to make patient engagement and feedback more accessible’

PEPI have built on work started in 2023 to create a set of translated patient experience surveys for initial use in Maternity Services. Community languages are selected based on information held on Badgernet – a digital system allowing real time access to maternity, child or neonatal records. This and other aligned development work has helped create improved partnership working in Maternity Services including a new Third Sector Partnership Group and a Maternity Voices Partnership.

‘We will ensure the Quality Strategy is delivered to include the needs of those with protected characteristics’.

NHSGGC’s Quality Strategy ‘Quality Everyone Everywhere’ was developed through rigorous consultation and engagement with a diverse range of stakeholders and has prioritised anti-discriminatory practice as a core foundation. To support this, our person-centred care standards have included a standard that: ‘people experience services where safeguards are in place, tailored to ensure fair and equitable treatment, showing due regard to any protected characteristics, literacy levels, socio-economic factors or other barriers to access’.

‘We will continue to embed sensitised ways of working with our Black & Minority Ethnic (BME) communities via maternity colleagues and across NHSGGC, utilising a pathway model’.

During 2024-25, NHSGGC has invested in new ways of working that are shaped to better meet the needs of BME women accessing maternity care. Work has included focused staff training, improvement reviews of interpreting provision, workforce demographic reviews, promotion of data recording improvement and enhanced engagement with Third Sector BME community groups. Our starting point is the acknowledgement that racialised health differentials can only be addressed through adopting an anti-racist approach to service design and delivery.

Our 2024-25 maternity work was showcased in the final of the Scottish Health Awards and national Scottish Patient Safety Conference and is a featured webinar for Health Improvement Scotland entitled ‘Improving Maternity Care for Global Majority Women – Best Practice that Works’.

‘We will ensure that Moving Forward Together takes account of the needs of those with protected characteristics in how our healthcare model develops to meet our patients’ future needs’.

Our PEPI team undertook additional engagement work to inform future approaches, noting that while there is significant support for the clinical vision themes including empowerment and early intervention, caution was advised in relation to the use of digital and virtual solutions, due to the risk of leaving behind people who experience digital exclusion.

An overarching Equality Impact Assessment (EQIA) was completed on the Moving Forward Together Clinical Vision and Roadmap. Commitments from the assessment include undertaking further assessments for each service change aligned to the programme and also undertaking a full Fairer Scotland Duty Assessment at the appropriate time.

‘We will embark on a schedule of Equality Impact Assessments (EQIAs) to identify any structural barriers across the Realistic Medicine work programme for those with protected characteristics’

Work has been undertaken across the reporting period to develop our Realistic Medicine Leads as EQIA guides for teams undertaking service changes. The guides help identify where an EQIA may be required and ensure appropriate signposting is in place. Across the reporting period two programmes of work were identified for EQIA – Treatment Escalation Plans and the ‘CollaboRATE’ tool, used for measuring shared decision making.

‘We will ensure all patient information relating to spiritual care is accessible and reviewed for inclusive language to meet the needs of all’.

A review of all relevant hard copy resources and information hosted on the NHSGGC website has been completed by our Spiritual Care Team and action taken to update and amend as appropriate.

‘We will review and strengthen partnership working with local faith and belief communities including local humanists, recognising that not everyone has a traditional faith and/or belief.’

This action will carry forward as part of the Spiritual Care Team’s ‘work in progress’ action plan and feature in the In Service Training Workplan

‘We will expand how we advertise for volunteers to address digital exclusion to incorporate a wider audience’

To mitigate risk of excluding volunteering applications from people experiencing digital exclusion, the Volunteering Service:

- Worked with voluntary sector partners to promote NHSGGC volunteering opportunities with their service user group
- Attended 3 volunteering fairs in communities of interest
- Encouraged potential applicants to utilise their support workers to complete applications, where appropriate
- Supported potential applicants to complete the recruitment process where required.
- Utilised paper promotional materials (roller banners, flyers and business cards)

Across the reporting period, of 173 new volunteers, 28 volunteers received digital assistance in the recruitment process (either from the volunteering service, clinical teams or by an individual’s support worker), which represents 16% of placed volunteers. 18 active volunteers do not use email to correspond, so require adjustments (text message, verbal or paper copies)

‘We will collect equality data from our volunteers to ensure we are representative of the population we serve’

Across the reporting period, the Volunteering Service initiated activity to capture equality monitoring data from both volunteering applicants and our current volunteering cohort.

