Meeting the Requirements of Equality Legislation

A Fairer NHS Greater Glasgow & Clyde

Monitoring Report 2013 – 2015

MIS 276623

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Chief Executive's Foreword

I'm very pleased to present this report which reviews our action to meet the requirements of equality legislation from 2013 to 2015. This report demonstrates our commitment to provide the highest quality services which are transparently fair and equitable for everyone.

This isn't an easy task. NHS Greater Glasgow and Clyde (NHSGGC) is the largest Health Board in the UK. We deliver hundreds of different services from over 95 sites to a resident population of 1.2 million people and many more from further afield who access our regional and national services. Making sure each one of our patient interactions considers the relationship between health and experience of discrimination will help us get it right first time, every time.

In the report you will find a wealth of information on activity across NHSGGC to tackle inequality in 2013-15. For example -

- Our commitment to raising awareness amongst our staff of those who face discrimination means that our staff have taken part in nearly 29,000 equality learning opportunities including e-modules and face to face training.

- We have actively engaged with over 5,500 patients as well as a wide range of equality groups and are taking actions to address the issues they raised with us.

- We have worked closely with our British Sign Language Users and are dealing with the concerns raised around their need for interpreter support in all health appointments.

- Our work on inequalities sensitive practice has resulted in £14 million being gained by our patients through 11,000 financial inclusion referrals for support and advice on money worries between 2013 and 2015.

- We have launched a 'Clear to All' Accessible Information portal to staff on the NHSGGC desktop and produced 242 information leaflets in accessible formats.

The impact of this activity will continue to influence how we decide upon our local priorities for patients; how we monitor what we do; how we keep them informed; and how we listen to what they have to say. With staff it will influence how we recruit, retain and develop our workforce. It will also affect how we commission and procure services.

Addressing discrimination in our services is everybody's business. I want to take this opportunity to thank the staff of NHS Greater Glasgow and Clyde for their tremendous efforts so far, and look forward to the next phase of positive change.

NHS GREATER GLASGOW AND CLYDE
MONITORING REPORT 2013-15

1. Introduction

1.1 All public sector organisations including Health Boards are required to comply with the Equality Act 2010. The Act establishes a Public Sector General Equality Duty which requires organisations, in the course of their day to day business, to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act
- Advance equality of opportunity between persons who share a relevant characteristic and persons who do not
- Foster good relations between people who share a protected characteristic and those who do not

1.2 The characteristics referred to in the Equality Act 2010 have been identified as: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race and ethnicity, religion and belief, sex, sexual orientation.

1.3 To help achieve the General Duty, secondary legislation, the Equality Act 2010 (Specific Duties) (Scotland) Regulations, have also been put in place. These are designed to support the delivery of the General Duty and require public bodies to:

- Report progress on mainstreaming the public sector duty
- Publish equality outcomes and report progress
- Assess and review policies and practices (impact assessment)
- Gather and use employee information
- Publish statements on equal pay
- Consider award criteria and conditions in relation to public
- Procurement
- Publish in a manner that is accessible.

2. Aims and structure of the Monitoring Report

2.1 The purpose of this document is to describe how NHS Greater Glasgow & Clyde (NHSGGC) has met the requirements of the Public Sector Equality Duty between 2013 and 2015.

2.2 In Section 3 the report highlights the progress the organisation has made to embed an understanding of inequalities and discrimination into its core functions (mainstreaming) as follows:

2.3 Policy, Planning and Monitoring Performance

- Leadership and Accountability
- Listening to Patients
- Service Delivery
- Improving Health Outcomes
- Creating and Supporting a Diverse Workforce
- Tackling the Determinants of Inequality
- Resource Allocation and Fair Financial Decisions
- Procurement
- Equality Impact Assessment

In Section 4 the report presents progress made on delivering NHSGGC's Equality Outcomes.

3. Progress on Mainstreaming Equality into NHSGGC

3.1 Policy, Planning and Monitoring Performance

3.1.1 NHSGGC uses a robust set of policy and planning arrangements to tackle inequalities. This is translated systematically into service delivery and patient care. Tackling inequality is one of the five priorities identified in NHSGGCs Corporate Plan for 2013-16 and this has been driven by a Tackling Inequality Policy Statement .

The Quality and Performance Committee provides governance for the Board and in 2013-15 the following papers have been presented on equality issues:-

- EQIA Action Plan NHSGGC Access Policy – Actions Update Report, March 2014
- Developing a Systematic Approach to Tackling Inequality: Action to Close the Gap in Health Outcomes, May 2014
- Interim Equality Monitoring Report, May 2014
- Guidance on Impact Template including Patient Engagement and Inequality, August 2014
- Inequality - Fair Financial Decisions Report, November 2014
- Tackling Inequality – Work with Deaf and Hearing Impaired People in NHSGGC, March 2015
- Tackling Inequality – Additional Needs, March 2015
- Primary Care Deprivation Group Event Report, March 2015

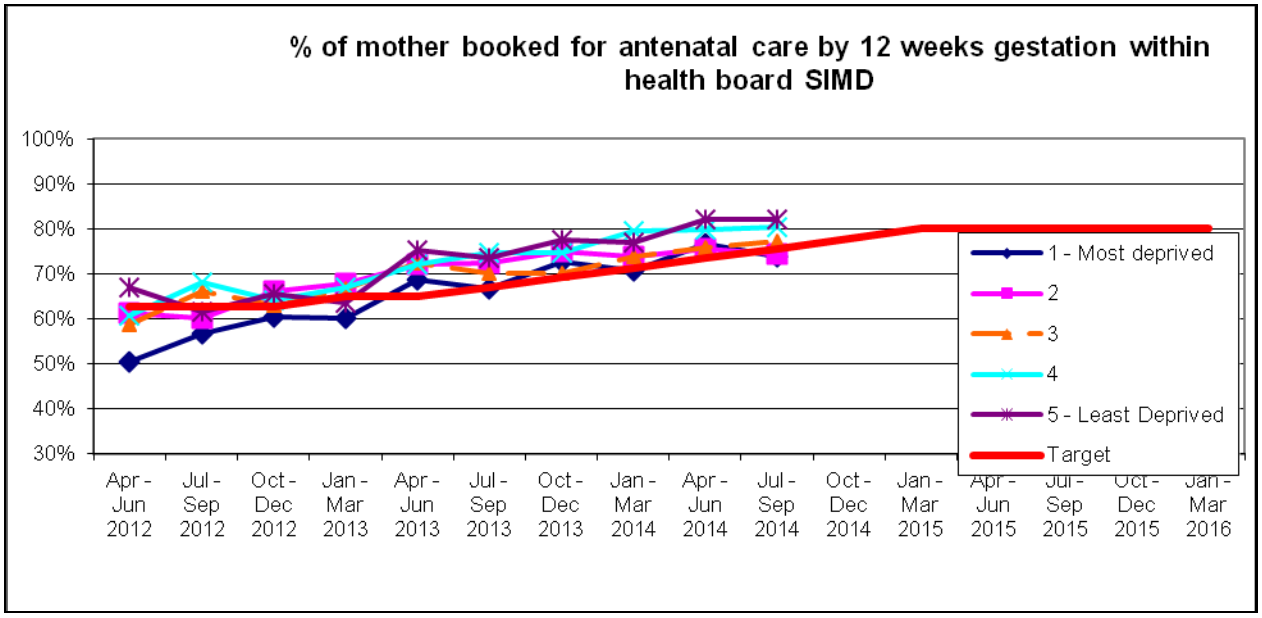
Every committee report includes an update on any legal precedents in relation to equalities.

3.1.2 NHSGGC's performance process holds each part of the system to account through a suite of planning frameworks and key performance measures on tackling inequality. Where possible, performance measures are disaggregated by age, sex and SIMD so that gaps can be monitored. In terms of the collection of ethnicity data NHS Glasgow and Clyde remains above the Scottish average and has made some improvements:-

- Percentage of hospital discharge episode records (SMR01) with a valid ethnic group at quarter ending 30th September 2014 has remained stable at 82.6%

- Percentage of new outpatient appointment records (SMR00) with a valid ethnic group at quarter ending 30th September 2014 has risen by 0.6% to 75.8%

A set of national targets measure outcomes on tackling inequality by sex and SIMD. The most recent set of performance measures at the end of 2014 showed that we have made progress. For example since the introduction of the national antenatal care target NHSGGC has not only seen an overall improvement in performance but also a narrowing of the inequality gap between the most and least deprived areas. In terms of pregnant women living in the most deprived communities (SIMD1) the percentage of women booked for antenatal care by 12 weeks gestation has increased from 50.3% in June 2012 to 73.9% in Sept 2014 whereas the pregnant women living in the least deprived areas (SIMD5) the percentage of women booked for antenatal care by 12 weeks gestation has increased from 66.9% in June 2012 to 82.2% in Sept 2014.



Being able to disaggregate the data means that acute and partnerships can plan services which take inequalities into account. For example Did Not Attend targets are disaggregated by sex, age and SIMD and show that young men between the ages of 20-29 are most likely to miss appointments, with men and women over 65 least likely to miss appointments. Acute and partnerships are also asked to report on mainstreaming performance targets including Equality Impact Assessments and numbers of staff trained. These are documented later in the report.

3.1.3 To measure progress on the delivery of the Equality Outcomes, acute and partnerships are asked to report on progress under each outcome. A set of 3 year milestones to cover the 3 year planning cycle from 2013-16 has been developed to support this process. Activity on the Equality Outcomes is reported on in detail in Section 4.

3.1.4 From 2015 the new Integrated Joint Boards (IJBs) of the Health and Social Care Partnerships (HSCPs) will be responsible for the Public Sector General Equality Duty (PSGD) (Equality Act 2010) in relation to staff and patients. The Health Board will continue to be responsible for the PSGD and the Specific Duties (Equality Act 2010) which will require it to report on mainstreaming actions on tackling inequality, equality outcomes, equality impact assessment, employee information, equal pay and procurement. Actions in these areas will be jointly set with the Health Board and the HSCPs (e.g. joint equality outcomes). As the Board remains the employer there will be reporting arrangements in place for Human Resource issues which Partnerships will need to fulfil in relation to the Equality Act 2010 (e.g. collecting disaggregated staff data). In preparation for the development of HSCPs, the Director of Corporate Policy and Planning and the Corporate Inequalities Team (CIT) have worked alongside the partnerships with a view to developing joint equality outcomes in 2015-16. NHSGGC's Equality Impact Assessment approach is now delivered through an online SharePoint system and this package, including training for lead reviewers and quality assurance, is available to HSCPs.

3.2 Leadership and Accountability

3.2.1 NHSGGC continues to rise to the challenge of delivering the most effective ways to advance the three parts of the Public Sector Equality Duty and minimise any unintended negative consequences. The Chief Executive regularly reports on equalities issues in Team Brief which goes to all staff via their managers and in 2013-15 highlighted the following issues -

- A Fairer NHS Equality Outcomes, May 2013
- Patient Experience, September 2013
- Release Potential - disability consultation with staff, April 2014
- Update on A Fairer NHS Equality Outcomes, July 2014
- Update on NHS Financial Inclusion work, October 2014
- Pride in fighting prejudice - launch of Hate Crime Policy, January 2015

3.2.2 Between October and November 2013 the CIT led a process to explore how to maximise NHSGGC's ability to respond to tackling inequality across our organisation. Each Community Health (& Care) Partnership (CH(C)P) held a Senior Management Team (SMT) session to review their approaches to tackling inequality. The focus of the sessions was to take a problem solving approach based on local knowledge. An action plan has been written up following a final session involving all the CH(C)Ps and each CH(C)P area has used this to develop tailored local actions.

3.2.3 This process was stimulated by a Board event which examined in detail the inequalities dimensions of all of our activity. The Board has taken a strengthened approach to leadership and accountability by making inequalities a standing item on the Quality and Performance Committee and all reports which go to the Committee are required to routinely assess the impact on equality groups.

3.3 Listening to Patients

3.3.1 We have continued to embed listening to our patients into the delivery of our services. NHSGGC has a wide range of engagement structures including Patient Partnership Fora, Managed Clinical Networks, Patients Panel and a Mental Health Network.

3.3.2 The Jeannie Brown Group was set up in 2013 to provide an advisory forum and expertise to support the Executive Lead for the Person-Centred Health and Care Collaborative. The group was also set up to consider The Patient Rights Act, the Equality Act and Participation Standards in relation to mainstreaming patient involvement into Person-Centred Health and Care. The group has developed the on-line patient feedback website - www.nhsggc.org.uk/patientfeedback

3.3.3 The patient feedback website has been widely promoted at the Mela in 2014 which reaches thousands of Black and Minority Ethnic people. The website offers patients and carers the opportunity to provide suggestions for improvements, comment on poor experiences of care and give positive comments. From November 2011- February 2015, 2,864 comments were made. An analysis of protected characteristics showed: most comments come from female patients (64%); there is a good range of ages; a range of people with different religions and people with disabilities are making comments; only 43 patients filled in the section asking if they were Lesbian, Gay, Bisexual or Transgender (LGBT).

3.3.4 We have made provision for a British Sign Language Mediator to ensure that Deaf people whose first language is not English are able to give feedback about their use of our services. The Mediator's role is to gather and collate feedback from Deaf people on their use of NHS services in NHSGGC. The feedback is then added to the patient feedback webpage to integrate it into our patient feedback mechanism.

3.3.5 The CIT set up the Equalities Health Reference Group (HRG) in 2012 to enable people with protected characteristics to engage with NHSGGC on issues affecting them in health services. The first HRG was a group made up of 20 members with protected characteristics and an interest in working with us to help us understand how the NHS is experienced by particular equality groups. The group have shared their experiences on a range of issues and given their views on the Clinical Services Review and the Equality Outcomes. They were also present at our Equality Outcome Events. From the initial group we have established a core group of Equalities Health Champions who have represented: the Transgender community; Black & Minority Ethnic (BME) communities (specifically South Asian, Chinese and African); Asylum Seeker networks; Visually Impaired people; Learning Disabled people; and the Deaf community.

3.3.6 In 2014 a second Equalities Health Reference Group was established with 14 new members. This group will be the sounding board for NHSGGC and be involved in helping shape the direction of equalities work. This group has been able to draw on a different representation of protected characteristics but using the same model. An induction pack has been produced to help build good relations within the group on the range of equality issues. The Health Reference Groups have produced a patient experience DVD which is being used for training. They have also been involved in the design of the new 'What's Important to Me' booklet, Pathway To Health leaflet and interpreting card which has been produced in different languages and distributed through Equalities Health Champions, peer educators and third sector organisations.

3.3.7 The CIT has run 4 Conversation Cafés since summer 2014 with the aim of informing the system of the concerns of equality groups in relation to healthcare. The events have involved older people, people with autism and Black and Minority Ethnic groups. The programme commenced in February 2014 by running a café event looking at the health needs of older people using healthcare services. Future planned events include a session with the Scottish Refugee Council and with LGBT Health and Wellbeing to facilitate a session that will explore the healthcare experiences of older LGB patients.

3.3.8 In November 2014 a consultation was carried out with the Somali Community regarding the use of the now banned substance khat. The aim of the event was to find out what interventions are needed from health, education and social care as a consequence of the ban. A report and action plan were produced and shared with all partners through the Alcohol and Drug Action Team (ADAT). Research funding will be identified to ensure sustainability for the agreed work. Information will be provided to statutory and voluntary services about harm caused by using khat through existing newsletters and websites. Education for younger members of the community – both in terms of substance use and opportunities for them to go into training/employment - will be developed. A peer education model will be established to develop activities and training in the long term in relation to shared experiences and service accessibility. A feedback session has been organised with the Somali community to shape and share future plans.

3.3.9 The CIT carried out an options appraisal on the best way to equality proof our staff engagement processes. This included a review of how other employers such as local government, universities and other NHS Boards engage with staff. As a consequence we have set up two staff fora; a Disabled Staff Forum which meets every four months and an LGBT Forum. The LGBT Forum has met once and has set up a page on the Facing the Future Together (FTFT) organisational development website. The LGBT Forum will also support NHSGGC's commitment to Stonewall Scotland's Workplace Equality Index.

3.3.10 To strengthen participation in shaping services for survivors of gender-based violence (GBV) a number of community and service providers' events have taken place over the last two years. The aim of these events was to strengthen joint working between NHS and local services, to hear the issues and concerns regarding local women's health and GBV and to get feedback from the service provider's perspective.

- North East Glasgow Violence Against Women Multi-agency Implementation Group, chaired by the Glasgow CHP North East Sector funded a community health event for BME women focussing on Female Genital Mutilation (FGM). Three third sector partners; Women's Support Project, Scottish Refugee Council and Saheliya organised the event. Sixty women attended; the majority of who were Somali. The programme was based around brief presentations from NHSGGC health professionals, followed by discussion and questions. Information was provided on the possible health impacts of FGM; how to access services; and the law on FGM in Scotland. Other issues discussed were access to GP services and barriers to taking up cervical screening

A Glasgow City wide Consultation Event 'No One's Ever Asked Me' was organised by North West Sector of Glasgow CHP on behalf of the Glasgow City Council and Glasgow CHP for service users and representatives of specialist support organisations. The purpose of the day was to hear about women and girls' experiences of what did and what didn't work within services and agree with services the actions that will be taken to improve them. Of the 31 who attended, 19 were women who accessed a range services and represented BME communities and women with different tenure status including supported accommodation, refuge and own tenancies.

