

NHS Greater Glasgow and Clyde	Paper No. 24/30
Meeting:	NHSGGC Board Meeting
Meeting Date:	30 April 2024
Title:	Meeting the Requirements of the Equality Act: Fairer NHSGGC 2024 – 25
Sponsoring Director/Manager	Dr Emilia Crighton, Director of Public Health
Report Author:	Jac Ross, Equality and Human Rights Manger

1. Purpose

The purpose of the attached paper is to:

Provide the legally required compliance with the Equalities Act (2010) with the Fairer NHSGGC Equality Scheme for 2024 – 25.

2. Executive Summary

The papers can be summarised as follows:

The document provides evidence NHSGGC complies with the Equality Act (2010) General Duty and the specific duties in Scotland; the document format follows the Equality and Human Rights Commission expectations.

Meeting the Requirements of the Equality Act: Fairer NHSGGC 2024 - 25

An Equality Scheme for 2024 – 2025 focussing on mainstreaming actions and presenting two Equality Outcomes for delivery. The Scottish Government are in the process of reviewing the Public Sector Equality Duty (PSED) which means NHSGGC will deliver a one year set of actions and prepare our evidence for the new PSED launch in April 2025.

3. Recommendations

The Board is asked to consider the following recommendations:

Approve the papers for publication in line with the requirements of the Equality Act (2010).

4. Response Required

This paper is presented for approval.

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- Better Health Positive impact
- Better Care Positive impact
- Better Value Positive impact
- Better Workplace Positive impact
- Equality & Diversity Positive impact
- Environment Neutral impact

6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

It is a legal requirement of the Equality Act to engage with those with Protected Characteristics to develop and refine any Equality Outcomes and associated actions.

The scheme must be published by 30th April 2024 to ensure it is available to the public and will be available in accessible formats on request.

A staff summary will be disseminated post 30th April to ensure staff are sighted on the details of the scheme.

7. Governance Route

This paper has been previously considered by the following groups as part of its development:

- Public Health Senior Management Team
- Corporate Management Team.
- Population Health and Wellbeing Committee

8. Date Prepared & Issued

Prepared 8 March 2024
Issued 23 April 2024



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

2024 - 2025

Foreword

I am very pleased to present our Fairer NHS Greater Glasgow & Clyde equality report which outlines our priorities for action over the next year. These mainstreaming actions aim to benefit all our staff and patients groups and will include:

- ensuring staff are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued
- assessing the impact of digital exclusion on our patients' ability to access digital developments and identify a standardised approach to mitigation
- continuing targeted engagement with the most vulnerable populations, exploring opportunities across a wider range of programmes to reduce barriers to participation and continue working with partners to build financial security as a priority
- ensuring that the Quality Strategy is delivered to include the needs of those with protected characteristics.
- providing interpreting to all patients who require communication support for NHS related appointments
- establishing a system to disaggregate complaints by protected characteristics and assessing patterns across all complaints to identify systemic issues

The report also highlights our specific equality outcomes. This is where we have identified a need for action over the next year which will make a positive difference for a particular group of patients.

Two outcomes have been identified for the coming year, one focusing on older people, and one focusing on the patient journey experienced by all in-patients with protected characteristics. These outcomes are based on evidence gathered from research, policy and engagement with patients and staff. Over 480 people from across a range of communities were involved in discussions which will inform our priority actions over the next year. Those involved included representatives from the Black & Minority Ethnic communities, the LGBTQ+ communities, religious groups and disabled people.

Members of staff were again asked their views of what NHSGGC equality priorities should be as part of our Fairer NHSGGC staff survey. As previously, almost 90% of staff agreed that we can improve patient health care by having a better understanding of the discrimination faced by the people in Greater Glasgow and Clyde.

The Scottish Government are in the process of reviewing the Public Sector Equality Duty (PSED). This means that we will deliver a set of actions for one year and prepare our evidence for the new PSED launch in April 2025. Our commitment to a Fairer NHSGGC remains central to the work of NHSGGC and I would like to thank our staff, partners and volunteers for both their hard work and continued dedication to tackling inequalities in health.

Introduction

The Scottish Government undertook a review of the effectiveness of the Public Sector Equality Duty (PSED) in Scotland. This included a public consultation, published December 2021 and open until April 2022. The review covered both legislative modifications and changes to the wider implementation environment in relation to the Scottish Specific Duties.