The reported characteristics of those at the application stage broadly mirror those of the current volunteering cohort: white; female; heterosexual; were not carers and similar proportions identified as having disability. Applicants were more likely to be younger in age than current cohort of volunteers.

‘We will assess the impact of digital exclusion on our patients’ ability to access digital developments and identify a standardised approach to mitigation’

We completed an EQIA to assess equity of outcome when investing in digital patient pathways. The EQIA was supported by an engagement programme delivered by our PEPI team with responses from 658 people.

A commitment has been made in all aspects of digital design that no one will be ‘left behind’, based on the appreciation that digital exclusion is a reality across our communities and is patterned by protected characteristic groups. Where digital developments are introduced they will be subject to EQIA with the added assurance that more traditional access routes are maintained.

‘We will establish a system to disaggregate complaints by protected characteristic and assess for patterns across all complaints to identify systemic issues’

Our Complaints Department has introduced routine review and reporting, identifying where a complaint includes aspects of concern linked to a protected characteristic. The team regularly engage with the Equality and Human Rights Team for further support if required. The Complaints Team has also reviewed the pathways available to make complaints and can now receive complaints from Deaf patients using British Sign Language.

2.2 Better Health

‘We will continue targeted engagement with the most vulnerable populations, exploring opportunities across a wider range of programmes to reduce barriers to participation, such as: cancer screening focussed on those with Learning Disabilities (LD); a programme of targeted vaccination delivery and monitoring the uptake rates, and universal and targeted health improvement programmes to promote population health’

Our Screening teams delivered Cancer Screening for People with Learning Disability training to staff in a range of community and inpatient settings alongside more general awareness raising sessions to Community LD Teams, Day Centre staff and Care at Home providers. LD health check screening status reports have been created and are awaiting revised cohort data from the updated LD register.

Our vaccination programme has secured 10 new venues for the Autumn/Winter vaccination campaign located in NHSGGC’s most deprived areas which, by association, also host some of our most marginalised protected characteristic groups. In addition to the fixed venues, NHSGGC has worked in partnership with Scottish Ambulance Service to provide outreach vaccination clinics to targeted communities. This work has been supported by our Peer Support Worker Project.

‘We will work with partners to build financial security as a priority. The impact of deprivation, financial constraints and the impact of the cost of living has been felt across all population groups, in particular groups already at risk of marginalisation’.

We continued to improve skills for responding to both the causes and consequences of poverty-related health outcomes through delivering Child Poverty Update training to 72 Maternity staff. This has been complimented by completion of a range of online child poverty resources.

Referrals to our Financial Inclusion services are routinely monitored and show a 14% increase in uptake across all Health and Social Care (HSCP) areas. This increase has led in part to provision of £19k in small grants to pregnant women and families, 366 people supported with home energy management and 159 emergency discharge food parcels issued. To further bridge the gap between services and our most marginalised patients, our Homeless Hospital Outreach Service was established. A complete list of all related services are available on the NHSGGC [website](#).

‘We will improve our understanding of the health needs of Black & Minority Ethnic (BME) groups through the commissioning of a BME boost to the Health and Wellbeing Survey’

Our extensive fieldwork concluded in December 2025 having completed more than 2500 face-to-face interviews with BME people living in the NHSGGC area. The final report will be available for publication in April 2025 and learning points will be adopted across NHSGGC services and inform the delivery of our Anti-racism Plan.

‘We will implement the BSL Act (Scotland) 2015 Action Plan for 2024-2030 first year actions and implement the findings of our BSL Short Life Working Group Action Plan’.

We co-produced the 2024-30 Action Plan with Deaf BSL service users and set April 2026 as our initial monitoring point. Since publishing the Action Plan, we have issued BSL Immediate Access QR codes to all unscheduled care settings, allowing staff and patients to access online BSL interpreting support upon arrival.

Our BSL Mediator Service handled 742 enquiries from Deaf BSL users. Our Mediator Service is highly valued across the BSL community and has been instrumental in raising awareness of how NHSGGC works for patients. Across the reporting period, the mediator received 21 complaints relating to service experience. We have spent time working with our Complaints Team to create a direct route for Deaf BSL users to submit BSL video complaints and receive their response in the same accessible format.

Our BSL Champions programme has supported five Deaf volunteers to monitor online BSL interpreting at Emergency Departments, deliver Deaf Awareness classes to nursing students and maintain the BSL Champions Facebook page.

Across the reporting period, 742 staff members have been trained in BSL awareness with a further 140 attending BSL language classes.

