



Meeting the Requirements of Equality Legislation

A Fairer NHS Greater Glasgow & Clyde

Monitoring Report
2015 – 2016

MIS 276623

Table of Contents

Chief Executive's Foreword	Page 3
1. Introduction	Page 4
2. Aims and Structure of Monitoring Report	Page 6
3. Progress on Mainstreaming Equality into NHSGGC	
3.1. Policy, Planning and Monitoring Performance	Page 7
3.2. Leadership and Accountability	Page 10
3.3. Listening to Patients	Page 10
3.4. Service Delivery	Page 16
3.5. Improving Health Outcomes	Page 21
3.6. Creating and Supporting a Diverse Workforce	Page 24
3.7. Tackling the Determinates of Inequality	Page 26
3.8. Resource Allocation and Fair Financial Decisions	Page 27
3.9. Procurement	Page 27
3.10. Equality Impact Assessment	Page 28
4. Equality Outcomes	Page 29

Foreword: Robert Calderwood, Chief Executive of NHS Greater Glasgow and Clyde

I'm very pleased to present this report which reviews our action in 2015-16 to meet the requirements of equality legislation. This report demonstrates our commitment to provide the highest quality services which are transparently fair and equitable for everyone.

The Equality and Human Rights Commission Scotland recently published a national Equality and Human Rights Report Card. The report concluded that there was "good progress, work still to do." This sums up our position in NHS Greater Glasgow and Clyde (NHSGGC). This report, and previous monitoring reports, show the wide range of work underway across all services which is contributing towards a fair and equitable health service. However, we are fully aware that certain groups are at risk of being left behind.

The new Health and Social Care Partnerships have been working towards publishing their own mainstreaming reports and equality outcomes in April 2016. NHSGGC will also publish new equality outcomes in April 2016 and through this we believe we can continue to achieve positive change to tackle inequality.

Equality issues affect every one of us - both personally and in how we deliver all of our hospital and community services. I want to take this opportunity to thank all of our staff, partners and volunteers for their achievements and commitment to this important work.

NHS GREATER GLASGOW AND CLYDE

MONITORING REPORT 2015-16

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

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. The specific duties 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.

1.4 In June 2015 the Integrated Joint Boards in our 6 local authority areas were named in law as covered by the The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. This means that the new Health and Social Care Partnerships have been working towards publishing their own mainstreaming reports and equality outcomes in April 2016. However, unlike many other public bodies in Scotland, an HSCP has limited responsibility in terms of the Specific Duties. Requirements of the Specific Duties relating to the publishing of gender pay gap information, publishing statements on equal pay, gathering and using employee information and considerations relating to public procurement remain the responsibility of NHS Greater Glasgow and Clyde (NHSGGC) and the local authority. The two organisations continue as employers of HSCP staff and their respective policies and protocols governing how goods and services are purchased are also retained.

2. Aims and structure of the Monitoring Report

2.1 The purpose of this document is to describe how NHSGGC has met the requirements of the Public Sector Equality Duty in 2015-16.

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).

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 Board Papers

In 2015-16 three key papers went to NHSGGC Board on tackling inequality.

In April 2015, the Monitoring Report 2013-15 was presented to the Board outlining progress on meeting our legislative requirements in relation to the Equality Act 2010. The report was fully endorsed by the Board and widely circulated to partners and equality groups.

In October 2015, a Board paper was prepared by Public Health and the Corporate Inequalities Team on NHSGGC's approach to financial inclusion and welfare reform. The paper outlined the role of the NHS in tackling poverty and the groups who have been most affected by benefit changes, such as disabled people and lone parents, who are mostly women and young people. The Board heard that giving staff tools to tackle health inequality which help to mitigate the impact of poverty and welfare reform, has been key to the success of NHSGGC's approach. Since 2011 NHSGGC staff have made over 32,000 referrals to Money Advice Services with £37 million financial gain for many vulnerable patients. The Board agreed to continue this work and to appoint a poverty champion from the Non-Executive Directors.

In December 2015, a Board paper was presented entitled Equality Counts: using data to understand and tackle equality issues in NHSGGC. The paper described how collecting data can help raise awareness of the diverse nature of our population with staff and enable

us to know when and where we are making a difference to improving differential health outcomes. The paper gave detailed information on:

- collection of patient data by protected characteristic and actions required to improve the collection;
- using patient information on additional support needs to improve access and quality of service in Acute;
- using equality data to monitor performance on tackling inequality and to drive change which will improve health outcomes;
- using equality data to prevent ill-health through screening;
- using equality population data to plan services, and;
- a set of recommendations to achieve improvements.

The recommendations in the reports were agreed by the Board.

3.1.2 Human Rights

In 2015, NHSGGC developed an action plan on human rights to test a more explicit approach to this issue. The plan includes:

- Completion of an [NHSGGC briefing on human rights](#)
- Integration of human rights questions into the Equality Impact Assessment (EQIA) process.

An analysis of the EQIAs and other evidence found that Human Rights are perceived to have greater relevance within specific settings where risk of breach is more apparent, for example Mental Health services. However, some services reflected a broader understanding of human rights and made efforts to engage with service users at risk of trafficking or gender based violence.

Work was carried out in Learning Disability Residential Services, Directorate of Forensic Mental and Learning Disability and Inverclyde Mental Health Inpatient Services. They found that combining human rights and equalities face to face training makes a difference to staff's understanding and practice. The work has involved working with service users and members of national networks, such as the National Involvement Network (a national learning disability network). An analysis of complaints in Mental Health Services found human rights issues are often evident in patient complaints.

This information has been used to develop further actions for 2016/17 including work to promote the Scottish Government 'Fly the Flag' human rights campaign and exploring further links with the Scottish National Action Plan Health and Social Care Planning Group. In addition, guidance has been given to Health and Social Care Partnerships on mainstreaming human rights into their Equalities Plans 2016-19. The work has been supported by the Centre for Health Policy in the University of Strathclyde on human rights approaches in health and social care. A test of change with Glasgow Association for Mental Health service users and staff will be completed by March 2016.

3.1.3 Planning and Performance

2015-16 has been a transition year for NHSGGC in terms of moving toward integrated Health and Social Care Partnerships (HSCPs). This has meant developing new planning and performance monitoring processes which reflect the new structures. The Corporate Inequalities Team (CIT) has worked closely with equality leads, planning managers and other key staff in the HSCPs to support the transition. Joint work to improve patient pathways between partnerships and acute services is

reflected throughout the report. In July 2015, the CIT arranged a learning event with representatives from 6 HSCPs in the NHSGGC area. The session was to establish leadership and accountability corporately and locally for equality legislation in the new integrated partnerships. The session was written up and well received by the participants.

The Acute Health Improvement and Inequalities Group is the main governance structure for NHSGGC's equalities work in Acute services. The group meets bi-monthly to review progress and report to relevant committees in Acute. There are close working links between Public Health and CIT to deliver the action plan for the group.

