

Outcome	Activity	2013-14	2014-15	2015-16	Measure	By
1) 1.1	Deliver Communication Support and language Plan, including continued implementation of Accessible Information Policy and the Interpreting and Communication Support Policy.	<p>Agree a local baseline to measure annual increase.</p> <p>Accessible Information Leads identify gaps in patient information in accessible formats and record new information produced.</p>	<p>Accessible Information Leads identify gaps in patient information in accessible formats and record new information produced.</p>	<p>Accessible Information Leads identify gaps in patient information in accessible formats and record new information produced.</p>	<p>Annual increased proportion information produced in accessible formats (Medical Illustration will record new information produced)</p>	<p>CH/C/Ps and Acute AIP Leads</p>
		<p>Provide evidence of how you are ensuring staff comply with the interpreting protocol</p> <p>Annual patient satisfaction survey of Interpreting Service put in place.</p>	<p>Provide evidence of how you are ensuring staff comply with the interpreting protocol</p> <p>Annual survey carried out and improvement made where required</p>	<p>Provide evidence of how you are ensuring staff comply with the interpreting protocol</p> <p>Annual survey carried out and improvement made where required</p>	<p>Increased compliance with interpreting protocol as evidenced through the Fairer NHS Survey (measured in 2016)</p> <p>Increased patient satisfaction</p>	<p>CH/C/P s and Acute</p> <p>Interpreting Service Manager</p>
1) 1.2	Improve accessibility of our buildings through regular audits involving	2 audits carried out and improvement plan	2 audits carried out and improvement	2 audits carried out and improvement	2 completed audits submitted	Facilities

	disabled people	put in place	plan put in place	plan put in place		
		Where patients or previous audits have identified a particular issue on access provide evidence on how this has been addressed	New services are as fully accessible as possible e.g. Southern		Increased proportion of actions identified in the audits are completed	Acute
1) 1.3	Improved access to bowel screening for SIMD 1, men and disabled people	Target people in SIMD1 and men to increase their uptake of the national screening programme.	Target people with learning disability and sensory impairment to increase their uptake of the national screening programme and continue to target people in SIMD 1 and men.	Target disabled people to increase their uptake of the national screening programme and continue to target people in SIMD 1, men and people with learning disability and sensory impairment.	Narrow the gap between SIMD 1 and 5 and men and women in uptake of the national programme (levelling up)  Numbers of disabled people (including people with LD and sensory impairment) accessing the programme	CH/C/Ps
2) 2.1	Assess current position, develop and implement actions to reduce discrimination faced by lesbian, gay and bi-	Identify specialist services where exemplary practice should be in place and	Implement improvement actions	Implement improvement actions	Examples of exemplary practice in specialist services	CH/C/Ps, Acute

	sexual (LGB) people, transgender people, sensory impaired people and people with learning disabilities and establish exemplary practice in services most likely to be accessed by them	<p>assess for gaps</p> <p>Identify discrimination faced by people with the identified protected characteristics in mainstream services</p>	Implement improvement actions	Implement improvement actions	Increased satisfaction for LGB, transgender, sensory impaired and learning disability in mainstream services	
2) 2.2	Review Transgender Policy and implement actions generated in the review	<p>Review policy and identify actions</p> <p>People undergoing gender reassignment get services in a timely fashion and receive all the services they require</p> <p>Establish a way to measure patient satisfaction</p>	Implement actions from the review	Implement actions from the review	Increased patient satisfaction	<p>CIT</p> <p>CH/C/Ps and Acute</p>
3)	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	Identify services which are age based and objectively justify. Any services where no justification is	Review age base for new services/ service redesign	Review age base for new services/ service redesign	Increase in age range of people using identified services where no age justification was found	CH/C/Ps and Acute

	discrimination and ensure needs led treatment and support	found are opened up to an increased age range  Implement service redesign of primary care mental health teams in relation to age	Review service use by age	Review service use by age	Increased uptake of psychological services for over 65s	Mental health
4) 4.1	Assess the current position and develop and implement actions to address the needs of homeless people	Implement the Health and Homelessness Action Plan	Implement the Health and Homelessness Action Plan	Implement the Health and Homelessness Action Plan	An increase in sustained tenancies across all protected characteristics	CH/C/P specialist services
4) 4.2	Assess the current position and develop and implement actions to address the needs of asylum seekers and refugees	Implement redesign of services for new arrivals  Review experience of refugees and asylum seekers in services	Actions to implement service  Services implement practice which is sensitive to the inequalities needs of refugees and asylum seekers which affect their health	Services implement practice which is sensitive to the inequalities needs of refugees and asylum seekers which affect their health	Increased early detection of health problems for asylum seekers and refugees  Improved experience of asylum seekers and refugees in our services	CH/C/P specialist services  CIT CH/C/Ps and Acute
4) 4.3	Improve the health of prisoners by delivering an inequalities sensitive prison service	Implement an inequalities sensitive prison health service	Review experience of prisoners by protected characteristics	Review experience of prisoners by protected characteristics	Increase patient satisfaction  Reduced difference	Inverclyde/ East Dun/ Glasgow CHP North East Sector

