

Meeting the Requirements of Equality Legislation





A Fairer NHS Greater Glasgow & Clyde

Monitoring Report
2020 - 2022



A Fairer NHSGGC Progress Report 2020-22

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Introduction and summary of progress in 2020 - 2022

1.1 Aim of the report

In April 2020, NHS Greater Glasgow and Clyde (NHSGGC) published 'Meeting the requirements of Equality Legislation: A Fairer NHSGGC 2020-24.' The document had been completed prior to the full realisation of the impact COVID-19 would have on the operational capacity of the organisation.

This report is our first monitoring report aligned to our 2020-24 ambitions covering a range of work undertaken across NHSGGC to meet the mainstreaming and equality outcome actions covering the period between April 2020 and March 2022¹.

Due to the COVID-19 pandemic much of the planned work to deliver on our new set of organisational equality outcomes has been delayed. However, as the differential impact of the pandemic on protected characteristic groups became clearer, we have realigned resources during periods of unprecedented challenge to support improved outcomes for our communities, showing due regard to advancing equality of opportunity between groups of people with different protected characteristics and eliminating unlawful discrimination.

In most service areas that unprecedented challenge remains. Despite this, we have progressed with our strategic remobilisation planning, embedding due regard to meet our Public Sector Equality Duty (PSED) through a robust Equality Impact Assessment programme and ongoing engagement with protected characteristic groups.

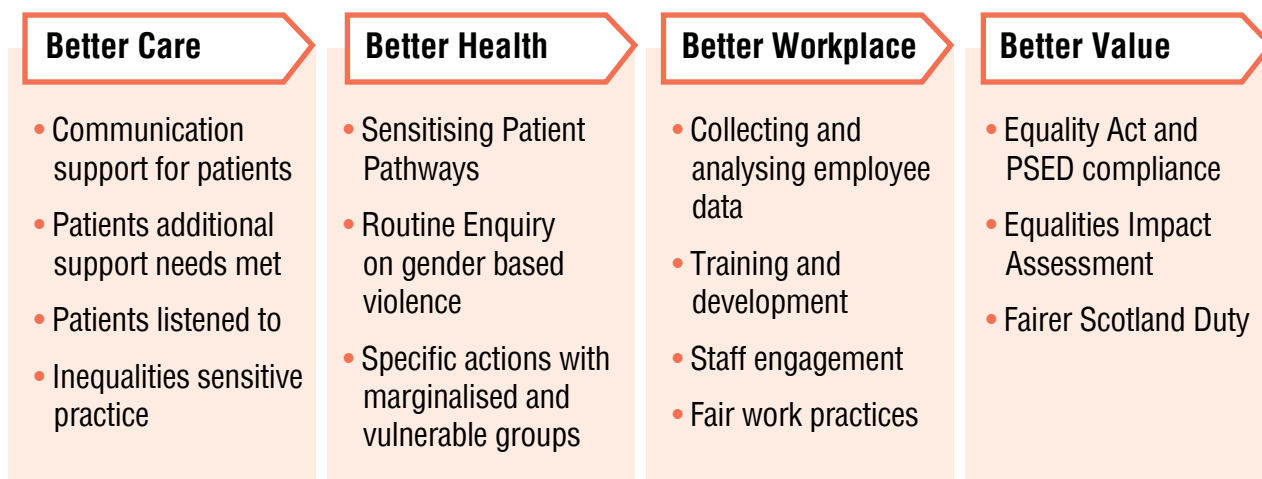
Our work on equality and human rights aims to ensure that we provide equitable and fair access to services and address barriers where we identify them. Sections 2 and 3 of the report gives details on how we are meeting this in both our mainstreaming duty and in relation to the COVID-19 pandemic. Section 4 highlights the work done to progress our equality outcomes and future plans.

¹ Reporting periods may vary due to the data systems and the impact of COVID-19 on some services ability to provide data. This will be updated post the COVID outbreak where possible.



The following diagram covers the Equalities Scheme & Board remobilisation equalities and anti-poverty work.

Our aim is to deliver a fair and equitable service across all of our Corporate Plan priorities: Better Care; Better Health; Better Workplace; Better Value. We are delivering actions under each of the priorities which are summarised below:-



1.2 Key highlights: where we have made a difference to patients

1.2.1 Inclusive Response to COVID-19

Inclusive Vaccine and Booster Plan

The focus of our efforts during the first 2 operational years of 'A Fairer NHS Greater Glasgow' has been to offset the disproportionate impact of COVID-19 on our most vulnerable communities. We utilised the national inclusive vaccine Equality Impact Assessment as a template for our COVID-19 vaccine model roll out, supplemented with local population and infrastructure knowledge. We identified broad mitigations for all to ensure maximum access, such as robust transport links and appointment flexibility in terms of both venues and times.

Key to the success of our plan was not to presume homogeneity within groups, but to plan for difference. For example:

- People who are additionally vulnerable due to mobility issues, mental health or cognitive impairment are being vaccinated at home or enabled to attend centres, with carers also accommodated
- We worked with our Local Authority contacts to have a joint approach for certain populations such as asylum seekers or homeless people
- We created BSL videos covering a variety of topics including the promotion of the national COVID-19 helpline and ensured remote BSL interpreting was available at vaccine centres
- Posters were produced in 24 languages providing a step-by-step guide to pre-booking an interpreter for a vaccination appointment using our telephone interpreting service. Videos promoting the uptake of the vaccine and incorporating representatives from the various target communities were produced in a range of languages and shared widely.

Community Engagement

In order to produce effective, targeted communications around COVID-19, the Equality & Human Rights Team (EHRT) used evidence gathered via community engagement to identify any specific barriers and concerns for communities and to prepare key messages. Our contacts in the community and NHSGGC workforce helped present this information in various languages and assisted in identifying the most effective dissemination channels.

This included:

- A campaign targeting the South Asian population included translated COVID-19 information, videos and radio interviews – with key messages and video links shared with targeted social media channels with a reach of over 36,000 people, including religious organisations



- The translation of communications resources into Slovakian, Romanian and Roma in response to feedback from this community, including videos covering COVID-19, how to self-isolate and the vaccination programme
- The production and dissemination of targeted videos promoting the uptake of the COVID-19 vaccine in 9 languages
- The sharing of 'selfie' videos featuring Black and Minority Ethnic (BME) community staff members receiving their COVID vaccinations
- A series of direct engagement sessions with community members.

From April 1st until June the 30th 2021, 75% of the 43 engagement sessions (involving 632 individuals) held were COVID-19 related. Later in the year, as the Booster was rolled out, further sessions were held to ensure people across a range of communities had access to appropriate information.

Communication Support and Virtual Visiting

Person-Centred Virtual Visiting across NHSGGC hospitals provided all patients with access to technology specially set up to enable them to see and talk to the people who matter to them during COVID-19 visiting restrictions.

The Virtual Visiting iPads included software for accessing spoken language interpreters and British Sign Language interpreters. The iPads had the additional benefit of providing access to a speech to text transcription service – the AVA app. The app transcribes what a staff member is saying, even when wearing a mask. This ensures that our patients with a hearing loss can understand what staff are saying to them on our wards.

1.2.2 Mitigating the impact of poverty

NHSGGC's commitment to responding to child poverty and poverty and their links to equalities and human rights continues to gain a strong foothold in day-to-day business. In addition to the ongoing work highlighted in the Fairer NHSGGC Monitoring Report (2018-20) new work streams from 2020/21 include actions around linking with national partners, training and inequalities sensitive person-centred care.

A review of human rights work took place in 2020, however we are awaiting the refreshed Scottish National Action Plan on Human Rights (SNAP 2) due later in 2022 to consider whether the identified priorities are fit for purpose.



1.2.3 Getting our systems right

A key consideration arising from the COVID-19 pandemic was the need to focus on black and minority ethnic patients' access to health services. To that end, the Scottish Government wrote to all Scottish Health Boards and asked us to make a statutory data field in all Acute patient systems. The ethnicity data field went live in TrakCare on the 15th October 2020. At that point, 33% of patients had their ethnicity recorded. As of 1st February 2022, 50.38% of patients have their ethnicity recorded on TrakCare in NHSGGC. This equates to a total of 2,175,071 patient's records. More work is underway to increase this recording.

Analysis of this data will become a key feature of driving the Equality Outcomes through to 2024.

In addition to improved ethnicity monitoring in Acute settings, EMIS – the most widely used clinical system for Primary Care in the UK, has 'switched on' additional functionality in Mental Health settings, prompting clinicians to complete ethnicity status within a clinical template. We will report back on progress in the 2022-24 Monitoring Report.

1.2.4 Listening and responding to patients from equality groups

The foundation of the EHRT's work on equality outcomes is based on working in parallel with our communities. Engagement work in 20-22 has focused on the COVID-19 pandemic and replaced our core, planned engagement, though work in other areas has progressed. EHRT worked in partnership with Mayhill Integration Network and others to address concerns that Asylum Seekers and Refugees were unaware how to reclaim travel expenses needed to attend hospital appointments. The Equality and Human Rights Team worked with these groups and produced a leaflet in thirteen different languages to provide this information. The information was disseminated through third sector organisations.

COVID-19 engagement was undertaken to ensure all our communities were receiving and understanding core messages around protecting themselves and others in the early stages of the pandemic. The focus then changed to understanding the concerns and barriers that could affect uptake of the vaccine for particular groups. See section 3.1.5 for details of this work.



1.3 Key highlights: where we have made a difference to staff

(Led by Anne MacPherson, Director of Human Resources and Organisational Development)

1.3.1 Staff Financial Wellbeing Action Plan

Following on from research commissioned in 2018/19 regarding financial issues faced by staff, a Staff Financial Wellbeing Action Plan has been put in place.

In conjunction with the Staff Health Strategy, a wide range of actions include:

- A Staffnet Money Worries page for staff and managers
- Poverty Awareness training for Occupational Health, staff side, Human Resources and Payroll staff
- Template letters with information on where to get help with money worries
- Staff financial wellbeing in attendance management processes
- Pilot programme of 'energy and money worries checks' with low income staff groups in partnership with Home Energy Scotland (841 staff Apr – Dec 2020).

1.3.2 Staff Engagement Forums and Networks

Staff Disability Forum

The Staff Disability Forum was established in 2014/ 2015 and was formed to support the Board in making positive changes for disabled staff by promoting equality and to protect disabled staff against discrimination. We want Forum members to feel they are able to disclose their disability without any fear of stigma or negative response.

The Forum has a dedicated core membership who have been given time to develop the Forum, consider the issues affecting staff and propose solutions. The group has an appointed non-executive Board member, acting as a diversity champion. The group is now represented on the Workforce Equality Group (WEG), chaired by the Board's Director of Human Resources and Workforce Planning. Through membership of the WEG, the group has direct access into mainstream HR planning where they can influence strategic decision making. The Disability Forum have a clear Terms of Reference and Action Plan with a priority to support improvements in disclosure of disability within the workforce and sustain activity to ensure all reasonable adjustments are in place to deliver an equitable working environment.

The EHRT has strengthened its links with the Disability Staff Forum providing a dedicated member of staff to act as liaison between the Forum, EHRT and the Estates and Facilities Directorate. This has enabled joint working on a range of issues both individual (e.g. disabled parking spaces) and organisation wide (furnishing of accessible toilets).

In February 2022, funding totalling £100,000 was secured by our Estate and Facilities Directorate and in part will help address issues raised by the Staff Disability Forum and its partnership work with the EHRT. Particular issues to be addressed include:

- Purchase of sensor operated bins for accessible toilets (replacing pedal operated bins)
- Modifications of existing parking bays to create 6 further blue badge spaces on the Glasgow Royal Infirmary site
- Refresh of parking lines on all blue badge spaces in the Gartnavel Hospital site coupled with improvements to disabled parking bay signage.

LGBTQ+ Forum

The current Forum was formed in 2018/2019 for NHSGGC staff members who want to contribute to creating a more inclusive LGBTQ+ workplace. The LGBTQ+ Forum has continued to grow in membership, with more than 180 members engaging primarily via a 'closed' Facebook page and dedicated NHSGGC e-mail account. There is a smaller core group of members who meet to discuss action planning across the year and more recently this has developed into bi-monthly evening 'socials' using space in one of the Board's main hospital sites. The core group is supported through paid time away from duties. The Forum is now represented on the WEG and has direct access to informing and influencing mainstream considerations to ensure NHSGGC can provide a working environment free from discrimination based on an employee's sexual orientation or gender identity.