The overall responsibility for supporting the organisation to meet the requirements of equality legislation remains with the Director of Corporate Policy and Planning, supported by the Head of Inequalities and the Corporate Inequalities Team. This includes governance, performance monitoring, planning and supporting the organisation to deliver the actions in the equality scheme.

3.2 Leadership and Accountability

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 Staff News regularly highlights equality issues to all NHSGGC staff.

Items covered in Staff News in 2015-16 have included the following:

- Person Centred Care
- NHS Credit Union
- Launch of a new Scottish Government British Sign Language (BSL) online Video Relay Interpreting Service
- Fairer NHS 2013-15 Monitoring Report
- Release Potential Disability Staff Forum
- HIV Staff Attitudes Campaign
- New Patient Support & Information Service
- Healthier Wealthier Children poverty initiative achieves £10 million in patient gains

3.3 Listening to Patients

3.3.1 Equalities Health Reference Group

The Equalities Health Reference Group has continued to develop a programme of activity during 2015 informing a number of key pieces of NHSGGC service delivery.

These include:

- Devising a new training event on hate crime aimed at members of the public.
- Individual presentations to the group on issues relating to their experiences and particular areas of interest.
- Training for trainers for the group to develop their skills.
- Advising the organisation on the development of the new Equality Outcomes.

3.3.2 Conversation Cafés

The Corporate Inequalities Team facilitated 6 Conversation Café events in 2015. The discussions have explored subjects such as:

- Improving care for older LGB patients
- The experiences of women in relation to welfare reform and the links to health
- Understanding the experiences of Gender Based Violence for women who have a learning disability
- Improving opportunities for Asylum Seekers and Refugees for volunteering in the NHS
- How we can ensure gender equality within NHS services.

Overall, the café events have been well received, with 64 people taking part. Issues identified within discussions during the Conversation Cafes have informed the development of key areas of the CIT work programme, particularly Welfare Reform and GBV.

3.3.3 Engagement with Patients with Learning Disabilities

CIT have developed a working partnership with People First to discuss issues relating to patients experiences of using NHS services. This partnership has been beneficial in improving the quality of our direct patient engagement. Members of People First have stated that they feel confident that their issues and comments are being treated seriously and that they can see outcomes from their participation and feedback. In November 2015, CIT facilitated a patient discussion event to review the current equality outcomes and to inform the writing of the new ones for 2016 - 19. This session was attended by services users from a range of

support services working with people with learning disabilities. This will inform our approach to patient engagement in the future.

3.3.4 Somali Community

A follow up session to the consultation with the Somali community regarding the Khat ban in 2014 was held in June 2015 attended by 33 people. Community members asked for a specific community health programme. This was delivered to a men's group, a women's group and a young person's group and covered information on how the NHS works including drug and alcohol services, Female Genital Mutilation and visits to new Queen Elizabeth University Hospital. The sessions were attended by 60 members of the Somali community. The working group is exploring a peer education programme with Somali Association volunteers to promote NHS services in 2016.

3.3.5 Equalities in Health Website

The [Equalities in Health website](#) contains targeted information for staff and patients as well as links to NHS GGC policies, Equality Impact Assessments and evidence supporting our current activities. Since its redesign in 2014/15, the web site has continued the trend of increasing the number of visitors per month. The introduction of responsive templates has made the site more accessible via other devices such as mobile phones and tablets and this accounts for over 12% of usage in 2015/16.

3.3.6 Third Sector Engagement Work

A training programme was delivered with third sector organisation staff to promote NHS services such as the interpreting service and

entitlement for patients. The training sessions provided the opportunity to build ongoing relationships to enable service user feedback. The feedback has helped to shape the equality outcomes for 2016-19 and ongoing improvement for our services.

3.3.7 Online Patient Feedback

NHSGGC's online patient feedback website offers patients and carers the opportunity to provide suggestions for improvements, comment on poor experiences of care and give positive comments. From April 2015 to mid January 2016, 1272 comments were made.

An analysis of that data by protected characteristics shows the following:

- most comments come from female patients
- there is a good range of ages
- there is a range of people with disabilities (50% of comments had a health condition)
- 19 people who provided comments had gender reassignment (24 prefer not to answer)
- In relation to sexual orientation, there were 544 heterosexual, 13 Gay / Lesbian and 6 Bisexual respondents. (13 stated 'other' and 88 preferred not to answer)
- More could be done to encourage Black and Minority Ethnic communities (15 comments) and some religious communities to comment (e.g. Buddhist, Hindu, Jewish and Muslim accounted for 13 responses).

There are significant barriers to Deafblind people using the patient feedback website. CIT works closely with Deafblind Scotland to ensure

Deafblind people have the opportunity to provide feedback on care. 7 Deafblind people were supported to give feedback on their experience of services. A key theme was staff not taking into account needs around Deafblindness, even when a guide communicator was present to discuss needs required for ongoing care (e.g. BSL interpreter when guide communicator not available). However, some Deafblind people wished to comment on their positive experiences of care.

A scoping exercise with third sector agencies was carried out to support the development of the new Equality Outcomes (42 disability organisations, 12 organisations with asylum seekers and refugees and 6 LGBT organisations).

3.3.8 Health and Social Care Partnerships

East Dunbartonshire

East Dunbartonshire HSCP embraced the impending requirements of the Equality Act 2010 and was an early adopter, developing a set of equality outcomes in consultation with community groups and local citizens. The HSCP Strategic Plan reflects the organisation's mainstreaming aspiration, setting out not only key delivery areas, but also the organisational culture required to achieve them. This was informed by service user, carer and wider public views, as well as public, independent and third sector engagement. East Dunbartonshire HSCP benefits from a robust community engagement network and consults on all aspects of major service delivery including development of District Nursing Services, Primary Care Out of Hours Pilot Services and the Adult Health and Wellbeing Survey. The Public Service and Carer Forum have been closely involved in shaping the HSCP Strategic Plan, the Scheme of Integration and the HSCP's Strategic Needs

Assessment. The Forum membership will be further supported in 2016 to ensure any barriers to full participation are removed and that members are briefed on all aspects of the Equality Act 2010 and provisions for protected characteristics.

East Renfrewshire

In developing its strategic plan, East Renfrewshire HSCP carried out a wide range of engagement with equalities groups, from which it developed an accessible communication strategy to meet the needs of different protected characteristics groups. See:

<http://www.eastrenfrewshire.gov.uk/health-and-social-care-integration>

The strategic plan and equalities outcomes were developed and circulated to users, carers and staff involved in the HSCP. The feedback was positive about the direction of the plan and the equalities outcomes. Further examples of engagement were via service user consultation of the Mental Health Services Redesign and testing of an exit survey in addiction services. The first survey had 32 service user responses, 60% female, majority 40 plus years and from mixed areas of high and low deprivation. Findings indicated that patients were very positive about the recovery model but barriers to accessing services needed more focus. Addiction Services had 15 surveys returned, mainly from clients in areas of high deprivation. 7 identified as having a disability and the majority were 30 plus years and white British. Respondents were very positive about the service in terms of supporting them to move on, although only one response was from a female.