- In 2014 North East Sector of Glasgow CHP commissioned the development of a GBV Programme utilising an asset based approach over a 2 year period. The programme recognises the experiences of women and the impact GBV may have had or continue to have on them and/or their family's lives. The initial phase of the work involved mapping of existing groups, consultation and awareness raising with community groups and statutory and voluntary organisations to identify areas of interest and to develop group work programmes. To date two group sessions have been delivered with another two planned. The intention is to continue to support the women to come together to support each other and identify areas they wish to develop. So far there is an interest in poverty work and volunteering and the women are being supported to explore how this may develop.

- In both 2013 and 2014 CHPs across the Board area delivered a wide range of community based events during the United Nations 16 Days of Action to eliminate male violence against women and girls. We also worked with community planning and private sector partners to organise and participate in public events. Examples include a "Reclaim the Night Procession" which took place in Renfrewshire on 25th November 2014 with over 200 locals marching in support of the international call to end violence against women. South Sector Glasgow CHP successfully negotiated with a local supermarket to include the National Domestic Abuse Helpline on the reverse of till receipt. This resulted in 11 women contacting the national helpline in June 2013; 52 making contact in June 2014 and 63 making contact in November 2014.

3.3.11 In response to BME service user feedback about barriers to disclosing experiences of GBV to health staff, a programme of work took place to establish a BME Service User Involvement Group. This group aims to inform service improvement and create an on-going dialogue between BME communities and NHSGGC on this issue. Two GBV consultation events were organised for BME women, to firstly listen, promote and raise awareness of local services and secondly to listen to the issues service providers had when working with GBV in BME communities.

The event was supported by the GBV working group formed from five service providers covering mental health, addictions, health improvement, housing and domestic abuse. This model provided an opportunity for engaging and consulting with BME service users and service providers around GBV issues. The participation model and methodology of engagement used contributed to the success of the engagement events. The recommendations were shared with the South GBV Locality Group, GBV implementation groups in NHSGGC.

3.3.12 The HRG participated in a session on poverty and the impact of welfare reform on equality groups. A Clinical Director attended to discuss GP approaches to welfare reform. Members reported feeling clearer about what GPs can and cannot do and shared this with their networks. Members discussed work they had been involved in (e.g. community reporting with Poverty Alliance and work with Glasgow Disability Alliance, including a successful campaign to Parliament to make NHS 24 calls free). A member of the group, who is a community activist on issues relating to poverty, was subsequently supported by the CIT to do a presentation on lived experience of poverty at the National Alliance conference. This activist is also a volunteer with the Poverty Truth Commission.

3.3.13 The Equalities in Health website has been redesigned to provide improved access, content and navigation. The introduction of responsive templates has made the site more accessible via other devices such as mobile phones and tablets. The improved site, which contains targeted information for staff and patients as well as links to NHSGGC policies, Equality Impact Assessments (EQIAs) and evidence supporting our current activities, was promoted in December 2014 via Core Brief (cascaded to staff) and the CIT e-newsletter (mailing list of over 1,000) . It was also featured in the February 2015 edition of Staff News. The Equalities in Health website now averages over 2,700 unique visitors per month, compared to 2,000 per month in the same time period in 2013.

3.3.14 The CIT has developed guide for NHSGGC staff on How to run an Accessible Event. This document has been developed to guide and support NHSGGC staff in organising and delivering community events that are accessible to all patients as part of their engagement work.

EXAMPLES OF WORK LISTENING TO PATIENTS IN ACUTE AND PARTNERSHIPS

Acute

Between April 2013 and March 2014 the Community Engagement Team attended over 80 public events, engaging with over 3,000 people. In the period April 2014 – November 2014 the team provided 70 outreach events, meeting with almost 2,000 people.

Engagement with patient and carer groups took place via regular briefings for groups such as community care fora, carers' groups, seniors' fora and patient groups. These groups have a focus on a particular condition e.g. Dementia Carers, Parkinson's Support Group, COPD Support Group and People First. This work was distinct from engagement with the wider community which was achieved through meetings with community groups, church guilds, residents associations and community councils.

Additionally, we listen to our patients through a variety of initiatives such as Tell Us Your Story, Neurological Voices, Carer's Audits, our on-line Patient Feedback system and routine feedback collected from all patients on discharge. These different methods encourage wide participation either in writing, in conversation or via advocates and family members. We proactively identify groups who may experience difficulties in participating in a survey or other written forms of feedback and use networks within local communities to help us to reach and speak to these groups e.g. the Dixon Community, Drumchapel Carers Group and Inverclyde Council on Disability.

Engagement with the general public took place via a presence in supermarkets and areas of high footfall and at large summer events including Glasgow Pride, Glasgow Mela, Ability Fest and the Southside Festival. This latter mode of engagement is chosen to reach people not normally accessed via groups e.g. people of working age in employment and to provide a highly visible easily accessible opportunity for members of the public to ask questions about acute services. Such outreach also facilitates contact with groups with protected characteristics. For example, in June 2013 we took the 'Stand Against Homophobia' campaign to Pride in Glasgow. The stall was visited by hundreds of people over the course of the day and photographs were posted on the website. In 2014 over 10% of all contacts made via outreach were with people from minority ethnic communities; people who may not have attended a public meeting but who were happy to share their thoughts with us when we attended their local support or social group.

Our patients are involved in the Clinical Services Review and other service change Board-wide initiatives. Over the past two years outreach and engagement with patient and carer groups has largely focussed on providing information, consulting with users and raising awareness of the new South Glasgow University Hospital and the new Royal Hospital for Sick Children. Information has been provided in a number of formats; regular presentations have been made to patient, carer and community groups and the public has been engaged in the design of facilities and services for the new hospitals.

An example of this was the development of patient self check-in desks and systems for calling patients from waiting areas to their appointments in the new hospitals. This was identified an issue of considerable interest by the Acute Division Patient Panel in view of the implications these systems have for the patient journey and easy access to services. Representatives of the Patients Panel assisted with the specification and design of the self check-in kiosks and received regular updates on the progress with their development. In May 2014, public partners tested the proposed self check-in systems. They checked in using mock appointment details and then completed a questionnaire on their experience, thoughts and suggestions. Overall, their feedback was very positive, with the majority of participants finding that the instructions on the kiosk were clear and straightforward; the size and style of the text was well presented; the touch screen was easy to use and the height of the screen was accessible for wheelchair users.

Some screen layout issues were highlighted by users with visual impairments and have been fixed by the Project Manager. These included increasing the colour contrast between the text and the background screen; increasing the time-out period and changing the format for inputting date of birth. The Patient Calling screens were particularly welcomed by a participant who had a hearing loss who encouraged the use of these in clinic waiting room as well as in the main waiting areas. A number of actions were put in place to ensure the self check-in kiosks were accessible, for those who cannot use the service a standard reception check-in service is available.

We listen to patients and carers in the routine monitoring and development of services. We have examples of co-production within services such as our public partners in cleaning standards, public partners in food production and our Better Access to Health Group - a group of patients with impairments who help us ensure our buildings are accessible.

Glasgow

CHP representatives are involved in the Glasgow Equality Network, which engages with voluntary sector organisations who represent equality groups. Some examples of good practice from Sectors include:

- North East Public Partnership Forum's work on poverty and welfare reform and equalities and human rights work as part of the Caring to Ask Initiative

- North West Public Partnership Forum has been involved in local work on equality-proofing new Health Centres; GBV engagement work; poverty, mental health and disability

- The South Sector has been involved in community engagement work with the Roma community (see also Equality Outcome 4) GBV and asylum seekers community engagement, which was shared with GGC Asylum Seekers and Refugees Networks.

Renfrewshire

Renfrewshire CHP worked with CIT to make their Rehabilitation and Enablement Services (RES) more sensitive to social inequalities experienced by service users. A report was produced in May 2014.

A directory of resources was produced in partnership with third sector and other partner agencies. This supported inequalities sensitive enquiry and responses to issues disclosed

A programme of work is underway to ensure that the integration of health and social care services within Renfrewshire maximises opportunities for sustaining and developing services which are sensitive to experiences of social inequalities. This has involved scoping the partner organisations' equalities outcomes, EQIA processes, tools and good practice to inform strategic planning within the Joint Integration Board.

East Renfrewshire

The CHP carried out a range of engagement work in developing their Council Equalities Plan and SOA. A refreshed plan for community engagement is developing for all CHP partners, with plans to involve communities which have previously been less involved in engagement activities (e.g. LGBT community). There has been a range of community engagement covering inequalities issues as part of Early Years Collaborative and Older People's Change Fund work.

Inverclyde

Inverclyde has been an integrated CHCP for a number of years with an established local CHCP Equalities Group that includes NHS representatives. This group has now merged with Inverclyde Local Authority's equality planning group to ensure consistency of approach across all health and social care service areas. This also aims to provide a wider community planning approach to tackling inequality that will bring all community planning partners together to identify roles and responsibilities. Other significant work in Inverclyde includes an ongoing investigation into the relationship between high resource users for health and social care services and protected characteristics. The work brings together a number of health and social care areas.

3.4 Service Delivery

NHSGGC is a large and complex organisation and it is challenging to bring about change to ensure that everyone's care is sensitive to the discrimination, prejudice and inequality which they may be experiencing. Below are some examples of equalities sensitive service delivery from across NHSGGC.

3.4.1 Acute

The Acute Division has continued to drive its equalities actions through the Acute Health Improvement and Inequalities Group. Each directorate reports on action to tackle inequality at each meeting.

Computer kiosks have been installed for the new hospitals at Southern General Hospital & Yorkhill. This can reduce barriers for Deaf people (e.g. staff not continuing to the call out names). Patients are also asked to update their ethnicity information at the kiosks. In addition, information about the video relay service for BSL users to Acute Services was added to first appointment information fliers.

Patients can contact clinics by email to raise appointment issues and this improves access for many patients, including Deaf people. An audit of emails from July - October 2014 found over 2,200 emails received per month. The aim is to have SMS text messaging for people with hearing impairment in outpatient services in the long term. In addition, a new call back system was introduced within Referral Management Centres. This was linked to a reduction in Did Not Attend rates.

The Learning Disability Services reviewed their use of patient held tools and are implementing a revised tool which will be used for all vulnerable groups across NHSGGC. This improves staff's knowledge of the needs of people with a Learning Disability when they have a stay in hospital. In addition, an audit of posters detailing information on the Learning Disability care plan arrangements is planned.

Work around Augmentative and Alternative Communication (AAC) has been established by a Board-wide partnership group and local multi agency partnership groups to support improvements to service. Access to AAC assessment equipment is in place through resource kits which will be available in each authority area, and an ongoing programme of awareness-raising about AAC is taking place. An NHSGGC conference took place in October 2014, with senior managers in attendance from health, social services, education, Department of Work and Pensions, housing, Scottish Ambulance, Police Scotland, and NHS Education Scotland (NES).

NES is taking forward the national issues of alternative and augmentative communication (as detailed in A Right to Speak 2012) for the Scottish Government, with a local programme implemented by a partnership board in each Health Board area to reflect local needs and aspirations. Working in conjunction with partners, the project has delivered, supported and commissioned training and promoted access to online resources. Innovative work has been undertaken in conjunction with volunteers, and a pilot of the "Talking Mats" communication enterprise is ongoing within 2 care of the elderly wards in collaboration with the Patient Centred Care collaborative.

Use has been made of a Making Communications Even Better DVD produced by NES and targeted at NHS staff. The purpose of the DVD is to inform the audience about the importance of communication and access to aids that allow people to communicate and more importantly, how we can improve the access to these aids for those who require them. The DVD is applicable to other agencies and is being widely promoted as a useful resource.

We have specifically sought to understand the pattern of complaints from the Deaf community around access to interpreting in acute services. There have been a small number of complaints but more than in previous years. These focus on staff not booking an interpreter for an in-patient stay or Accident and Emergency visit. Action has been taken as a consequence of these complaints, including staff training and the provision of a BSL Mediator (see Section 1.3).

3.4.2 Glasgow

Glasgow CHP has maintained a city-wide NHS Equalities Group, which has produced its 2nd Annual Report containing a range of good practice on equality issues. For example: increasing uptake of bowel screening by people with a learning disability; staff events unpacking issues relating to gender reassignment, sexual orientation, learning disability and inequalities sensitive practice (attended by 100 people). North-East Glasgow developed an award winning approach to practice inquiry into Inequalities Sensitive Practice (ISP), 'Caring to Ask' in collaboration with the CIT and the Glasgow Centre for Population Health (GCPH). The practice inquiry involved practitioners working in early years, homelessness and primary care mental health settings forming inquiry groups of around 6-8 staff. It has generated fresh and wider thinking about assumptions and practices in relation to ISP. Through local small 'tests of change' it has demonstrated both the possibilities and barriers for practice development of this kind. Ultimately, it has shown how appreciative and routine feedback can enhance experience for people using the services and for staff. It can also act as a route to service improvement and positive health and wellbeing outcomes.

Quote from Caring to Ask Report 2013:

> "M asked a patient what was working well for him and he replied, "You asked me!" When she asked what she could to make things even better he replied, "Keep asking me!""

There are local NHS equalities groups in the 3 sectors – North East, North West and South Sector. NHS staff in Glasgow are jointly planning with local authority and community planning on equality proofing the SOA, developing an integrated equality scheme and community engagement with equality groups.

3.4.3 West Dunbartonshire

West Dunbartonshire CHCP has been in existence since 2010. They have harnessed opportunities that integration provides to support community care service users into training and employment through their Work Connect Programme.

3.4.4 Renfrewshire

A programme of work was carried out through joint working between the Renfrewshire (CHP) and the CIT to embed an inequalities sensitive approach into the newly integrated Rehabilitation and Enablement Service. The process undertaken was:

- Securing buy-in from senior managers
- Undertaking research to establish baseline of ISP amongst staff and barriers/levers/training required for strengthening ISP
- Involving managers in design of bespoke training
- Establishing plan for implementing training
- Creating a resource directory to support staff to refer patients into local services
- Including District Nurse services in the programme.

A programme of work is underway to ensure that the integration of health and social care services within Renfrewshire benefits from current best practice within NHSGGC and Renfrewshire Council. This has involved scoping of equalities outcomes, EQIA processes, tools and good practice in both partner agencies to identify and realise opportunities for amalgamation and co-ordination.

3.4.5 East Renfrewshire

East Renfrewshire has been an integrated CHCP for a number of years. Discussion is ongoing to integrate the Council's equality action plan and the CHCP plan and to consider the option of a Community Planning Partnership Equality Network in order to tackle discrimination and provide better support for clients within the wider community. A logic model has been drafted and equality proofing of this year's SOA has also been conducted. A service improvement self assessment, which will be rolled out to all services, has been equality proofed and will be tested with new equalities questions. The CHCP are also participating in the NHSGGC 3 year gender and carers improvement case study. An example of good practice is East Renfrewshire's 'Older people and Equalities' work.

There is a commitment to explore joint opportunities for community engagement which meet council and NHS needs with LGBT people, sensory impaired people and people with learning disabilities. GBV training has been identified as a priority and a 'training for trainers' model is being scoped. Equality proofing of financial planning and cost savings is also being scoped. Local priorities for equalities actions and shifting resources are: young people, through Early Years Collaborative work, and older people, through the Integrated Care Fund (previous lever Reshaping Care for Older People Change Fund).

3.4.6 Inverclyde

Inverclyde has developed an action plan to take forward agreed areas which will be reviewed by the local equality group. This group has recently merged with the local authority's equality group. Inverclyde CHCP developed a quick assessment guide for EQIAs which has been used to ensure selected assessments are proportionate and relevant.

3.4.7 Mental Health, Addiction & Learning Disability Services

These services continue to be leaders in NHSGGC on developing and sharing good practice in addressing inequalities. Work plans are supported by staff equalities groups and include:

- Infrastructure assessments for specific equalities outcomes (e.g. equality outcome related to the HEAT target psychological therapies)
- Strategic approaches to EQIA (i.e. on cost savings, service redesigns and service developments)
- Improvement plans for equalities data; NHSGGC's Communication Support & Language Plan and the “Clear to All” Accessible Information Policy
- Equalities within Public Focus Patient Involvement
- Integration of ISP, Person Centred Care and Human Rights approaches
- Anti-stigma programmes
- Patient experience, staff experience and workforce development programmes which reflect equalities issues

With health and social care integration, these 3 services have developed a joint equalities improvement plan 'Equal Minds' for 2014-16. An annual report has been produced for the 3rd year running in 2014. The next annual report is due mid 2015.

3.5 Improving Health Outcomes

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

3.5.2 Data collection and equality monitoring

Understanding the accessibility and the impact of our services and practices on different groups helps service planning to improve health outcomes. Data collection and equality monitoring enables us to inform service development and improvement and take action where differences exist between groups. Health Information and Information Technology started a review of electronic recording systems in 2014. The report is due mid 2015.

3.5.3 Gender analysis

An issue with mainstreaming and equality outcomes is that gender can become invisible, which is problematic given that it crosses all protected characteristics. A gender analysis was carried out for the baseline of the Equality Scheme and progress will be assessed in Year 3. In addition, two gender case studies on carers and GBV are being followed over the lifetime of the Equality Scheme to assess improvements over 3 years.

3.5.4 Ethnicity Monitoring

See section 3.1.2 for improvements to ethnicity monitoring.

3.5.5 Improvements in Service Monitoring

There have been improvements of meeting additional needs of patients in both primary care and acute services. If staff know that someone is coming into our services with communication or support needs they can better prepare for their care. Primary care audited Scottish Care Information (SCI) gateway (the data collection system which links primary care and acute data) referral letters to identify flow of information on additional needs into secondary care**.** A review of this information for the period February to April 2014 found under-reporting of most additional needs items. For example, of around 45,000 referrals per month:

- 150 visual impairments recorded (NHSGGC has 41,400 people with visual impairment)
- Learning Disability recorded once (Primary Care Learning Disability Register: 5,400)
- 2,000 per month hearing impairment recorded (NHSGGC has 13,000 people with severe / profound hearing impairment)
- In 182 cases, further ‘free’ information was given on ‘disability’; similar amounts of free text were provided around type of visual and hearing impairment
- 30-35 referrals had the need for an interpreter recorded (NHSGGC has around 350 interpreter appointments per day. For example, in April 2014, 2,579 interpreter appointments were booked in Acute Services)

The improvement plan on additional needs includes:

- An additional needs item (Y/N with free text instructions) on SCI Gateway referrals and the marketing of this. Outcomes will be available mid 2015.