			and improvements made	and improvements made	between mainstream NHS services and prison services	
4) 4.4	Assess the current position and develop and implement actions to address the needs of Roma/ Gypsy Travellers where there are populations	Staff attitudes survey on Roma in South Sector  Health needs assessment of Gypsy Travellers	Implement actions as required  Implement actions as required	Review experience of services of Roma people  Implement actions as required	Improvement of health self-reported health  Improved patient satisfaction	Glasgow, West Dunbartonshire, Inverclyde and East Dunbartonshire CH/C/Ps-
5)	Develop a range of actions to support staff and patients experiencing hate incidents and crime	Review the number of NHSGGC 3 <sup>rd</sup> party reporting sites and identify where more could be sited	Introduce 3 <sup>rd</sup> party reporting to new sites	Introduce 3 <sup>rd</sup> party reporting to new sites	Increased 3 <sup>rd</sup> party reporting rates	Health and Safety Committee  Selected sites
6)	Staff communication and education plan	Each area L&E plan includes activities to increase staff engagement in L&E learning opportunities using baselines. Set targets for year 1, 2 and 3 and use monitoring information at local level to measure progress towards targets.	Implement year two target and take remedial action as required	Implement year three target and take remedial action as required	Increase the number of staff attending L&E opportunities  20% increase in uptake of e-modules  Increase in staff 'always' asking about discrimination in the Staff Survey-	CIT Learning and Education CH/C/Ps and Acute
7)	Maximise the likelihood of people with protected	Identify barriers to access by age,	Develop and implement	Develop and implement	Reduce differentials in	CH/C/Ps & Acute

	characteristics attending appointments	sex, BME and SIMD and for disabled people comparing best and worst to identify models of good practice  Develop and implement improvement plan to reduce differentials	improvement plan to reduce differentials	improvement plan to reduce differentials	DNAs by age, sex, BME and SIMD  Demonstrate reduced barriers to services for 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	CH/C/Ps & Acute  Mental Health  Mental Health
8)	Staff trained and supported to carry out routine sensitive enquiry	GBV leads maintain training programme for key groups of staff  Embed pathways and processes for supporting patients with GBV  Embed pathways & processes for supporting patients with health conditions	New groups of staff trained on GBV  Embed pathways and processes for supporting patients with GBV  Embed pathways & processes for	New groups of staff trained on GBV  Embed pathways and processes for supporting patients with GBV  Embed pathways & processes for	Numbers of staff supported to carry out routine enquiry trained in GBV, financial inclusion and employability  Increase in routine enquiry  Increase in referrals  Increase data collection where	CH/C/Ps & Acute

		to engage with the employability pathway	supporting patients with health conditions to engage with the employability pathway	supporting patients with health conditions to engage with the employability pathway	systems are in place to collect	
		Continue to mainstream Healthier Wealthier Children and increase midwifery referrals Identify disabled people affected by welfare reform changes and build sustainable referral pathways to financial inclusion advice	Continue to mainstream Healthier Wealthier Children Identify disabled people affected by welfare reform changes and build sustainable referral pathways to financial inclusion advice	Continue to mainstream Healthier Wealthier Children Identify disabled people affected by welfare reform changes and build sustainable referral pathways to financial inclusion advice	Positive outcomes for patients  Equalities monitoring in FI services (where available or find a way to introduce this)	
9) 9.1	Assess the potential for the NHS to further develop good relations between those with a protected characteristic and those without through engaging with staff and patients	Scope good practice within community, acute and mental health	Develop and disseminate good practice models		Examples of good practice	CIT
9) 9.2	Assess the potential for good relations to be delivered through patient engagement	Disseminate good practice from the Health Reference Group and across other patient engagement	Develop and disseminate good practice models		Examples of good practice	CIT

9) 9.3	Deliver campaign to explore awareness of disability among staff	<p>Guide for managers in preparation to be disseminated in July/ August</p> <p>Intranet site to be developed containing information for managers</p> <p>Campaign to raise awareness with staff in January 2014</p>	Develop staff engagement on disability		Increased staff retention	CIT
9) 9.4	Explore the experiences of staff who belong to faith groups and those who do not		Develop staff engagement on faith		Increased understanding between faith groups	CIT