Glasgow

In developing its strategic plan and Equality Outcomes, Glasgow HSCP consulted with a range of protected characteristics groups and marginalised groups. This included the Public Partnership Forum,

NHSGGC's Health Reference group and Voices for Change, which covers a range of equalities issues. In addition, a survey was distributed widely to residents, HSCP staff and staff in HSCP partner organisations. 48 staff and residents attended a consultation event on Equalities Outcomes and mainstreaming on 28th January 2016. Equalities monitoring of this event found a good range of ages, male and female participants and other protected characteristics.

Glasgow HSCP's Thriving Places initiative holds an annual equalities event and works throughout the year to engage people on equalities issues. For example, in September 2015, 3 events were held with Black and Minority Ethnic (BME) communities. A user consultation report found that:

- Glasgow has experienced major change in the profile of BME communities in the last year
- Peer education approaches were more successful
- There is a need to engage more with BME Third Sector organisations
- More training and awareness raising is required for public sector staff
- A consistent and ongoing programme of targeted community engagement is needed
- There needs to be consideration of additional support needs and equalities intersectionality e.g. childcare, language and other communication needs.

Inverclyde

Inverclyde HSCP commissions Your Voice/Inverclyde Community Care Forum to undertake a public engagement role through the People

Involvement Network. While developing the Strategic Plan and associated Equality Outcomes it became apparent that the network should be reviewed to ensure removal of potential barriers to participation and wider inclusion of protected characteristics groups. Your Voice, in partnership with the HSCP, has established the Inverclyde Advisory Group comprising HSCP staff and local people. The Group has worked to better understand the needs of key groups including people with long term conditions and self-care, homelessness and housing, mental health, addictions and adult protection.

Renfrewshire

Renfrewshire HSCP identified a range of barriers that visually impaired people faced when using health services. Working in partnership with the visual impairment group, it was decided to produce a card that people would carry to identify themselves to staff as having a visual impairment. An awareness raising DVD and a storybook of the lives of someone with a visual impairment are planned and will be used by staff to increase understanding of the issues/barriers they face. Additionally, there will be discussions at team meetings to remind staff to be aware of the barriers / issues.

West Dunbartonshire

As part of a joint engagement and listening exercise between the Health Board and the new Integrated Partnerships, West Dunbartonshire HSCP has been consulting on the paper 'Developing GP Services: Engaging and Listening'. A focus group with members of the Local Engagement Networks in West Dunbartonshire took place on 3rd December 2015. Surveys were also circulated to different community groups including the Community Care Forum and the Addictions Service Users Group. The comments and views expressed in the surveys and the focus group

session were incorporated into a report submitted to NHSGGC and the WD HSCP Board (the local IJB) to inform the development of primary care services.

On 1st July 2015 the West Dunbartonshire Community Health and Care Partnership, became a Health and Social Care Partnership. Within the HSCP arrangements, two localities were identified:

Alexandria/Dumbarton and Clydebank. Based on this and after extensive consultation with the now former Public Partnership Forum, it was agreed to establish two Locality Engagement Networks (LENs) covering the same geographical areas to enable routine engagement and partnership working at a locality level. Membership of the LENs consists of representatives from LGBTI, young people, parents with disabled children, carers, older people, BME people and many other equality or marginalised groups. As well partnership working with the LENs, consultation is ongoing with all of the groups using a range of communication tools, including surveys, focus groups, and information sharing, e.g. WDHSCP website.

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

Each of the new entities in the Acute Services structure have a work plan for health improvement and inequalities activity. This combines action across all services (e.g. equality impact assessment and provision of interpreters) with more focused projects such as work with ophthalmology to improve services for visually impaired people or improving uptake of British Sign Language interpreting.

3.4.2 Augmentative and Alternative Communication

The Augmentative and Alternative Communication (AAC) Board-wide led partnership group has reviewed access to AAC assessment equipment in health, education, social work and the voluntary sector, with toolkits being used for both educational and individual assessment purposes.

The ongoing programme of awareness-raising about AAC has delivered training to over 400 frontline catering, portering and domestic staff and AAC champions established to support further training. The Facilities Directorate now have 10 AAC champions to act as points of contact for their staff, with 8 supervisors completing the AAC on line learning modules. Training has also been taken up by Allied Health Professions including Podiatry, Orthotics, Dietetics, Physiotherapy and Occupational Therapy (in Podiatry and Orthotics all staff attended training).

Volunteering services at the Queen Elizabeth University Teaching Hospital have implemented a sustainable approach with nominated staff attending AAC training.

The AAC project has supported the use of software for symbol production and communication systems.

An NHSGGC conference took place in February 2015, with senior managers and practitioners from multi agency services in attendance, to share the learning from local initiatives funded by Right to Speak.

The pilot of the “Talking Mats” system was successfully concluded and was presented at the Person Centred Health and Care Collaborative national event on 25th February to show how communication aids can support person centred care.

The NHSGGC Staff Lottery funded the purchase of electro larynxes in selected services.

A Youth AAC Conference was hosted in October 2015, in partnership with Glasgow City Education, Glasgow Life, and PACE Theatre Company. Pupil delegates from each of the 73 secondary schools were invited to a performance and participated in workshops, considering the barriers to inclusion for people with communication needs.

3.4.3 Volunteering

Volunteers have been recruited as Wayfinders in the Queen Elizabeth University Teaching Hospital. These volunteers assist and welcome people coming into the hospital and help them to find the clinic, ward or area they require. Links have been made with the Autism Resource Centre and Visibility so that the right support can be given to people on the autistic spectrum accessing this new hospital.

3.4.4 Health and Social Care Partnerships

East Dunbartonshire

Ensuring service delivery meets the diverse needs of East Dunbartonshire's population remains a primary goal for the HSCP. Learning from research into the experiences of older LGBT people living in the area has helped shape an understanding of possible service gaps. Dedicated equality and diversity learning and education sessions have been delivered to frontline staff to ensure the first experience of East Dunbartonshire HSCP services is an inclusive and engaging one. The review of District Nursing services integrated an inequality sensitive assessment resulting in measureable adoptions that will benefit protected characteristic groups.

East Renfrewshire

A comprehensive consultation and EQIA of the HSCP strategic plan was carried out: <http://www.eastrenfrewshire.gov.uk/health-and-social-care-integration> East Renfrewshire is mapping its equality outcomes against the national wellbeing outcomes, which will be submitted to their IJB early April. Key areas of action include: integrating of equalities into place based work (e.g. on early years and long term conditions) and hate crime public and staff awareness. Their mainstreaming report was signed off by the IJB in February with the following EQIAs identified for 2016/17:

- New Eastwood Health and Social Care Centre
- Carers strategy

Service redesigns by their nature, often straddle financial years. EQIAs for Mental Health Recovery Redesign; Criminal Justice Redesign; Children's Services Redesign will be completed in 2016/1.