> "Healthcare services such as hospitals often are not aware that a patient is Deafblind prior to the patient attending – therefore staff are unprepared and no consideration has been given to the support/accessibility needs of patient."
> Deafblind consultation event

- Tracking of the impact of the new national READ code on Deafblindness. 178 letters were sent to NHSGGC Deafblind Scotland members. The letter advised members to take the letter to the GP; the content explained why the members were being asked to do this. However, there was no feedback from members or GPs from this exercise. Letters were then sent in March 2014 to GPs in NHSGGC advising them that they had patients within their practice who could have a READ code of Deafblind. Feedback was sought from GP surgeries to find out if they had changed the information and the response was positive. An evaluation is taking place in 2014-15 of the impact for all 178 members.

- Introduction of alerts and guidance for blindness, deafness, interpreter and wheelchair requirement in acute services via Referral Management Centres (June 2014). An audit of 750 alerts (July – November 2014) found that additional needs information was recorded in 149 SCI referrals and in only 3 cases was this not recorded as an alert. The main information shared was requirements for an interpreter.

- Assessment of change via acute services audits and Quality Improvement visits in primary care. An audit in acute services covered 8 audiology, ophthalmology and ENT OP sites. All areas were, for example, providing appointment letters in larger font as required, booking interpreters and providing accessible information. Very few complaints had been received. A patient satisfaction survey of all 3 services showed an overall patient satisfaction rate of 94%.

Glasgow City Health Improvement Services completed an EQIA in early 2014 to ensure their future strategic service direction was compatible with the intent of the Equality Act 2010 in terms of delivering services that remove discrimination, promote equality and good relations. The approach marks a move away from a single population-based approach to one where improvement interventions are focused to meet the needs of specific communities.

As part of this approach, planners took account of the findings of "'Hard to Reach' or 'Easy to Ignore' – A Rapid Review of Place-Based Policies and Equality". A key outcome of the work was a commitment to improve routine data capture to better understand patterns of service uptake by protected characteristic and address any perceived shortfalls.

Primary Care Services have an improvement plan for a range of equalities demographic data, which has a focus on sharing information via SCI Gateway referrals with all secondary services. An improvement plan for primary care ethnicity data is being developed based on practices with poor performance (e.g. some have 20% ethnicity data flow) and practices where there is high data collection (e.g. 98%). At February 2015, 65% of SCI referrals had ethnicity recorded with around 34% blank information. This varied from 58% in one CHCP area to 77% in another**.** Primary care rolled out a sexual orientation campaign. Draft posters were tested with communities of interest then sent to all GP practices. Responses to the approach are being tested via quality improvement visits in Glasgow CHP. In addition the use of 'information prescriptions' was scoped for Deaf and Deafblind people. Results will be available June 2015.

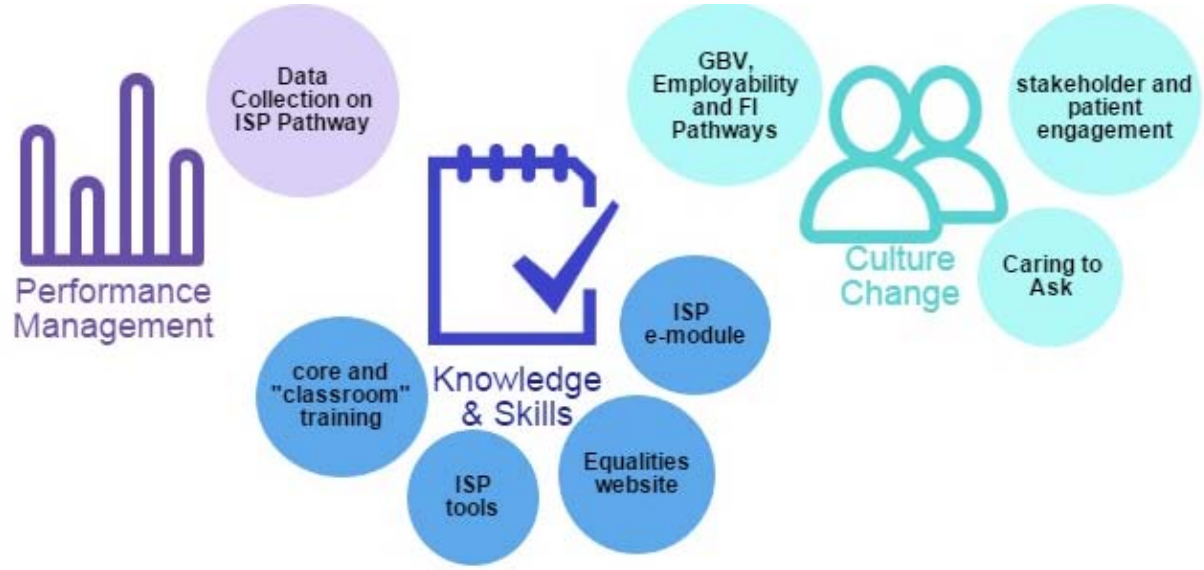
Mental Health Services gathered a baseline on ethnicity data collection and have an improvement plan as part of Single Shared Assessment and Primary Care Mental Health Service Redesign work. In terms of SCI gateway referrals, an audit of 875 referrals in a two week period in August 2014 indicated ethnicity is recorded in 20% - 63% of referrals, depending on which inpatient site admitted to and the average was 45% recorded. Mental Health Services have been considering the learning as part of their long term approach in moving to a new IT system.

Forensic Inpatient Mental Health Services developed a health improvement and equalities patient assessment tool, which captures information on all protected characteristics. This is being used to assess patterns in the uptake of positive health behaviours and meaningful activities for patients. Of note is the fact that only 6% of patients preferred not to answer the question on sexual orientation. Leverndale Hospital (Inpatient Mental Health Services) participated in training on Lesbian, Gay, Bisexual and Transgender issues with input from the voluntary sector. Discrimination and data collection issues were covered.

Addiction Services have all equalities data on CareFirst Systems in Glasgow. A report will be available in mid 2015. This service has provided a comprehensive report on routine enquiry data (see Equality Outcome 8).

3.5.6 Inequalities Sensitive Practice

Inequalities Sensitive Practice (ISP) is a way of working which responds to the life circumstances that affect people's health. Evidence shows that if these issues are not taken into account by the health service, opportunities are missed to improve health and to reduce inequalities. ISP should be embedded across all of our service provision, putting patients at the centre of our patient / clinician interactions. Person centred care forms part of ISP and work in these areas can improve patient outcomes. A range of actions have been taken forward from the strategic consultation on inequalities sensitive practice. These are summarised here –



A number of new tools have been developed to support ISP, for example, 'Pathway to Health' - a pictorial tool showing how to access NHSGGC services and how inequalities issues affect health. The tool has been popular with groups wishing to learn more about health and the NHS e.g. asylum seekers and refugees. The tool is being translated into British Sign Language (BSL) for use by BSL Health Champions.

CIT led a 'Caring to Ask' event in April 2014, chaired by the Director of Nursing (58 staff attended). Examples shared around ISP were:

- Glasgow CHP North East Sector's 'Caring to Ask' approach
- Addiction's inequalities sensitive practice approach
- Learning Disability Residential Services' human rights and equalities approach
- The Person Centred Care Collaborative
- Acute Services' financial inclusion intervention

A range of actions were taken forward from this event including a plan for similar learning sessions across NHSGGC. Caring to Ask was rolled out to all service managers in Glasgow CHP NE Sector as part of the ongoing meetings of their Service Improvement Group. The approach involves reflective practice on inequalities in team and individual performance management and within patient feedback. Early adopters of the approach include teams from homelessness; primary care mental health; children and families; health improvement; public partnership forum, organisational development and CIT. A further NHSGGC Caring to Ask event took place on 11th March 2015 and an NHSGGC staff network is planned.

The ISP section on the Equalities in Health website contains detailed information on this event.

3.5.7 Person Centred Care

As part of NHSGGC commitment to person centred care a group of thirty-two clinical improvement teams have been recruited from the acute services division and the CH(C)Ps to develop, test and implement change and improvement interventions known to enable services to be more person-centred. The teams are supported and mentored by the Person-Centred Health and Care Collaborative Team (PCHCT) from the Clinical Governance Support Unit.

Each of the pilot improvement teams are multi-disciplinary in nature. The teams are representative as much as possible of all staff who come into contact with the patient while in hospital or in the community setting. The PCHCT have developed a "themed conversation" methodology as the basis of listening to the care experiences of patients, their family and carers and use this information to drive improvement at a local level. The 'themed conversation' is sub-divided into eight person-centred focused domains:

- admission experience
- consistency and coordination
- respect and dignity; communication and involvement
- safety
- meal time experience
- environment and facilities
- overall care experience

Feedback is also gathered on one additional domain of enablement and support and from a small number of patients, their family and carers after discharge from hospital to inform improvements in the discharge planning process. All the feedback is used to identify opportunities for learning, change and improvement.

The PCHCT have integrated the collection of information related to the protected characteristics required for equalities monitoring to help the clinical improvement teams better understand the needs and care experience of patients with these protected characteristics.

One example of an improvement project being taken forward within the Specialist Dementia Care setting in collaboration with the 'Right to Speak' Project Team is to explore the use of 'Talking Mats' in clinical practice. 'Talking Mats' is an interactive resource that uses three sets of picture communication symbols. Twelve members of staff, which included ten clinical staff from the Mansionhouse Unit and two PCHCT members recently attended a 'Talking Mats' training session. The training developed their understanding of how this approach can be used to facilitate conversation with people who have impaired communication and how this can increase their capacity to communicate about things that matter to them.

It is planned to explore the 'Talking Mats' approach to assist staff to identify 'what matters' and 'what is important' and how this could help develop a more personalised approach to care planning for patients and the provision of activities and stimulation on an individual level in two wards at the Mansionhouse Unit at the Victoria Infirmary. The two clinical teams are currently testing and exploring this approach in practice.

Early feedback from patients suggests that the 'Talking Mats' symbols helps them to express their individual preferences and that this is then reflected in the care they receive and their interactions with staff. Staff members feel the use of 'Talking Mats' helps them to personalise care and the social interactions they have with patients in a more effective manner. Further information on the approach can be found at http://www.talkingmats.com

The work with the Person Centred Care Team indicated barriers to gathering patient experience from Deafblind and Deaf people. A protocol is in place for Deafblind Scotland to notify NHSGGC for patient outpatient appointments and inpatient admissions, from which a patient feedback interview will be conducted. In addition, Deafblind Scotland evaluates consultancy sessions with staff on wards when a patient is admitted and evaluates all health improvement interventions for Deafblind patients.

3.6 Creating and Supporting a Diverse Workforce

3.6.1 Training

A range of training has been developed to support staff to develop skills and knowledge on inequalities:

- Equality Impact Assessment Lead Reviewer Training

Dedicated quarterly training sessions are delivered for nominated Lead Reviewers. The sessions combine practical 'hands on' learning with question and answer components. The sessions are evaluated using a follow-up survey monkey questionnaire. Responses consistently rate experience as either very good or excellent. Since 2012, more than 160 members of staff have been trained to conduct formal Equality Impact Assessments. In addition to this a further 200 members of staff have attended the aligned Equality Act 2010 training.

- Frontline Managers Training

As part of their induction into management roles, members of staff attend a 4 hour training session highlighting the organisational commitment to tackling discrimination. The interactive session covers all aspects of the Equality Act 2010 together with background to NHSGGC's wider approach to delivering inequality sensitive care. Recent sessions have discussed the impact of unconscious bias on the way we deliver services. Over the last two years more than 150 managers have attended sessions. Follow-up evaluation shows the sessions are consistently rated highly.

- Age discrimination training

New training materials have been designed and delivered in partnership with staff and managers within mental health, primary care and rehabilitation services to support staff to understand and challenge age discrimination within our services.

- Leading Better Care

Training on inequalities sensitive practice continues to be delivered as a core element of this national programme. The programme develops leadership skills and is aimed at Senior Charge Nurses. Around 200 staff members have received this training in the last 2 years.

> "All NHS Greater Glasgow and Clyde staff should know how to communicate with people who have hearing loss, for example they should look at the person when giving directions."
> Glasgow Hearing Loss consultation event

- New e-modules

NHSGGC has 34,000 staff and e-modules are an efficient and effective way of delivering training on a range of issues including inequality. We have a wide range of e-learning available and a number of new e-modules have been developed. For example, the Employability and Welfare Reform e-modules aim to improve staff knowledge in areas relating to poverty and social class. To support patient engagement and involvement across NHSGGC an e-module has also been developed to raise awareness and understanding of specific engagement with those with protected characteristics. The generic equality and diversity e-learning module is currently being updated to utilise a more scenario-based problem solving approach. There are 15 current e-learning modules available on those with protected characteristics.

- Unconscious Bias

A comprehensive literature review and synthesis has been completed collating evidence to review the impact of unconscious bias in health care delivery. The work is currently being reviewed in relation to developing and testing out staff training as part of a wider approach to tackling inequalities in health. Such training is of particular value to staff who have high level skills in working with people with multiple and complex needs but where such practice can be enhanced by inequalities sensitive practice.

3.6.2 Getting Staff Views on Inequality - Fairer NHS Survey

The Fairer NHSGGC staff survey will be repeated at the end of 2016 and benchmarked against the 2013 survey. The most recent National Staff Survey reported an improvement in staff awareness of equal opportunities in NHSGGC:

- In 2014, 60% of staff had a positive perception of the statement "the Board acts fairly and offers equality of opportunity" compared to 41% in 2013, showing an overall 19 percentage point increase between the years.

- The percentage of staff saying they have experienced unfair discrimination from their manager in the last 12 months has seen a positive change from 8% in 2013 to 6% in 2014 and from 9% to 7% in relation to unfair discrimination from other colleagues.

3.6.3 Publishing employee information

Employee data is regularly published and reported on at two major committees within the Health Board; the Staff Governance Committee and the Area Partnership Forum. The workforce data is published on the staff intranet (StaffNet) and on the external Equalities in Health website. Reviewing this data led to the development of the 'Release Potential' campaign to raise awareness of disability for managers and staff which is described later in this section.

In 2014 NHSGGC commissioned research to improve our collection of staff data. The smart metrics and equality and diversity monitoring report was published in October 2014 and went to the Staff Governance Committee in November 2014. The report considers the background to equality and diversity data monitoring and management (using the acronym EDDMM) incorporating data collection, data analysis, findings and dissemination before summarising and making recommendations to NHSGGC on future practice. The report defines 'smart metrics' as the intelligent use of HR data supported by a line of reasoning (logic) to inform effective decision making, thus linking EDDMM to key organisational objectives. The report recommendations will be taken forward by the Workforce Statistics Group.

Reports on our equality workforce statistics can be found here

3.6.4 Release Potential Campaign

The Release Potential campaign was devised in response to the significant under-reporting of disabled people in our workforce and was launched in 2013 on StaffNet containing information for managers on supporting disabled staff. The campaign has been developed throughout 2014 to include staff engagement events, a staff awareness campaign and the launch of a Disabled Staff Forum. In November 2014, 26 disabled staff members and 6 managers attended a series of engagement events to develop the staff facing part of the campaign. Several participants shared their stories in Staff News. In December 2014 we held the first Disabled Staff Forum attended by 15 people. The staff campaign was launched by NHSGGC's Chief Executive through a Team Brief (cascaded to all staff) and cover feature in Staff News. The campaign website was also developed to include advice, resources and information for the wider staff group as well as managers and disabled staff. Following on from this activity, we have received several enquires via phone and the direct campaign inbox. The campaign is being regularly promoted via CIT newsletters and external avenues such as GCVS Equality Updates which has just under 1,700 subscribers.

3.6.5 Staff communications

CIT Newsletters are sent out to our database of over 1,000 recipients, including the top 300 managers in NHSGGC, roughly every month. In addition to this, campaign/topic specific emails are sent out to targeted groups. Thirteen CIT e-newsletters were distributed in 2013/14 and 2 in 2015 covering issues such as equalities training, welfare reform and hate crime. Nine targeted newsletters were also circulated, for example also issued around the Release Potential Campaign and on Welfare Reform.

3.7 Tackling the determinants of inequality

3.7.1 NHSGGC has a wide range of activity to tackle the determinants of inequality many of which are reflected in the most recent Director of Public Health's Annual Report. This report looks in depth at some of the groups who experience marginalisation and discrimination which impacts on their health, for example prisoners, older people and families experiencing poverty.

3.7.2 Welfare reform is having a significant impact on many equality groups, particularly disabled people, lone parents (who are mostly women), people experiencing homelessness and young men. This leads to increased poverty, food and fuel poverty and, for some people, destitution as a result of benefit sanctions. NHSGGC have undertaken some specific activity to target these groups with action to mitigate poverty.

- A development session with NHS, local authority and voluntary sector representatives took place in August 2014 to review progress against the National NHS Welfare Reform Outcome Plan. This included representatives from Financial Inclusion, Employability and Healthy Working Lives Leads.