Black and Minority Ethnic Network

This Network was formed in 2018/19 as a result of discussions held with Black & Minority Ethnic (BME) staff about their experience of working in NHSGGC. Issues raised by staff included stereotyping, discrimination and organisational culture, as well as the impact of negative media reporting and the anti-immigration climate.



2. Mainstreaming Actions

NHSGGC's mainstreaming actions cover NHSGGC's core functions and how we will ensure equality considerations are embedded in how we do our business.

2.1 Planning and delivering fairer services

Action: We will equality impact assess (EQIA) future changes to Acute services to ensure they meet the needs of equality groups and plan services to meet these needs.

The key focus for equality impact assessment within Acute services has been the remobilisation of services post COVID-19. The pandemic has seen significant change to the way services have been delivered, primarily as a means of prioritising the Board's COVID response and limiting risk of transmission. As the Board moves forward and services become fully operational again, equality impact assessments have helped us better understand how learning from our COVID-19 response can inform service redesign to improve overall efficiency and effectiveness while paying due regard to mitigating any possible risks of inequality in uptake and outcome. The table below names the core service assessments completed together with links to the published documents.

EQIA	Date Completed	Location
COVID-19 Community Assessment Centres	11/11/2020	Click here
Flow Navigation Centre	16/12/2020	Click here
Flow Navigation Centre (Children's)	17/11.2021	Click here
GP Out of Hours Appointments	24/02/2021	Click here
Acute Phlebotomy Hubs	26/02/2021	Click here
Active Clinical Referral Triage/ Patient Initiated Review	16/02/2021	Click here
Virtual Patient Management	05/03/2021	Click here
Citizen Portal (formerly Netcall)	23/11/2021	Click here
Clyde Trauma Redesign	26/11/2021	Click here

The impact assessments have highlighted the requirement for monitoring of uptake of service by protected characteristic and the ongoing commitment to effective patient engagement to better understand risks of unintended consequences and actions required. While most actions highlighted within the assessments are specific to the services, aggregating the findings across the suite of assessments has identified system-wide adjustments to patient communication that will lead to mainstream improvements for all.

2.2 Leadership on tackling inequality

Action: NHSGGC will continue to report on our progress against the Equality Act 2010 and equality outcomes and mainstreaming actions

The [Equalities in Health website](#) continues to provide up to date information on progress against equalities legislation.

In 2020 the website content migrated to the NHSGGC server. This has provided consistency of presentation, simpler navigation and ensured the continuation of full accessibility. In addition to providing up to date information on progress against equalities legislation, equalities information has been added to the COVID-19 web pages on issues such as Protection for Abuse.

Across 2021, a comprehensive review was undertaken of NHSGGC's HR Connect webpage. The review was led by the organisational Head of Staff Experience and Engaged with representatives from the Staff Forums/Networks and wider Workforce Equality Group membership. The review has helped develop a more cohesive repository of relevant workforce information and facilitated mainstream access to relevant equality documents including the Workforce Equality Action Plan, Equal Pay Statement and workforce equality statistics. An equal pay audit was carried out in 2021, including gender, ethnicity and disability data. The webpage design has made it easier for members of staff who perceive they have been treated unfairly due to a protected characteristic to access support and advice from our HR colleagues.

2.3 Better Care - Listening to patients and taking their needs into account in improving services

Action: Develop innovative ways to engage with equality groups in partnership with the voluntary sector organisations that support them to monitor progress on actions we are taking across the scheme

Restrictions stemming from the COVID-19 pandemic has meant that the EHRT had to adapt existing methods of engagement. Engagement has focused on COVID-19 to feed intelligence into the ongoing Inclusive Vaccine Plan.

Initial dialogue with key workers helped to understand the issues and limitation to engage with community members. Telephone interviews were carried out with different communities to assess the situation and agree to organise virtual meetings with existing groups. Social media was used to communicate, utilising key community members' or organisations' existing social media routes, e.g. the Roma community.

Linking with key umbrella organisations such as BEMIS and GDA enabled the EHRT to maximise dissemination routes for key information. The EHRT have participated in the newly formed Glasgow Social Recovery Task Force.

Peer education models were also used to train key workers in the community who were supporting vulnerable community members with key COVID-19 intelligence.

Online Patient Feedback website

The EHRT have worked closely with the Board's Patient Experience Public Involvement (PEPI) Team to assess the acceptability of the Attend Anywhere virtual patient appointment programme to a range of our patients. Learning from this joint working has informed the work of the PEPI team and was adopted for the GP Out of Hours service evaluation interviews. Learning from these engagement opportunities will continue during the evaluation of NHSGGC's Flow Navigation Centre to capture the experiences of patients who do not have English as a first language. The PEPI team have continued to embed equality monitoring into mainstream engagement activity in a range of projects. The table below shows the completed monitoring forms for eight core service reviews.

Sources of Equalities Data	Total Interactions	Returned Forms	Percentage Return Rate
Community Assessment Centres	98	74	76%
Complex Mesh Surgical Service	14	14	100%
GP Out of Hours	616	416	68%
Inflammatory Bowel Disease (IBD) Team	12	9	75%
NHSGGC Near Me	296	175	59%
New Website Engagement	500	401	80%
Feedback (website)	1160	492	42%
QEUH Green Space	206	139	67%
PEPI Total	2902	1720	59%

NHSGGC's Online Patient Feedback website offers patients and carers the opportunity to provide suggestions for improvements and tell us about their experiences of care. This has been particularly relevant during recent times of unprecedented change. Online patient feedback was one area considered within the Stakeholder Communications Engagement Strategy (2020-2023) Equality Impact Assessment with a noted action to ensure monitoring of online engagement by protected characteristic. This has allowed NHSGGC to have a much clearer understanding of who is using online patient feedback and where there may be potential barriers to access.

Voluntary organisations can support patients to leave feedback on the online system, enabling people from equality groups to use it. From April 2020 up to 31st January 2021, 1089 comments were made, a 5% increase from 2019/20.

The analysis by protected characteristics shows the following:

- As in previous years, there were more female contributors than male - **1261** vs. **423**; (out of those who stated their sex)
- **150** people who provided comments stated their current gender identity was different that that ascribed at birth



- In relation to sexual orientation, the comments came from **1401** heterosexual, **59** Gay/Lesbian, and **35** Bisexual respondents (**21** stated “other” and **122** preferred not to answer)
- There was a range of ages, with the highest number of contributors being 55-64 (**429**), followed by 45-54 (**269**), **16** people under 16 years and **94** over 75 years provided comments
- **699** of comments came from disabled people (with a physical or mental health condition lasting more than 12 months)
- **87** comments were made from Black or Minority Ethnic people
- In relation to religion and belief **8** comments were from Buddhist, **6** Hindu, **3** Jewish, **11** Muslim, **411** Church of Scotland and **383** Roman Catholic. ⁶⁵⁵ stated they had no religion or were Atheists and **97** respondents preferred not to disclose their religion.

Care Opinion

Care Opinion is a non-profit organisation funded mainly through subscriptions from health and care organisations. They offer a place for people to share their stories about service experience. Care Opinion can now provide some information describing authors’ protected characteristics. While this provides limited insight into detailed user demographics, it tells us most accounts of NHSGGC experience come from females (81%) and that BME engagement accounts for 4% of the total number of users. Twenty five percent of users consider themselves to be disabled and the highest number of submissions are made by people in their 50’s.

Stakeholder Reference Group

Another action arising from the Stakeholder Communication and Engagement Strategy EQIA was to review the membership of NHSGGC’s Stakeholder Reference Group and encourage representation across all protected characteristics. The Stakeholder Group gives NHSGGC direct access to community voices, creating a dialogue that assesses how well we are meeting patient need.

The following case study details the journey of one Stakeholder Reference Group member.

Getting our COVID-19 response right for our communities remains a key priority for NHSGGC. Understanding perceptions of services and possible barriers that exist to access is a critical factor in delivering equality sensitive person centred care.

We were aware that some communities were experiencing difficulties accessing COVID vaccinations, compounded by perpetuated mainstream myths about vaccine hesitancy within those communities. Building on a relationship that has lasted more than 20 years, NHSGGC's Equality and Human Rights Team's lead for engagement, Nuzhat Mirza, contacted Florence Dioka, Development Manager at the Central and West Integration Network for help in accessing African Communities to better understand barriers to taking up vaccine offers. Florence invited Nuzhat to a network meeting of various community organisations where members detailed barriers including a lack of trust and fears of being treated differently by the NHS due to racism. From this early engagement, community leaders gathered to meet with NHSGGC's vaccination lead and team members. Our Vaccination Team listened to community perspectives and fears and translated relevant material into 10 African languages while supporting the Hwupenyu Health and Wellbeing Project to produce a leaflet on COVID-19 for African Communities. The engagement supported the deployment of the mobile vaccination unit to African community churches.

Florence Dioka was pivotal in building a bridge between our services and African communities. Florence's story was filmed and presented to the Board as a powerful reminder of how detached some of our communities can become when we don't actively foster positive relations. COVID-19 provided the context for understanding pre-existing barriers with African communities and subsequently Florence was invited to join NHSGGC's Stakeholder Reference Group and, together with colleagues from Glasgow's African communities, have a strong voice in guiding decision making across the Board's priority areas. Florence Dioka's story can be viewed here - [Click Here](#)

Agreed next steps for the PEPI Team will be to further broaden the membership of the Stakeholder Reference Group and develop pathways for people to influence the work of the Board where standing group membership is not possible.

British Sign Language Champions

The Equality and Human Rights Team continue to facilitate the BSL Champions Facebook page and this has been a valuable platform for engagement with the Deaf BSL community regarding the COVID-19 pandemic. We also continue to meet our BSL health champions groups every three months to ensure Deaf people's views are taken into account and to disseminate accurate information about NHSGGC services. The group has also supported the dissemination and production of COVID-19 information in BSL.

Implementing the BSL Scotland Act

Work has continued to deliver the BSL Act where possible. (See COVID-19 section 3 for the details on work ensuring an inclusive response to Deaf people during the COVID-19 pandemic.)

NHSGGC has continued to offer a mainstreamed approach to mental health for BSL users and those with hearing loss throughout the pandemic. This has been done through the Lifelink service which has offered online counselling for those experiencing stress and who feel unable to cope. The NHSGGC five year strategy for adult mental health takes into account the needs of BSL users by holding quarterly meetings with the NHSGGC mental health group and Deaf organisations after a hiatus of 6 months. We have also supported the peer support worker for the Deaf community under the direction of Glasgow City HSCP.

Action: Use staff and patient feedback to ensure that we address concerns around the provision of British Sign Language (BSL) interpreters

The NHSGGC Interpreting Service continues to provide an essential service to patients who are British Sign Language users. Due to the impact of COVID-19, coupled with a requirement to increase physical distancing, the service has had to create new ways to offer our support to patients through new technologies and mediums. The department was one of the first within NHSGGC to embrace the Attend Anywhere video consultation platform and secured the services of two BSL Interpreters who offered remote video support to patients, service areas and clinics on demand from April 2020.

Attend Anywhere appointments were augmented by our existing remote BSL interpreting service through the provision of 39 mini laptops in unplanned services. Due to the pandemic, the pattern of use has changed. Virtual Visiting iPads were provided for all wards and these were also used to put communication support apps into the hands of our patients (see section 3.1.5 for more details). For BSL users, 182 calls were made using NHSGGC remote devices amounting to 2,945 minutes of communication support (just under 50 hours). Of these, 394 minutes (over 6 hours) were out of hours' usage.

Feedback from BSL users through our mediator has indicated most contacts relate to Deaf people confirming that an interpreter has been booked or to confirm who the interpreter is. This made up more than 70% of contacts (of 181 individual contacts with our mediator). Other issues raised related to no interpreter being booked (6% of contacts) and people asking for information or not understanding information or letters they had been given (3%). Additionally we saw negative feedback about not being able to get through to Contact Scotland (4%). This issue has been raised with the provider.

Action: Use staff and patient feedback to ensure that we address concerns around the provision of spoken language interpreters.

Spoken Language

Due to COVID restrictions, NHSGGC's interpreting service has had to adapt and find new ways to continue to provide support to patients.

All 12 of our substantive interpreters were able to provide remote video language support from April 2020 via the Attend Anywhere consultation platform. Additional resources and coverage was also sought from our telephone interpreting service provider as there was an increased demand for this service due to the pandemic's restrictions. A pilot is underway to utilise video interpreting as an alternative to face to face interpreters within Maternity for unscheduled appointments.