Glasgow

Glasgow HSCP has maintained a city-wide Equalities Group and each Sector has an Equalities Action Plan. The NHSGGC 'Fairer NHS' staff survey was analysed in early 2015 to inform workforce development. In preparation for HSCP Equality outcomes and a mainstreaming report by 30th April 2016, each Sector Equality Group used mind mapping to identify what worked well in 2015/16 on equalities work in their sector and what could be even better in 2016/17. Each sector carried out equalities work to improve services. This included: a new 'Checking it Out' equalities tool which is used with staff groups to improve services; developing Roma peer educators; reviewing work on refugees and asylum seekers in health improvement; and work with LGBT communities and disability organisations.

Inverclyde

Historically Inverclyde HSCP had a small migrant population but participation in the Afghan and Syrian Resettlement Schemes has seen numbers increase considerably over a short period of time. Anticipating potential challenges in the way our new community might access existing health and social care provision, a review of support services was undertaken. This included a review of provision of appropriate and timely interpreting support to ensure equity of access. The needs of this community and others will be considered in an integrated way through the establishment of a Community Planning Partnership group who will work in partnership to reduce inequalities and discrimination for all those with protected characteristics.

Mental Health, Addiction & Learning Disability Services

These services continue to be leaders in NHSGGC on developing and sharing good practice in addressing inequalities. The 3 services have a joint equalities improvement plan called 'Equal Minds' for 2014-16. An [annual report](#) has been produced for the 4th year running.

Work plans are supported by staff equalities groups and include: integration of human rights and equalities approaches into the new regional Care Assurance and Accreditation Standards; HSCP assessments for specific equalities outcomes (e.g. equality outcome related to the HEAT target psychological therapies); integration of Inequalities Sensitive Practice, Person Centred Care and Human Rights approaches; anti-stigma programmes; and patient experience, staff experience and workforce development programmes which reflect equalities issues.

Renfrewshire

Renfrewshire Council have funded a Families First Programme with support from Renfrewshire Health and Social Care Partnership and other Community Planning partners. This investment programme aims to provide additional support for vulnerable families in target areas to address the issues that impact on children's development. Three proposed programmes were developed:

- a family-centred approach within the locality;
- a family-centred outreach approach;
- support for families with older children.

The Families First Core teams operate within the localities of Linwood and Ferguslie and will be expanded to Foxbar, Johnstone and Linwood. The main focus is to support vulnerable families and among a range of services the Core teams offer financial advice, employability advice and energy advocacy advice. The amount of income generated for the families reach £1.508 million in January 2016 and continues to increase.

3.5 Improving Health Outcomes

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

3.5.1 Data collection and equality monitoring

Sexual Orientation

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 conducted a review of electronic recording systems. This found that all systems collect age, sex and postcode status, with some collecting disability and religion / belief but routine use of this data was inconsistent. Sexual orientation status was collected only on one standard electronic system (i.e. Sandyford sexual health services). Some systems collect data on relationship status. Staff have reported that they are uncomfortable asking about sexual orientation which reflects the continuing prejudice against Lesbian, Gay and Bisexual (LGB) people. CIT have run a campaign in GP surgeries and at Pride to encourage people to tell their GP their sexual orientation and there is evidence that practice is changing (e.g. some Primary Care Mental

Health Teams collect sexual orientation although it is not a field on their electronic system). A Board paper was presented in December, which outlined a more systematic approach to equalities data in Acute Services in the future.

Gender analysis

We continue to monitor gender discrimination and how it affects people's health e.g. women, particularly lone parents, are affected more by welfare reform and our children and families financial inclusion initiative, 'Healthier Wealthier Children' is reaching this target group. A case study on carers followed over the lifetime of the 2013-16 Equality Scheme indicated improvements over 3 years.

Ethnicity Monitoring

Standardised Mortality Ratio (SMR) ethnicity collection rates are a proxy improvement measure around data recording. The ethnicity data collection rate for hospital discharge in NHS GGC in August 2015 (SMR01) was 82.2 % showing an increase from the previous year. The collection rate for new outpatient appointments in August 2015 was 74.7%, also showing an increase from the previous year.

Improvements in Service Monitoring

Over that past few years it has become increasingly apparent that hospitals are not always taking patients' additional support needs into account when offering appointments. This was highlighted by Audit Scotland in 2010 and 2013 and subsequently by the Parliamentary Public Audit Committee. There are a number of national directives to improve NHS GGC's response to additional needs, including in the 18 week RTT. To ensure that the 18 week RTT is fairly accessed by all patients it has been proposed that in the longer term there is mandatory

sharing of additional needs information, which will include interpreting requirements. NHSGGC has robust processes for flow of spoken language and BSL interpreter requirements from primary to secondary care. For other Additional Support Needs the Corporate Inequalities Team have been working with Patient Records and Primary Care to improve data sharing between Primary Care and hospitals.

This work will be developed to include a question in hospital referrals to ask if the “Patient needs staff assistance” with a corresponding drop down list including for example:

- Deafblind
- Hard of Hearing
- Learning Disability
- Speech Impairment
- Severe Mental Health problem
- Visual Impairment
- Requires bariatric equipment
- Addictions issues
- Dementia

A small test of change is being conducted in Acute Services to assess impact on day to day practice to ensure staff are equipped to meet patients access needs.

An improvement plan for primary care ethnicity data is in place to offer support to practices with less than 20% ethnicity data recorded. At February 2016, 65% of GP referrals to hospitals had ethnicity recorded

with around 34% blank information. This varied from 58% in one CHCP area to 77% in another.

3.5.2 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 below.

Caring to Ask

The 'Caring to Ask' approach has continued to be rolled out in NHSGGC. The approach aims to tackle inequality by promoting compassionate care and the ISP section on the [Equalities in Health website](#) contains detailed information on the above approach. In 2015-16, this has included:

- Development of a staff measurement guide on Caring to Ask in Glasgow HSCP North East Sector. The guide covers a simple visual diagram of service improvements using the Caring to Ask approach including a good practice example of a service user feedback report
- Use of the approach in East Renfrewshire Long Term Conditions Plan events, which builds on exemplar work funded by the Reshaping Care for Older People Fund.

- Use of the approach within the continence service, addictions services, public health child health team, mental health services, learning disability and health improvement teams.

Sensory Impairment

In light of National See Hear and Vision Strategies, NHSGGC has a regular meeting with sensory impairment organisations to problem-solve improvements in care pathways. In addition, innovative work has been commissioned from national organisations, Deaf Connections and Deafblind Scotland. This work has included the production of resources, involvement in EQIAs and strategy development, innovative patient feedback mechanisms and service innovations. For example, 51 guide communicators were trained in health related behaviour change brief interventions. The initial results – found between Oct 2015 – Jan 2016 - showed that health issues were discussed with clients in one-to-one sessions on 463 occasions, with the issues ranged from eating, welfare rights, exercise, weight, alcohol and smoking.