- There is work to mitigate welfare reform on specific patient groups at risk. This includes consideration of in-work poverty and NHSGGC's role as an employer. Specifically targeted patient groups include:

    - Lone parents (Healthier Wealthier Children meeting expectations around this target group)

    - People with addiction, mental health problems and at risk of homelessness / those who are homeless and people with disabilities

3.7.3 There has been pilot work with Women's Aid and money advice services, supported by NHSGGC in terms of funding & staff time, on the impact of financial abuse and money worries for women leaving abusive relationships. The learning was shared within both NHSGGC's Financial Inclusion Strategic Group and Gender Based Violence Strategic Group.

3.7.4 Acute have identified four key patient groups where they will increase referrals to social support including financial inclusion and employability advice:

- Musculoskeletal (MSK)

- Rheumatology

- Spinal

- Cardiac Rehabilitation

Additional groups are targeted through the McMillan Vocational Rehabilitation Pilot. The Staff Attitudes to Employability & Financial Inclusion Report was published in December 2013 to find out if staff felt confident to ask questions of their patients. A training programme for Allied Health Professionals is underway on how to ask patients about work as part of their rehabilitation. Information on pathways and services for all areas in NHSGGC is available in the Health Improvement Directory. MSK have established pathways which are audited annually. Routine enquiry on employability status will be implemented when the Electronic Patient Record (EPR) goes live. Key questions have already been identified.

The EPR will record and measure routine enquiries in relation to work questions. Work will be undertaken to determine what data the system can collate for performance management. An e-module has been developed for a Vocational Rehabilitation Pilot with further training opportunities to be identified and developed.

Equalities monitoring in Money Advice Services shows good reach to groups particularly affected by poverty, the recession and welfare reform (e.g. women, lone parents and people with disabilities).

Six month and annual reviews were carried out on the NHSGGC Financial Inclusion Plan.

3.7.5 An improvement plan has been developed in Mental Health, Addictions & Learning Disability Services around financial inclusion. This includes sharing best practice and a GGC assessment of what is working well and what can be even better.

3.7.6. East Dunbartonshire

In East Dunbartonshire, Occupational Therapists within Community Mental Health Teams have lead on a range of employability work. Members of staff are up-skilled in Vocational Rehab approaches and tools leading to an increased awareness of the employment status of their service users.

There is a history of close working between the NHS, local authority and voluntary sector services in East Dunbartonshire. The Citizens Advice Bureau (CAB) provides a service which incorporates money advice. Given the volume of NHS patients accessing this service due to effects of welfare reform, NHS funding was provided to the CAB. This fits with a local strategic NHS approach with partners to financial inclusion, which includes leading / input into:

- East Dunbartonshire Welfare Reform Operations Group Support
- Briefing to East Dunbartonshire Equality Network regarding the health impacts of welfare reform and subsequently informing the East Dunbartonshire Welfare Reform Strategy
- Annual East Dunbartonshire Income Maximisation review and development event
- NHSGGC Credit Union workshop to CHP Staff Team
- Capacity and funding support to Strathkelvin Credit Union to establish an outreach service

- No Smoking Incentive with Strathkelvin Credit Union (Smoker who sets quit date receives a voucher to support establishment of a Credit Union account)

3.7.7 The impact of the recession and welfare reform has had a gendered impact and NHSGGC collaborated on research with GCPH and One Parent Families Scotland to look at the specific barriers for lone parents who are mostly women, a high number of whom have experienced gender based violence. This has led to the appointment of two posts in Glasgow City to tackle some of the immediate barriers lone parents face. The research can be found here.

3.7.8 NHSGGC has made a commitment to build referral pathways to employability advice. When taken to a service level, this translates as a range of outcomes achieved for people often with complex needs. For example, in mental health services, 52 patients went on to paid and 22 sustained employment; 21 had further training; 27 did voluntary work; 64 positive activity and 6 were referred to mainstream services.

To tackle youth unemployment, NHSGGC provided 50 modern apprenticeships and 417 work placements in 2013-14. NHSGGC refreshed its Youth Employment Plan in March 2014 with a commitment to recruit an additional 50 modern apprentices by August 2015 and to increase the number of young people employed by working with partners to widen access to NHS careers advice, work experience opportunities and NHSGGC jobs. This includes commitment for up to 500 work experience placements.

3.7.9 The NHSGGC Primary Care Deprivation Group held its 6th meeting in collaboration with the Deep End Group (Representing the 100 most deprived General Practices in Scotland). The aim of the event was to discuss how our limited resources can be best used and how we can achieve our long term goals to reduce inequality. Eighty eight people attended the event, covering a broad range of stakeholders including GPs, academics, mental health and addiction clinicians, managers, planners, public health workers and Board non executives. A full report of the event can be found at www.phru.net/pcd. A follow up event will be held with the Board on the 17th of April 2015 to discuss the findings.

3.8 Resource Allocation and Fair Financial Decisions

3.8.1 NHSGGC has a process in place to assess any risks in relation to the equality impact of costs savings. In 2013-15, the CIT developed a Rapid Impact Assessment Tool to support quick and effective assessment of proposed cost saving areas for risk with regard to protected characteristics. It built on previous developments to minimise organisational risk by providing evidence of how risk would be systematically assessed and mitigated against within a transparent decision making process.

This Rapid Impact Assessment approach now forms an integral part of the process in acute and partnerships on service redesigns which are expected to release costs savings. Using this approach, acute and partnerships have identified redesigns which require a full EQIA to ensure that risks with regard to protected characteristics are fully considered. 13 EQIAs were identified from this process in 2014-15. The NHSGGC EQIA process is now an on-line system fully supported by training for lead reviewers, review of actions required and quality assurance.

3.8.2 A recent seminar on tackling inequality in a cost-saving climate reiterated the value of EQIAs in informing planning and performance processes, and in financial planning. We will continue to refine the process as we move towards integration in 2015.

3.9 Procurement

3.9.1 NHSGGC has embedded equalities assessment criteria which it applies to all its procurement strategies. An Equality and Diversity Guide is available to be used by all staff tendering good or services. This includes a specific Equality and Diversity Risk Assessment tool.

3.9.2 In early 2014, we initiated our BSL tendering process. We currently provide interpreters through a range of BSL providers outwith a contracted process. The tender process started with an open meeting with Deaf people. We also agreed to have a Prior Interest Notice to ensure we were able to inform the market prior to the tender going out. It is our intention to construct a provider matrix to offer choice of interpreter, where possible, for Deaf people. The framework will include agencies as well as freelancers. Information is available on the SHOW website for public procurement. We have created a tender panel to help write the specification with a member of the public who is Deaf, membership from Scottish Association of Sign Language Interpreters and a clinician with a Masters on the use of BSL in Mental Health services.

3.10 Equality Impact Assessment

3.10.1 Equality Impact Assessment forms a core part of our mainstreaming approach to ensure that service redesigns meet the needs of people with protected characteristics and take action where differences exist between groups. At the time of publishing this report we have 68 EQIAs completed and quality assured since April 2013 to April 2015. NHSGGC published its first EQIA in 2006. Since then we have focused our efforts on developing an EQIA programme that is robust yet flexible enough to meet the needs of a diverse range of service and policy functions. We have published more than 260 full EQIAs, resulting in thousands of actions being identified to improve service experience for patients and staff with protected characteristics.

3.10.2 In 2013 NHSGGC embarked on an ambitious programme to migrate our EQIA template, reporting structure, quality assurance process and publishing function to an online format. We worked with an external consultant to design a package that allows the individual responsible for conducting an EQIA (lead reviewer) to log the EQIA and create a virtual group of contributors. The new system has been designed to ease the burden of staff meeting to discuss an assessment while ensuring maximum participation from across service functions. The online EQIA programme is available via StaffNet, though the developers have added features to allow external participants to contribute to the final EQIA draft. This means services can now actively involve a range of partners in the completion of an EQIA including patient representatives and third sector organisations. In addition, staff from integrated partnerships using non-NHS systems can be registered to allow access.

3.10.3 The Corporate Inequalities and Learning and Education Teams deliver quarterly training programmes to nominated lead reviewers to ensure staff are competent and confident in using the new system. This is further supported through the provision of weekly drop in clinics, where lead reviewers can come and speak to a member of the corporate team and get assistance with any challenging aspects of their EQIA. In addition to the formal training, lead reviewers and identified participants are encouraged to complete a range of e-learning modules available through the NHSGGC online learning facility. Modules cover all legally protected characteristics and other marginalised groups which we include in our full impact assessments.

3.10.4 Since embarking on the change programme, more than 160 members of staff have been trained to conduct a formal equality impact assessment. To support the development of best practice and enhance working relationships with our partners, our training programme is open to non-NHS staff. The sessions are interactive so having a diverse range of perspectives in the room (both NHS and non-NHS) supports a broader understanding of the implications and importance of an EQIA.

3.10.5 In addition to the growing pool of trained lead reviewers, the EQIA programme enlists the support of a smaller pool of in-house quality assurors. The quality assurors have been trained to review submitted EQIAs for possible omissions or risk areas that may need additional attention. The quality assurance process has been integrated into the online system, allowing timely review of submissions and feedback within a single process. Once the quality assuror is confident the EQIA has met all requirements and can evidence all reasonable adjustments have been made it is accepted for publication and uploaded onto the NHSGGC Board Website. Full transition to the new system will complete in April 2015.

3.10.6 Below we present some examples of our EQIAs and how they have impacted on services in 2014.

- Learning Disability Change Programme

Since 2013 NHSGGC has undertaken a number of high profile EQIAs to ensure patients at the highest risk of experiencing barriers to service access are not discriminated against and receive fair and equitable treatment. Of these, the Learning Disability Change Programme impact assessment was perhaps the most challenging and attracted attention from a range of stakeholders and advocacy groups.

The assessment attempted to review the risks associated with supporting people who currently receive care through a specialist Learning Disability (LD) service to access mainstream service provision. While this aligns itself well with the principles of the Equality Act 2010, the additional provision required to deliver equitable services to people with a learning disability was seen by many to be at risk when transferring to mainstream provision. The EQIA could not review the readiness or otherwise of all mainstream services to work with people with a learning disability, but rather focused on the role of staff in LD services to support patients through their transitioning journey. The EQIA remains a 'live document' and will continue to be reviewed in line with ongoing engagement and consultation. However, the EQIA noted the requirement for very careful review of patient experience in mainstream services and close monitoring of all patient data. This included the requirement to develop key performance indicators reflecting the needs of patients with a learning disability.

- Reshaping Older People's Care

This EQIA was applied to the Joint Strategic Commissioning Plan for Older People's Care within Glasgow city. The Plan set out a partnership approach to support older people to be cared for at home or in a homely setting, rather than in hospital, and to provide carers with the support they need in their caring role including information, training, respite and short breaks.

The EQIA highlighted the requirement for further engagement with a range of stakeholder groups with representation from legally protected characteristics. The EQIA also drew on a significant research pool to highlight the spectrum of needs of older people that are often rendered invisible when only considering age as the dominant factor. For instance the EQIA highlighted the additional care needs required by LGBT older people who may be less likely to have familial support due to discriminatory attitudes towards their sexual orientation or gender status. The EQIA also considered the disproportionate burden of care experienced by woman and so set 'close monitoring of care support by sex' as an action.

The multi-partnership team responsible for delivering the Plan participated in EQIA development sessions and members also attended EQIA Lead Reviewer and Equality Act training.

A range of further EQIAs will be undertaken that link to the aspirations of the Older People's Care Plan. An EQIA of Care Home Services has been undertaken and published.

- New Southern General 'On the Move' Programme

The new Southern General Hospital build represents the largest single site NHS capital investment in Europe. As a result, a range of services previously delivered from hospital sites across the city will now be hosted on the new site.

Our Acute planning team have worked together to identify any transferring services that may require review as part of their move and a significant programme of EQIAs is underway and will complete later in 2015.

- Sexual Assault/Sexual Abuse Service

Our priorities for EQIA do not limit themselves to those service areas with the highest patient use. Applying a proportionate and relevant lens to selection criteria means that smaller services like the Sexual Assault and Sexual Abuse Service (SAAS) will qualify due to the sensitivities of service delivery and the enhanced vulnerability of the patient group. SAAS delivered a highly detailed EQIA with a wealth of evidence showing a clear commitment to delivering compliant and patient centred services. The EQIA showed that further work was required across NHS partners to raise awareness of the service and the referral links in. A review showed a large number of clients with specific parenting needs, triggering an application for further funding to research this client group.

- Health Improvement Strategic Direction

Our EQIA programme does not limit itself to reviewing reactive services but has supported future planning arrangements to improve the health of our communities. The Health Improvement Strategic Direction EQIA set out to identify possible barriers created through developing a revised deployment of NHSGGC's Health improvement Workforce to key areas across Glasgow City. The EQIA identified clear requirements to improve capture and analysis of protected characteristic data to inform service development and ensure that health improvement interventions can work inclusively at population, place and personal levels.

As our EQIA programme continues to develop, so we see ongoing improvements in the quality of submissions from our services. Returns routinely reference evidence relating to enhanced confidence in responding to sensitive issues like gender based violence and previously considered peripheral issues like financial inclusion and money worries have become part of the mainstream service enquiry response.

4. Equality Outcomes

A set of Briefing Papers were produced in 2013-14 to assist in the delivery of the Equality Outcomes. The information covered demographics, health needs, barriers to services, the discrimination experienced by these particular groups, how to address discrimination and further sources of help and reference materials.

4.1 Equality Outcome 1:
Barriers to all NHSGGC services are removed for people with protected characteristics

General Duty: **Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.**
Protected characteristics covered: Disability, Race, Sex.
Activity: • Deliver our Communication Support and Language Plan, including continued implementation of Accessible Information Policy and the Interpreting and Communication Support Policy • Improve accessibility of our buildings through regular audits involving disabled people • Identify and reduce inequalities in access to cancer screening and services - specifically bowel screening for men in SIMD 1 - and identify an improvement plan for disabled people.

Measures:

- Increased number of accessible information resources to be produced per annum
- Increase in satisfaction in the Annual Interpreting Service Patient Survey
- An annual increase in responses to priority areas identified in building accessibility audits. A minimum of two audits to be completed and actioned per year
- Improvement in uptake measures to be determined by the system.

4.1.1 Progress in 2013-15:

Accessible Information

The baseline for the production of accessible information was established in 2013. In the first year, 74 items were produced in an accessible format. So far in 2014 – 15, we have had an additional 168 requests for a variety of languages. The main language groups requested have been Slovakian, Polish and Chinese. We have, however, also translated information into many languages such as Tigre, Amharic, Tigrinya, Korean, Russian, Dari, Sinhalese, Somali, Swahili, Tamil, Vietnamese and Georgian. We have also produced information in BSL, Braille, audio and large print.

We re-launched our Accessible Information Policy as our 'Clear to All' Policy in October 2014. The launch included a new intranet site and guide for staff. Since then we have had 13,097 hits on the 'Clear to All' web page, averaging 89 per day.

Interpreting

Since 2013, we have had an increase in the provision of interpreting across face-to-face spoken language interpreting, British Sign Language (BSL) interpreting and telephone interpreting. Although there are only partial figures for 2015, the trend is continuing.

	April 2013		April 2014		2015 (to February)
Face to face	78,990		84,792		78,974
BSL	3,915		4,698		3,104
Telephone interpreting	2,568		5,388		5, 736

In February 2014, 180 bilingual questionnaires were distributed to those using interpreting services across a two day sample period. 83 were returned (46% response rate). Of those returned, 93% stated that they thought their appointment was improved by having the interpreter there. 69% stated that in terms of accuracy the service was 'very good.' Only 7 people out of 83 said that the service was 'ok.' No one said it was poor or very poor. Of those who completed the questionnaire, 42% were Mandarin speakers, 22% Polish, 5% Arabic, 20% Slovak and 11% were Urdu speakers.

We repeated this exercise in the same time period in 2015. Of the 180 questionnaires that went out 53 were returned (29% return rate). All those who responded said that the accuracy of the interpreting service was very good. In relation to confidentiality and dialect, 94% said it was 'very good' with the rest saying it was 'good'. In answer to the question, "Was your appointment improved by the presence of an interpreter?" 51 out of 53 people said yes (one did not answer and one preferred not to say).

Of those who filled in the questionnaire, 55% were Mandarin, 24% were Slovakian, 9% Arabic, 5% Polish and 4% Urdu speakers. The majority were from age range 26 – 35. Five times more woman than men completed the questionnaire. Three described themselves as having a disability. About one third preferred not to answer the question relating to sexual orientation. Those who did answer were heterosexual.

To ensure quality control we have an on-going rolling programme of staff focus groups. At the time of writing this included Medical Records staff and the Asylum Seeker Bridging Team. Feedback from these two staff groups indicated that the Interpreting Service was, on the whole, good.

Issues with face-to-face interpreting included:

- Short term cancellations can cause difficulty in meeting the needs of vulnerable people
- Female interpreters are difficult to get in some languages
- Multi-lingual interpreters can be of poorer quality than those with single language skills
- There can be variable quality between interpreters.

The use of telephone interpreting was specifically discussed. Issues with telephone interpreting included:

- Telephone interpreting works for drop-ins, short term appointment and for anonymity in small communities
- A dual handset makes the process much easier
- It is used well for giving clinical results
- It is poor when you need to touch the patient e.g. to take blood.

An additional five focus groups were conducted with Arabic, Somali, Urdu, Mandarin and Slovak speakers. Sixty members from these different communities attended the focus groups. The majority of patients found the interpreting service to be very good, although this view varied across different languages. Patients' expressed that interpreting made a big difference to their experience in the health service. Patients' knowledge that interpreting is free to them is better than staff understanding of this issue. Using telephone interpreting in emergency situations was said to be very good.