The Scottish Government are taking a phased approach to improving the PSED regime. Initially, this will include delivering on two key prioritised regulatory changes, to be in place by April 2025. These are revising the current pay gap reporting duty to include reporting on ethnicity and disability pay gaps, and introducing a new legal duty on listed public bodies in relation to their use of inclusive communication.

NHSGGC's reporting period for the current Fairer NHSGGC document ends April 2024. To demonstrate ongoing compliance with the Equality Act until the regulatory changes are implemented, A Fairer NHSGGC 2024-25 covers one year – from April 2024 to March 2025. It covers actions relating to how we will ensure our mainstream functions and Equality Outcomes are delivered in a way that meets the General and Specific Duties in line with the Act. We will deliver on one new Equality Outcome and also continue to deliver on a 2020 – 24 Equality Outcome not fully completed due to COVID-19.

During 2024 – 25 the Equality & Human Rights Team (EHRT) will be further focussed on developing the evidence base and engagement to inform the 2025 – 2029 Fairer NHSGGC report to meet the new requirements of the reviewed PSED. This will specifically include a further focus on the Scottish Governments additions to the PSED in Scotland; Workforce Data and the new Inclusive Communication Duty.

Over the last 4 years, NHSGGC has demonstrated our commitment to addressing discrimination and delivering services that are fair and equitable to all. We have done this by meeting our responsibilities as required by the Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012. Details of the wide range of work undertaken across all services and with our workforce can be found on our website at nhsggc.scot/equalities

Our work continues to ensure that in our day to day business we -

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

The protected characteristics referred to, as listed in the Equality Act 2010 are: age; marriage and civil partnership; disability; religion and belief; gender reassignment;

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pregnancy and maternity; race, sex and sexual orientation. We are all likely to have more than one protected characteristic which make up our individual identities.

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Engaging with Communities to develop the outcomes and activities for 2024 – 25

Engagement work relating to A Fairer NHS GGC 2024 – 2025 saw 484 people give feedback on their experience of NHS GGC services in relation to their disability, race, faith, sex, sexual orientation or socioeconomic circumstances. This was either through group sessions or individual questionnaires and surveys.

To develop the 2024 - 25 mainstreaming actions and identify potential outcomes, NHS GGC's Equality and Human Rights Team organised engagement sessions to ask people with protected characteristics what was important to them when using NHS Services and how their protected characteristic affected their health. Overall, 375 people were involved in the discussions over 21 sessions. Additionally, 109 LGBTQ+ people were engaged with at Mardi Gras in July 2023, giving a total of 484 people.

The feedback was used to help develop the actions and outcomes for 2024-25 and will be augmented with further engagement and used to inform the actions and outcomes over the next 2025 – 2029 reporting period.

The questions asked of all groups were:

- What works well when you use NHS GGC services?
- Do you think NHS GGC takes account of your needs / who you are? If not, what could be done differently?
- If you could change one thing to meet your needs better – what would it be?

The engagement is summarised below.

Black & Minority Ethnic (BME) communities including Asylum Seekers and Refugees

Engagement with BME communities was carried out over 10 sessions with 186 people attending. Equality monitoring information was recorded for 356 respondents across all events listed, not including Mardi Gras.

The communities represented included those who described themselves as: African, African Scottish or African British; Pakistani, Pakistani Scottish, Pakistani British; Chinese, Chinese Scottish, Chinese British; Arab, Arab Scottish, Arab British; Asian; Indian, Indian Scottish, Indian British; Caribbean or Black – Black, Black Scottish, Black British; White other; Gypsy Travellers; Bangladeshi, Bangladeshi Scottish, Bangladeshi British; Polish; Multiple or mixed ethnicity.

The main areas which worked well for BME communities were reported as: the NHS being a free service; the flexibility in using services, the approachability of staff and the provision of interpreting (26% of those engaged with required interpreting support).

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Areas of concerns were highlighted as: waiting times for appointments; experiences of differential treatment due to the protected characteristic of race, communication and staff attitudes.

“There are communication barriers when a receptionist asks the person to explain what the problem is / symptoms are. There are poor staff attitudes to language barriers.”

The question ‘If you could change one thing to meet your needs better – what would it be?’ elicited responses relating to clarity of information, staff attitudes and interpreting provision.