Work on gender based violence, one of our key ISP programmes, is covered in Outcome 8.

3.6 Creating and Supporting a Diverse Workforce

NHSGGC promotes good employment opportunities and employment practice within our NHS workforce policies and Staff Governance Standards. These include:

- a pay policy that includes a commitment to supporting the living wage;
- fair employment practices;

- clear managerial responsibility to nurture talent and help individuals fulfil their potential;
- a strong commitment to Modern Apprenticeships and to the development of Scotland's young workforce;
- support for learning and development;
- no inappropriate use of zero hours contracts;
- no inappropriate use of "umbrella" companies
- flexible working;
- flexi-time and career breaks.

NHSGGC has an HR Equality Action Plan to deliver this which covers the following priorities:

- Collect, analyse and produce a range of workforce equality metrics on existing workforce.
- Ensure all staff are treated fairly and consistently as part of the Staff Governance Standards
- Continue to build and develop the Equality and Diversity Learning and Education Plan to reduce discrimination in the workplace.
- Culture Change.
- Recruitment and retention of a diverse workforce.
- Prepare a Disability Improvement Plan to support the double tick award for Disability for NHSGG&C in 2016 and thereafter.

In 2015-16 all elements of the plan have been delivered including;

- Renewal of NHSGGCs double tick standard in conjunction with the Staff Disability Forum.

- A wide range of equalities training which is referenced throughout this report.
- Equality data presented to the Staff Governance Committee using the 'Smart Metrics' approach which focuses on identifying areas for improvement. NHSGGC's approach has been highlighted as good practice by the EHRC.
- The development of a virtual Lesbian, Gay, Bisexual and Transgender Staff Forum.
- NHSGGC also received a national award for their approach to Modern Apprenticeships and has been the most successful Project Search in placing people with learning disabilities into NHS jobs.

Equality issues have been regularly highlighted to staff via Staff News (see Section 3.2) Additionally, Equality e-newsletters are sent to 1000 key staff, including the top 300 managers in NHSGGC. In 2015/16, 11 newsletters were circulated, covering issues such as Hate Crime training, the BSL Video Relay pilot and Learning Disabilities Week.

3.7 Tackling the Determinants of Inequality

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. NHSGGC has undertaken specific activity to target these groups with action to mitigate poverty. These are outlined below.

A survey in May 2015 of NHSGGC staff (459 responses) found major impacts of welfare reform on day to day practice. Staff reported the following experiences of patients in their caseloads:

- 85% increase in fear / insecurity
- 79% reduced income
- 77% increase in mental health problems
- 74% increase in use of NHS services
- 82% in use of money advice services
- 57% patients reduced working hours
- 68% increase in difficulty finding work
- 78% increase in family / relationship difficulties
- 54% increase in homelessness related to welfare reform
- increases in food and fuel poverty

NHSGGC is addressing issues raised by staff by producing more information on referrals routes and to inform patients, further training / awareness raising and more management support. Some key developments include:

- An innovative NHS uptake campaign on Personal Independence Payment, which has been adopted nationally
- Healthy Working Lives staff delivering a range of events for staff on money worries, such as 'The Cost' - a play about welfare reform which was rolled out across NHSGGC in 2014-15
- Advertising the NHS Credit Union and awareness sessions in local areas
Work to identify staff who may be at risk (e.g. requests for more hours, early pay) flexible working and planning for staff affected by universal credit

- A Low Pay Seminar, with an aim of procuring from more living wages suppliers and Money Advice Scotland financial capability training for financial inclusion leads, used in local areas
- Work with lone parents to improve partner agency responses to their particular issues
- Continued support of Healthier Wealthier Children in all areas.

3.8 Resource Allocation and Fair Financial Decisions

NHSGGC has developed a mainstreamed approach to equality impact assessing financial decisions. All savings are assessed for impact on all the protected characteristics and where required a full EQIA is carried out. This does not replace the need for all service redesigns to be Equality Impact Assessed but is an additional process to equality proof all cost savings.

3.9 Procurement

NHSGGC considers that a bidder's employment practices and its approach to its workforce can also have a direct impact on the quality of service it delivers and, sometimes, on the goods it supplies and works performed. Wherever it is deemed relevant therefore, we ensure that a bidder's employment practices, and approach to the workforce it will engage to perform the contract, are evaluated as part of the procurement exercise.

NHSGGC's approach is outlined in the policy called 'Better Health Through Employment – Supplier Employment Practices' and this can be found at www.equality.scot.nhs.uk

NHSGGC has been working with the Poverty Alliance to scope out signing up to the Living Wage Commitment covering our procurement practices.

3.10 Equality Impact Assessment

NHS Greater Glasgow and Clyde continues to invest in system development as part of an ongoing service improvement programme. The online EQIA tool has received further upgrades (fully operational by April 2016), allowing easier user involvement through clearer template design. Additional elements such as Human Rights questions and improved save and search functions will ensure Lead Reviewers can integrate EQIA into daily routines and share good practice.

2015-16 has seen reduced volume in EQIA delivery due in part to EQIA system development and also significant HSCP redesign. Approximately 35 EQIAs are scheduled for completion for the year end 31st March 2016. Key assessments completed this year include high-level impact assessments of HSCP Strategic Plans together with specific service assessments designed to maximise inclusive and safe care. These include assessments of:

- Non Attendees/Non engagement/Unseen Children Policy
- Paediatric home ventilation services
- Acute cashiers office
- Falls Prevention Policy
- Plastic Surgery Outpatients Department

The EQIA programme is supported by a comprehensive learning and education framework with additional support clinics available. To ensure NHSGGC maintains a robust quality standard, all EQIAs are subjected to a rigorous quality assurance review before publication on NHSGGC's website.