Some common themes that emerged which were also described by the Asylum Seeker Bridging Team were that interpreters may leave half way through an appointment to go to another appointment or may come late. Cancellations are commonly reported and impacts on the patients' ability to see medical staff for quite long periods of time. Another practice which caused concern amongst patients was not being able to get a same day appointment in GP surgeries. This was due to the staff perception of the inability to get an interpreter on the same day and lack of knowledge or poor experience of the telephone interpreting service.

Open meetings with British Sign Language users over the last two years have resulted in rich information about the use of the Interpreting Service for Deaf people. Issues outstanding for Deaf people are:

- Staff are not aware of procedures for booking interpreters for Deaf people which results in staff being unable to appropriately communicate with Deaf patients

- No pre-planning for admission of Deaf people makes in-patient experience very stressful

- The quality and skills of the interpreters used to communicate with the Deaf person in health appointments varies

- There is inconsistency around interpreters for parents of Deaf children and young adults - what is the age cut-off in our services?

- The NHS should give consideration as to how Deaf people can be informed / assured that an interpreter has been booked for their health appointment

- Patients' records do not identify people as Deaf and requiring an interpreter, so there are often appointments without any communication support

- Staff do not understand the different communication needs of Deaf BSL users and those with an acquired hearing loss.

We are addressing the issues for British Sign Language Users as part of the re-tendering process for British Sign Language provision for Deaf patients. Additional actions regarding access to health service provision for Deaf people are to be found in Outcome 2.

Action to Ensure Patients Receive Communication Support

An annual target based on previous usage of interpreting services has been identified for the Acute Division. Work is being undertaken to establish a baseline for each Directorate for interpreting services and patterns of use are currently being analysed. This data will be made available and analysed by April 2015. Staff training is planned to improve staff awareness of the needs of the Deaf community and the need for Deaf communication support. The low uptake of British Sign Language Interpreting has been identified as an issue.

Action for 15 – 16

- Review telephone interpreting provision
- Support staff to use telephone interpreting service
- Launch new Interpreting Service intranet site and guide for staff
- Disseminate cards for staff to have at reception desk on how to use telephone interpreting
- Audit speaker phone availability in Acute

Disability Discrimination Audits

We have an ongoing programme of delivering audits to ensure access to our estate for disabled people. In 2012 - 13 a series of audits were undertaken at Glasgow Royal Infirmary. Over the last 12 months, both the Facilities Directorate Equalities Group and the Better Access to Health (BATH) Group were provided with documented updates on the implementation of the work completed on this site. This included improvements to car parking/external entrances and various internal improvements at designated reception areas.

Capital Planning is regularly involved in structured post-project evaluations for all their major projects. These seek feedback on how the accessibility in the design of buildings measures against the actual performance, for example at Renfrew, Barrhead and the Vale of Leven Health Centres. The Commissioning Manager will work closely with the BATH Group and over the next year will be undertaking on-site audits of these buildings.

In 2013 - 14, a total of five access audits were undertaken on the Southern General Hospital retained estate - namely the Spinal Injuries, Maternity, Langlands, Westmarc and Podiatry Buildings. The findings were consistent with previous audits in that various internal/external signage deficiencies were highlighted, as were a number of recommendations around improved seating infrastructure, enhanced accessibility to public telephones and general audio/visual improvements at various reception areas. In addition, there were a number of recommendations regarding car parking issues including lowering of kerbs in specific areas and the general specification of some of the existing designated blue badge spaces.

Site Facilities staff are now preparing prioritised action plans on the basis of the access audit recommendations and progress will be closely monitored over the next 12 months.

Facilities have reconfigured governance and management arrangements to ensure that inequalities matters are given a higher and more regular profile across the Directorate. Bi-monthly meetings with the Senior Management Team ensure that sector/site requirements and actions are regularly reviewed and progressed.

All actions required as part of the Transport Risk Assessment reviews have now been implemented. Many of the issues raised as part of this process were also highlighted in the specific access audits that were undertaken in 2012 - 13 and 2013 - 14 with improvements in external areas of the sites including kerb lowering, line painting, signage, lighting, road and pedestrian surface levels.

Work continues to ensure that any outstanding actions highlighted in the access audits are progressed. Local site facilities staff continue to work closely with Estates and clinical departmental colleagues to consider all developmental opportunities. Many of which require significant funding and to this end the Capital Project Team are very involved in this process.
All of the hearing loop issues associated with the new Ambulatory Care Hospitals have been successfully addressed and a further £40k has been allocated to introduce new and/or replace existing systems at Glasgow Royal Infirmary, Southern General Hospital and Royal Alexandria Hospital sites.

Further access audits have been confirmed for the remaining areas of the retained site at the Southern General Hospital and the associated recommendations will be progressed in 2015 – 16.

Bowel Screening

A range of actions have been put in place across NHSGGC to reduce differences in access to bowel screening.

- Acute

Training has been delivered to Care Providers and Carers of people with Learning Disabilities with particular reference to bowel screening. Further work is being undertaken in partnership with Cancer Research UK (CRUK) working with primary care practices across NHSGGC to increase screening participation and uptake within target groups.

- Glasgow

A two year national Bowel Screening GP Practice initiative has been introduced from 2013 aimed at delivering a reduction in the proportion of patients who do not participate in the national bowel screening programme. There are two key actions for general practice to undertake within this initiative:

- The practice will develop an action plan to deliver a reduction in the proportion of patients who do not participate in the national bowel screening programme

- The practice will demonstrate improvements in informed uptake of the bowel screening programme from the eligible practice population.

Uptake is particularly poor amongst certain populations (SIMD1, young men, Learning Disabled) and GP practices were asked to identify particular vulnerable groups to engage with including:

- Homeless patients

- Patients with learning disabilities (LD)

- Men between the ages of 50 & 74

- Patients with physical disabilities

- Patients from the gypsy traveller community

- Patients from deprived communities

- Patients who do not have English as first language

- Patients with severe and enduring mental health

The programme has achieved an increase in the uptake of bowel screening in NHSGGC by people with a Learning Disability of 5% in the last 2 years - see below

	WOMEN	**MEN**	**TOTAL**
Invited to participate	380	474	854
Completed kits	96	120	216
Positive result	5	6	11
Uptake (%)	25%	25%	25%

Source: Bowel Screening IT System data extracted August 2012

	WOMEN	MEN	TOTAL
Invited to participate	956	1166	2,122
Completed kits	312	330	642
Positive rate	9	13	22
Uptake (%)	32.6%	28.3%	30.3%

Source: Bowel Screening IT System data extracted May 2014

- East Dunbartonshire

East Dunbartonshire CHP is involved in a three year partnership with NHSGGC and Cancer Research UK to provide NHSGGC primary care practitioners with practical support, information and educational resources to improve cancer outcomes.

The programme provides practitioners with resources including a Practice Pack and dedicated facilitator time to address the cancer issues raised by that practice. There are currently 14 practices in East Dunbartonshire that are developing action plans to address bowel screening rates.

Bowel Cancer awareness sessions have also been delivered to council staff, primarily to low paid male staff.

Cancer prevention and screening uptake training has been delivered to all learning disability service staff.

Action for 15 – 16

Improve access to bowel screening for those with visual impairment.

4.2 Equality Outcome 2:
Reduced discrimination is faced by lesbian, gay and bi-sexual (LGB) people, transgender people, sensory impaired people and people with learning disabilities in all NHSGGC services

General Duty: **Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.**
Protected characteristics covered: Disability, Gender Reassignment, Sexual Orientation.

Activity: • Assess current position, develop and implement actions to reduce discrimination faced by people with the above characteristics and establish areas of exemplary practice in services most likely to be accessed by them • Review Transgender Policy and implement actions generated from the review.
Measures: • An increase in patient satisfaction • Improvement in uptake measures to be determined by the system.

4.2.1 Progress in 2013-14:

CIT Engagement to establish baseline

Specific activities engaging people with the protected characteristics included in our Equality Outcomes have been undertaken in 2013. Recruitment to the events was through the third sector and members of NHSGGC's Health Reference Group. There were 143 participants across the 8 groups.
The aim of this engagement was to establish a baseline of patients' experiences of using the NHS and produce an action plan to reduce discrimination.

In summary the findings were as follows.

- All those who attended felt that NHSGGC needed to know more about them as patients with a particular protected characteristic.

- All patients reported that they did not know how to make a complaint and were wary of making one in case it would affect future treatment.

- Despite the existence of a robust Interpreting Policy, those whose first language was not English felt that they did not have access to the appropriate communication support when they needed it.

- Patients reported still having family members used in appointments or staff not booking interpreters for Deaf patients.

- Many patients described the need for more time with our staff. This linked to the issue of staff needing to understand more about meeting their needs as, for example, a Deafblind person or a person with a learning disability.

- Some patients found that staff attitudes towards them was based on stereotyping or prejudice. These poor attitudes affected the patients' confidence in the service and marred their experience of NHSGGC as a whole.

- The transition between primary care and acute – either out-patients, in-patients or emergency care - was problematic for most patients who participated in the events. Our inability to plan for their admission to acute made it difficult for us to meet their additional needs.

- Services used in great numbers by those with protected characteristics such as audiology and ophthalmology were highlighted as areas where we could excel and deliver exemplary services if staff were supported to do so.

Those attending the events had many positive experiences of our services. However, the events were to establish a baseline and determine what needs to be changed and this is highlighted in the Action Plan.

We engaged in the activities below to address the issues raised by those who attended the open meeting.

Working with Lesbian, Gay, Bi-Sexual and Transgender people

- Partnership with Stonewall Scotland

NHSGGC has participated in the Workplace Equality Index for the second year. The Index is a benchmarking process for activity relating to inclusive practice for members of staff who identify as lesbian, gay, bi-sexual or transgender. We currently sit within the top 300 UK employers and have an action plan to take forward progress into future years with the goal of achieving top 100 status by 2017/18. The Index is a challenging undertaking for a public sector organisation with the size and complexity of NHSGGC but has helped identify priority development areas to progress. Following our first submission in 2013/14, NHSGGC has supported the creation of a staff LGBT group which had been highlighted as an important omission in creating a more inclusive working environment. Other actions have been fed back to the NHSGGC Equalities HR Sub-Group and will form part of the ongoing corporate action plan.

NHSGGC is also an active participant in Stonewall Scotland's Diversity Champions Programme. The programme offers benefits including access to national seminars and a range of workplace resources. NHSGGC is listed in the Stonewall 'Starting Out' guide where we showcase employment opportunities to the LGBT community. Membership also allows us to use the

‘Diversity Champion’ branding on external communications including job vacancy advertisements.
In 2014, NHSGGC worked with Stonewall Scotland to deliver a session as part of our leadership cohort courses. The session unpacked the importance of being your genuine self in the workplace and the steps required to ensure LGBT members of staff can meet their own personal aspirations as employees of NHSGGC.

> “There is a lack of awareness. It’s not being LGB that affects people’s mental health, it is the discrimination.”
> Older gay man, LGB event

- Primary Care Poster

CIT has worked on the design and development of a “We’re Not Just Being Nosey” poster for use in primary care. Our engagement activity has included a general consultation exercise at Glasgow Pride plus a focus group facilitated in partnership with LGBT Health and Wellbeing.

All of the people we spoke with at Pride and in the focus group appreciated the aim of the campaign and thought that it was important to ask the question about sexual orientation. There was general agreement that it would be good to continue the campaign at a later stage to target other NHS services. However, there were some concerns regarding the issue of confidentiality. The group as a whole thought that it should be up to the patient to decide whether the issue of their sexual orientation should be included in their patient record. There should be the option that it is just a private dialogue between them and the GP.

- Enhancing returns for LGBT through Equality Impact Assessment

Review of EQIA returns suggests staff can struggle to identify current work practices or positive actions to ease the burden of health inequalities for people identifying as lesbian, gay or bi-sexual. To support increased awareness and improved returns, the online EQIA tool has been refined to include a more detailed example section for the protected characteristic of Sexual Orientation. Submissions will be assessed to measure improved evidence to help the organisation better understand its responsibilities to promote good relations and provide equitable treatment.

- Partnership working with LGBT Youth

NHSGGC is an active member of the LGBT Youth Glasgow Service Review Group. The group is made up of a range of service providers who are committed to improving the service experiences of young LGBT people. Feedback from young LGBT people has helped prompt an investigative review of how sexual orientation and age are considered within our mental health services. Developments across 2015/16 will continue to unpack this.

- Staff Group

NHSGGC has supported the development of a LGBT staff group. The group provides a development and editorial role for the Staff LGBT Intranet site, meeting quarterly to review progress.

- East Dunbartonshire

East Dunbartonshire leads on the Sexual Health component of the national curriculum including training for teachers in relation to stigma and issues of sexual orientation. East Dunbartonshire Council worked with LGBT Youth to conduct research into the experiences of older LGBT people. The findings of the report will help inform service delivery across a range of services.

Gender Reassignment

The Gender Reassignment Policy has been reviewed and updated in line with the national Gender Reassignment Protocol. As part of a wider service review of gender reassignment services, NHSGGC worked in partnership with Scottish Transgender Alliance. The work engaged directly with patients to better understand service experience and areas for improvement through the review of case studies. This work dovetailed with programmes of work sponsored by Health Scotland reviewing national implementation of the Gender Reassignment Protocol.

"To get the best out of services you need to be able to understand your rights as a Trans person and articulate yourself clearly."
Podcast from young Trans person

- Acute

As part of the EQIA process for Patient Nightwear, there has been a review of gender-specific nightwear (nightdress versus pyjamas) which is offered to patients who do not have access to their own clothes. In order to overcome assumptions about individual nightwear preference, it was agreed to offer all patients the option of either to allow for self selection and remove the risk of assigning to a specific gender.

Action for 15 – 16

Develop a local procedure to ensure Medical Records staff are able to update records appropriately in line with the legal protections afforded to patients with the protected characteristic of gender reassignment.

Sensory Impairment

- CIT Joint Work with Deaf Connections and Deafblind Scotland

The joint work with Deaf Connections and Deafblind Scotland has ensured the following key outcomes:

- Deaf and Deafblind people have participated in a number of public engagement initiatives such as the Clinical Services Review engagement work; Equality Outcomes engagement events; Health Reference Group work; BSL Health Champions work and work in local areas on EQIAs.

- A 'training for trainers' programme on health related behaviour change has been rolled out. Forty guide communicators and 16 members of the Deaf care team have been trained in brief interventions on health behaviours. The evaluation will be available mid 2015.

- A plan for mindfulness / stress management approaches has been implemented. Initial findings indicate staff and patients find this approach very useful.

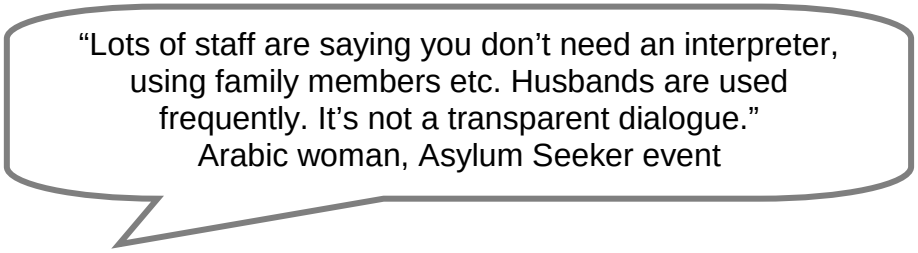
- Healthy eating & exercise classes rolled out across NHSGGC and people also linked into mainstream classes

- Thirty Deaf Awareness sessions provided for NHS staff each year and drop-in sessions at Patient Information Centres

- The use of Deafblind Read codes in primary care has been tracked to ensure peoples' additional needs are met.

- BSL Champions Group

In November 2014, we set up a BSL Champions Group. The aim of this group is to educate and empower Deaf people to understand how the health service works and to enable Deaf people to maximise their ability to get the best from the NHS. The group has 9 BSL users who are currently undergoing training on how the NHS works. They will then cascade information to other Deaf people as peer educators. The volunteers have already identified a number of key topics, including the development of the New South Glasgow Hospital, giving Deaf people equal access to complaints and mental health issues for Deaf people. The Champions have decided to facilitate a discussion session for Deaf patients on their experiences of mental health. They will be supported in this by CIT and a member of staff from NW Glasgow Health Improvement Team as well as the Head of Mental Health for NE Sector, Glasgow CHP. The project will continue to run until summer of 2015, when it will be evaluated.



- Interpreting Cards

In May 2014, we co-produced a card with BSL users to enable patients who are BSL users to request interpreters if they had not already been pre-booked (we also produced one for spoken languages). This card was to empower Deaf people within our services to understand their rights to an interpreter and to use the card to inform staff if the Interpreting Policy had not been followed. The card contains information for staff which explains the booking procedure and the Deaf person's rights to an interpreter. These cards have been disseminated to Deaf people through our BSL Champions Group – see above. A link to the signed version of the information on the card can be found here.

- BSL You Tube Site

From January 2014 BSL users have been able to access any NHSGGC information produced in BSL using the NHSGGC BSL Site on YouTube. We have utilised this process to share draft of documents being produced such as our interpreting cards and to advertise events to BSL users. There is also health improvement information presented in video format in BSL e.g. our cervical screening campaign.

- Visual Impairment Awareness Raising

A review of our accessible information work indicates that visually impaired patients have been less likely to request information in accessible formats. We have been working with RNIB and Deafblind Scotland to promote our ‘Clear to All’ accessible information programme to this patient group.

We are working with RNIB to run an awareness campaign on Insight Radio and Deafblind Scotland’s information and communication networks. We are also developing a training event with Deafblind Scotland for their volunteer guide communicators.

We are developing feedback processes with both organisations in order to get an understanding as to why our service users still do not request information in accessible formats to suit their needs.