In 2021-22 (to date) the service has completed 31,315 face to face appointments up from 16,926 same period 2020-21. In addition there were 1,527 remote video appointments completed, down slightly from 1,567 in 2020-21.

Telephone interpreting demand has increased to 115,121 completed calls in 2021-22 from 94,653 in 2020-21.

The top 5 most requested languages are Arabic, Polish, Urdu, British Sign Language and Mandarin.

In order to offer easier access to Acute and Primary Care services a patient telephone interpreting service is being made available giving non English speaking patients the ability to access services on demand. This service is being rolled out across the Board in 2022.

Trials are continuing with a short notice video interpreting service to allow triage services and emergency short notice appointments to have access to video interpreter services.

Staff Reference Group

NHSGGC continued to support the Staff Reference Group to gather feedback on our provision of communication support. The changes to the service due to the pandemic were met through increased telephone interpreting and remote video interpreting. Feedback from staff in the main related to the importance of having continuity of access to interpreters, the need for translated information on service changes and the difficulties experienced by services such as Mental Health in delivering their core work when face to face interpreting is severely restricted.

A specific issue relating to pharmacy provision of telephone interpreting was raised. A questionnaire went to all community pharmacists through their core communication newsletter to assess knowledge and confidence in using telephone interpreting. A communication plan was devised and refreshed information on how to use telephone interpreting was sent to all community pharmacists.

Deafblind communicators

Deafblind people's communication needs are supported in NHSGGC services by Deafblind Scotland's Guide Communicators. Across the 2-year reporting period they supported 249 clinical appointments and a range of health improvement interventions. This amounted to 1773.3 hours of Guide Communicator support across NHSGGC services to March 2022. During this period no complaints were supported were made.

Translations and accessible formats

NHSGGC produced 1461 resources in more than 30 languages across the reporting period. The majority of these were COVID-19 related. Non-COVID resources are typically appointment letters, clinical instructions, reports and mental health resources. As part of our ongoing service review, we have developed a new quality assurance process to underpin the production of information in English and ensures all requests for translated information have been carefully vetted before the translation request is processed. The service will be further supported when the new Clear to All website launches in Spring 2022.

Action: Include the Disability Access Group in assessing action plans for new buildings and existing estate improvements.

Work has been limited in relation to the Disability Access Group due to the restrictions associated with the pandemic. However, via online methods members have been enabled to input into policy/guideline development (e.g. NHS Greater Glasgow & Clyde Powered Wheelchair & Scooter Use Guidelines) and other areas such as the Gartnavel Pilot Project (disability access to campus) and furnishings within accessible toilets. As COVID-19 restrictions ease further and Access Audits are able to commence the Disability Access Group will also provide their essential input here.

Work is also commencing on a redraft of the Disability Access Group guidelines and processes and discussions are underway about a group restructure so that we may more effectively participate in audit work in light of COVID-19 and the associated circumstances/effects.

Funding of £100,000 has recently been made available by our Estate and Facilities Directorate, which will partly go towards addressing matters raised in audits and other work previously undertaken by the Disability Access Group. These matters will include improved road markings on the Queen Elizabeth University Hospital campus, replacement of pedal bins in accessible toilets with sensor operated bins and increased disabled parking bays at Glasgow Royal Infirmary.

Action: Promote opportunities for voluntary organisations to feedback directly to services on the experiences of those with a shared protected characteristic

The Equality and Human Rights Team continue to promote the online feedback system to third sector organisations to ensure those with protected characteristics have their voices heard. See Online Patient Feedback above.

2.4 Better Health - Working towards fairer health outcomes and tackling the underlying causes of ill-health

Action: Improve transition pathways for young people moving into adult care

Ensuring each young person has a successful transition into adult services falls within the legislative duty with regards to disability and the United Nations Convention on the Rights of the Child. Work relating to transition pathways will be re-initiated as part of the remobilisation of the Equality Scheme focussing on developing an assurance process for all specialties, through the Managed Clinical Networks where appropriate and through another route if not.

Action: Promote inequalities sensitive practice to Acute staff, including routine enquiry on gender based violence, money worries and support into work, using existing service improvement methods such as person centred care.

Gender Based Violence (GBV)

Report against the Scottish Government's Equally Safe Performance.

In November 2020, an NHSGGC status report on gender based violence work streams, in line with Equally Safe performance measures, was completed for NHSGGC's Public Protection Forum. The report included work by GBV leads in the NHSGGC area to assess current data availability and GBV governance processes in Acute and Partnership settings. The findings indicated:

- Good practice was identified in some partnerships for a range of care settings and via Badgernet for midwifery care
- In some settings, continued lack of electronic data collection and reporting processes with subsequent lack of governance arrangements for GBV work
- Planned improvements such as in Health Visiting, with a review of data sources and development of a Health Visitor Key Performance Indicators dashboard, which would include GBV.

Further work is required to enable all service settings to record data in accordance with the CEL 41 core data set and to integrate this data with Child Protection and Adult Support and Protection data to develop consistent and comprehensive quarterly reports for the attention of the Public Protection Forum. Retrieval of data is currently limited by the lack of appropriate GBV classifications across a range of electronic recording systems and the subsequent reliance on free text additional comments which require an audit process to fully analyse.

The NHSGGC November 2020 status report made a series of recommendations, which are being reviewed by NHSGGC's Public Protection Forum. Data available from settings is described below:

a) Midwifery Services

Domestic abuse recording in midwifery across the reporting period (April 2020 – February 2022) shows that 89 women were recorded with domestic abuse from a total booking number of 23,516. No domestic violence was recorded for 21,768 cases with a further 533 unable to ask and no data returned for 1,124. Maternity services have placed significant resource in reviewing domestic violence notes within their pathway and have committed to monitoring data monthly through their data monitoring group.

b) Health Visiting

Within the Health Visiting pathway there is routine enquiry on both GBV and financial health. However, both enquiries are represented by one code which makes separate reporting problematic. There is also no pattern in the accompanying free text which adds to the complexity of qualitative analysis. Number of routine sensitive enquiries is reported on the dashboard for a rolling year period and is divisible by area and team, however there is no quantitative data gathered on number or types of disclosure or actions taken thereafter or reason why no enquiry took place. Free text may be added to the code though this happens only in 40% of cases. Within the current data set it is not possible to report the % of service users asked i.e. number of enquiries and not number of children with an enquiry are recorded. As such some children will appear twice and therefore will not yield reliable percentages. The data set and dashboard is being reviewed currently.

There is good practice examples in Children's Services within the Family Nurse Partnership. Family Nurses have programme materials to explore and enquire about any form of GBV; data is collected and reported to the Scottish Government and also in Accident and Emergency, where the Navigator project, which is overseen and managed by Police Scotland's Violence Reduction Unit, supports survivors of gender-based violence.

c) National Consultations

NHSGGC contributed to five Scottish Government consultations on proposed changes to legislation. These were:

- Fairer Scotland Duty Consultation
- Scottish Government Consultation on Adult Disability Payment (ADP) Regulations
- Scottish Government Consultation on the Public Sector Equality Duty review
- Scottish Government Consultation on the National Women's Health Plan
- Scottish Government Consultation on Anne's Law - Part 1 (Strengthening Health and Social Care Standards) & Part 2 (Delivering Anne's Law)

d) Infrastructure

NHSGGC's GBV and Human Trafficking Liaison Group was chaired by the Director of Public Health. The EHRT team lead for GBV is now more aligned to the Public Protection Unit to create strong connectivity between public protection, the gendered nature of GBV and the equality legislation. The Public Protection Forum is the governance route for NHSGGC GBV work.

Additional support needs

Across NHSGGC stands and posters with the message 'Ask for Help' remain in waiting areas and key settings.

In terms of additional needs data flow from primary care via SCI gateway to secondary care, we are awaiting an analysis of the 354,846 referrals sent between Apr-Dec 2020. This has been delayed due to the pandemic. Alongside additional needs, this analysis will include: ethnicity; community languages; interpreter requires; wheelchair required; visual impairment, hearing impairment and wider disabilities. This will inform equalities data improvement plans from 2022 and beyond. Analysis in previous years indicated good improvements in sharing of additional needs from primary care via SCI gateway. The type of additional support needs documented were: hearing impairment / Deaf; language interpreter requirement; dementia; housebound; visual impairment; poor mobility; speech impairment; learning disability; wheelchair user; requires a personal assistant in attendance and autism - with many people having multiple needs listed. Secondary Care alerts continue to be added to TrakCare as appropriate.

Between Apr-Dec 2020, 1017 people with a learning disability used Near Me in a range of NHSGGC services. In addition, 314 people with autism used the Near Me service. However, this was only in the Glasgow area. Problem solving is taking place with other lead areas for autism around lack of use of Near Me.

Due to the pandemic, data of opt in and opt out of the Netcall service by those with additional needs is not yet available. We will review this data in 2022-23 and consider implications for services.

2.5 Better Workplace - Creating a diverse workforce, supporting staff to tackle inequalities and acting as a fair employer

(Led by Anne MacPherson, Director of Human Resources and Organisational Development)

Action: Deliver the Workforce Equality Action Plan which covers a wide range of activity on workforce planning and analytics, recruitment and resourcing, learning and education and organisational development.

The Board Workforce Equality Group (WEG) aims to further develop NHS Greater Glasgow and Clyde as 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 includes representatives from the Staff Disability Forum, the Black and Minority Ethnic Staff Network and the LGBTQ+ Forum, together with Staff-Side representatives, Human Resource and Workforce Planning colleagues and the Equality and Human Rights team.

The 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 can demonstrate that we are an exemplar employer by participating in recognised equality frameworks and charters
- We have taken all the actions in our control to reduce equal pay gaps by sex, disability and ethnicity
- Staff from equality groups are fully engaged in contributing to the Workforce Equality Group.

Details of the actions for 2020-24 can be found on our website at www.nhsggc.org.uk/equality

One NHS Family

The WEG oversees the development of our One NHS Family programme, a development that seeks to showcase our skilled employees and build a sense of cohesion and belonging across a workforce that reflects the broad spectrum of identities and protected characteristics of the communities we serve. The links below give further information on the work.

[Click Here](#) [Click Here](#)

Disability Confident

Disability Confident is a government scheme that promotes the benefits to workplaces of recruiting and retaining people with disabilities.

NHSGGC became accredited in October 2017 following on from the DWP's Double Tick Standard which the Board held for a number of years.

The Disability Confident accreditation means that, as an employer, the Board is proactive in the ways it recruits disabled people and also has mechanisms in place to ensure people with disabilities and long term health conditions feel supported, engaged and able to fulfil their full potential at work.

The Board were required to carry out a self-assessment by October 2019 to maintain the award.

The Disability Confident self-assessment has been carried out by the Recruitment Team and the Equality and Human Rights Team with input from the Staff Disability Forum and logged with the Department of Work and Pensions. The Board now has the award until October 2022. Progress on activity will be monitored by the Board's Workforce Equality group. NHSGGC could consider applying for the next level up at any time - leadership level.

Equality and Human Rights Training

COVID-19 has seen a significant reduction in the delivery of workforce learning and development with all but essential training being put on hold while staff direct available resource to the pandemic response. Throughout the pandemic staff have continued to be supported to complete the suite of statutory mandatory modules which includes the Equality and Human Rights module.

The module follows an approved national template designed by topic specialists though the content is shaped to meet the needs of NHSGGC staff. To this end NHSGGC Staff Forums and Networks were involved in reviewing content in 2021 to deliver a refreshed module with greater relevance to current service experience. The module builds on a legislative background and includes several case studies to help staff relate to everyday practice.

The table below reports on completion of the module by sector/directorate staff and health and social care partnership NHS staff. Completion is shown as a percentage of each sector/directorate/HSCP workforce total.

Sector/Directorate/HSCP	% Complete
Acute Services	91.1%
Board-Wide services	88.8%
East Dunbartonshire HSCP	91.9%
East Renfrewshire HSCP	88.3%
Glasgow City HSCP	84.2%
Inverclyde HSCP	93.4%
Renfrewshire HSCP	88.0%
West Dunbartonshire HSCP	93.3%

Across the NHSGGC workforce, 89.7% of staff have completed their statutory mandatory Equality and Human Rights e-learning module, equating to 34,086 staff.

As part of the wider remobilisation planning programme, renewed focus is being applied to completion of the statutory mandatory modules for 2022.