Equality Outcomes

Introduction

Below is our set of published Equality Outcomes for 2013 – 16. We have summarised what we have done to deliver these outcomes in 2015-16 and how we have measured progress. A full report which describes all the work in detail can be found on www.equality.scot.nhs.uk

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

Measure: Increased number of accessible information resources to be produced per annum

Activity:

- | |
|--|
| <ul style="list-style-type: none">• In 2015 – 16 (to the end of January) 214 additional pieces of patient information were produced in accessible formats. |
|--|

Measure: Increase in satisfaction in the Annual Interpreting Service Patient Survey
--

Activity:

- | |
|--|
| <ul style="list-style-type: none">• Between April 2015 and January 16 there were 77 941 interpreter supported appointments compared to 90 929 for April 2014 - March 2015. For full year figures this is an increase in face to face interpreting by 3%. Telephone interpreting has increased from 6 402 calls to 8 244 calls per annum.• BSL interpreting has increased from 383 per month to 392 per month (from projected 10 month figures). |
|--|

Measure: An annual increase in responses to priority areas identified in building accessibility audits. A minimum of two audits to be completed and actioned per annum

Activity:

- Audits have focussed on the opening of the Queen Elizabeth Hospital where access has been featured strongly in the new build. There have been considerable improvements in internal road and footpath surfacing, raising and lowering of kerbs as appropriate, external lighting and improved signage. Existing estate on the campus is being developed in line with the same standards as those provided for the new hospital.
- Based on the patient engagement feedback since the new hospitals opened, further measures are currently being considered to enhance the access to / from the car parks to the main entrances of the hospitals.
- Visits to the Queen Elizabeth University Hospital (QEUH) were organised with the Support and Information Service Team for 60 people with protected characteristics.

Measure: Improvement in uptake measures to be determined by the system.

Activity:

Bowel Screening

- Support around bowel screening in primary care has resulted in over 200 bowel screening action plans from GP practices.

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.
Duty 1.

Measure: An increase in patient satisfaction

Activity:

Lesbian, Gay, Bisexual and Transgender

- NHSGGC has established a staff LGBT Forum and a dedicated LGBT Forum page on the Facing the Future Together staff website.
- NHSGGC funded a stall at Glasgow Pride 2015 and engaged with NHS staff and members of the public. More than 50 people agreed to have their photographs taken for the NHSGGC Stand Against Homophobia webpage.
- NHSGGC sit on the LGBT Youth Glasgow Advisory Group to review service provision and develop effective partnership working to remove barriers for young LGBT people.
- Through close working relationships with a wide variety of community partners offering specialist expertise, events have reached hundreds of staff members and included comprehensive trans awareness training in addition to general LGBT training.

Sensory impairment - BSL

- The BSL Champions planned and facilitated a discussion event for 20 Deaf BSL people to give a better

understanding of mental health issues and to provide a forum for them to ask NHS service providers about improving accessibility to mental health support services for Deaf people.

- The BSL mediator has worked with at least 20 BSL-using patients who did not have their interpreting needs met by our service to find out where the service could be improved

Sensory impairment - Hearing Loss

- Patient Satisfaction Surveys in Ophthalmology, Audiology and ENT were carried out in 2015. 91% found staff in ENT very helpful; 94% in Ophthalmology 94%; and 97% in Audiology.

Learning disability

- The People First Health Reference Group has utilised their networks to report on people's experience of health services. Using a Public Social Partnership approach to health improvement for people with a learning disability living in Glasgow City actions have included: independently quality checking health services by people with a learning disability; provision of education sessions for people with learning disability; and involving 3rd sector care providers in promoting public health screening programmes.

Measure: Improvement in uptake measures to be determined by the system.

Activity:

Lesbian, Gay, Bisexual and Transgender

- NHSGGC Mental Health Services were shortlisted for a Scottish LGBT award and commended for their equalities events for NHS staff on LGBT issues.
- Specific sessions on LGBT issues were carried out for South and North East Glasgow treatment room staff.

Sensory impairment - BSL

- The BSL Champions were involved in advising on the accessibility of the new Queen Elizabeth University Hospital for BSL patients.
- The BSL Champions are delivering training to student nurses and NHSGGC staff.
- There have been changes to the Interpreting Service, such as a named senior call handler to manage BSL bookings only. A DVD has been produced for all acute staff to increase their knowledge of the need to book interpreters for BSL users.

Sensory impairment - Hearing Loss

- We are making improvements in signage and patient information. Action plans have been developed in partnership with service staff to implement changes. New highly visible yellow name badges are now worn by all staff in these areas. A patient facing campaign is being developed on how to get the best from their hearing aid.

Learning disability

- The 3rd cohort of Project SEARCH students in NHSGGC will graduate in June 2016. There is an on-site Job Coach in QEUH to support the 12 graduates who have been employed there.
- The Learning Disability Liaison Service has facilitated accurate coding of learning disability in primary care through the learning disability LES providing accurate equality monitoring.

Bowel screening

- Equalities groups have been targeted with a learning disability resource within practices to support

engagement. Practices have been supported to reduce non responders by developing appropriate engagement strategies for their populations.

- There has been a review of the location of the Breast Screening van in relation to local uptake rates taking account of age range and deprivation.
- Practices have been supported to run patient awareness and education sessions on cervical cancer to engage women in South Glasgow with a focus on BME women and non-English speakers.
- Care providers of people with a learning disability have been trained to use the Bowel Health and Screening resource to support the people they care for to make an informed choice about bowel screening.

Equality Outcome 3: Age discrimination is removed in all services. Duty 1.

Measure: All current and future age based services or initiatives are objectively justified All current age based services, where identified, have been objectively justified.

Activity:

- Following the piloting of a Healthcare Improvement Frailty Tool, NHSGGC Department of Medicine for the Elderly has continued to improve staff identification and management of frailty as a means of ensuring that services are needs led and not based on chronological age.

Measure: Increase uptake of psychological therapies by over 65s

Activity:

- Since the age cut off was removed for over 65s more people in this group have been able to access the service. However, between January and December 2015 the percentage of adults of all ages referred to psychological services who received a service was 15.15%. The percentage of adults aged 65+ referred to psychological services who received a service was 6.3%. This difference requires more analysis to understand the barriers to older people accessing support.
- Guidance for the Transfer of Graduate Patients from General Adult to Older Adult Psychiatry was updated in October 2015 and there is now consistent guidance across the Board Area.
- A report with specific proposals to implement needs led rather than age based access to services will be implemented by adult and elderly planning groups in Feb / March 2016.

Equality Outcome 4: The health needs of prisoners and homeless people with protected characteristics, Roma/Gypsy Travellers and Refugees and Asylum Seekers are addressed. Duty 1.

Measure: An increase in sustained tenancies across all protected characteristics

Activity:

- Nationally, homelessness applications have been on the decline for the past several years and this has been attributed to Housing Options, a preventative approach to homelessness. In Glasgow City during 2014-15

6652 homeless applications were accepted with the consensus that this has now reached a plateau.

- During 2015 - 16 the Homeless Health Services have been involved in a pilot to respond to homeless people in the city centre who find services difficult to engage. This approach will inform patient pathways in the new GCC Community Homeless Teams.