Disabled People

There were ten sessions held with disabled people, their families and carers, with 177 people in attendance. From the equality monitoring data collected from participants, 42% gave a response that would indicate they have the protected characteristic of disability. The attendees came from various groups such as Deafblind Scotland, Cornerstone, The Mental Health Network and The Life I Want group.

The main areas which worked well for disabled people were reported as: the NHS being a free service, staff getting to know patients and staff knowledge of patient needs.

Areas of concerns focussed on the need for better communication around the issues of procedures, appointments and medication. Lack of awareness of the experience of disabled people was also mentioned as well as accessibility of services.

“Staff need to be more patient with people with additional needs. They need to explain better the medication and side effects to people like me and my carers.”

Responses to ‘change one thing’ again highlighted disability awareness, staff attitudes, accessibility of services and communication from staff.

LGBTQ+ Communities

The EHRT attended Mardi Gla in July 2023 and disseminated a questionnaire, which was returned by 109 participants.

Area perceived to be working well for this community included being listened to, learning from good practice and the use of national developments like the Pride Pledge to increase staff knowledge of the difficulties and prejudice faced by LGBTQ+ communities when using NHS services. However, the issue of assumptions of heteronormativity was also raised, as was the belief that the community’s needs were still not understood by staff.

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Religion and Belief

Three sessions were held involving people with the protected characteristic of faith and belief. Fifty four people attended these sessions (30 Christian, 12 Muslim, 12 Hindu people).

Those from a faith background praised the staff, the quality of service and the NHS system.

There was concern, however, over the lack of knowledge of staff regarding different faith groups as well as language barriers.

“Staff said there will always be a family member with you but I said but I need an interpreter as there may be things I don’t want my family to know.”

Suggestions as to where changes could be made included: waiting times; the quality of information, reducing the cost of parking and refreshments on hospital sites.

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Engaging with staff to develop the outcomes and activities for 2024 – 2025

We wanted to consult our staff to see if the actions we have taken since 2020 are making improvements. To do this, we carried out our fourth Fairer NHSGGC Staff Survey in 2023. The survey format was on the digital Webropol platform and the distribution method was principally via email, with a supporting communication plan. There were 811 responses to the survey. A paper format was made available for any staff groups without regular access to email at work.

The survey showed that 88% of respondents in the survey either strongly agreed or agreed that NHSGGC can improve health care when staff have a better understanding of the discrimination people face.

46% of respondents thought that NHSGGC has got better at recognising the health effects of discrimination on patients over the last 3 years. However, a similar proportion (41%) neither agreed nor disagreed and 13% of staff disagreed, representing an increase from 5% in 2019.

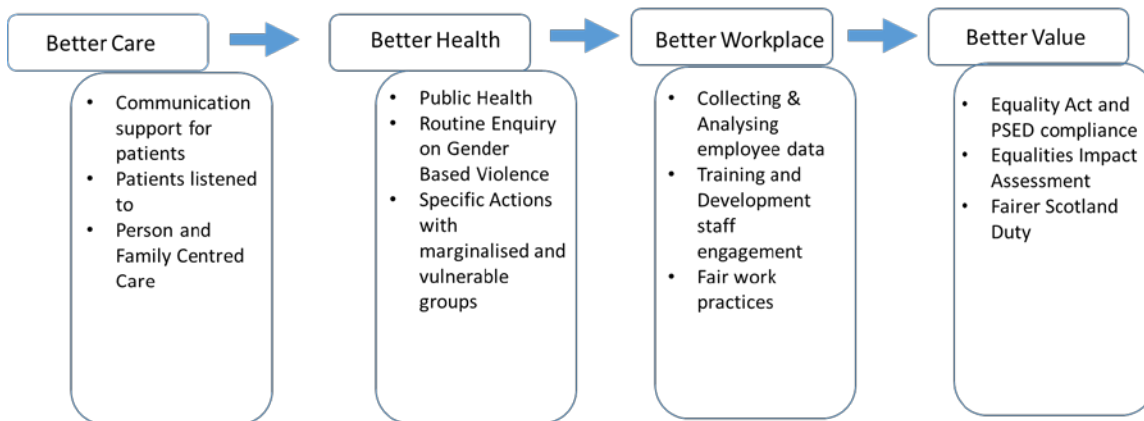
The vast majority of staff (85%) agreed that NHSGGC should be using its resources to reduce the health gap between the richest and poorest in our population.