2.3 Better Workplace

'We will continue to deliver progress against our key ambitions for a Better Workplace, as overseen by the Workforce Equality Group'

We delivered our second annual Workplace Equality, Diversity and Inclusion learning event. This helped set the scene for the December 2024 launch of a new Equality and Human Rights Training Programme for all NHSGGC managers. The ambitious programme will deliver learning to NHSGGC's 3000+ people managers.

With a focus on culture change, we launched a range of workforce-facing campaigns including our calls to challenge sexual harassment and gender-based discrimination via our Cut it Out and Equally Safe at Work programmes. Our ongoing workplace focus on challenging racism has contributed a number of outcomes to the NHSGGC Anti-racism Plan which will be adopted as a Specific Outcome in our 2025-29 Fairer NHS Greater Glasgow and Clyde outcomes report.

The Staff Disability Forum (SDF) continue to help us improve the experiences of and opportunities for disabled employees and have worked in partnership with our HR Team to embed the Workforce Adjustment Passport which is supported by an updated Reasonable Adjustment Guide. Representation of disabled employees has been further enhanced through the creation of a Neurodivergence sub-group which has supported the development of a Neurodiversity Guide to complement the Reasonable Adjustment Guide.

Efforts to increase workforce equality data capture are showing steady gains. Disability remains the characteristic we know the least about in relation to workforce demographic. However, we have also seen the biggest data capture improvement in this area with a 12% increase in known data over the last 3 years - from 63% to 51% unknown.

We continue to support staff to report all perceived hate incidents experienced or witnessed in the workplace with scheduled 'Support to Report' sessions staged across the year.

February 2025 will see the delivery of our third dedicated leadership programme for BME staff to 30 members of staff.

We continue to meet the requirements of the Equality Act (2010) through provision of reports detailing how we gather and use employee information, monitor and respond to gender pay gap information and meet our responsibilities in relation to provision of equal pay statements.

Our three Staff Forums/Networks continue to grow, with each having a dedicated space on the NHSGGC website, their own Facebook pages and promotional materials. We have mainstreamed contact opportunity through linking the groups to our HR Connect page and events are routinely communicated to the organisation through Core Brief and Team Talk.

2.4 Better Value

‘We will continue to include a requirement for suppliers to have an Equality and Diversity Policy as part of our pre-qualification checks’

The requirement for suppliers to have an Equality and Diversity policy forms a key part of our pre-qualification process for any local tendering activity. It is also part of our standard terms and conditions that suppliers must comply with the Equality Act. We ensure various ethical standards are enshrined in all local contracting activity where appropriate, including Human Rights, Modern Slavery, Whistleblowing, application of the requirements under the Health and Care (Staffing) (Scotland) Act, application of the Serious Organised Crime Protocol within high risk industries and use of Fairtrade products.

‘We will monitor the impact of supplier commitments to Fair Work Practices’

We have fully implemented Scottish Procurement Policy Note SPPN 1/2024 – Fair Work First into our Procurement processes and have provided staff with associated guidance material. When we undertake regulated procurement activity we are now building in a scored section on Fair Work First which covers the following areas and asks suppliers to provide evidence on:

- payment of at least the real Living Wage
- provide appropriate channels for effective workers’ voice, such as trade union recognition
- investment in workforce development
- no inappropriate use of zero hours contracts
- action to tackle the gender pay gap and create a more diverse and inclusive workplace
- offer flexible and family friendly working practices for all workers from day one of employment
- oppose the use of fire and rehire practices

Our new procurement strategy (currently being drafted) sets out a target to do this in at least 75% of local contracts that we tender. We will report on this as part of our Annual Procurement Report cycle

‘We will deliver an ongoing system-wide support for NHSGGC and aligned HSCP Equality Impact Assessment (EQIA) delivery programme including quality assurance for returned assessments and localised bespoke training where proportionate to demand/need’.

The Equality and Human Rights Team supported the development and publication of 17 EQIA’s and assisted HSCP’s with the facilitation and quality assurance of a further 63. A total of 125 staff received scheduled EQIA Lead Reviewer training during 2024-25 with a further 65 receiving bespoke training programmes for their programme areas.