Measure: Annual health needs assessment of prisoners is disaggregated by protected characteristic and the data used as the basis of further planning

Activity:

- Data from complaints are used to assess patient satisfaction with the Prison Health Care Service. Our complaints procedures are communicated to prisoners by posters and leaflets. The leaflets are available in number of languages. Our complaints system encourages the submission of complaints and more general feedback which receives a response. This is a useful way of ensuring that we have awareness of issues of concern which fall short of a complaint. The level of complaints remains high. In 2015/16 (from 1st April 2015 to 31st January 2016) there were a total of 1491 complaints and 719 feedback submissions across our three establishments.
- An EQIA in relation to Substance Misuse Services within our Prison Health Care service was carried out and actions identified.
- Addressing the health inequalities experienced by prisoners is core the delivery of the Prison Health Service in NHSGGC. As a consequence of the Health Needs Assessment carried out in 2012 progress has been made in many areas. In 2015 – 2016 through onward referral 836 people participated in health improvement services of these 244 received a full assessment at their request and were referred to a range of services

provided by NHSGGC. Onward referral and developments of new services have been across the following areas; addictions, smoking cessation, nutrition and exercise, screening, oral health and Wellman. All staff that participate in the delivery of Health Improvement Interventions within Prison Health care have completed Level 2 'Conversations about Change – Health Behaviour'. Mentors have been trained to support individuals leaving prison who work for The Wise Group (80% of people who work on the mentoring programme have an offending history or spent time in prison). The service works with third sector organisations to support people leaving prison to engage with this training opportunity to ensure a consistent approach to addressing health inequalities and health behaviour change.

Measure: An increase in early detection of health problems for Asylum Seekers and Refugees

- The Asylum Health Bridging Team provides support for those with more complex needs going through the asylum process and prioritises those in initial accommodation with greatest need. Demand has increased over 2015 to over 300 people being accommodated in initial accommodation in the City and an estimated overall increase from 3,500 to 4,500 asylum seekers coming to Glasgow.

Measure: Improvement in health of Roma/Gypsy Travellers through self report measure in annual Health Needs Assessment.

Activity:

Roma

- A Roma peer education programme has been established and delivered by the Corporate Inequalities Team and South Sector Health Improvement team in partnership with Govanhill Community Development Trust

and the Roma community. Ten peer educators have been supported to deliver training sessions in the community on the needs of the Roma community.

Gypsy Travellers

- NHSGGC has worked in partnership with Health Scotland and Fast Forward to deliver a seminar to discuss how best to tackle health inequalities faced by gypsy / travellers.

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. Duty 1.

Measure: Increase in 3rd party reporting rates.

Activity:

- Since April 2015, there have been 57 Hate Crime incidents reported within NHSGGC services. These are recorded and investigated.
- NHSGGC has worked in partnership with Glasgow Disability Alliance and Community Safety Services Glasgow to deliver a city-wide conference to help tackle hate crime. The conference was attended by 70 organisations who were able to share learning about what works in tackling hate crime and also contribute to revising the multi-partner hate crime action plan.
- NHSGGC has developed a Hate Crime e-learning module that will be tested and shared with partners as part of a commitment to identify and eradicate hate crime experienced by our patients and staff.

Equality Outcome 6: All NHS staff have a greater awareness of the needs of groups with protected characteristics. Duty 2.

Measure: Year on year increase in staff attending learning and education opportunities and 20% increase in staff completing equality e-modules. This target has been revised to target areas where uptake was lower on specific equality issues.

Activity:

- In 2015 -16 (ten months data) 13,597 NHS GGC staff have completed an equality training episode. That is almost one third of our staff. The majority have completed the statutory induction for new staff which includes equality (4,318 staff) with the rest taking up learning opportunities to meet their personal development plans. The topics covered range from Deaf awareness (513 staff) to sexual orientation (501 staff).
- The Health Improvement Teams in Glasgow have an equalities monitoring improvement plan. This includes the development of health improvement courses database. This identified 918 equalities training opportunities taken up by staff from Apr 2015 – Dec 2015 spread evenly across teams.

Equality Outcome 7: NHSGGC has maximised the likelihood of people with protected characteristics attending appointments. Duty 2.

Measure: Reduce differentials in DNA rates by age, gender, BME and SIMD.

Activity:

- The latest DNA data which shows the breakdown for men and women by age suggest that performance has remained fairly static. For example, the biggest reductions in new outpatient DNAs were seen in males age between 0-19 years reducing from 15.1% in June 2010 to 11.6% in June 2012. This is now 15.2% for both groups.
- An action plan has been developed from the Equality Impact Assessment of the Cashier's Offices to ensure that where possible financial barriers to accessing appointments are removed.

Measure: Improved self-report access to services by disabled people.

Activity:

- CIT has developed a working partnership with People First and members with a learning disability have reported improved engagement through this process.

Measure: Reduce waiting times for access to psychological therapies by SIMD, age and sex and proportionate access to psychological therapies by SIMD, age and sex.

Activity:

- More patients from SIMD 1 access the services than any other SIMD quintile. In addition, the numbers

accessing the service have also grown from those in SIMD 1 areas, increasing from 151 patients referred to 1st treatment appointment offered in Jan 14 to 232 in Jan 15. Those living in SIMD 1 areas account for approximately 38% of all patients referred to 1st treatment offered within 9 weeks in Jan 15, whereas those in SIMD 5 account for 10% of all patients referred to 1st treatment appointment offered within 9 weeks. Monitoring this enables us to ensure that the needs of the most deprived groups are highlighted in service planning.

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

Activity:

- This has been achieved and reported in the 2013-15 Monitoring Report.

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. Duty 2.

Measure: Increase number of staff undertaking routine sensitive enquiry.

Activity:

- From April 1st 2015 to 31st January 2016 308 staff and 53 student midwives have received training in identifying and supporting victims of domestic abuse and other forms of gender based violence.
- 44 staff from Health Visiting, Sexual Health and Addiction services completed a two day training for trainers course on routine sensitive enquiry and using the SafeLives Risk Indicator Checklist to assess risk of harm

faced by women (and their children) who disclose abuse.

- Renfrewshire HSCP delivered 10 training sessions, with 143 staff members attending predominantly to mental health services staff.

Measure: Number of disclosures of gender based violence (gbv)

Activity:

- Maternity services audited 660 sets of notes for period Jan 2015 – Jan 2016. Of these, 617 (95%) had documented evidence of routine enquiry being asked. Of the 617 where there is evidence of raising the issue, 25 (4%) disclosed domestic abuse (some was recorded as past abuse).
- Health Visiting - Sensitive enquiry on gbv is now reportable via the new Electronic Management Information System. This information is gained from the Universal Wellbeing Assessment where a question related to routine sensitive enquiries has been added. Figures for June – December 2015 show that there was a steady increase in enquiries between June and October. There are indications of enquiries reducing from October to the end of January which we will monitor.
- Sandyford has recorded 3487 past and 323 current domestic abuse cases from their caseload of 55,035 between January and December 2015. Sandyford are developing their systems to improve recording.
- Mental Health Services audited data from 3 teams in Glasgow HSCP South Sector Glasgow using the electronic Mental Health Specialist Shared Assessment. Between April 2014 and Nov 2015, GBV enquiry took place with 455 out of 855 patients (53%). Of those who were asked 139 patients (30.5%) disclosed that they had experienced gbv. For 17 patients (3.7%) records show the practitioner suspected the patient had

experienced gbv but had not disclosed.