Mainstreaming Report

In 2024 - 25 we aim to deliver a fair and equitable service across all of our Corporate Plan priorities:

- Better care
- Better health
- Better workplace
- Better value

We will deliver actions under each of these priorities which are summarised below:-



Progress against these actions will be reported in April 2025 to show where we are making a difference across the protected characteristics. These will be available on our website.

Better Care

Communication support for patients

Ensuring that patients have communication support underpins their ability to participate in their care. Those who require communication support are among the most excluded in society. As well as spoken language provision, NHSGGC Interpreting Service provides communication support such as note-takers, British Sign Language (BSL) Interpreters and Deaf Blind communicators.

Over the reporting period we will:

- Provide interpreting to all patients who require communication support for NHS related appointments
- Scope out how to track patients who require interpreting support through our Acute services.

Listening to patients

Patient Experience and Public Involvement (PEPI) support NHSGGC to listen and understand what matters to people. This allows us to improve our services using their experiences of care. The team help staff and members of the public to listen and learn from each other.

PEPI support staff and services to engage with people on care and service delivery. They apply best practice when informing and involving patients, carers and the public.

The team provides expertise and support in delivering its statutory duties in relation to the Patients' Rights (Scotland) Act 2011, the Carers Act (Scotland) 2017 and the Community Empowerment (Scotland) Act 2015 and ensure that the perspective of patients, service users, carers and the public are central to the business of the organisation.

The team delivers a structured approach to patient and public involvement including the design and delivery of engagement and consultation processes (including major service change) in line with national guidance.

Over the reporting period we will:

- Review and enhance the digital equalities monitoring process to improve response rates to these optional questions.
- Further test use of translated surveys in maternity services, building on our work in 2023 to make patient engagement and feedback more accessible.

Person and Family Centred Care

Photo & Quote – Jenn Rodgers

Person and Family Centred Care is central to our Quality Strategy and inclusive of what matters to the diverse population in NHSGGC. Person Centred Health and Care is “mutually beneficial partnerships between patients, their families, carers and those delivering healthcare services, which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision making.” NHS Scotland Quality Strategy.

Over the reporting period we will:

- ensure that the Quality Strategy is delivered to include the needs of those with Protected Characteristics.
- continue to embed sensitised ways of working with our BME communities via maternity colleagues and across NHSGGC, utilising a pathway model

Moving Forward Together

Moving Forward Together is NHSGGC’s vision for our healthcare system to provide person centred care at the right time and in the right place through empowering patients. We will use digital solutions first, where possible, and intervene early in our patients care. We will also ensure that emergency care is provided in the right place and at the right time. We will support the centralisation of complex specialist hospital care, augmented by both local hospital inpatient provision and planned surgical hubs.

Over the reporting period we will:

- ensure that Moving Forward Together takes account of the needs of those with Protected Characteristics in how our healthcare model develops to meet our patients’ future needs.

Realistic Medicine

Realistic Medicine emphasises the importance of placing the individual receiving care at the centre of decision making, fostering a personalised approach to care. Health and social care providers are asked to make shared decisions with those they care for and enable people to make informed choices about their care, based on what matters most to them. The 2030 vision of Value-Based Health & Care, builds on the principles of Realistic Medicine to deliver better outcomes and experiences for the people we care for through the equitable, sustainable, appropriate use of available resources.

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Over the reporting period we will:

- embark on a schedule of EQIA's to identify any structural barriers across the Realistic Medicine work programme for those with protected characteristics.

Spiritual Care

NHSGGC registered chaplains are trained professionals who offer confidential, compassionate, inclusive, non-judgmental and person-centred spiritual, emotional and bereavement care and support for all hospital communities in our health board.

The spiritual care team are available to support and listen to everyone, including family and friends, staff, students and volunteers. This includes people of all backgrounds, faiths and those with no religious beliefs, who have equal access to the spiritual care service.

Chaplains in the Spiritual Care Service offer a broad range of sensitive, person-centred support. This may include:

- Offering an inclusive, caring, confidential space to reflect or talk openly
- Listening sensitively to lived experiences and offering 1-1 support, for example by helping celebrate life events and / or mark times of remembrance
- Dealing with a new diagnosis or difficult news
- Helping to nurture hope and build resilience, for example offering emotional support during significant life events
- Facilitating prayer and rituals including liaising with different faith and belief groups if required
- Signposting to additional sources of support with consent, for example accessing additional support for someone affected by bereavement or loss
- Advocating to support physical, spiritual, emotional and/or mental wellbeing, for example during times of stress.