- Acute

Review meetings were conducted with Ophthalmology and Audiology services to agree priorities to address actions raised in the Equality Outcome engagement events. Actions include:

- A Sensory Impairment equipment register has been reviewed as part of the On the Move process.

- Access Audit actions have been reviewed by local Facilities Managers and are being taken forward into the DDA expenditure plan.

- Interpreting briefing sessions were piloted in Surgical &Anesthesia based on hearing impaired service user input and have been rolled out across the directorate, initially targeting areas with fewer interpreting referrals.

- As a result of the review meetings with Audiology, there has been progress with ACH magnetic loop functionality and door entry systems picked up in previous engagement sessions.

- The 800 strong out-patient survey for Audiology has been completed with a 68% return rate and the feedback has been extremely positive. The full analysis has been shared and discussed at team lead level to identify any areas which can be improved.

- Medical records staff have been directed to ensure all visually impaired patients receive large print letters.

- Site visits undertaken to check adherence with best practice guidance on sensory impairment have been completed and demonstrate positive results.

Action for 15 – 16

BSL Users

Implement the recommendations in light of the Tayside ombudsman ruling to ensure the communication support needs of BSL users are being met.

- Communicate with all staff through attachment to wage slips highlighting the Tayside ruling

- Ensure there are clear consequences for breach of the Interpreting Policy for BSL bookings

- Allow direct bookings of interpreters for Emergency Care and Medical Service by Deaf people using the interpreters on the BSL Framework

- Gather stories via BSL mediator in real time and let service managers know and provide feedback on resolutions

- Invite Deaf people to a Board seminar

People with Hearing Loss

- Audiology to programme all hearing aids for induction loops

- Recognise significance of an acquired hearing loss on other health factors such as mental health

- Plan for an aging population in relation to hearing loss related services

- Continue to ensure that hearing loss related services are exemplary

- Explore role of lip reading skills as rehabilitation for those who have severe hearing loss

Deafblind people

- Promote pre-planning support to Acute wards receiving Deafblind patients

- Utilise resources such as the ‘Knowing Me’ leaflet to engender person-centred care for Deafblind people

- Build in additional time to meet the needs of Deafblind people in health appointments

All

- Ensure complaints and feedback systems can be analysed by disability in relation to hearing impairment

- Develop a specific communications plan including Team Brief / Safety Briefings and Actions (SBAR), utilising Heads of Nursing and Senior Charge Nurses on a regular basis

- Deliver rolling programme of specific BSL awareness drop-in sessions for nursing staff, to cover each Acute Ward.

- EQIA central booking procedures and find solutions for those who cannot use automated call back / Netcall or telephone confirmation of appointments systems

- Work with Deaf / hearing loss and Deafblind organisations to establish a register to enable direct communication with these communities.

Learning Disability

A range of work promoting equality of access to NHSGGC health services for those with learning disability has been delivered.

- People First - Learning Disabilities Health Reference Group

People First, an advocacy and support organisation working with people with learning disabilities, has been working on the development of a Health Reference Group to promote the improvement of health service provision for LD patients. CIT has been supporting and advising on the development of this initiative and will be part of the reference group once it is established.

- Acute - Project SEARCH

Project SEARCH combines onsite college training with on-the-job support to help people with learning disabilities get jobs. NHSGGC implemented Project SEARCH in the Facilities Directorate on the Victoria Hospital campus in August 2013. The first cohort of 11 students graduated in June 2014 and of these 8 of the 12 got jobs in NHSGGC. Year 2 began in September 2014 and finishes in June 2015 with 11 new students. Already 1 student from this cohort has been employed within NHSGGC. Plans are in now place for Year 3.

- Primary Care, Glasgow

IT templates are now in place for GP's to support the Learning Disability Local Enhanced Service (LES). This aids access to appropriate services for GP's and allows health data to be extracted and reported upon.

A Primary Care Local Area Co-ordinator (LAC) service has been piloted in Maryhill with evaluation expected in spring 2015. Initial reporting shows improvements in health and service engagement. The primary care-based Co-ordinator has been using a person centred approach to support self care for those with learning disability who were identified as possibly benefiting from an asset-based approach for health improvement. GCPH has used this pilot to demonstrate approaches which increase resilience by using an asset-based approach.

- East Dunbartonshire

The Learning Disability Team have engaged in a range of prevention work to improve the access to health services for those with learning disabilities which involves nutrition programmes, cancer awareness and screening as well as health checks.

CIT Engagement to establish baseline – follow up events

The groups who attended the events in 2013 were followed up in February 2015, either by attending a second event or by e mail. Fifty three people attended across 5 focus groups. The groups were: Deafblind people; BSL users (two groups), those with a learning disability and those with a hearing loss. Focus groups with Transgender people, those with visual impairment and Lesbian, Gay and Bisexual people are in the planning stages.

Across all groups other than BSL users, there was agreement that there had been improvements. BSL users' main issues centred on access to interpreters, staff training on the need for interpreters and the difference between Deafness and hearing loss.

Those with hearing loss raised the issue of the audiology services within our hospitals. There are still perceived inconsistencies across different audiology departments and more patient information is required. The experience at audiology had improved for most who attended the focus groups. With regard to our infrastructure, there are still not working loops in all audiology departments and some departments have no reception desks making it difficult to access the service. With regard to mainstream hospital services, people suggested that they should be given a portable loop when in an in-patient facility to enable communication.

Deafblind people described staff not taking the time to explain what is happening to them or taking their additional needs in to account. There had been some experience where pre-planning had worked and this was appreciated as a good way forward. Reading medication is still an issue, as is the ability to access our appointment booking system and confirming appointments.

Those with a learning disability described reticence on the part of our staff to ask for clarity from patients if they were unsure what had been said. Again, pre-planning had worked and created a positive experience for some. The group felt that staff attitudes to disabled people still needed to be improved.

All of the patients that attended the sessions said that they found it useful to have the opportunity to discuss their concerns and issues with NHS staff and would like to be part of the ongoing process for feedback. Further action to improve the experience of those included in this outcome is described above, group by group.

4.3 Equality Outcome 3:

Age discrimination is removed in all services

General Duty: **Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.**
Protected characteristics covered: All except Pregnancy and Maternity.
Activity: Assess current position, develop and implement actions to ensure no patient is treated unfairly because of their age and positive action is taken to counter age discrimination and ensure needs led access to treatment and support

Measures:

- All current and future age based services or initiatives are objectively justified
- Increase uptake of psychological therapies by over 65s

4.3.1 Progress in 2013-14:

Objective Justification of age based services

In 2013 all Mental Health Services were configured as ‘adult’ services for patients aged 18-65 and ‘older people’s services’ for those aged over 65.

It is broadly accepted that the transition from an over 18 service to an older person’s service should be based on the degree to which physical frailty/ co-morbidity issues have implications for the management of a person’s mental health condition: a needs-based rather than age-based transition.

In terms of in-patient beds, implementing a needs-based frailty model would mean around 20 more people being cared for in adult wards and around 20 fewer in older people’s wards. Whilst such patients could be treated in adult wards, the bed requirements for older people’s wards reduce to the point where retaining a functional OPMH ward in each sector of Glasgow and in Renfrewshire may no longer be justified by the patient number. The advantages and disadvantages of a range of bed configurations are currently being explored.

Since 2013 one CHCP (Inverclyde) has merged 18-65 and over 65 into one community mental health adult service. In other areas, work has been taking place towards needs-based services. However, it should be noted that for people already in an adult service, there is no automatic transfer to older people’s services based on age rather than need.

In terms of community mental health teams it is likely that implementing a frailty model would see adult team caseloads increasing by about 650 people and older people’s team caseloads reducing by the same. The implications for this workload transfer are being explored.

The aim is to resolve both of these outstanding issues by April 2016. However, pending resolution, service users do get access to a service which can meet their needs and are not being disadvantaged in terms of being able to access community team and in-patient bed support.

There is some evidence that areas which have already moved to integration of health and social care services have more speedily moved to needs-led services e.g. in Community Older People's Services, dementia services and hospital discharge services.

Acute services have produced justification for age based services in:

- Assisted Conception Service - the upper age limit is defined by Scottish Government recommendations (effective from 1st July 2013 - National Infertility Group Report Jan 13)

- Bariatric Surgery, which has a clinically safe limit up to 60.

NHSGGC Department of Medicine for the Elderly are currently undertaking a trial of a modified version of the Healthcare Improvement Scotland Frailty Tool, an evidence-based improvement tool to support improvements in the identification and management of frailty. The tool recognises the complex and multi-factorial nature of frailty with increasing age, long term conditions and acute illness all impacting on the likelihood of an individual becoming frail. Whilst the tool is mainly used for patients aged over 75 and over 65 this is not a strict cut-off criteria, more a guide to complexity associated with age, and therefore supporting the development of age appropriate services.

Action for 2015-16

Continue to review services for age-based criteria.

Increased uptake of psychological therapies by over 65s

Our management information data shows that access to psychological therapies for over 65s remains low.

To improve older people's access to psychological interventions, our Older People's Mental Health Planning Programme Group commissioned a study to scope out -

- current psychological therapies provision and access to psychological therapies for older people across NHSGGC

- evidence of gaps within, or hidden demand for, services

- key challenges in improving access

- recommendations for service improvements to improve access to psychological therapies or interventions for older people.

A report has been submitted detailing findings and recommendations for improving access and an action plan is being put in place to deliver improvements required.

An example of good practice identified through this work was East Renfrewshire Change Fund's Project 'Wise Connections'. This offers a tailored and accessible primary care mental health service to older people in the area. Key components of the project's approach include –

- Awareness Raising work by practitioners
- Modest adaptations to standard PCMHT delivery models
- Flexibility in the way the service is offered
- Robust clinical governance arrangements

These components allowed interventions to be appropriately tailored to the needs of the client group. The project has increased the uptake of mental health services by older people from 5% in 2011 to 11% in the first six months of 2014. 70% of clients show reliable clinical improvement and high levels of service user satisfaction are reported.

4.4 Equality Outcome 4:
The health needs of prisoners and homeless people with protected characteristics, Roma / Gypsy Travellers people and Refugees and Asylum Seekers are addressed

General Duty: **Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.**
Protected characteristics covered: All

Activity: • Assess current position, develop and implement actions to address the health needs of homeless people • Improve the health of prisoners by delivering an inequalities sensitive Prison Health Service • Assess current position, develop and implement actions to address the health needs of asylum seekers and refugees • Assess current position, develop and implement actions to address the health needs of Roma / Gypsy Travellers people where there are populations.
Measures: • An increase in sustained tenancies across all protected characteristics • Annual health needs assessment of prisoners is disaggregated by protected characteristic and the data used as the basis of further planning • An increase in early detection of health problems for asylum seekers and refugees • Improvement in health of Roma / Gypsy Travellers people through self report measure in annual Health Needs Assessment.

4.4.1 Progress in 2013-14:

Homelessness

In 2013 -14, homeless health services have continued to work towards meeting the needs of the most vulnerable and complex homeless people through dedicated health services at Hunter Street while facilitating access to mainstream services. In mainstream services Health, Housing and Homelessness leads support and engage with local services to meet the needs of homeless people in the local community through service user involvement events and working with homeless accommodation providers to ensure barriers to accessing health services are reduced.

NHSGGC played an active role in the pilot of Housing Options in the North West of the city and early findings suggest improved joint working between partner agencies at local level and a reduction in the number of people going on to make a homeless application.

Latest figures from the Scottish Government show that in Glasgow between 2011 and 2013 homelessness presentations have fallen from 9214 to 8240, which is a reduction of 11%.

During 2014 -15 the Homeless Health Services have been involved in the Glasgow City Council Homelessness Review. The outcome of phase one of the GCC Review has lead to NHSGGC becoming a key stakeholder in the Social Public Partnership Pilot. This pilot has been developed to respond to homeless people in the city centre who find services difficult to engage with and is also working to develop pathways to the newly redesigned GCC Community Homeless Teams. While GCC continues to report further reduction in homelessness, the number of those presenting to targeted homeless health services does not match this. This is because NHSGGC's focus is on those with complex needs and we will continue to provide these dedicated health care services in the city.

NHSGGC continues to play an active role in the roll out of 'Housing Options' in the city. This has been fully implemented in the North West of the city and has been introduced to both the North East and South of the city in targeted areas. This approach promotes the role of housing services in homelessness prevention and patient care.

Prisoners

Health for patients who are prisoners within NHS Greater Glasgow & Clyde is delivered over three sites; HMP Barlinnie, HMP Greenock and HMP Low Moss.

We continue to deliver an inequalities sensitive service to our prison population and have developed services that were identified through the Health Needs Assessment at the point of transfer i.e. access to physical activity for those people who would not normally make use of this facility e.g. older people, those with mental health problems and women. In relation to this we have developed a joint venture with the Scottish Prison Service called 'Improve your Lifestyle' which gained commonwealth legacy status and combines health improvement aspects around diet and exercise as well as the opportunity to participate in a range of activities within small groups in a supported environment. This is currently in the pilot phase and is being evaluated before it is rolled out into HMP Greenock. The Health Improvement Service was developed through the Health Needs Assessment which was completed at the point of transfer from Scottish Prison Service (SPS) responsibility to NHSGGC.

Access to all services within the organisation is supported by the NHSGGC Interpreting Service and includes immediate telephone interpreting as well as face-to-face service. British Sign Language interpreters are also available although to date have not been required by Prison Health Care.

Access to the Health Improvement Wellman / Wellwoman service has been developed into a care pathway and this service is currently being EQIA'd. A particular outcome of this assessment is onward referral to a service if indicated or requested by the patient. In addition to this, an evaluation of service delivery is currently being carried out with representatives from Public Health. It is the intention of the small working group to consider prevalence and access to services for people with long term conditions, taking cognisance of both patient and staff views regarding the delivery of service and opportunities for onward referral to support mechanisms that consider the wider determinants of health.

NHS staff working within Prison Health Care have been given access to specific training (by the SPS) to promote positive awareness of transgender issues within the prison environment.

A piece of work has been developed over two years to support patients who arrive in prison with a learning disability. This report includes a pathway that identifies screening and assessment opportunities. This pathway will, when agreed with external services, be subject to the EQIA process.

A 'Clear to All' accessible information lead has been identified to represent the Prison Health Service.

Asylum Seekers

The Asylum Health Bridging team provides health screening to all new asylum seekers. In 2013-14 there has been a number of events with local GP services to increase knowledge and understanding of the changing needs of the asylum seeking population. The GP contract has changed to ensure that those living in local communities are able to access local services. With partner agencies, we are developing a health integrated pathway for asylum seekers and refugees to map out needs at key transitions stages and areas for further development.

We have established a baseline with regard to the experience of asylum seekers and refugees in our services. At an event attended by 45 asylum seekers and refugees a range of issues were raised. Many asylum seekers and refugees had been told by health services that they did not need an interpreter or that they would not be provided with an interpreter. Also, accessing same-day appointments in primary care was difficult as telephone interpreting is not used wholesale across Primary Care.

The initial experience of arriving in Glasgow can be difficult. Not knowing how the NHS works, rights to services and just the experience of being an asylum seeker fleeing the country of origin were all described as impacting on the health of asylum seekers and refugees. In addition, the trauma experienced by many asylum seekers and refugees contributes greatly to their poor health Access to travel expenses and the cost of phone calls for asylum seekers who are destitute are problematic.

Many who attended the event did not understand how the NHS in Scotland functions. People are unclear of the role of the GP, the referral procedures and waiting times. Many asylum seekers have no benchmark against which to match their experience in our NHS other than the system in the countries they have fled from.

During 2014 -15 the number of those in the Asylum process being accommodated in Glasgow has been rising, with the Home Office predicting that this number will continue to rise for the foreseeable future. The Asylum Health Bridging Team aim is to continue to provide health screening for all newly arrived asylum seekers to initial housing accommodation and work is underway to consider the resource implications as result of this increase. With the number of Asylum Seekers receiving leave to remain and settle in the city also increasing, NHSGGC services need to consider the impact of change in patient groups and access to housing accommodation for refugees.

The focus in 2015 will be on improving health information to asylum seekers and refugees and developing training for NHSGGC staff to ensure services are prepared and responsive to the needs of these populations. A package of patient information targeting those who are Asylum Seekers or Refugees has been piloted. These resources include a visual pathway to accessing NHSGGC services, a leaflet on how to use the interpreting service and a rights-based card for interpreting services - all in 9 languages. Further targeting of this resource through our Interpreting Service will see individuals receiving a ‘How to Use the Health Service’ package in the language they require, whilst at a health appointment.

On the 23rd February an event was held for GPs delivered by Freedom from Torture and GGC Asylum Seekers Team on the health needs of asylum seekers in Glasgow. The event covered the asylum process, destitution, health needs and communication support.

Roma Community

The Roma community have been identified as a highly excluded, deprived and vulnerable ethnic minority group in Europe due to their lack of citizenship in their originating countries. A staff and community survey and series of focus groups was carried out to explore staff's current understanding and experience of working with the Roma community and the additional support and training required to work more effectively with this community.

A report with recommendations and actions has been produced and is currently being implemented.

Action for 15 – 16

Implement the actions from the staff / Roma research report including the development of a specific e-learning module and a shared learning session with staff and local organisations to share and raise awareness of each other's services, referral pathways, barriers to access and engagement methods.

Gypsy travellers

A training session was delivered to NHSGGC Staff to introduce some of the issues faced by Gypsy Travellers, to highlight the discrimination often faced by them and to increase knowledge of the legislative and policy framework in Scotland.

Additionally we have highlighted the NHS Health Scotland Practice Guidance – Gypsy / Travellers on our Equalities in Health website to support staff.

Action for 15 – 16

Exploration of methods to ensure gypsy / travellers voices are heard in NHSGGC services.