In addition to the statutory and mandatory e-learning module, NHSGGC has a number of other more specific modules covering aspects of equality and human rights available for staff. The table below shows the number of successful module completions for each course covering the period 01/04/2020 – 01/02/2022.



While completion rates appear low given the size of the workforce, the demands on staff time have reduced availability though the statutory mandatory module provides essential learning for all staff groups.

Title	Number
Accessible Information	140
Addictions	131
Age	118
Deaf Awareness	115
Disability	121
Ethnicity	115
GBV	119
Hate Crime	110
Inequality Sensitive Practice	122
Literacy	122
Marginalised Groups	116
Sex and Gender	118
Sexual Orientation	115
Social Class	115
Transgender	131
Visual Impairment	112
Welfare Reform	112
Working with Interpreters	110

The Equality and Human Rights Team also deliver a range of face to face training for staff which is covered throughout this report.



BSL Classes for Staff

Due to the COVID-19 situation all BSL staff classes have been discontinued. After consultation with our tutors it was agreed that use of virtual training networks was not appropriate for delivering initial training on BSL. A number of staff members who have already done the Introduction to BSL course have contacted EHRT to enquire about opportunities for accessing online training to refresh their learning and we have supplied information on this. Some staff have also asked about information on other available classes and training opportunities and have pursued these individually. We continue to receive enquiries regarding BSL classes and a number of staff have informed us that they would be keen to take up the option of joining our courses once they start up again. Overall, interest and enthusiasm in the classes has been maintained.

As part of a standing agreement, Deaf Awareness training was delivered to a cohort of psychology students in March 2021. This will be repeated in March 2022. We also delivered Deaf Awareness training to 34 members of staff in response to a specific identified need and Chromebook communication support training to 69 members of staff.

Action: Develop future staff fora on other protected characteristics where a need is identified.

Staff Equality Forums

The following Staff Equality Forums are established:

Staff Disability Forum

The Staff Disability Forum was established in 2014/ 2015 and was formed to support the Board in making positive changes for disabled staff by promoting equality and to protect disabled staff against discrimination. The aim of the Forum is for staff to feel they are able to disclose their disability without any fear of stigma or negative response.

The Forum has a dedicated core group of staff who have been given time away from duties to develop the Forum, consider the issues affecting staff and propose solutions. The group is now represented on the Workforce Equality Group and has dedicated HR support.

LGBTQ+ Forum

The current Forum was formed in 2018/2019 for NHSGGC staff members who want to contribute to creating a more inclusive LGBTQ+ workplace. The LGBTQ+ Forum has continued to grow in membership with a closed Facebook membership in excess of 150 and a smaller core coordinating group. The Forum is now represented on the Workforce Equality Group where they can directly inform mainstream strategic decision making processes. Work to date has included support for the delivery of the NHS Scotland Pledge initiative, resulting in more than six thousand pledges being made by NHSGGC staff.

Black and Minority Ethnic Network

COVID-19 has highlighted how health inequalities impact on different groups in society. This has been particularly stark for Black and Minority Ethnic (BME) people who had higher hospital admission rates and higher death rates as a result of COVID-19. £50,000 funding has been granted from the NHSGGC COVID-19 Endowment Fund in order to support our Black and Minority Ethnic (BME) Staff Engagement Network, Staff Disability Forum and Lesbian, Gay, Bisexual and Transgender (LGBTQ+) Forum with the immediate, medium term and long term effects of COVID-19.

The Action below will be taken forward to support the network.

- A culture change campaign called “One NHS Family” which will seek to highlight and promote our diverse workforce
- Resources which can be directed by the staff forums to enable them to promote the forums and offer peer support to colleagues. This would include printed or electronic resources, on-line training packages and staff time
- Specialist trainers and speakers who can deliver online conferences and seminars which give staff information on COVID-19, how it impacts on equality groups and best practice on reducing risk, tackling discrimination and empowering staff
- Career progression activity such as interview skills and self-presentation workshops aimed at BME, disabled and LGBTQ+ staff, internship opportunities and leadership academy programmes.

2.6 Measuring performance and improving data collection

Action: Ensure new data systems or migrated systems will always include fields to collect equality data and undertake an improvement programme to update existing systems.

The Scottish Government wrote to all Scottish Health Boards and asked us to make a statutory field in all Acute patient systems. The ethnicity field was made live in Trakcare on the 15th October 2020. At that point, 33% of patients had their ethnicity recorded. As of 1st February 2022, 50.3% of patients have their ethnicity recorded on Trakcare in NHSGGC. This equates to a total of 2,175,071 patients' records. Ongoing monitoring will track progress and will be reported in the 2024 Monitoring Report.

Hate Crime

NHSGGC continues to record perceived hate incidents via the incident recording system 'DATIX'. The system allows members of staff to detail their account of witnessed incidents pending further investigation. The system captures incidents perceived to be motivated by prejudice against:

- Disability
- Race
- Religion
- Sexual Orientation
- Transgender Identity

Figures are reported back to the Workplace Equality Group on a quarterly basis for review and action and to the Glasgow City Hate Crime Working Group (also quarterly).

From April 2020 - February 2022, there have been 445 reported hate incidents on NHSGGC sites. Work has been undertaken to clarify reporting criteria as investigations into incidents suggested some confusion in identifying the motivating factor, particularly when reviewing disability hate incidents where the perpetrator's perceived disability has defined the recording rather than the victim's protected characteristic. A renewed 'support to report' programme is currently being developed.

Action: Put in place data collection and performance measures to track progress on the mainstreaming and equality outcomes for the Board for 2020- 24.

The Acute Health Improvement and Inequalities Group (AHIG) has not met in 2020-21 due to COVID-19 pandemic. Measures and priorities will be agreed as part of the Public Health Remobilisation Plan.

Routine Enquiry has been integral to the support for individuals due to COVID-19 pandemic. The data is as follows:

Setting	Routine enquiry (% of completed data)	Recorded as having money worries (%)	Missing Data (%)
Midwifery	89%	2%	27%
Health Visiting	13%	22%	N/A
Support & Information Services	N/A	13% (7% had specific food insecurity as part of money problems)	0

Routine enquiry on money and debt worries and referral to money advice services is a key priority for NHSGGC’s response to poverty and child poverty. The Corporate Management Team passed an approach to enhance governance around tackling poverty and child poverty in NHSGGC. This includes legal requirements around the Child Poverty Act (Scotland) and socio-economic duty. In 2020/21, child poverty leads across NHSGGC signed up to a range of long term objectives to tackle this issue.

In line with recommendations from the Poverty and Inequality Commission, Corporate child poverty leads enhanced partnership working by participating in Local Authority led child poverty committees as well as maintaining NHSGGC’s child poverty leads network and developing draft NHSGGC KPIs; which are being adapted nationally.



A NHSGGC Child Poverty Peer Models and Long Term Lived Experience Models Working Group has been set up, with a discussion paper for Acute and CPP stakeholders. In addition, a stakeholders' Webropol around Cost of the Pregnancy Pathway has been conducted - this will be used to inform an NHSGGC discussion paper for CPPs on this topic.

An NHSGGC discussion paper on the NHS, local authorities and umbrella 3rd sector organisations, 'Role as employer – child poverty, poverty, equalities and human rights' has been developed. On 4th March 2021, the Scottish Government issued new guidance shortening the deadline for submission of Local Child Poverty Action Reports. As such, child poverty corporate and Acute leads have facilitated development of KPAs (Key Progress Areas summaries).

Our extensive approach to child poverty is evidenced in a 2020-21 summary report to our April Corporate Management Team and Public Health Committees. A development session for GGC child poverty leads, Financial Inclusion Leads and Children's Services reps took place in February 2021. This included presentations of priority groups, a Scottish Government practicum on health visitors referrals and child poverty and community benefits clauses. A range of actions arose from the session which are being taken forward in 2020/21 Corporate, Acute and CPP action plans.

Our partnership with Home Energy Scotland resulted in 129 health and social care referrals and 345 Local Authority referrals, which is double the rate of 2019-20. A good uptake of the Warm Homes Scotland intervention was found across the NHSGGC areas:

Local authority area (Apr-Dec 2020)	Number of Households with Warmer Homes Scotland Installs between April 2020 - January 2022
East Dunbartonshire	80
East Renfrewshire	52
Glasgow	439
Inverclyde	87
Renfrewshire	114
West Dunbartonshire	51
Total	823



In terms of financial inclusion, it is important to consider our baseline around this given poverty levels have been described as a ‘humanitarian crisis’ Between 2016-20, it is estimated 71,200 NHSGGC patients were referred to money advice services with a financial gain of £196million. Social return on investment evidence and health benefits evidence in NHSGGC and other Scottish Health Boards indicates that this intervention is much more cost effective than traditional models of money advice provision, where people present in ‘financial and mental health crisis’. 38% of all referrals are Black and Minority Ethnic (BME) patients community (portion Asylum Seekers and Refugees), 62% with a disability, 83% from SIMD one and two and 62% are parents. The increases in demand for NHSGGC financial inclusion services was already rising pre pandemic (e.g. in the year before the pandemic, there had been a 18% rise in Healthier Wealthier Children referrals and a 42% rise in Acute Long Term Conditions referrals).

A breakdown on financial gains and referrals is provided below for Acute and Children and Families settings.

Setting	Referrals to money advice services	Annual Financial Gain	Comments
Community children and families services	3,152	Estimated £2,800,000	QI plans are in development for HV and Maternity services to improve raising the issue, identification of money worries and onward referral to services. Plans for data improvement from EMIS and Badgernet on money worries and referrals to services will allow data triangulation and fuller reporting.
Children’s hospital	207	£1,662,149	This is a 38% increase in referrals compared to Apr-Dec 2020. Money worries have increased. Most notably fuel poverty and mortgage issues / debt have increased for families at RHC. Due to the complexity of cases appointments take longer.
Special Needs in Pregnancy Service	41	£210,693	This is a 361% increase in referrals compared to Apr-Dec 2020, however, at the start of the pandemic, issues were identified regarding referrals possibly being made to main stream Money Advice services. As referrals were lower during Apr-Dec 2020, plans were implemented to increase referrals directly to Maternity Matters, the SNIPs bespoke service.

Setting	Referrals to money advice services	Annual Financial Gain	Comments
Acute Long Term Conditions services	645	£3,121,131	None
Acute support & Information Services	245	N/A	Numbers are much smaller than previously due to lack of ward rounds by SIS staff due to COVID. This changed from February 2021.
Primary care money advice workers	398	£1,589,931	Glasgow only but national roll out 21/22.
Neonatal expenses fund	1096	£195,740	Fund stopped in July Q2 and therefore numbers will be lower than past reporting period. Replacement Young Persons Family Fund (YFFF) reporting process yet to be finalised.
Emergency food package on discharge	441	N/A	This service is now available on all hospital sites.
Staff who have money worries themselves via a) SIS use and b) HES campaign)	a) 643 b)138	N/A	More staff with money worries are referring themselves to the Support and Information service for advice (643). A staff campaign / partnership with Home Energy Scotland has also resulted in referrals.
Forensics Mental Health pilot	40	£100,960	This Queens Nursing Institute for Scotland project is making a huge difference to people's lives, especially on discharge from the service. The Directorate has provided 21-22 funding to further test the model.
Stobhill Mental Health Inpatients pilot	77	£325,982	Mental Health Employability Services funded this pilot which has made a massive impact through joint working, by the service, Greater Easterhouse Money Advice Project, Social Security Scotland, in house advocacy service, Support & Information Service and the Department for Work & Pensions.

In terms of child poverty, Health Visiting money advice referrals are a key tenet of the approach as well as improving: Midwifery referrals to money advice services; Special Needs in Pregnancy holistic money advice intervention; children's hospital money advice project; Primary Care money advice, Family Nurse Partnership money advice and Child Development Centres money advice.

The following tables show HV referrals as % of caseloads alongside local child poverty rates and a SIMD analysis. The NHSGCC health visiting group has developed enhanced performance monitoring and governance and is developing local targets for HV referrals and improvement plans. Similarly, the GGC Community Obstetrics Management Group has developed a GGC wide improvement plan and is exploring a target for midwifery referrals based on SIMD1-3. A breakdown by SIMD is provided.