Over the reporting period we will:

- ensure all patient information relating to spiritual care is accessible and reviewed for inclusive language to meet the needs of all
- review and strengthen partnership working with local faith and belief communities including local Humanists, recognising not everyone has a traditional faith and/or belief

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Volunteering Service

NHSGGC employs around 43,500 staff. As well as the paid workforce, we also rely on hundreds of unpaid volunteers who work with us to make the patient experience as positive as it can be. The Volunteering Service enhances patient and staff experience in NHSGGC Acute hospitals, by co-ordinating volunteering that delivers benefits for all. Traditionally this has involved a range of tasks to add value to a patient, family member or staff's experience in NHSGGC; for example spending time chatting with patients who have no visitors, helping visitors navigate the hospital, or supporting staff taking a well-earned break in one of the Rest and Relaxation Hubs.

Volunteers help our hospitals run smoothly and allow doctors and health care professionals to spend their time focussing on providing the best healthcare for patients.

Over the reporting period we will:

- expand how we advertise for volunteers to address digital exclusion to incorporate a wider audience
- collect equality data from our volunteers to ensure we are representative of the population we serve

Digital Inclusion

NHSGGC's Digital Strategy 2023-2028, Digital on Demand, has been produced to provide information to members of the public, patients, staff, and partners. This five-year plan captures important themes and programmes that will be the focus of the Board's Digital Delivery Plan. The aim of the strategy is to provide direction for our staff, and reassurance for the public, that NHSGGC is aware of and delivering the priorities that matter to them, in line with the organisations aims and objectives and operational priorities. A key aim of the Digital Strategy is to maximise the benefits of technology, communicate how important digital technology and online services are within NHSGGC and how this will continue to grow and expand over the coming years. The Digital Strategy references various projects, programmes and initiatives that are either underway, or will be implemented to deliver positive improvements to health and care across Greater Glasgow and Clyde, the West of Scotland and nationally.

Over the reporting period we will:

- Assess the impact of digital exclusion on our patients' ability to access digital developments and identify a standardised approach to mitigation.

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Complaints

NHSGGC is committed to providing high quality, person-centred care and treatment that is both safe and effective. However, there are times when things go wrong or patients are dissatisfied with what has or has not occurred. We will always attempt to resolve matters in a satisfactory way, or explain why this has not been possible.

The Complaints Department will always treat our patients with respect and dignity throughout the complaints procedure.

Over the life of the report we will:

- establish a system to disaggregate complaints by protected characteristics and assess for patterns across all complaints to identify systemic issues.

Better Health

Improving the health of the public

Photo and Quote – Emilia Crighton

The existing NHSGGC Public Health Strategy 2018-2028, 'Turning the Tide through Prevention', emphasises that achieving improved and equitable population health is everyone's business. The strategy establishes a clear direction of travel for a whole system approach to public health, working together across legislative, social, community and individual change programmes.

To deliver this vision, the approach of the NHSGGC Public Health Department is to focus on the changeable determinants of ill health and provide clarity and co-ordinate efforts to prevent health inequalities to enable our staff and partners to deliver this vision. Our 2024/25 Public Health priorities, contained within the January 2024 Director of Public Health Report: Working together to stem the tide, reflect updated epidemiology evidence and community feedback - including our local 2022/23 Health and Wellbeing Survey.

Over the reporting period we will:

- Continue targeted engagement with the most vulnerable populations, exploring opportunities across a wider range of programmes to reduce barriers to participation, such as: cancer screening focussed on those with learning disabilities; a programme of targeted vaccination delivery and monitoring the uptake rates, and universal and targeted health improvement programmes to promote population health.
- Continue working with partners to build financial security as a priority. The impact of deprivation; financial constraints and the impact of the cost of living has been felt across all population groups, in particular groups already at risk of marginalisation.
- Improve our understanding of the health needs of BME groups, through the commissioning of a BME boost to the Health and Wellbeing Survey.