4.5 Equality Outcome 5:

The health impact of both hate crime and incidence is reduced for all those with the added protection afforded by Hate Crime Legislation.

General Duty: **Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.**
Protected characteristics covered: Disability, Gender Identity, Race, Religion and Belief, Sexual Orientation.

Activity: • Develop a range of actions to support staff and patients experiencing hate incidents and crime.
Measures: • Increase in 3rd party reporting rates.

4.5.1 Progress in 2013-15

NHSGGC has committed to a range of actions designed to directly challenge hate crime and support victims across the board area.

In March 2015, NHSGGC formally approved a Hate Crime Policy with operational guidance. The documents were informed by membership of a multi-partnership group which included representation by Police Scotland, Community Safety Services Glasgow, Victim Support, Glasgow City Council and Glasgow Disability Alliance. NHSGGC also took learning from work carried out in Leicestershire NHS Partnership Trust. To support awareness of the policy and enhance understanding of hate crime we have developed an e-learning module for NHS staff. We hope to share this learning package with all our local partners.

NHSGGC established a network of 3rd party reporting points in our Patient Information Centres. Members of staff were trained by Police Scotland. Despite this network of support, hate crime reporting through the 3rd party centres remains low. Over the last two years there have been no formal reports submitted. While this reflects low reporting rates across all hate crime centres in Glasgow City it also suggests a review of how 3rd party reporting is co-ordinated across all partner organisations. This has been identified as an action for the multi-partner group and we hope to be in a position to implement actions across 2015/16.

NHSGGC continues to routinely capture and analyse hate incidents occurring across our sites. Data is analysed to identify hot spots and inform appropriate interventions. As part of our approach to improving reporting we circulated a range of promotional materials across all primary care sites. NHSGGC's response to tackling hate crime is helping us to directly tackle discrimination and promote good relations within our communities.

The relationship between experience of hate crime and poorer health outcomes is becoming clearer. NHSGGC completed a comprehensive literature review collating evidence in relation to hate crime and health care and will devise a range of actions linking sensitive enquiry into experience of discrimination and improved health outcomes.

Action 2015 – 16

It is clear the outcome to increase third party reporting via NHSGGC reporting centres did not deliver as hoped. This reflects very low levels of third party reporting across other non-NHS Glasgow sites. NHSGGC is however committed to continuing to offer this support to patients who present as victims of hate crime but will concentrate on future measureable actions deriving from reporting via our Datix Incident reporting System.

To this end, NHSGGC will seek to develop measureable and meaningful outcomes relating to the in the number of hate related incidents reported by staff using the Datix Incident Reporting system. This will focus on areas of perceived under-reporting using 2014/15 data as a benchmark for improvement.

4.6 Equality Outcome 6:

All NHS staff have a greater awareness of the needs of groups with protected characteristics.

General Duty: **Advance equality of opportunity between people who share a relevant protected characteristic and those who do not by;** • **removing or minimising disadvantage** • **meeting the needs of particular groups that are different from the needs of others** • **encouraging participation in public life**
Protected characteristic covered: All
Activity: • Staff communication and education plan

Measures:

- Year on year increase in staff attending learning and education opportunities and 20% increase in staff completing equality e-modules

4.6.1 Progress in 2013-14:

Training

As part of our ongoing commitment to tackling inequalities in health, NHSGGC continue to develop a comprehensive range of training programmes for staff.

Since 2012, Corporate Learning and Education Services have coordinated and developed a single system approach for the delivery of Equality and Diversity training. This has been characterised by a range of training provisions which are available to all staff in the organisation. This programme of training continues to be reviewed in light of emerging priorities and also in response to patient feedback, comments and concerns.

We have continued to deliver a range of training programmes to staff through different interventions including classroom-based tutor led sessions, e learning and access to electronic resources. The number of staff completing e-modules can be seen below.

Date	**March 2013 - February 2014**	**March 2014 - February 2015**
LearnPro Induction including Equality Training	4,755	6,914
Refresher Training	1,047	1, 153
Protected Characteristics	2,129	2,650
Sensory Impairment	646	979
Communication Support	1,131	1,472
Vulnerable Groups	1,163	1,557
Gender Based Violence	1,649	2,039
Inequalities Sensitive Practice	564	285
TOTAL	**12,037**	**15,896**

Additional specific training has been developed to enhance our e-learning modules:

- Foundation Managers training

4 foundation managers training sessions have been provided, incorporating specific sessions on equalities and diversity. In total, 138 staff attended.

- Sensory impairment training

A sensory impairment training programme was rolled out in primary care and Acute Services (over 250 staff attended in 2013-14, 101 to date in 2014-15), 97% of respondents stated knowledge and skills have improved on sensory impairment. This training involved a BSL trainer from Deaf Connections and a visually impaired trainer from Visibility.

- Pharmacy

Equality and Diversity awareness training was delivered to the Pharmacy Local Implementation Group on two occasions in the reporting period as well as input to the Community Pharmacists Committee.

- Primary Care

Two equalities awareness sessions were requested as part of protected learning events for Glasgow CHP South Sector primary care administration staff. Thirty three staff attended.

- GBV Training

Between April 2013 and March 2015, 733 staff across 9 key services received face to face training to support them to enquire about and respond effectively to patient experience of gender based violence and its impact on children.

Included in this group were staff from within Learning Disability Services, where there are major challenges in identifying and managing disclosures from service users. NHSGGC has had to create new tools and methodologies to strengthen workforce confidence and competence in this area.

Over 60 staff from Acute and Partnerships have attended awareness raising sessions on Female Genital Mutilation.

A total of 1044 staff have passed the GBV basic awareness e-module with a further 1353 passing the module on domestic abuse and child protection. 315 members of staff also completed the NES e learning module on Human Trafficking.

NHSGGC staff also provide a tiered training programme to student midwives at Glasgow Caledonian and West of Scotland Universities. In 2014-15 107 students across years 1-3 were trained in general awareness, routine enquiry skills and specialist knowledge of child sexual abuse and female genital mutilation.

-Leading Better Care

Approximately 200 senior nurses attended sessions across 2013-2015 on delivering services that understand and respond to the discrimination experienced by people with protected characteristics. Evaluation of the training showed it was one of the most valued elements of the training programme.

- EQIA training

Around 160 members of staff have been trained to undertake an Equality Impact Assessment in NHSGGC. The training includes a review of the Equality Act 2010 and practical examples of how to complete an assessment. Another 72 staff member attended the first half of this training only to increase their knowledge of the Equality Act. We will deliver this quarterly and have opened the training out to a range of partner organisation including local authorities, third sector and private sector nursing home staff.

- Glasgow University Nursing Cohort

Members of the CIT deliver annual lectures on inequality sensitive health care to student nurses as part of our wider programme to tackle health inequalities. Class size ranges between 50 and 70 students.

- Human Rights Training

Learning Disability residential staff received training on human rights and equalities as part of testing a human rights impact assessment. Thirty four staff participated and found the learning useful in changing practice. Human rights and equalities training is being tested in April in in-patient wards as part of a service redesign in Inverclyde CHP. A report will be available June 2015.

Action 2015 – 17

In ‘A Fairer NHSGGC 203-16’, the Board agreed a 7.5% annual increase in the numbers of staff being trained on Equality and Diversity. The process for monitoring and collecting data to inform the above target is currently under review. This is due to a number of reasons.

Analysis of our equality and diversity training data this year has revealed that in some Directorates, our performance target (7.5%) has been exceeded, whereas in other areas the training target has not been met. An average of this data would therefore suggest that the Board is meeting its goal.

In 2015-16, steps will be taken to understand the differential patterns of training uptake and reasons behind this. In addition, we need to ensure that the target is reviewed and replaced with a process that ensures equity of completion across our Directorates.

Moving forward, it is also important that we allow local Health and Social Care Partnerships (HSCP's) and our Acute Directorates to play a greater role in prioritising local training targets and ensure these have been embedded within local performance management frameworks.

There is a need to work in partnership with HCSP's to ensure there is clear process relating to access to training and monitoring across each of these structures. Our overarching priority will be to ensure that training is available to staff working within different settings within NHSGGC and ensure there are no barriers to accessing training provision.

We plan to work with Directorates and HSCP's in 2015 to agree training provision which is reflective of the workforce within these settings and based on patient's comments, concerns and feedback. This will ensure that staff are able to respond more quickly to patient issues.

Focusing on these changes will enable us to foster greater ownership and accountability of Equality and Diversity training and further support the mainstreaming across structures within the organisation. It will also prepare the organisation to develop a more comprehensive suite of training which integrates the wider determinants of health. To this end, work is already underway to support this process including the development of a number of additional e-modules including Financial Inclusion and Employability.

4.7 Equality Outcome 7:

NHSGGC has maximised the likelihood of people with protected characteristics attending appointments

General Duty: **Advance equality of opportunity between people who share a relevant protected characteristic and those who do not by;** • **removing or minimising disadvantage - meeting the needs of particular groups that are different from the needs of others - encouraging participation in public life**
Protected characteristics covered: Age, Disability, Race, Sex.
Measures: • Reduce differentials in Did Not Attend rates (DNAs) by age, gender, BME and Scottish Index of Multiple Deprivation (SIMD) • Improved self-report access to services by disabled people • Reduce waiting times for access to psychological therapies by SIMD, Age and Sex • Proportionate access to psychological therapies by SIMD, age and sex • Equity of GGC wide access to early intervention services for people with early onset psychosis is implemented, & overall numbers supported by such interventions increased.

4.7.1 Progress in 2013-14:

Reduce differentials in DNAs by age, gender, BME and Scottish Index of Multiple Deprivation (SIMD)

• Access Policy

Did Not Attend rates (DNAs) are highly socially patterned and can result from barriers to services such as lack of money to get to hospital, communication barriers such as appointment letters which are not accessible and the complexity of people's lives who may have multiple health problems.

Glasgow has highest levels of deprivation and higher populations of equality groups so this increases risks of DNAs. NHSGGC has made considerable investment in a range of actions to tackle the barriers to equitable service access e.g. financial inclusion, employability, interpreting service, engagement with patients and accessible appointment systems and these can be seen throughout this report.

As part of this work a full Equality Impact Assessment of NHSGGC's Access Policy was carried out in November 2012 and an action plan developed. The Interim Lead Director of Acute Services reported on the action plan to the Quality and performance Committee in March 2014. The action plan included regular reporting on DNAs by age, sex and SIMD to Performance Review Groups, promoting the Interpreting Service and Accessible Information Policy to staff, an information leaflet for Out-patient Clinics on how to apply for travel costs and increased action on recording people's additional needs.

- Improvements in DNAs in Outpatient Appointments by age, sex and deprivation

In terms of new outpatient DNAs the direction of travel between the men and women living in the least and most deprived areas is showing a gradual improvement. For men living in the most deprived communities (SIMD1 areas) new outpatient DNAs have decreased from 19.4% in March 2012 to 18.1% in December 2014. For men living in the least deprived communities (SIMD5 areas) a similar improvement can be seen reducing from 8.0% in March 2012 to 6.9% in December 2014.

For women living in the most deprived communities (SIMD 1 areas) new outpatient DNAs has decreased from 15.6% in March 2012 to 14.9% in December 2014. A similar pattern of improvement can be seen for those women living in the least deprived areas reducing from 6.8% in March 2012 to 6.2% in December 2014.

In terms of age and sex, the biggest reductions in new outpatient DNAs can seen in the males age between 0-19 years reducing from 15.1% in June 2010 to 11.6% in June 2012. Similarly, females aged 0-19 years has reduced from 14.8% in June 2010 to 11.5% in June 2012.

- Health Scotland Report

Health Scotland published a report in March 2015 entitled, "Who is least likely to attend? An analysis of outpatient appointment 'did not attend' (DNA) data in Scotland." This project aimed to identify potential inequities in access to NHS services in Scotland by identifying differences in the risk and rate of patients not attending outpatient appointments.

The study showed that the risk of DNA is highest among those living in more deprived areas, those living in urban areas, males, young adults and in general psychiatry settings.

NHSGGC were one of only three Boards which requested further investigation into local data on DNAs and we will use this to shape action in 2015-16.

- Work in Services to Reduce DNAs

Acute

An Equality Impact Assessment of the Cashier's Offices is underway and an action plan to ensure they are accessible will be developed.

Renfrewshire

Renfrewshire is repeating an audit within Primary Care to assess pattern of DNAs.

Action for 15 – 16

Develop actions using the data from the Health Scotland report and most recent performance management data.

Increase reporting on BME Did Not Attends.

Disabled People's Access to Health Services

A scoping exercise was carried out to identify the potential barriers to services experienced by disabled people, including discrimination. A rolling programme of meetings with third sector organisations have been organised to identify potential barriers and meet with groups of people to gather case studies and views. Progress so far has included meetings with the Autism Resource Centre, Changing Faces, Headway and Epilepsy Scotland. The needs of disabled people from groups with less often heard voices are the focus of this work.

Reduce waiting times for access to psychological therapies by SIMD, Age and Sex and Proportionate access to psychological therapies by SIMD, age and sex

The mental health measures are showing that in relation to access to psychological therapy treatment there is proportionate access by SIMD 1 and 5 and uptake is meeting the national target.

- In January 2015 more patients from SIMD 1 (320 people) had access to psychological therapy treatment than SIMD 5 (109 people). For the same period the previous year there were 319 patients from SIMD 1 and 161 from SIMD 5.

- 95% of those patients from SIMD 1 started treatment within 18 weeks of referral an increase in the 87% reported the same period the previous year. For SIMD 5 - 90% of patients started treatment within 18 weeks the same position as reported in the previous year. The target for Jan 14 was 85% increasing to 90% in Jan 2015 - both SIMD 1 and 5 areas either meet or exceeded the national target.

There is lower uptake amongst men however this may reflect the different rates of mental health between men and women. When men do have access they are seen within the standard time.

- In January 2014 more women 64% (559) than men 36% (316) had access to psychological therapy treatment similar to the position reported in Jan 14 - 37% male (329) and 63% female (570). Of the total women with access 95% started psychological therapy treatment within 18 weeks in January 2015 an increase in the 87% reported the same period the previous year. For men 94% started psychological therapy treatment within 18 weeks an increase in the 89% reported for the same period the previous year.

Our management information data shows that access to psychological therapies for over 65s remains low. Activity to increase uptake for this age group is reported on under Outcome 3.

Equity of GGC wide access to early intervention services for people with early onset psychosis is implemented and overall numbers supported by such interventions increased.

The roll out of early intervention services for people with early onset psychosis to include Clyde North was implemented on 1.7.14 and Clyde South on 1.9.14. This has increased the service from 2 patients in Clyde (June 2014) to 18 patients from Clyde (March 2015).

4.8 Equality Outcome 8:

Personal characteristics and circumstances which affect health are effectively addressed in health encounters through routine sensitive enquiry on social issues as part of Person Centred Care

General Duty: **Advance equality of opportunity between people who share a relevant protected characteristic and those who do not by;** • **removing or minimising disadvantage - meeting the needs of particular groups that are different from the needs of others - encouraging participation in public life.**
Protected characteristic covered: All
Activity: • Staff trained and supported to carry out routine sensitive enquiry
Measures: • Increase number of staff undertaking routine sensitive enquiry • Number of disclosures of GBV • Increased referrals into services for support on gender-based violence, financial inclusion and employability and other social issues

4.8.1 Progress in 2013-14:

Increase number of staff undertaking routine sensitive enquiry

Baseline data on Inequalities Sensitive Practice (ISP) has been gathered from across NHSGGC services. This includes:

- Recording of disclosures and referrals (e.g. to GBV, financial, employability services)
- Training evaluations
- Patient and staff experience initiatives

The Fairer NHS Staff Survey provided a baseline on routine enquiry.

How often do you ask your patients about the following issues? (2,706 staff responses)

	Always / Often enquire	Improve / Maintain (I or M)
GBV	25%	I
Employability	43%	I
Money worries	61%	M
Discrimination	19%	I

Two student research studies found that NHSGGC training increased staff confidence and skills around social issues such as money worries and gender based violence.

A survey was sent to staff who completed ISP e-modules and responses were positive. Barriers to ISP included: time and role constraints; some staff attitudes and the difficulties in communicating with the high numbers of non-English speakers using our service. The data has been used to increase ISP enquiry.

Good practice examples were collated on ISP in 2014 – see examples of good practice here.

Financial Inclusion and Employability

Referral pathways to employability and financial inclusion advice are in place across NHSGGC. When taken to a service level, this translates as a range of outcomes achieved for people often with complex needs. For example, in Mental Health Services ¾ of all employability referrals had a positive outcome with all offered financial inclusion advice. 137 went on to paid & 53 sustained employment. 57 patients had further training, 126 voluntary work, 148 positive activity, 34 further education and 8 referred to mainstream services.

In addition, a staff survey on views on employability and financial inclusion has been conducted in September 2013 (1346 responses, NHSGGC staff and Glasgow City Social Work staff). This showed that staff see a key relationship between poverty and health but just over 50% of staff feel financial inclusion and employability is a core part their job. Staff were asked if they believed that there were opportunities and jobs available for clients. Around a fifth agreed. An improvement plan has been developed to address the findings of the survey.

NHSGGC has estimated that since 2011 financial gain for NHS referrals to money advice services (community and hospital services) is £32 million with over 27,000 referrals. Equalities monitoring is working well in contracts with some money advice services. For example, Glasgow City has provided a breakdown of NHS referrals by all protected characteristics.

A regular programme of short financial inclusion and employability updates is provided to CHCPs by Health Improvement staff with a remit for financial inclusion. An example of this is in North East Glasgow where tailored events have taken place for Mental Health staff; Children and Families staff and Primary Care staff accompanied by regular short update sessions for teams and work with the Public Partnership Forum on financial inclusion and equalities issues.