HV referrals (% of caseload) and local child poverty rates

	Money advice referrals as a % of HV caseloads (Apr -Dec 20)	Child poverty rate (2020)
East Dunbartonshire	6%	16%
East Renfrewshire	4%	15%
Glasgow – North East	26%	32%
Glasgow – North West	31%	32%
Glasgow – South	52%	32%
Inverclyde	4%	24%
Renfrewshire	16%	23%
West Dunbartonshire	1%	27%



HV SIMD referrals analysis

SIMD No. referrals No. individual service users % of service users referred by SIMD

Row Labels	Total	Unique patients	% of Unique patients
East Dunbartonshire	868	859	
1	49	49	5.70%
2	144	141	16.41%
3	52	51	5.94%
4	191	190	22.12%
5	432	428	49.83%
East Renfrewshire	751	743	
1	50	49	6.59%
2	73	72	9.69%
3	48	48	6.46%
4	216	213	28.67%
5	364	361	48.59%
Glasgow City	6808	6613	
1	3805	3658	55.32%
2	1104	1081	16.35%
3	705	692	10.46%
4	618	614	9.28%
5	576	568	8.59%
Inverclyde	647	631	
1	336	327	51.82%
2	97	94	14.90%
3	83	81	12.84%
4	59	58	9.19%
5	72	71	11.25%
Renfrewshire	1491	1454	
1	415	406	27.92%
2	313	305	20.98%
3	217	210	14.44%
4	216	212	14.58%
5	330	321	22.08%
West Dunbartonshire	777	765	
1	376	372	48.63%
2	184	183	23.92%
3	113	109	14.25%
4	66	65	8.50%
5	38	36	4.71%
Grand Total	11342	11065	100.00%

Up to November and September 2021 respectively, these are the Scottish government statistics on Best Start Grant and Scottish Child Payment applications -

Best Start Grant

East Dunbartonshire	3175	£772,132
East Renfrewshire	2940	£688,045
Glasgow	53910	£12,740,418
Inverclyde	5325	£1,295,969
Renfrewshire	10405	£2,501,691
West Dunbartonshire	7655	£1,799,270

For spreadsheet - [Click Here](#)

Scottish Child Payment applications

East Dunbartonshire	1415
East Renfrewshire	1290
Glasgow	22115
Inverclyde	2195
Renfrewshire	4365
West Dunbartonshire	3075

Scottish Child Payment Statistics - [Click Here](#)

Action: Follow up actions to target differentials in screening uptake and health outcomes to ensure action has taken place

As part of the Public Health remobilisation plan we will utilise a tracking document to improve screening for those with protected characteristics. Nationally, the Screening Oversight Board will develop a strategy addressing inequalities in uptake of screening which will inform the NHSGGC remobilised screening programme.

[NHSGGC Annual Screening Report](#) details uptake of adult screening programmes by age, SIMD and ethnicity for 2020-21. As part of the Public Health remobilisation plans NHSGGC Adult Screening Inequalities Action Plan is under review, with specific actions to address differential in uptake among individuals with Severe & Enduring Mental Health, Learning Disabilities and those from Black and Minority Ethnic communities, supported by investments from the Scottish Government Cancer Screening Inequalities funding.

The National Screening Oversight Board and Public Health Scotland progressing development of Screening Intelligence Platform, expected in 2022, which will further inform NHSGGC remobilised screening programme.

2.7 Resource allocation, fair financial decisions and procurement

Action: Continue to refine the process of making fair financial decisions

Equality Impact Assessment (EQIA)

NHSGGC's EQIA programme considers the impact of service change that includes a cost saving component and offers proportionate mitigation.

All strategic decisions that are subject to equality impact assessment include an integrated abbreviated assessment in line with NHSGGC's requirement to show due regard to the Fairer Scotland Duty. The assessment content is drawn from the revised guidance for the Fairer Scotland Duty and asks:

1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?
2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?
3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are

4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?
5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?
6. How has the evidence been weighed up in reaching our final decision?
7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? 'Making Fair Financial Decisions' (EHRC, 2019)²¹ provides useful information about the 'Brown Principles' which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.

Action: Explore wider social benefits through our procurement processes

In line with the Procurement Reform (Scotland) Act 2014, work is continually underway to ensure procurement policy supports fair work practices, sustainability, community benefits and ethical supply chains. Within our Procurement Strategy, contract strategies and tender / contract information we consider fair work practices, sustainability and community benefits for all Procurements above the value of £50k. NHSGGC's commitment to Community Wealth Building is also acting as an urgent catalyst to advance our procurement Anchor plans as a priority.

As the largest Health Board in Scotland, NHSGGC spends £660m with third party providers. We also have the most diverse population in Scotland so we have a great opportunity to increase supply chain diversity.

The need for strengthening inclusive organisational culture through procurement practice was identified in the recent Talent Inclusion and Diversity Evaluation. This scored NHSGGC at 21% in the Procurement Domain against a UK average of 23%, highlighting that Procurement Diversity can be improved at Glasgow and UK levels.

NHSGGC's Procurement and Public Health departments will work in partnership with the Supplier Development Programme to deliver a piece of improvement work that aims to diversify its supply chain. The project's aim is to do this by working with partners to target support and development to Small Medium Enterprises (SMEs) and businesses that are run by, for and with people with protected characteristics. It also aligns with increasingly important Community Wealth Building opportunities. The analysis stage of the project will review existing supplier data, gather knowledge about the local SME base, and will seek to understand diversity within the supplier base in the city including businesses led by, for and with, people from with protected characteristics (Equalities Act Scotland & Fairer Scotland Duty).

This intelligence will inform the development of an SME engagement programme. The project will explore how supplier pathways can be enhanced, identify what supports they need, and encourage them, to become an NHSGGC supplier. This work will upskill targeted businesses by offering a bespoke range of support, including tender training, bespoke supplier events, tools and guidance.

The project will be delivered in September 2022 and success will be monitored by:

- Measurement and reporting of all events/activities
- Post-activity feedback assessing attitudinal change and tender confidence levels
- Identification of areas for further supplier support, and suggested improvements to the NHSGGC procurement processes indicators
- Improvements to the benchmarked scores from NHSGGC's Talent Inclusion and Diversity Evaluation.

A final report will be produced which will include learning points and recommendations. Dissemination events will be delivered in order to share project learning in NHSGGC, Glasgow City region, and also to a wider Scotland and UK audience.

3. COVID-19 Response

Due to the COVID-19 pandemic, much of the planned work to deliver on our new set of outcomes has been delayed. NHSGGC's work on equality and human rights aims to ensure that we provide equitable access to services and address barriers where we identify them. This section describes how NHSGGC ensured an inclusive response to the COVID-19 pandemic for those protected under the Equality Act.

3.1 Mainstreaming issues

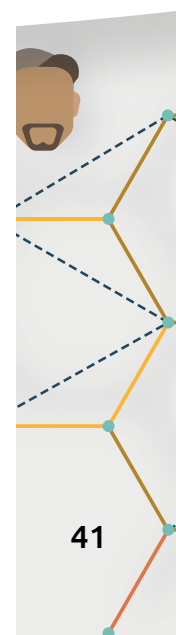
3.1.1 Test and Protect

NHSGGC's Test and Protect programme is dependent upon engaging quickly and clearly with a diverse range of people who may be at risk of spreading COVID-19 in the community. The Test and Protect Team introduced a series of Standard Operating Procedures (SOPs) that act as quick reference documents to ensure robust process is followed at each step of the engagement process. The SOP covering additional communication needs provides telephone interpreting codes for 87 spoken languages and access to BSL language support for Deaf users.

The Test and Protect Team introduced a courtesy call pilot that follows up with traced people to explore if their needs have been met by the service. The pilot showed that 26% of people contacted required additional support ranging from money worries to national support links.

3.1.2 Protecting our workforce

NHSGGC reviewed emerging evidence in relation to disproportionate risk of COVID-19 transmission and poor health amongst BME communities and put in place a programme to prioritise the vaccination of our BME staff. The links below are examples of communications sent across the organisation to promote vaccination uptake by BME staff and to underline the value of updating personnel information held on the eESS system.



[Core Brief 14.12.20 Outline Priority for BME Staff](#)

[Core Brief 16.12.20 Contact Process for BME Staff](#)

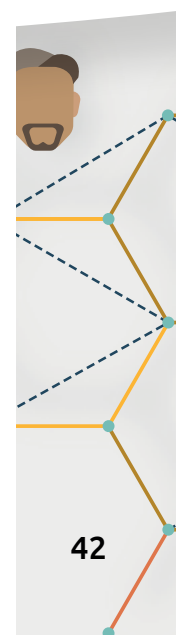
[Core Brief 17.12.20 Reminder for BME Staff](#)

[Core Brief 18.12.20 Reminder to BME Staff and eESS data](#)

3.1.3 Remobilisation Plan Equality Impact Assessments

NHSGGC's remobilisation planning team have undertaken 6 equality impact assessments (EQIAs) to better understand and identify potential barriers for people accessing redesigned services. A core focus of the EQIAs was the mainstreamed use of virtual patient engagement to reduce risk associated with attending in person. The table below provides links to the assessments.

EQIA	Date Completed	Location
COVID-19 Community Assessment Centres	11/11/2020	Click Here
Flow Navigation Centre	16/12/2020	Click Here
GP Out of Hours Appointments	24/02/2021	Click Here
Acute Phlebotomy Hubs	26/02/2021	Click Here
Active Clinical Referral Triage/ Patient Initiated Review	16/02/2021	Click Here
Virtual Patient Management	05/03/2021	Click Here
Citizen Portal (Formerly Netcall)	23/11/2021	Click Here
Clyde Trauma Redesign	26/11/2021	Click Here



In addition to the above NHSGGC service impact assessments, a number of service assessments have been undertaken within Health and Social Care Partnerships (HSCP). These are reported via HSCP governance structures.

3.1.4 Inclusive Vaccine Plan

In identifying COVID-19 vaccine centres, NHSGGC assessed all for accessibility and transport links to ensure maximum access for our population. We utilised the national inclusive vaccine EQIA as a template for our vaccine model role out, supplemented with local population and infrastructure knowledge. We identified broad mitigations for all to ensure maximum access such as robust transport links and appointment flexibility.

A range of local clinics were set up - including in areas of high deprivation - and if not possible, transport support options were put in place. Evening, morning and weekend appointments were planned to accommodate those with less flexibility in their workplace or who lose money if they take time off work.

Additional services were provided via a mobile vaccination service and drop in session run for those who might experience a challenge in attending a scheduled appointment

Staff were given training to ensure have knowledge relating to those who have additional needs such as guiding visually impaired people. Where appropriate, people who are additionally vulnerable due to mobility issues, mental health or cognitive impairment are being vaccinated at home and others provided with additional support to attend vaccine centres. We have worked with our Local Authority and third sector partners to have a joint approach for certain populations such as Asylum Seekers or homeless people. Key to the success of our plan is not to presume homogeneity within groups, but to plan for difference.

The EHRT created a BSL video to promote the national COVID-19 helpline to ensure BSL users knew how to make an enquiry, to change their appointment time or to book an interpreter for their vaccination. This initial video had 615 views then a further 830 when it was re shared on our BSL Facebook page.

Remote BSL interpreting is also available at vaccine centres. Our BSL video providing information about COVID-19 and self-isolation is available here: [NHSGGC - BSL: COVID-19: General Information about Coronavirus and self-isolation - YouTube](#)

For our non-English speaking BME population, posters were produced in 24 languages providing a step-by-step guide to pre-booking an interpreter for a vaccination appointment, using our telephone interpreting service. Targeted communications promoting the uptake of the vaccine were produced in a range of languages and disseminated to the target communities. This programme of work included COVID-19 drop in clinic timetables translated into our top 10 languages (May 2021) and vaccine information produced in 9 languages for African communities (July 2021).

Videos incorporating representatives from various communities were shared widely via social media and included local GPs and Acute consultants. An example of our work is available here: [Information on the COVID-19 Vaccine \(in Arabic\) - YouTube](#)

Carers are vaccinated at home or at vaccine centres if they attend with those they have a carer's role for; flexibility has been built into appointments to accommodate dual visits. Communications have gone out via carer organisations. There has been communication with clinical staff and NHSGGC contact centres to ensure consistent messaging to enable dual appointments where possible.

In principle, NHSGGC's approach to COVID-19 vaccination was to deliver a mass population vaccination programme whilst addressing barriers for individuals to ensure a person centred approach.