British Sign Language Act (2015) NHSGGC Action Plan

NHSGGC is committed to delivering the BSL Act (2015) 2024 – 2030 Action Plan. A range of work is currently being undertaken by NHSGGC to promote BSL as a language and culture and to improve the experience of our Deaf BSL patients.

Over the reporting period we will:

- Implement the BSL Act (Scotland) 2015 Action Plan for 2024 – 2030 first year actions.
- Implement the findings of the BSL Short Life Working Group Action Plan

Workplace

Photo and Quote – Anne MacPherson

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

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

The current NHSGGC Workforce Equality Plan covers the following overarching ambitions:

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

Details of the actions for 2020-24 including an in-year action plan, can be found on our website at nhsggc.scot/workforce-equality-group.

Over the reporting period we will:

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

Better Value

Photo and Quote – Chris Sanderson

Fair Work Practices: Procurement

The approach to Procurement in NHSGGC is covered in our Procurement Strategy which includes commitments to Corporate & Social Responsibility (CSR) in the way that we conduct our activities. The current CSR objectives cover how we can advance Environmental, Ethical and Societal benefits in the course of the Procurement activities that we undertake.

In terms of Societal Benefit, our approach to local contracting activity at the supplier selection stage will consider how we can ensure that suppliers adopt fair work practices, such as payment of the real living wage, encourage participation of small and medium enterprises and ensure that suppliers have Equality and Diversity policies in place.

In addition, the Board recently updated its standard terms and conditions which make it a condition of contract that suppliers must comply with all anti-discrimination legislation including the National Minimum Wage Act 1998, the Equality Act 2006, the Equality Act 2010 and the Pensions Act 1995 and that the supplier must also ensure sub-contractors adhere to these obligations

Over the reporting period we will:

- ensure that we continue to include a requirement for suppliers to have an Equality & Diversity policy as part of our pre-qualification checks
- monitor the impact of supplier commitment to Fair Work Practices

Equalities Impact Assessment (EQIA)

Equality Impact Assessments are a Specific Duty under the Equality Act (2010). Where NHSGGC issues new policies or makes changes to the way services are delivered that might impact on patients, we have a legal duty to conduct an equality impact assessment.

Over the reporting period we will:

- deliver ongoing system-wide support for NHSGGC and aligned HSCP EQIA delivery programme including quality assurance for returned assessments and localised bespoke training where proportionate to demand/need.
- EQIA key work programmes and service redesign.

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Fairer Scotland Duty

The Fairer Scotland Duty requires the Board to consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions. We will consider the intersection between socio-economic disadvantage and other impacts.

Over the reporting period we will:

- Show due regard to reducing inequality of outcome caused by socio-economic disadvantage through mainstream application of the integrated Equality Impact Assessment Process against all relevant strategic decisions.

Disability Discrimination Audits

NHSGGC has an anticipatory duty to remove barriers for disabled patients. This takes the form of Disability Discrimination Audits (DDA) which involve patients in assessing access.

Over the reporting period we will:

- carry out disability audits in line with refurbishment and capital planning projects and take action to remove barriers.

Equality Outcomes 2024 – 25

Introduction

NHSGGC's equality outcomes for 2024 - 25 are based on evidence gathered since 2020 which has highlighted where we should aim to make a significant difference for specific groups of patients. This evidence includes research, policy and engagement with patients and staff. We believe that these outcomes combined with our mainstreaming actions will make a real difference to patients by eliminating unlawful discrimination, increasing equal opportunities and fostering good relations. Each outcome describes:

- the reason we have developed the outcome
- the general duty and protected characteristic it covers
- the actions to be taken
- how these actions will be measured.

The outcomes and mainstreaming actions cover all of the protected characteristics. Within each outcome there are inter-sections with other protected characteristics. For example older people have common experiences of ageism but differential experiences as women, Black and Minority Ethnic people or as a result of being Lesbian, Gay, Bi-sexual or Transgender. Actions to achieve each outcome will be sensitive to people's differential needs and experiences.

To ensure NHSGGC is compliant with PSED we have focussed on two specific Equality Outcomes - one relating to older people and the protected characteristic of age which we did not fully realise due to the COVID-19 pandemic and a new Equality Outcome. This new outcome focusses on how to address the practical application of the PSED in a ward and service setting to ensure that, at the point of service delivery, our staff can understand and respond to the needs of our patients with protected characteristics.