The NHSGGC EQIA template was amended in 2024 to include reference to the United Nations Convention on Rights of a Child (UNCRC) (incorporation) (Scotland) Act 2024. Where relevant, decisions subject to assessment are now required to show due regard to meeting the general principles of the UNCRC whereby all children and young people:

- Shouldn’t be discriminated against
- Should have their best interests accounted for as a primary consideration
- Have the right to survive and develop
- Have the right to have their views heard and taken seriously

‘We will Equality Impact Assess (EQIA) key work programmes and service redesign’

During 2024-25 NHSGGC applied EQIA to a number of key programmes including our Moving Forward Together Strategy, Quality Strategy, Workforce Strategy, Primary Care Strategy and a final review of our GP Out of Hours Service. All EQIAs are published on the NHSGGC [website](#)

‘We will show due regard to reducing inequality of outcome caused by socio-economic disadvantage through mainstream application of the integrated Equality Impact Assessment (EQIA) Process against all relevant strategic decisions’

All EQIAs include a section that directs the Lead Reviewer to record evidence demonstrating mitigation of risk factors that may lead to exclusion on the grounds of socio-economic status. For instance, our Out of Hours GP Service Review addressed barriers to accessing the service through the provision of free return patient transport (including carer transport) and home visits.

‘We will carry out disability audits in line with refurbishment and capital planning projects and take action to remove barriers’

We conducted a range of access audits for services moving from decommissioned NHSGGC sites. In addition to this work we delivered 38 physical access audits that aligned to our Frontline Equality Assessments programme. These audits are rapid assessments designed to highlight barriers to access in-ward areas.

3 Equality Outcomes

Our agreed equality outcomes for 2024-25 were based on evidence gathered from our communities and highlighted areas where there was a requirement for additional focus to deliver our commitment to equity, non-discrimination and fostering good relations for particular groups.

3.1 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.

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

Actions taken

A programme of work dedicated to Future Care Planning has been active across all areas of NHSGCC, including the six HSCPs, 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 moving towards end of life care. Staff training has been a key element of the programme with online, brief and in-depth training available. Across the reporting period, NHSGCC provided training on the following to 769 members of staff:

- Power of attorney
- Future care planning
- Frailty scores
- Carer awareness
- Carer preparedness

NHSGCC uses [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:

- “Preparing for Hospital Checklist” detailing different paperwork which can be completed at any time and will make a hospital stay smoother
- “Plan to Get You Home” which helps people think through the practicalities of a hospital discharge, including the supports available to them such as family/friends, housing solutions/equipment and personal attributes/abilities.

A Standard Operating Procedure (SOP) is in place 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.

AHPs (Allied Health Professionals) have continued to prioritise Dementia Championship training to improve all aspects of person centred care for older people in relation to planning and decision making. As result of the Dementia Championship training many AHP services have prioritised the Dementia & Delirium and Dementia & Distress LearnPro modules for staff to enhance person centred care for patients.

A programme of work was delivered across the reporting period which focussed on 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 platforms.

NHSGGC provided an update on changes to the Carers Information Line in NHSGGC. Our Support and Information Service is the key resource for Acute staff, while community settings staff have been issued with social marketing material to support signposting to local carers' services.

3.2 Equality Outcome 2

Utilise the Frontline Equality Assessment Tool (FEAT) to assess and offset risk at ward level across all protected characteristics

Actions taken:

Across the reporting period, the Equality and Human Rights Team conducted 38 ward-based assessments. Locations were identified in partnership with Lead Nurses with delivery completed between August 2024 and February 2025. The assessments recorded awareness within wards of both equality legislation and the range of NHSGGC resources available to support staff deliver equality sensitive person-centred care. In addition, a member of the Equality and Human Rights team completed a physical access audit in each ward to identify possible barriers that may impact on a patient's ability to access the service.

One aspect of the FEAT specifically focussed on actions taken at ward level to meet the needs of Autistic people. We designed this component following concerns raised by patients and carers that some hospital environments were struggling to meet the needs of Autistic people and that in some cases, visiting our sites risked sensory overload. Findings from this aspect of the programme will inform our 2025-29 Equality Outcome, which focuses on how our services can better meet the needs of Autistic and other Neurodivergent people.

We are currently completing the final report for the programme and will use evidence to inform future mainstreaming of this approach across our 2025-29 delivery period. However, interim findings suggest ward staff involved in the process found it a useful mechanism for identifying improvements for patients and carers.

From an assessors' perspective, ward staff returned a rich catalogue of evidence detailing how, often in the most challenging of times, they managed to adapt practice to meet the needs of their diverse patient groups. This was often underpinned by appropriate and timely use of mainstream NHSGGC assets like Interpreting and Spiritual Care services and highlighted that awareness of these supports is key to delivering efficient and legally compliant care.

4 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.

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