3.1.5 Engagement as a consequence of COVID-19

Due to lack of data across all protected characteristics, the EHRT have developed a model to understand the specific barriers faced by specific population groups. (See Fig 1.) Evidence and media reports have been a constant throughout the COVID-19 pandemic and can be used as a proxy for local data. However assumptions cannot be made that all groups across the UK have the same lived experience. To address these concerns the EHRT has been using community voices as a check and balance against the national evidence.

Fig:1 NHSGGC Model



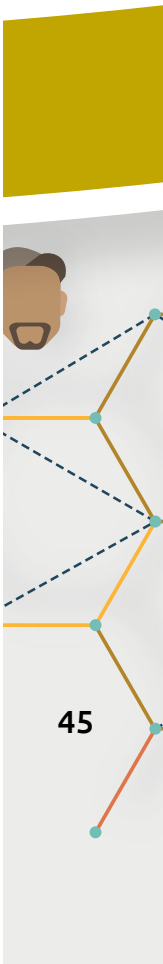
In order to produce effective, targeted communications, evidenced gathered via community engagement was used to identify any specific barriers and concerns for communities and to prepare targeted key messages. We then identified spokespeople from the each group to present this information in various languages. Our community contacts also helped to identify the most effective dissemination channels such as community networks and social media.

Black and Minority Ethnic Communities

A baseline study of community needs was undertaken between October 2020 and March 2021.

Twenty-three separate COVID-19 Information community group sessions were held between October 2020 and the beginning of March 2021 (316 participants). Twenty-five separate community COVID-19 Vaccination community group sessions were held between the February 2021 and the end of March 2021 (286 participants); 48 Sessions and 602 participants in total.

Across both types of community sessions a range of ethnic groups (e.g. Arabic, Kurdish, Nigerian, Pakistani, Iraqi, Algerian, Congolese, Eritrean, Vietnamese & Indian) and a range of languages were represented (e.g. Arabic, Spanish, Kurdish Sorani, Tigrinyan, Vietnamese and English) by session participants.



Forty three engagement sessions were held Between April 2021 and June 2021 with 60% of participants coming from BME communities. The majority of this work focused on Covid and vaccinations, though 17% was related to NHSGGC's maternity services. From July to the end of September 2021, this work continued with further sessions being held regarding the COVID-19 vaccination programme.

From October 2021 until February 2022 EHRT engaged with 154 participants within 13 groups over 17 sessions. Of the groups involved, 8 were specific to BME communities and included an African and Middle Eastern Community Focus Group, the Red Cross Patient Focus Group and a Roma Community - Patient Focus group.

Both the EHRT 2020 Baseline Study and the resultant community information sessions highlighted the need to ensure that accurate, up to date information is made available to the black and minority ethnic communities through appropriate channels and in relevant languages. Links with community groups will continue to be strengthened and new ones forged in order to promote dialogue with people with lived experience, feeding such experience back into NHSGGC in order to achieve optimum levels of policy and service. It is fully recognised that this is not a one-off exercise but rather part of a continual process.

To date some of the highlights of this activity are as follows:

- Key messages regarding COVID-19 were produced in English, Urdu, Punjabi, Tamil, Hindi and disseminated via to community groups and organisations
- A video with COVID-19 information was produced in English and Urdu.
- Key messages and video links were shared with targeted social media channels with a reach of over 36,000 people, including religious organisations
- An interview with an NHSGGC GP was aired in English and Urdu on Radio Awaz, as well as a series of advertisements in English, Urdu and Punjabi
- An interview Dr. Syed Ahmed concerning the COVID vaccination programme was aired on Radio Awaz in early 2021

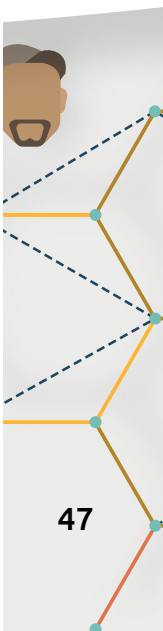
- Targeted videos promoting the uptake of the COVID-19 vaccine have been produced in 9 languages, presented by staff and community representatives from each target group and disseminated via community networks and social media channels
- Selfie videos from Black and Minority Ethnic (BME) community staff members receiving their COVID vaccinations have been produced and shared via social media and relevant community networks
- The translation of communications assets into Slovakian, Romanian and Roma have been undertaken to support the Roma community. In response to feedback from this community, three videos were also produced in all 3 languages, covering information about COVID-19, how to self-isolate and vaccination programme
- With Glasgow Council, the use of the Glasgow Central Mosque as an asymptomatic testing centre was promoted. This included the involvement of a representative from the Mosque, emphasizing that the centre was open to all and welcoming the local community
- Printed and animated communications materials across a range of topics have been translated which have been utilized in conjunction with Scottish Government assets. These materials have been shared on social media to support wider COVID-19 messaging.

In total 1358 BME community members participated in COVID-19 awareness and vaccine awareness sessions.

Faith Groups

NHSGGC is committed to ensuring that all those with a faith or non-faith have barrier free access to COVID-19 vaccines.

Information was shared via targeted social media channels, including religious organisations, and was sent to all Mosques in the Greater Glasgow and Clyde area. The information was also shared via targeted WhatsApp groups and sent it to the Muslim Council of Scotland for further dissemination. The Muslim Chaplain at Glasgow University participated in our vaccine 'selfie' campaign. Radio Awaz programmes were also used to target the Muslim community on Fridays and a Public Health Consultant shared vaccine information.



Some of the Muslim population had concerns about taking the vaccine during the Ramadan fast. The EHRT carried out engagement across multiple groups which included Muslim participants and in the run up to Ramadan spoke to 72 Muslim people about their vaccine concerns.

During Ramadan 2021, NHSGGC promoted the advice from Muslim organisations that the vaccine would not break the fast to all Mosques in the area and through Radio Awaz.

Videos were also shared with Gudwara's via social media and further disseminated through the Renfrewshire Interfaith Group.

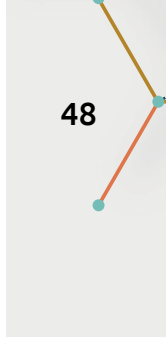
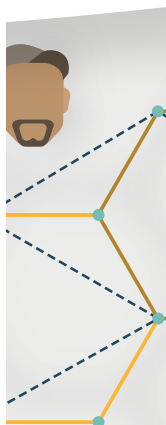
In response to concerns regarding household mixing around the Eid celebrations, a video was produced in both English and Urdu, encouraging the community to keep to the current restrictions. The video was disseminated via the community channels and promoted on NHSGGC's social media.

A series of radio ads were also produced in English and Urdu and played on Radio Awaz in the week leading up to and including the Eid festival. Dr Syed also recorded an interview regarding the current guidelines and additional messages were conveyed via key presenters in English, Urdu and Punjabi re staying safe and the opportunities for local testing.

Disability

The EHRT has initiated a series of sessions with disabled people to ascertain their experience of COVID-19 Vaccination. A discussion session with patients living with a learning disability was held in conjunction with The Life I Want (TLIW) public partnership forum. The session and ensuing survey covered the patients' experiences of the COVID-19 vaccination process.

Issues raised included confusion over media coverage of the COVID vaccine and the importance of carers being able to attend appointments with patients. Staff support and information given during appointment was rated very highly.



Recommendations included the need to ensure that vaccination letters are sent out early enough for patients requiring support to read and respond. While venue accessibility was rated generally positively, there is a need to promote the availability of alternative venues for those with specific issues such as mobility, including the option of home vaccination.

The EHRT identified the use of masks by all staff as a communication barrier to many disabled people early in the pandemic. Use of masks precluded lip reading for both those who use this as primary communication and those who use to augment other communications means such as BSL users. Following a rigorous process to identify compliant products, NHSGGC purchased transparent masks for use across all services. The masks have been delivered to key service points including Audiology, ENT, Assessment Units and Paediatric Intensive Care Units.

The Person-Centred Care Team introduced Person-Centred Virtual Visiting (PCVV) across all NHSGGC hospitals in March 2020 to allow all patients access to technology specially set up to enable them to see and talk to the people who matter to them during COVID-19 visiting restrictions. This action aimed to address:

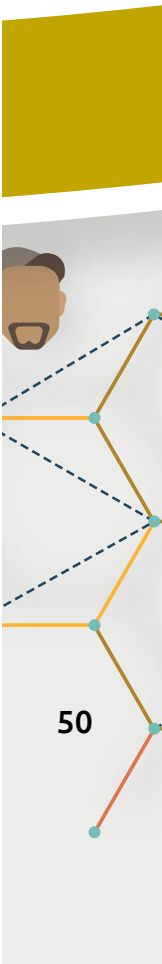
- communication needs
- spiritual care, culture and religion
- health and wellbeing
- information and support
- care experience feedback.

These iPads have software for accessing spoken language interpreters, BSL interpreters and can access a speech to text transcription service – the AVA app. It will transcribe what a staff member is saying, even with a mask on and present it in written English on the iPad. This ensures that our patients with a hearing loss can understand what staff are saying to them on our wards. Engagement was carried out with staff at drive in testing centres to see if the app would work when staff were wearing masks.

NHSGGC support Deafblind Scotland to both provide communication support to Deafblind people in health services but also to deliver a wellbeing programme targeting Deafblind people. During the COVID 19 pandemic Deafblind Scotland have continued to keep in contact with Deafblind people within Greater Glasgow NHS area providing wellbeing calls and visits as necessary and providing information and support to them, some of whom were very distressed as a result of the pandemic and others requiring emotional support as they are very isolated and lonely. These connections have been invaluable for many and Psychological First Aid was delivered to all staff due to the distress experienced. We also sought to support more people than ever before by training six guides as wellbeing coordinators. These staff have kept in contact with all NHSGGC members by phone or face time during the pandemic and offered wellbeing visits to those with no SDS service including wellbeing walks of 77 hours during lockdown.

Deafblind Scotland has fully supported the vaccination programme roll out and have encouraged and supported members by sending formatted version of the vaccination leaflet to 452 members including the vaccination process and assigning guide/communicators, with members receiving support to attend vaccination appointments.

Forty three engagement sessions were held between April and the end of June 2021 with 632 individuals taking part. Of this number, 40% were disabled people including people from the Deaf community. These sessions were focussed on Covid related information and involved groups including The Life I want Group, The Mental Health Network, BSL Health Champions and Glasgow Disability Alliance. This work continued with further sessions being held from July to the end of September 2021. Again the main focus was the COVID-19 Information and Vaccination programme. From October 2021 until February 2022 EHRT engaged with 154 participants within 13 groups over 17 sessions. Of the groups involved, 9 were specific to the disabled community and included GDA - Drivers for Change, the People First Women's Group and The Life I Want Health Group. Although COVID-19 related information was a focus for a lot of the work, other issues discussed included shared experiences of discrimination with other protected characteristics and marginalised groups as well as the planning and scheduling of appointments to take account of additional support needs. In total 786 disabled people have taken part in COVID-19 or vaccination awareness sessions.



LGBTQ+

In preparation for developing the patient experience group post pandemic and in response to the national crisis in demand and waiting lists for Gender Identity Clinic services, Boards are using the 'Your Voice' tool to engage with the Trans community on what services would aid them whilst on the GID clinics waiting lists. Like other marginalised groups, unprecedented levels of poverty, stress, abuse and social isolation are live issues for the Trans community. Peer worker models have been raised as a means to provide a 'co-produced' service response to the current crisis.

The LGBTQ+ Health Needs Assessment (a partnership programme between NHSGGC, NHS Lothian and Public Health Scotland) specifically asked respondents about their experiences of COVID-19. Using a pre-COVID-19 baseline of 73% of respondents feeling isolated from family and friends, 78% felt this had further deteriorated as a result of COVID-19. Sixty two percent of respondents felt their quality of life had deteriorated as a result of COVID-19 with 72% stating their mental and emotional wellbeing had deteriorated. When asked what would be prioritised as society recovers from COVID-19, 77% suggested more tailored mental health services and 70% suggested improved care for older LGBTQ+ people.

Learning Disability

We disseminated eight pieces of easy read COVID-19 information to all learning disability organisations and generic disability organisations as well as information on how to access the national easy read information.

Our partnership with The Life I Want Group and with other learning disability patients and 3rd sector organisations has continued over the course of the past year. Monthly meetings of the group have continued throughout the pandemic using virtual platforms until the beginning of this year. We have been able to gather ongoing feedback from patients regarding their use of healthcare provision during this period.