Equality Outcome 1

Older people

Photo and quote - Angela Wallace

Our needs for healthcare increase with age. Our population is aging and as a result the proportion of older adults amongst our patients will increase further over time. Ageist stereotypes and discrimination against older adults have an impact on their health and well-being. Ageism can include how we communicate with older patients or age-based clinical decision-making regarding diagnosis and treatments.

Our Fairer NHS Staff Surveys consistently show that staff believe older people are the people most discriminated against in our services.

Patients aged 81 and older are less likely than younger patients to feel they have been given adequate information about their discharge and what to do about their health if they are worried after leaving hospital¹. Engagement with older people in NHSGGC has shown that there are differential experiences in discharge across our services.

A key recommendation from the Royal Society of Public Health report, 'That Age Old Question' was for improved education and training of healthcare professionals on the effects of ageism in clinical care and care settings².

This evidence has led us to develop Outcome 1 which will address ageism and ensure that older people are empowered to be involved in decisions about their care.

This outcome has been carried from A Fairer NHSGGC 2020 – 24, which could not be completed due to the COVID-19 pandemic. Other work with older people was carried out and informs the delivery of this outcome. All reports are available at nhsggc.scot/equality.

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Equality Outcome 1:

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

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

How the outcome meets the General Duty:

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

Protected Characteristic(s) covered:

Age

Activities that will support achieving this outcome:

- Deliver evidence-informed educational materials to staff on the impact of ageism within services.
- Deliver Equality Impact Assessments for discharge planning and associated policies.
- Survey and gather evidence on existing practice in key services.

How we will measure success:

- Delivery and evaluation of training.
- Number of older people with a discharge plan in place.
- An improvement in patient and carer feedback on experience of discharge planning.

Equality Outcome 2

All Protected Characteristics

Photo and Quote - William Edwards

Ensuring every service gets it right every time for all our patients

The Frontline Equality Assessment Tool (FEAT) has been designed to make equality legislation 'real' for practitioners and test how front line services are able to integrate equality policies and practice on a ward setting.. It will be utilised by a lead member of local service teams in collaboration with assessors from the Equality and Human Rights Team. The focus of the tool will be on assessing how unmet needs may be mitigated within services. This will involve checking the patient data collected, how communication support is assessed, knowledge of protected characteristic related issues, associated policies and protocols as well as the impact on discharge planning. Questions will be competency based and cover all protected characteristics.

Where any area needs further exploration an aligned sensitivity tool will be used. In place so far are a BME Pathway tool and an Autism Sensitised Pathway. More will come on stream in the 2024 – 2025 reporting period.

By translating the language of legislation into practical reflective steps for staff, utilisation of the FEAT offers a sense check which highlights both where there are gaps in services' inequalities sensitive practice but also where there are examples of good practice which could then be replicated in other services.

The FEAT has been developed in response to evidence from our Staff Survey which includes feedback relating to areas where NHSGGC is not perceived to be doing well. It also fully takes into account evidence relating to the lived experience of individuals. For example -

Autistic People: A range of opinion exists regarding the definition of Autism or being Autistic. Some definitions would describe it as a "lifelong developmental disability"³ whilst others would state that it is "a neurological difference: one with a unique way of thinking and experiencing the world"⁴. Autistic people can therefore often face barriers to healthcare when their lived experience is different from health services understanding of Autism. The FEAT can help define where a service has gaps in understanding and therefore gaps in incorporating Autistic needs into care and treatment plans.

LGBTQ+ People: In 2019, arising from the recognition of "gaps in knowledge about the health and wellbeing of LGBTQ+ groups" a wide-ranging health needs assessment of LGBTQ+ people was commissioned by NHSGGC and NHS Lothians⁵. The Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-Binary People and the

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associated final report of 2022 made clear recommendations, in partnership with people with lived experience, regarding changes which would lead to improvements in service provision. This included the need for NHS services to have more high quality LGBTQ+ training and to be more visibly LGBTQ+ inclusive - an assertion which was supported by LGBT Youth Scotland's The Life in Scotland Health Report 2023⁶. The FEAT will help establish where a service has gaps in understanding and therefore would benefit from working in partnership with those with direct experience of being an LGBTQ+ patient.