- Within Renfrewshire, an audit of 60 records of patients using Mental Health Services between April 2014 to Dec 2015 reported that routine enquiry took place in 56 (93%) cases. 30 (54%) disclosures of gbv were made. Of these disclosures 17 (57%) concerned Domestic Abuse, 8 (27%) concerned Childhood Sexual Abuse and in 5 (16%) cases a disclosure of both. Follow up action was also recorded, disaggregated by type of abuse experienced.

Measure: Increased referrals into services for support on GBV, financial inclusion and employability and other social issues.

Activity:

Financial Inclusion

- Since 2011 until December 2015, NHSGGC staff have made over 36,000 referrals to Money Advice Services with £42 million financial gain for patients.
- In Acute Services money advice services have received total referrals of 3614 with financial gains of £ 5,507,277.41 between April and December 2015.
- Between April 15 – Dec 15 1,714 referrals were made for cancer patients and people with long term conditions (Glasgow City Hospitals) with financial gain of £3,785,105.40.
- The Royal Hospital for Children (inpatients and outpatients) had 194 referrals with financial gain of £543,351.52
- Brownlee HIV Specialist Service 35 referrals and financial gain of £1,004.50

- For Hep C patients there were 23 referrals to money advice services resulting in £ 50,506
 - Beatson West of Scotland Cancer Service has a money advice service for patients who do not live within Glasgow City received 930 referrals with financial gain of £753,740.40
 - Macmillan referrals in Clyde Sector 350 referrals and financial gain of £365,028.75 (partial financial gains – still awaiting additional data for Royal Alexandra Hospital Q1-3 and Q3 Inverclyde Royal Hospital)
- In NHSGGC Mental Health Services referrals to the employability pathway from April – Sept 2015, 462 people had been referred to employability services with 152 finding a positive outcome, which is exceeding targets. 32 people sustained employment; 56 positive activity; 14 training; 26 voluntary work; 27 further education and 462 people received financial advice.

Employability

NHS Greater Glasgow and Clyde has a Health Works Strategic Logic Model & Outcome Focused Framework which is used to measure activity on employability across the organisation. In 2015-16 the following measures of activity were collected-

The Acute Vocational Rehabilitation Service had 120 referrals.

Addictions services recovery model-

- 8 individuals secured employment
- 1 individual in full time education
- 10 individuals commence July 2015
- 97% completed SVQ in Social Care

- 87% in sustainable employment
- 40 people signed up for the coming years programme and 30 placements have been agreed.

Modern Apprenticeships-

- 101 apprentices have been appointed since August 2013 over two phases.
- Phase 1 recruitment appointed 51 MAs in August 2013 with Phase 2 recruiting 50 new apprentices over the course of 2015.
- Planning for the third phase is now underway with a view to recruiting 75 additional MAs before August 2017.

Partnerships carry out a wide range of employability activity and share good practice through the Employment and Health Strategic Group.

Equality Outcome 9: Positive attitudes and interactions are promoted between staff, patients and communities. Duty 3.

Measure: Increased knowledge of fostering good relations.

Activity:

- In 2015 the Human Library approach was piloted with staff and patient volunteers. The approach aims to break down stigma between groups. The Staff Disability Forum and the Refugees and Asylum Seekers Network participated and there were 17 volunteer books. The approach was evaluated by the volunteers who found it highly effective.

Measure: Increased membership of involvement structures by those with protected characteristics.

- See mainstreaming section on engagement.

Measure: Increased numbers of staff recorded as disabled and disability seen as a positive workplace issue.

Activity:

- The Release Potential campaign led to the establishment of a Staff Disability Forum. In 2015-16 the Forum has continued to meet, adopted a Terms of Reference and an action plan. Over 40 staff have attended. Members piloted a staff roadshow in Glasgow Royal Infirmary to promote the forum and disability issues and supporting materials were developed. The group formally presented issues to the NHSGGC Staff Governance Group in February 2016 and are involved in a Double Tick Action Plan to ensure managers meet the criteria in the standard.

Measure: 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.

- See above Human Library, which included faith groups.

This publication has been produced in line with NHS Greater Glasgow and Clyde's Accessible Information Guidelines.

This publication is available in large print, Braille and easy to read versions, on audio-CD, or any other format you require.

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.

NHS Greater Glasgow and Clyde
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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

此册子可用于大批量印刷，盲字印刷和其他易于阅读的印刷形式或者音频 CD。我们也提供其他语言的翻译文本。更多信息，请联系 Jacky Russell，电话：0141 201 4560 或电子邮件：CITAdminTeam@ggc.scot.nhs.uk

Polish

Materiały te dostępne są pisane dużą czcionką, alfabetem Braille'a oraz w wersjach ułatwionych do czytania lub na taśmie-płycie kompaktowej. Możemy je również zapewnić w tłumaczeniu pisemnym na różne języki. By uzyskać więcej informacji proszę skontaktować się z Jacky Russell pod numerem 0141 201 4560 lub elektronicznie pod adresem CITAdminTeam@ggc.scot.nhs.uk

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 ਫੋਨ ਕਰਕੇ ਜਾਂ ਇਸ ਪਤੇ 'ਤੇ ਈਮੇਲ ਰਾਹੀਂ ਸੰਪਰਕ ਕਰੋ CITAdminTeam@ggc.scot.nhs.uk

Turkish

Bu dokümanın büyük harflerle basılmış, Braille alfabetiyle yazılmış ve kolay okunabilir versiyonları veya işitsel-CD formu da mevcuttur. Başka dillere tercüme edilmiş, yazılı metin şeklinde de temin edebiliriz. Daha fazla bilgi için, lütfen 0141 201 4560 no.lu telefondan veya e-posta CITAdminTeam@ggc.scot.nhs.uk adresinden Jacky Russell ile irtibat kurunuz.

Urdu

یہ اشاعت بڑے حروف، ابھرے حروف اور آسانی سے پڑھی جانے والی صورتوں، یا آڈیو ڈی پی ڈی پر دستیاب ہے۔ ہم اس کا دوسری زبانوں میں تحریری ترجمہ بھی مہیا کر سکتے ہیں۔ مزید معلومات کے لئے جیکی رسل (Jacky Russell) سے فون نمبر 0141 201 4560 یا ای میل CITAdminTeam@ggc.scot.nhs.uk پر رابطہ کریں۔

Farsi

این جزوه با چاپ بزرگ و یا بریل و یا نسخه ای ساده برای خواندن و یا سی دی نیز قابل دست رس میباشد. همچنین ما میتوانیم ترجمه این را به زبانهای دیگر در دسترس قرار دهیم. برای اطلاعات بیشتر لطفاً با جکی راسل با تلفن 01412014560 و یا CITAdminTeam@ggc.scot.nhs.uk تماس بگیرید.