The issues fed back focussed on confusion over cancelling of appointments during early stages of pandemic and not being able to visit hospitals. Clarification was requested about identifying cold/ flu symptoms from COVID-19 symptoms. There were also preliminary discussions on delivery of our 2020-24 equality outcomes relating to learning disability.

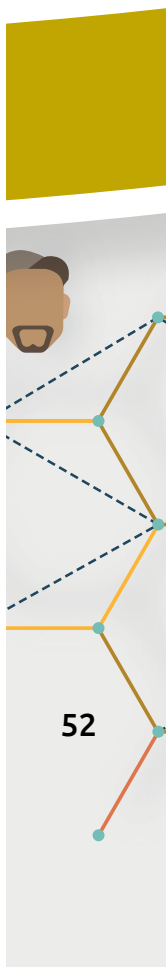
Planned engagement work is underway to better understand experience of using remote consultation with LD patients and their carers. This will be included in the 2022-24 Monitoring Report.

Information in Other Formats

Spoken languages - A large number of COVID-related information and resources have been translated into a wide range of spoken languages over the monitoring period. These include local service information, animations on visiting restrictions and video scripts and adverts for targeted campaigns. We have also produced translations of Scottish Government materials where additional languages were required to meet our target demographic. These have been mainly disseminated via our community networks, incorporating presentations, local groups and social media.

In total 1461 resources were produced in other languages – 72% of which related to COVID-19.

COVID-19 related language resources can be accessed via the [NHSGGC website](#).



4. Equality Outcomes

NHSGGC's equality outcomes are based on evidence gathered prior to publishing and highlights where we need to make a significant difference for patients with specific protected characteristics.

This section provides an update on progress made on the equality outcomes in 2020-22. Due to the need to prioritise mitigation of the COVID-19 pandemic, initiating work on this set of outcomes has been limited. We have therefore only reported on the outcomes where work is underway.

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.

Although the pandemic impacted significantly on planned activity, a programme of work was initiated to enhance the support provided to Care Homes at this time, coordinated via the Care Homes Tactical Group.

A telephone survey with care home managers across NHSGGC was performed in April 2020, following which training was delivered in May 2020 and a training and information portal was launched on the NHSGGC website in June 2020. Further, newsletters were distributed to Care Homes in June, July and August 2020. Ongoing support has been provided to Care Homes regarding COVID-19 outbreaks.

Anticipatory Care Planning (ACP) – Standard Operating Procedure

The Anticipatory Care Programme has been active for the past two years working across all areas of NHSGGC, including the six HSCPs, primary care, acute settings and the independent care sector.

The aim of the programme is to help embed Anticipatory Care Planning (ACP) into core business and empower the public to be involved in decisions relating to their care and treatment. Whilst ACP can be offered to anyone, particular focus has been made to engage those over 65, those living with a long term disease or people towards the end of their life.

Staff training has been delivered with over 900 people completing the e-module in the past two years, and over 550 staff attending communication skills training.

A Standard Operating Procedure (SOP) has also been published giving detailed guidance to staff regarding the process of having and recording ACP conversations. Alongside this, there are dedicated webpages providing both staff and the public with information and resources in order for them to begin having these conversations.

Key Information Summaries have been completed for 205,958 people aged over 65 across the six HSCPs and are held on Primary Care systems.

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

Although the specific actions relating to this outcome have not been initiated due to the COVID-19 pandemic, AHPs (Allied Health Professionals) have continued to prioritise Dementia Championship training to improve all aspects of person centred care for older people in relation to planning and decision making. As result of the Dementia Championship training many AHP services have prioritised the Dementia & Delirium and Dementia & Distress LearnPro modules for staff to enhance person centred care for patients.

Additionally, work programmes were initiated around Virtual Visiting to enhance person centred care.

A programme of work focussed upon the support needs of carers was also performed, including the development of public facing communications to ensure that the identification of carers continued via NHSGGC and NHSGGC Carers social media platforms.

Equality Outcome 2:

Appointments will be planned and scheduled so that the needs of patients who require additional support are met to ensure appropriate care during all outpatient visits.

The specific actions for this outcome has not been initiated due to the COVID-19 pandemic. However, over the past 12 months the Equality and Human Rights Team has continued its links with 3rd sector partners working with disabled people, including people with learning difficulties. During this time we have received updates and feedback on how the pandemic and lockdown has had an influence on the general health and wellbeing of patients and on their experiences of accessing and using Acute and community healthcare provision. This information will be used as learning for the development of our equality work in the future and will inform NHSGGC's post COVID activities.

A suite of EQIA's relating to NHSGGC Remobilisation Plan has been carried out (see section 3.1.3). This included an EQIA of the Active Clinical Referral Triage/ Patient Initiated Review, Virtual Patient Management including engagement around the Attend Anywhere / Near Me virtual appointing system.

Almost 900 services (Acute, Primary Care and Mental Health Services) can now use this virtual consultation service. An interim evaluation of over 3000 recipients found that any concerns about reduced quality of the consultation were not reported at all, with benefits of better time management and no travel costs.

Interpreting support is also available and can ensure interpreters can cover more appointments due to removing the need to travel. However, virtual services do not suit all e.g. some older people, people with complexity in their lives and people who do not own a computer or are digitally excluded currently may not be able to access this service. Standard appointments can be made available to those who cannot use such a service and will be offered subject to safe distancing and risk assessment.

Twenty two non-English speakers across 12 languages and 12 disabled people were interviewed about their experience of using Attend Anywhere / Near Me remote appointing system.

The feedback given by all interviewees regarding “Near Me” was largely positive. Overall it is a good system although some people find some technical difficulties and/or require support of differing types to use it. Issues raised included the fact that, due to the nature of a person’s disability or condition, “Near Me” may never be a good appointment option. Not everyone is digitally connected/aware or is able to be. Some people are happy to use the system for now (during the COVID-19) restrictions but see it as purely temporary

Any evaluation of the worth of an appointment system like “Near Me”, for all of its benefits, needs to fully recognise and take account of the fact that one size does not fit all and patients should be offered a choice.

EHRT has begun online engagement activity with Glasgow Disability Alliance and some of their members to look at how the equality outcomes which have reference to improving healthcare services and experiences for disabled patients might effectively be actioned on and to discuss the various methods for supporting patient engagement to inform the development of these outcomes.

Equality Outcome 3:

Ensure that Black and Minority Ethnic (BME) patients have access to full service pathways in all NHSGGC services, particularly those that do not speak English, informed by an understanding of the impact of racism on health.

NHSGGC now record ethnicity in all Acute related services. This is now a mandatory field. The ethnicity field was made live in TrakCare on the 15th October 2020. At that point there were 33% of patients who had their ethnicity recorded. As of 25th February 2022 50.34% of patients have their ethnicity recorded on TrakCare in NHSGGC, this equates to a total of 2,175,071 patients' records.

Mental Health Services

Just under 65% of all individuals who currently receive care from Mental Health Services have information about their ethnicity recorded. This figure has remained essentially unchanged over the past three years. There is considerable variance in the recording of ethnicity data across services and HSCP's with some services having ethnicity data recording figures of less than 50%.

There are examples of exceptional practice that can serve as templates for improving system wide recording but in general there remains systemic and practice issues that serve as barriers to improving practice as well as a lack of prioritisation by clinicians and managers alike.

Additional functionality has been switched on within EMIS web for Mental Health Services. As of 8th February 2022, an alert appears within a patients EMIS record when no ethnicity is recorded. This prompts the clinician to complete the patient's ethnicity status within a clinical template. Ethnicity is based on 2011 census categories. A guidance document has also been circulated to staff via heads of service, digital meetings and Digital Champion's Forums.

Funding was secured from the Public Mental Health Remobilisation Fund to work with Mental Health Services staff and community members to explore and address micro aggression and its impact on the mental health and well-being of MHS staff and the community. Stage 1 is to carry out 3 focus groups with Glasgow City HSCP staff to capture experiences of micro aggression and racism and establish one to one interviews to capture richer case study data from staff who have experienced micro aggression and racism.

This is underway. The second stage is to carry out 4 focus groups with a sample of people from BME communities across Glasgow which will begin in Spring 2022. For the Glasgow City HSCP Equalities Mainstream Report 2020 – 2024 see link below

[Equalities Mainstream Report 2020-2024 | Glasgow City Health and Social Care Partnership \(hscp.scot\)](#)

Pain Management Services

Pain Management Services initiated a review of their pathways for non – English speakers. Initial work has focussed on the physiotherapy service with pain management pathway.

The Pain Management Physiotherapy Service ran a staff focus group to understand patients’ information needs from a staff perspective. Information is disseminated to patients before attending Pain Management Physiotherapy appointment. Issues raised included how patients access information if they do not read English and how can this process be mitigated for our patient who do not read English. Solutions suggested include; utilising QR code to a translated version, using different formats such as animation or infographics or multilingual video. The next step is to initiate patient engagement to understand these issues from a patient point of view and to assess the ideas suggested. The pain pathway is one area in NHSGCC where opt-in letters are offered. This engagement with patients will also focus on how opt-in letters are understood by those who do not speak English.

Diabetes Pathway

Our Acute Health Improvement Team has assessed the patient pathway for diabetes care and has created a group to look at the specific needs of BME patients. The group is looking at the joint pathway with diabetes and weight management. Two new posts specifically targeting those who experience barriers accessing the pathway (including BME communities) have been created.

Equality Outcome 4:

The needs of patients with religious beliefs are understood and acted on in services through an established Staff Interfaith Group.

The specific actions relating to this outcome have been delayed due to the COVID-19 pandemic and a full update will be made available in the 2022- 24 Monitoring Report.

However, preparatory work has been undertaken, with initial staff engagement completed and group membership identified. An invitation to attend the group was sent to the NHSGGC workforce in January 2022 - Interfaith Group Invitation. The first group meeting is scheduled for March 2022.

Equality Outcome 5:

Improved access and quality of care for patients who have a learning disability will improve their experience of services and health outcomes.

The specific actions relating to this outcome were delayed due to the COVID-19 pandemic. However, we have worked with group members of The Life I Want group to produce an accessible easy read version of our Equality Scheme 2020 - 24. We have also continued to speak with The Life I Want group and other learning disabled people and support organisations to identify potential timelines for progressing our equality outcomes relating to LD and to agree how we might initiate our specific patient engagement programme for overseeing the outcomes post COVID.

We have developed a range of promotional and information materials to recruit volunteers from the learning disability community to be secret shoppers/ patient specialists. This includes appointment checklists, diaries and a recruitment advert for volunteers which will go out through the third sector learning disability organisations. The materials were developed using good practice guidance and UK evidence. Volunteers can choose to provide feedback via email, video or audio. The work will go live as part of remobilisation and volunteers will be supported by EHRT staff.

Equality Outcome 6:

NHSGGC is perceived as a safe and inclusive place by Lesbian Gay Bisexual Transgender & Queer + (LGBTQ+) people.

NHSGGC has made significant progress on this outcome despite core resources being realigned to COVID-19 response. In 2020, NHSGGC became a core member of the Scottish Government's working group to develop a unified NHS Scotland Rainbow Badge.

We supported the national delivery of the badge as part of a staff Pride Pledge programme in 2021 and to date more than six thousand NHSGGC members of staff have signed up and are wearing the badge. The focal point of the activity was Pride month in 2021, where more than one thousand pledges were made on hospital sites and the Rainbow flag flew from Glasgow Royal Infirmary.



Senior Management at Glasgow Royal Infirmary Promote the 'Pride Pledge'

While the Pride Pledge programme sought to present our services as inclusive for LGBTQ+ people and staff, our partnership in the national Public Health LGBTQ+ Health Needs Assessment (HNA) programme sought to identify the health and social wellbeing issues facing LGBTQ+ communities. Working with NHS Lothian and Public Health Scotland, the HNA involved several stages of engagement prior to launching an online survey. At the time of writing this report, the HNA has concluded, with more than 1300 respondents taking part. A final draft report is with partners and an outcome setting event has been scheduled for March 2022 with more than 100 stakeholders registered to attend.

Equality Outcome 7:

Women with protected characteristics of race, socio-economic inequality or who are affected by gender based violence (GBV) receive perinatal care which improves their health outcomes.

- Carry out engagement to understand the needs of different Black and Minority Ethnic women, including asylum seekers

This outcome has been initiated with regard to Black and Minority Ethnic women.

To establish our baseline information, two focus groups with midwifery and clinical staff (15 staff) were held. A further 8 focus groups with women (including support workers as required) followed with a total of 33 women and 14 support workers taking part in the engagement. Details of the groups are captured in the table below.