BME People: There is a growing body of research which shows that structural racism and discrimination are intertwined, resulting in deepened health inequalities for minority ethnic communities. More needs to be done to eliminate these inequalities and to ensure BME communities have “equality in physical and mental health as far as is achievable and effective healthcare appropriate to their needs and experience”⁷. Within NHSGGC's frontline services, the use of FEAT will contribute to the recognition of racism and discrimination and help develop the means to eliminate it.

People with a Learning Disability: Feedback from the 2023 NHSGGC Staff Survey found that of staff members who work with patients and service users directly, the majority stated that they had taken actions to support people with learning disabilities to access their services. Nearly half (48%) stated that they had worked with the person's advocate or support worker and 33% reported extending appointment times. Staff also reported using communication support (21%) and communication aides such as pictures (24%). However, previous EHRT engagement feedback and from sources such as The Scottish Learning Disabilities Observatory⁸ found that some people with learning disabilities reported negative experiences of healthcare services in relation to poor communication, lack of understanding, inaccessible information and feeling judged.

Within NHSGGC's frontline services the use of FEAT will contribute to the recognition of the good practices outlined from the Staff Survey as well as highlight where improvements in services can be made.

The use of the FEAT will be scaled up across NHSSGGC frontline services over 2024 – 25 and good practice will be shared across the system.

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Equality Outcome 2: utilise the Frontline Equality Assessment Tool (FEAT) to assess and offset risk at ward and service level across all protected characteristics.
How the outcome meets the General Duty: Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.
Protected Characteristic(s) covered: All
Activities that will support achieving this outcome: <ul style="list-style-type: none">• Delivery of FEAT across 40 wards / services across NHSGGC• Identification of mitigations and action taken• Communication of assessments and mitigation with identification of good practice communicated to staff• Utilisation of specialised sensitivity tool to augment FEAT
How we will measure success: <ul style="list-style-type: none">• Number of services with FEAT assessments carried out and actioned• Number of completed mitigations• Number of assessments using specialised sensitivity tools such as Autism Pathway, BME Pathway.

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References

1. Ageism and age discrimination in secondary health care in the united kingdom (2009), Centre for Policy on Aging
2. That Age Old Question (2018) Royal Society of Public Health, Vision, Voice and Practice
3. National Autistic Society – What is Autism?
4. Collier E (2019) What is Neurodiversity & How Does it Relate to Autism?
5. Leven T May 2022 Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people Final Report NHS Greater Glasgow and Clyde
6. LGBT Youth Scotland 2023 Life in Scotland Health Report
7. Finney N et al [Eds] 2023 Racism and Ethnic Inequality in a Time of Crisis Findings from the Evidence for Equality National Survey
8. Scottish Learning Disabilities Observatory: people with learning disabilities tell us about their experiences of health and health care Health and healthcare experiences

Bibliography

Bradshaw Dr J et al (2023) Future Learn: Autism: Developing Knowledge of Autistic Experiences - The University of Kent <https://www.futurelearn.com/experttracks/autism-developing-knowledge-of-autistic-experiences>

Collier E (2019) What is Neurodiversity & How Does it Relate to Autism? <https://www.highspeedtraining.co.uk/hub/neurodiversity-autism/>

Doherty Dr M (2020) Healthcare barriers when Autistic: Aucademy educating with Chloe https://www.youtube.com/watch?v=s_8CZKmxco

Doherty Dr M et al (2021) Recognising Autism in Healthcare British Journal of Hospital Medicine Vol82 No12 Dec 2021 <https://www.magonlinelibrary.com/journal/hmed>

National Autistic Society <https://www.autism.org.uk/advice-and-guidance/what-is-autism>

Leven T Nov'2019 Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people: Literature Review NHS Greater Glasgow and Clyde

Kapadia D et al (2022) Ethnic Inequalities in Healthcare: A Rapid Evidence Review NHS Race and Health Observatory

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Lancet (2022) The Lancet Series on racism, xenophobia, discrimination, and health

Marmot M et al (2010) Fair Society, Healthy Lives (The Marmot Review)

Marmot M et al (2020) Health Equity in England: The Marmot Review 10 Years on
Executive Summary

Williams Dr David et al (2019) 'Understanding how Discrimination Can Affect Health,' HSR

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For more information please contact:

Equality and Human Rights Team
NHS Greater Glasgow & Clyde
West House
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow G12 0XH

Telephone: 0141 201 4746

www.nhsggc.org.uk/equality

Email: equality@ggc.scot.nhs.uk

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