In addition, financial inclusion issues have been integrated into local training initiatives (e.g. positive parenting training; family nurse partnership training) and a major event took place on Child Poverty attended by 72 people, which resulted in further action on child poverty. The learning from this event is being shared across NHSGGC.

Routine enquiry around money and debt worries in children and families services in children and families services has now reached £8.5 million financial gain and nearly 9000 referrals, since the inception of this programme in 2010, with associated outcomes such as reduced stress for families and improved budgeting.

Financial inclusion referrals were made between January 2013 and December 2014, mainly spilt between Healthier Wealthier Children and Keep Well anticipatory care referrals. The referrals were as follows:

Area Jan 2013- Dec 2014	HWC	Keep Well	Other
North East Glasgow	784	92	434
North West Glasgow	610	266	215
South Glasgow	725	112	2,232
East Dunbartonshire	210	N/A	12
East Renfrewshire	241	N/A	64
Inverclyde	192	N/A	N/A
Renfrewshire	550	7	920
West Dunbartonshire	36 (2013 only)	26 (2013 only)	26 (2013 only)

The number of 'other NHS' referrals in South Glasgow is very notable, this area has a range of learning and education methods on financial inclusion, which has been shared with other NHSGGC areas. In addition, North West Glasgow developed a homelessness children and families outreach service, which is included in 'other NHS referrals' – 186 referrals, gain £307,290.

In Acute Services there is a money advice service provided by Macmillan Cancer for people with long term conditions. The total financial gain for money advice referrals is £5,550,594.

Between April 13 – Dec 14, 3666 referrals were made for cancer patients and people with long term conditions (Financial gain: £4,081,040). In addition there are services within:

- Yorkhill Specialist Children's Hospital (inpatients and outpatients)
- Jan 13 – Dec 14: 346 referrals. Financial gain: £1,348,906
- Brownlee HIV Specialist Service (New service, 0.5 days per fortnight)
- July 13 - Dec 14, 170 referrals. Financial gain: £120,684.
- Patient Information Centres
- 691 individual enquiries about money, 1209 referrals to money services (another 87 signposted to money advice). From Jan 2014, a new travel expenses department was implemented in the Patient Information Centres. 411 have been referred so far.

An annual self assessment of financial inclusion is carried out, which gathers qualitative information not covered in performance reporting. The self assessment indicated a range of wide ranging local activity to meet aspirations of NHSGGC's financial inclusion and welfare reform plans. Most of NHS funds into money advice service contracts are non-recurring, however, and this issue will be raised at a Board seminar in September 2015.

Gender Based Violence

The capability of our services to report on Outcome 8 measures for GBV is compromised within many services due to limitations of their electronic data collection systems.

Only Sexual Health Services have an electronic data system (NASH) in place that enables them to record and report on the numbers of staff enquiring about experiences of GBV and the number of disclosures. Within other services annual, core or snapshot audits are used to provide information on the measures.

- Sexual Health Services

Between 2013 and 2015 sensitive enquiry on GBV was carried out in 75% of presentations resulting in the following disclosures of past and current experiences:

	Apr 13 - Mar 14	%	March13 - Feb 14	%	Total
Total clients seen	61,472		58,043		119,515
Routine enquiries made	45,989	75%	43,822	75%	89,811
Domestic abuse	1,591		899		2,490
Rape and sexual assault	2,067		1,972		4,039
Childhood sexual abuse	144		62		206
Involvement in prostitution	1,175		1,066		2,241

In addition since 2010 there have been 50 women who have attended with a history of FGM.

- Maternity Services

An annual audit of 10% paper records within Maternity services takes place. The report from the audit of Routine Enquiry Compliance in Maternity Settings 2014 shows year on year improvements, with 95% routine enquiry indicated in the audit up to the end of 2014.Where Private Time and Routine Enquiry have not been achieved, actions are detailed to improve compliance with NHS Scotland recommendations. It is hoped that the development of a national electronic data collection system for maternity will provide an opportunity for data capture and reporting on GBV in the longer term.

At present it is not possible to obtain numbers of disclosures from the records but planned move to electronic record system in future will make this possible.

Some examples of improvements planned are:

- Children and Families services - Health visiting

A quarterly core audit of 5% sample of case notes was introduced in an effort to capture whether enquiry was taking place and if so that action had been taken. However, without further interrogation of the data the sample has not provided useful information and has sometimes proved misleading e.g. in NW Glasgow an exercise took place to interrogate the data and found that an apparent reduction in enquiry since the practice was introduced was due to staff recording disclosure elsewhere in the documentation. The NW sector carried out training to reinforce the need and process for recording.

West Dunbartonshire CHCP report on all enquiries made and their Health Visiting Annual Profiling Tool reported that 814 enquiries took place between Jan-Dec 2013 and 944 during Jan-Dec 2014 indicating an increase in number of enquiries.

- Mental Health Services

A data set to support recording and reporting numbers of GBV enquiry has been piloted within Glasgow CHP South Sector mental health services' Single Shared Assessment (SSA). The total number of enquiries made between 1st May 2014 and 18thFebruary 2015 were 621 - an average of 62 per month. Action is planned to enable further scrutiny of data gathered through SSA.

- Addiction Services

All addiction staff are expected to identify and case manage people who have GBV issues. However there continue to be challenges with routine data capture and reporting. A snapshot audit was undertaken in 2014 to provide an indication of levels of enquiry and disclosure. This audit reported that of those who were asked 50% disclosed domestic abuse, 40% disclosed involvement in prostitution and 42% reported experience of child sexual abuse.

- Emergency Services

There are persistent challenges in recording and reporting GBV enquiries and / or disclosures within our Emergency Services. The challenges are primarily due to limitations of Trakcare electronic recording system used within Emergency Services.

- Learning Disability Services

Routine Sensitive Enquiry has been carried out in CH(C)Ps within NHSGGC following a pilot study. Embedding the practice continues to present challenges due to staffing issues, anxiety and systemic issues and an action plan is in place to address these. Inverclyde CHCP reported the highest numbers of enquiries with 27/54 people asked. The complexity surrounding identification and responding to GBV amongst people with learning disability is being evidence through the work e.g. the level of the respondents comprehension being too low is the most cited reason in about 50% of cases. In keeping with the evidence, individuals are most at risk from relatives.

- Tracking number of referrals to specialist services

It has not proven possible to track referrals to services for support on gender-based violence. This is being tested in a GBV pilot with 8 GPs practices linked to a national pilot to strengthen identification and referral to advocacy support within primary care services.

- Female Genital Mutilation

NHSGGC's Action Plan to improve our responses to FGM continues to be delivered. Care pathways are being refreshed or developed for sexual health; mental health; children and families; obstetrics and gynaecology and clinical revision of FGM. NHSGGC is actively contributing to national developments on this issue. Scottish government guidance on data collection on FGM has been disseminated across our system. More than 60 staff from within our Partnerships and Acute Services have attended awareness raising sessions on FGM.

2015-16 Action

We will review the measures used as it is not collectable within all services. For services unable to record disclosures a better measure would be:

"Did enquiry take place? Where there was a disclosure is there an action plan in place?"

Meantime, we will continue to work towards all services having a means of reporting numbers and percentages of GBV enquiry, disclosures and action, and will analyse the figures to identify evidence of increases in the practice of routine enquiry. We will use opportunities presented by the development of new information management system systems such as EMIS within Children and Families, and in other areas through snapshot audits. We will also seek to ensure data on routine enquiry on financial inclusion is also reportable in key services.

Disabled People and Welfare Reform

Areas were asked for specific examples of how they addressed the needs disabled people affected by welfare reform changes. This showed that all areas were doing work on this but felt more work could be done locally on welfare reform, fuel and food poverty. It was felt that more connections could be made with housing associations, although engagement with the voluntary sector and education was good.

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- Acute

Referral Pathways for Financial Inclusion Services are currently in place across NHSGGC Acute Division to identify disabled people affected by welfare reform changes and build sustainable referral pathways to financial inclusion advice. Work is underway to integrate routine life circumstances questions into the Electronic Nursing Admission Document from next financial year.

- Glasgow

There is a continued programme of Welfare Reform briefings for staff and the distribution of welfare reform 'what you need to know' leaflet with access to appeals packs. GP events on Welfare Reform were facilitated by the Department for Public Health and an improvement plan is being scoped.

- East Dunbartonshire

The CHP are now partners in the Welfare Reform Steering Group which is analysing a range of information to determine the impact of Welfare Reform on those in greatest need. A partnership has been developed with the CAB to provide social prescribing 'health' checks for clients, but in particular those with impairments and long term conditions.

- West Dunbartonshire

West Dunbartonshire CHCP commissioned a report on the health effects of welfare reform on people who are homeless, have an addiction or mental health problem. Their report Health and Welfare in Crisis: How Changes to the Welfare System are impacting on Addiction Support Services in West Dunbartonshire was published in March 2015 and action has already been taken to support information and access to benefits and money advice services in response to the findings.

- Renfrewshire

CHP staff have received regular updates on Welfare Reform and in particular how disabled people are affected. A referral pathway is in place.

- East Renfrewshire

A referral pathway is in place and a group with statutory and non-statutory representatives have developed a local Welfare Reform Plan, in which council-provided welfare rights services have a key role in leading implementation.

- Inverclyde

A referral pathway is in place and a local Financial Inclusion Partnership including all relevant statutory and non-statutory representatives, provides a fast track mechanism for mitigating the effects of welfare reform.

- Mental Health, Addictions and Learning Disability Services

An improvement plan has also been developed in these services around financial inclusion. This includes:

- Sharing best practice
- Reviewing money advice service provision in in-patient mental health sites
- Assessing routine enquiry within Primary Care Mental Health Teams and Single Shared Assessment

Improving our understanding of routine enquiry

In early 2013, a survey was conducted within 4 GGC areas (Primary Care Mental Health Teams and Health Visiting Teams) to gather suggestions from staff on how to address barriers to ISP. Suggestions included more supervision, reflective practice time and time to develop skills and confidence. This learning has informed an initiative co-ordinated by the CIT to gather more patient experience of ISP (i.e. does routine enquiry take place). This informed further targeted ISP / 'Caring to Ask' training and recording in specific care groups. Specific areas where improvements developed around ISP data were:

- Mental Health Services developed a specific improvement plan for routine enquiry, which includes paper based audits and in the longer term an improved electronic recording system

- A primary care GBV GP pilot is testing data recording

- Resources have been allocated to increase midwifery routine enquiry around money worries

- A pilot of improved data gathering of patient experience took place and informed further GGC practice.

Each year, a student from Glasgow Caledonian University speaks to patients to audit routine enquiry around money worries and GBV. Settings have included midwifery, health visiting, mental health teams and primary care (2015 report due May). It has generally been found, from a patient perspective in NHSGGC, that staff are more likely to routinely enquire about money worries than GBV and this finding has been fed into NHSGGC improvement plans.

2015-16 Action

A patient held tool has been streamlined. It will be issued to patient groups via voluntary sector organisations.

An audit of IT systems will identify which systems will be able to collect routine enquiry data in the future. More paper based audits for routine enquiry GBV and money worries will take place in the interim.

A social media campaign will take place for patients on uptake of the Healthy Start welfare benefit. This method has been successful in NHS Lothian.

4.9 Equality Outcome 9:

Positive attitudes and interactions are promoted between staff, patients and communities

General Duty: **Fostering good relations between people who share a protected characteristic and those who do not.**
Protected characteristic covered: All
Activity: • Assess potential for NHS to further develop good relations between those with protected characteristic and those without through engaging with staff and patients. • Assess the potential for this outcomes to be further delivered through improved patient engagement • Campaign to explore awareness of disability amongst staff • Explore the experiences of staff who belong to faith groups and those who do not
Measures: • Increased knowledge of fostering good relations • Increased membership of involvement structures by those with protected characteristics • Increased numbers of staff recorded as disabled and disability seen as a positive workplace issue • Increased evidence of how to promote good relations between those who belong to faith groups and between those who have a faith and those that do not

4.9.1 Progress in 2013-14:

Fostering Good Relations

NHSGGC committed to specifically look at the role of fostering good relations within an NHS setting to explore how we can maximise the implementation of this part of the General Duty. Much of the work carried out within our mainstreaming commitment and in meeting our Equality Outcomes addresses 'fostering good relations.' This can be seen, for example, in our engagement work where we have established Health Reference Groups with those with different protected characteristics; in the staff training we deliver and in our commitment to EQIAs.

The production of patient experience DVDs has also enabled us to share peoples experience across different protected characteristic groups. Other examples from across NHSGGC are shared below.

HIV Stigma

The CIT is supporting the work being undertaken by Public Health and the Acute Sexual Health Team to address issues around experiences of stigma and discrimination by HIV positive patients. The Action Group has been working with Scottish Youth Theatre to devise a series of short dramatic pieces that will be used to front a staff awareness campaign. The campaign, together with a new e-learning module, is set to launch in May/ June 2015.

East Dunbartonshire

The CHP, as part of the East Dunbartonshire Equalities Engagement Group, has participated in the planning and delivery of the annual intergenerational event linking young people and older people. Some of this work included volunteering opportunities for younger people to work with older people, young people supporting older people to use computers, development of resources and the delivery of dementia awareness training in schools.

West Dunbartonshire

West Dunbartonshire have won awards for fostering good relations between young people and older people with dementia through their work in schools and joint working with third sector organisations such as Alzheimer's Scotland.

Faith Based Work

Research suggests that one in four people experience mental health problems in their lifetime due to different factors and this can be compounded by discrimination towards Black / Minority Ethnic communities. A partnership approach was used to tackle one of the issues affecting these communities regarding mental health and faith. A leaflet has been developed with faith leaders from Muslim and Hindu communities using a community development approach. The leaflet was launched at the Central Mosque and at Hindu Mandir which was attended by 300 community members.

Action for 15 – 16

Increase evidence of how to promote good relations between those who belong to faith groups and between those who have a faith and those that do not.

5. Equal Pay Statement

This statement has been agreed in partnership and will be reviewed on a regular basis by the NHSGGC Area Partnership Forum and the Staff Governance Committee.
NHSGGC is committed to the principles of equality of opportunity in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their age, disability, ethnicity or race, gender reassignment, marital or civil partnership status, pregnancy, political beliefs, religion or belief, sex or sexual orientation.
NHSGGC understands that the right to equal pay between women and men is a legal right under both domestic and European Law. In addition, the Equality Act 2010 (Specific Duties) (Scotland) Regulations require NHSGGC to taking the following steps:

- Publish gender pay gap information by 30 April 2013

- Publish a statement on equal pay between men and women by 30 April 2013, and to include the protected characteristics of race and disability in the second and subsequent statements from 2017 onwards.

It is good practice and reflects the values of NHSGGC that pay is awarded fairly and equitably.
NHSGGC recognises that in order to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent, or work of equal value, it should operate pay systems which are transparent, based on objective criteria and free from unlawful bias.

In line with the General Duty of the Equality Act 2010, NHSGGC objectives are to:

- Eliminate unfair, unjust or unlawful practices and other discrimination that impact on pay equality

- Promote equality of opportunity and the principles of equal pay throughout the workforce.

- Promote good relations between people sharing different protected characteristics in the implementation of equal pay

NHSGGC will:

- Review this policy, statement and action points with trade unions and professional organisations as appropriate every 2 years and provide a formal report within 4 years;

- Inform employees as to how pay practices work and how their own pay is determined;

- Provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions;

- Examine existing and future pay practices for all employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave;

- Undertake regular monitoring of the impact of our practices in line with the requirements of the Equality Act 2010;

- Consider, and where appropriate, undertake a planned programme of equal pay reviews in line with guidance to be developed in partnership with the workforce.

Responsibility for implementing this policy is held by the NHSGGC Chief Executive. If a member of staff wishes to raise a concern at a formal level within NHSGGC relating to equal pay, the Grievance Procedure is available for their use.

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

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

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Arabic

تتوفر هذه النشرة بطباعة من القطع الكبير أو بطباعة برايل أو في إصدارات يسهل قراءتها، أو على أقراص مضغوطة صوتية. ويمكننا أيضاً تزويدكم بهذه النشرة بلغات أخرى كنص مترجم مكتوب. الرجاء الاتصال بجاكي راسل (Jacky Russell) على رقم الهاتف: 0141 201 4560 أو مراسلتها بالبريد الإلكتروني على العنوان CITAdminTeam@ggc.scot.nhs.uk للحصول على المزيد من المعلومات.

Mandarin

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Polish

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Punjabi

ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਵੱਡੇ ਅੱਖਰਾਂ ਦੀ ਛਪਾਈ, ਬ੍ਰੇਲ ਅਤੇ ਪੜ੍ਹਨ ਲਈ ਅਸਾਨ ਰੂਪਾਂ ਵਿਚ ਜਾਂ ਆਡੀਓ ਸੀਡੀ 'ਤੇ ਉਪਲਬਧ ਹੈ। ਅਸੀਂ ਦੂਜੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਮੂਲ ਮਤਨ ਦੇ ਰੂਪ ਵਿਚ ਵੀ ਤਰਜਮਾ ਦੇ ਸਕਦੇ ਹਾਂ। ਵਧੇਰੇ ਜਾਣਕਾਰੀ ਲਈ ਕਿਰਪਾ ਕਰਕੇ Jacky Russell ਨਾਲ 0141 201 4560 'ਤੇ ਫ਼ੋਨ ਕਰਕੇ ਜਾਂ ਇਸ ਪਤੇ 'ਤੇ ਈਮੇਲ ਰਾਹੀਂ ਸੰਪਰਕ ਕਰੋ CITAdminTeam@ggc.scot.nhs.uk

Turkish

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Urdu

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Farsi

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