Group No:	Number	Participant Ethnicity	Supported By
1	3	African Communities (English speaking)	Self-supporting
2	7	Vietnamese	Amma Birth Companions (charity providing birth companions for vulnerable women)
3	3	African/Vietnamese/Ethiopian	British Red Cross
4	7	Iraq/Pakistan	British Red Cross
5	7	Roma – Slovakia and Romania	Roma Support Workers
6	6	Arabic and English speaking	Community Support workers

Vietnamese women (most of whom were trafficked) reported paying for care in Vietnam and the researcher felt their historic expectations of maternity care was low with high levels of satisfaction with NHS/GC care reported. In addition a patient survey was tested with 5 women, which found similar patterns to focus group findings.

Three focus group with 3rd sector organisation workers (17 support workers) took place with the British Red Cross, Amma Service and Roma workers represented. There were similarities with the midwifery and clinical staff group findings.

This information is driving the action planning phase with maternity staff to assess barriers at each point of the patient pathway and address them.

A draft survey has been developed for pregnant women incorporating the focus group activity above. This is being piloted at QEUH and if successful rolled out across postnatal wards in NHSGGC. This will be used as a service 'exit interview' for all woman leaving maternity services.

- Develop responses to any structural barriers identified 21-22

Initial actions to address structural barriers in the maternity pathway include piloting video interpreting in the early pregnancy pathway and scoping out the use of a patient interpreting code to ensure access to the telephone triage system. Work has been initiated to review the maternity pathway with maternity staff from community services to post-natal services to ensure equal access at all points of the pathway; building on the engagement feedback from patients and third sector organisations.

The draft Maternity Strategy offers an opportunity to review the maternity pathway for BME women and create a suite of EQIA's to ensure the pathway is accessible to all.

Equality Outcome 8:

The physical health of those with mental health problems is addressed.

The specific actions relating to this outcome have been delayed due to the COVID-19 pandemic. However, significant progress has been achieved over this period.

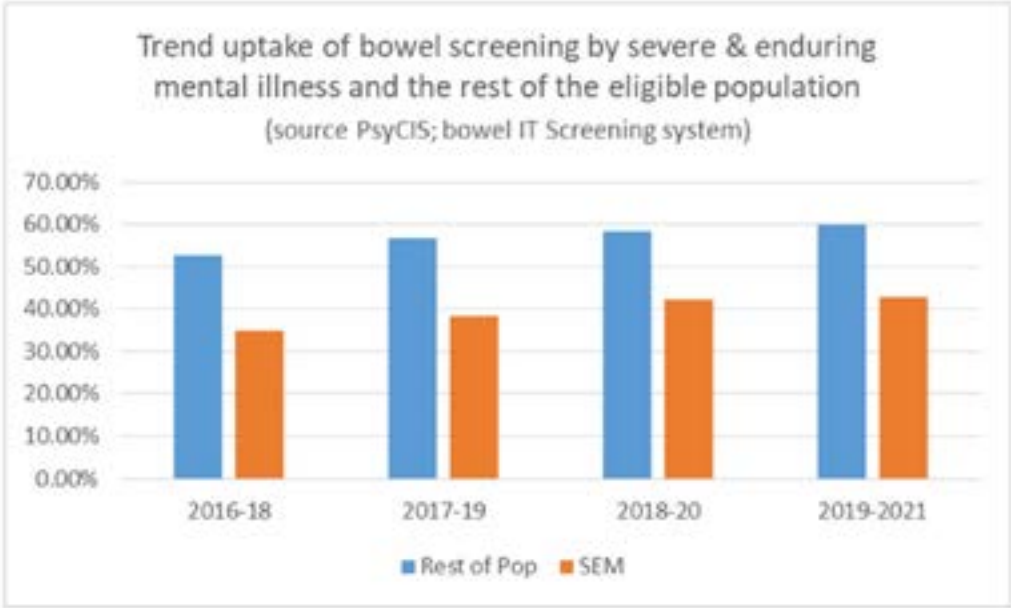
The Physical Health Care Re-Implementation Group have a work plan which was assessed for equalities issues in relation to equality outcome 8. This has produced a number of outcomes as detailed below.

1. Equality impact assess the Physical Healthcare Policy.
2. Key data, which can be disaggregated by protected characteristics, will be analysed for a 2022 baseline measure then followed-up. This will include:
 - Smoking
 - Physical Activity
 - Healthy Diet

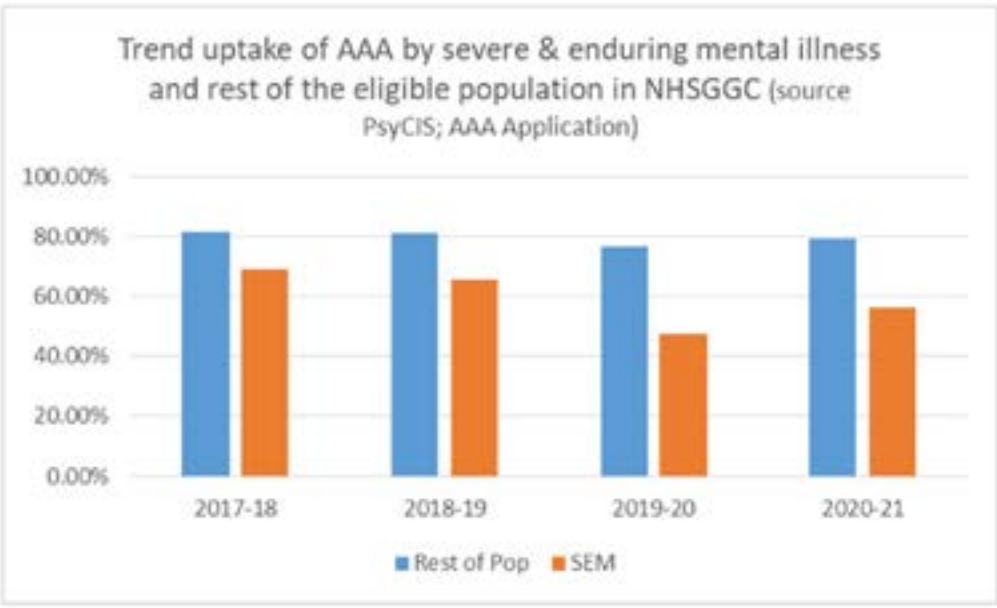
- Alcohol intake
 - BMI
 - Cardiovascular risk (inpatients who do not have pre-existing cardiovascular disease)
3. Improved recording of physical healthcare co-morbidities including hypertension, COPD, chronic pain and stroke/TIA.
 4. Improve prevention, recognition and management of diabetes in collaboration with the Diabetes Managed Clinical Network. Assessment data will be disaggregated by sex, age and ethnicity.
 5. Increase participation of patients in national screening programmes and where system allow, disaggregate uptake by age, sex and ethnicity.
 6. Pilot an e-health physical health template (April/May 2022) to reduce variation in assessment and monitoring of patient outcomes.

Patient conversations sit at the heart of person-centred care in Mental Health Services and a commitment has been made to improve patient feedback on experience of health and wellbeing. This will be imbedded into current conversations and included in our 2024 Monitoring Report.

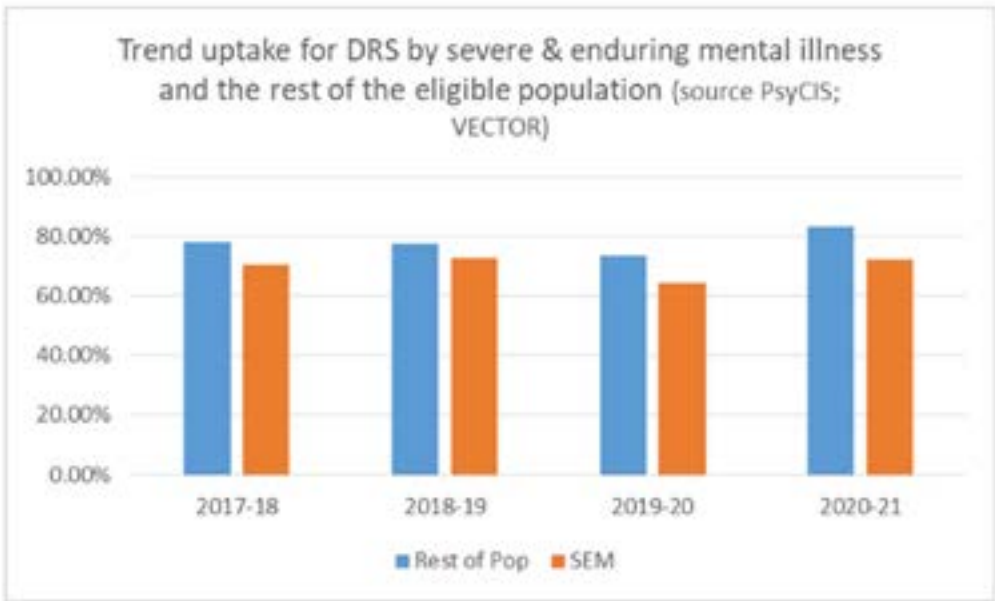
Uptake of national screening programmes for people with severe mental health issues has been a focus for the Physical Health Care Re-Implementation Group. Trend analysis using the Psychosis Clinical Information System (PsyCIS) database shows uptake of all national screening programmes (excluding breast screening) is lower than the remaining eligible population and that re-engagement with screening programmes following a pause to national services due to COVID in 2020 is also lower. The tables below show differentials in uptake by severe and enduring mental illness and the rest of the eligible population for Bowel Screening, Abdominal Aortic Aneurism (AAA), Cervical and Diabetic Retinopathy Screening (DRS).



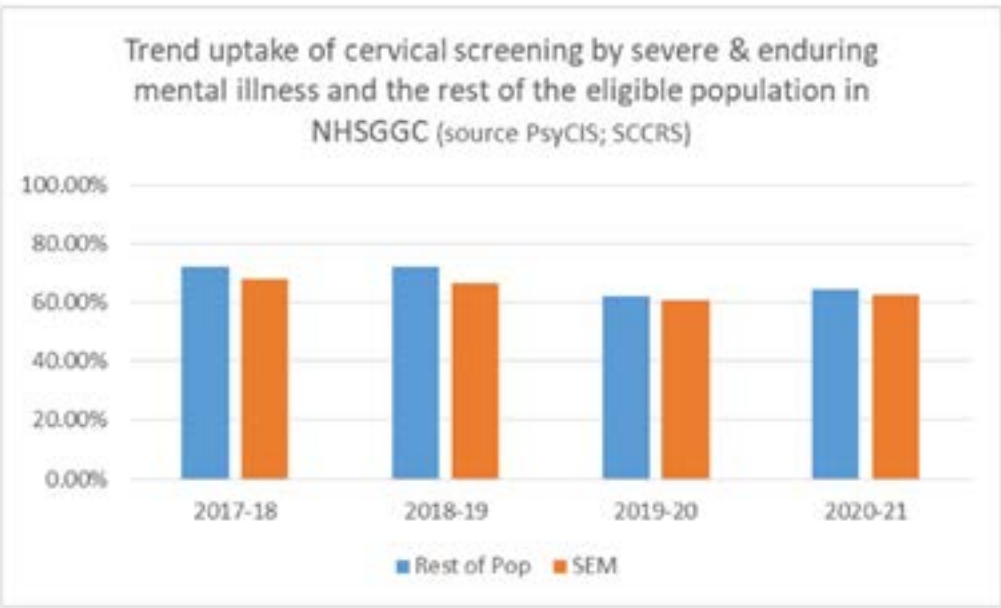
Bowel	2016-18	2017-19	2018-20	2019-2021
Rest of Pop	52.50%	56.90%	58.50%	59.80%
SEM	35%	38.50%	42.10%	42.90%



AAA	2017-18	2018-19	2019-20	2020-21
Rest of Pop	81.40%	80.90%	76.50%	79.20%
SEM	68.90%	65.60%	47.50%	56.40%



DRS	2017-18	2018-19	2019-20	2020-21
Rest of Pop	77.80%	77.4%	73.60%	83.20%
SEM	70.50%	72.8%	64.40%	72.20%



Cervical	2017-18	2018-19	2019-20	2020-21
Rest of Pop	71.90%	72.10%	61.90%	64.50%
SEM	68.00%	66.8%	60.80%	62.60%

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For more information please contact us.

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Health & Social Care Partnerships (HSCPs) – Equalities Information

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