



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

Monitoring Report
2019 - 2020

A Fairer NHSGGC Progress Report 2019-20

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Introduction and summary of progress in 2019 - 20

1.1 Aim of the report

In April 2016 NHS Greater Glasgow and Clyde (NHSGGC) published 'Meeting the requirements of Equality Legislation: A Fairer NHSGGC 2016 – 20.'

This report is the fourth and final annual report on the range of work undertaken across NHSGGC to meet the mainstreaming and equality outcome actions covering the period between April 2019 and March 2020¹.

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. Sections 2 and 3 of the report gives details on how we are meeting this in both mainstreaming and equality outcomes.

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

1.2.1 Mitigating the impact of poverty

An estimated £49million for clients from approximately 17,800 NHSGGC referrals is gained per annum. NHSGGC has achieved a 25% increase in referrals and a 32% increase in financial gain as compared to the previous 4 years (2011-15). In the last two years, there has been an increase of 17% Healthier Wealthier Children referrals. In the last year there has been a 56% increase in Acute referrals and 14% increase in financial gain.

1.2.2 Getting our systems right

A standard Gender Based Violence (GBV) routine enquiry question has been added to the Child Health Surveillance templates to ensure consistency in recording and reporting of GBV enquiry. This has resulted in a two-fold increase in reported enquiries on GBV by Health Visitors since October 2019.

The total number of GBV enquiries made by Health Visitors March 2019- Feb 2020 was 21,354. This gives women the opportunity to disclose abuse and seek support.

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.

1.2.3 Travel costs to appointments

NHSGGC explored how the cashier's service is used by our patients and if there is anything we can do to improve the service. Focus group were organised by Equality and Human Rights Team members with disabled people and Black and Minority Ethnic (BME) people including asylum seekers.

Eighty two community members attended the discussion from 5 different community organisations including a range of age groups. Only 6% of participants knew of about the cashier's service. Group members suggested that: the service should be promoted in GP surgeries; appointment letters should include the information; and leaflets should be promoted through the community organisations.

Four thousand leaflets have been produced in English and in the six most commonly spoken languages explaining how to claim travel expenses. These have been distributed via appropriate groups serving the relevant communities. Four hundred and fifty posters have been produced and placed at Cashier's Offices and throughout hospital sites. As part of this awareness campaign, posters directing patients to the Cashier's office on each site have also been displayed.

1.2.4 Listening and responding to patients from equality groups

Learning Disability

In partnership with The Life I Want group and our patient volunteers we have produced a training resource to inform staff about how to provide more supportive engagement and care for patients who have a learning disability. This resource has been used in staff engagement sessions across 7 NHSGGC sites, including 4 acute settings and 3 community Health and Care Centres. These sessions have allowed our patient volunteers to engage directly with approximately 1000 staff.

Physical Disability

Our continuing association with 3rd sector disability services, including Glasgow Disability Alliance has been our main opportunity for dialogue with disabled service users.

This has facilitated our understanding of how disabled people use NHS services and the barriers they continue to experience. Examples of barriers removed include:-

- The radar keys system is to be introduced to disabled toilets/assisted changing facilities in QEUH and Children's Hospital atriums. This system will be monitored and if positive, radar keys could be used on other sites that require locked facilities for security reasons etc.
- Signage for lifts in Queen Elizabeth University Hospital (QEUH) i.e. lack of pictorial description – Lift manufacturers have been contacted to ascertain if they have a standard for pictorial signage and discussions are still ongoing about how best to resolve this. There are two patient movement buggies in the QEUH one of which is wheelchair accessible.
- Signage within GRI Accident and Emergency now clarifies where Acute Assessment Unit
- GRI have no dedicated quiet space for patients with sensory issues, however - a single room can be used when necessary. Patients who need it can also be accommodated earlier in the list.
- GRI have increased use of portable hearing loops enabling better access within, for example consulting rooms and treatment bays.

Deaf / BSL

To drive forward our commitment to the British Sign Language Act 35 wards have been trained on how to use on line BSL interpreting. Over 510 staff attended classroom sessions on Deaf Awareness training. This included Acute Ward staff, mental health staff and HSCP staff, including 305 Health Visitors. Across NHSGGC 193 staff attended sessions on interpreting including how to book a BSL interpreter.

Asylum Seekers and Refugees

We have a range of resources to assist patients to get the communication support they require and to understand how the health service works. Our easy read guide on using the health service (Pathways to Health), GP information cards and information on how to use an interpreter have been produced in multiple languages and continue to be widely used, with over 2000 distributed since April 2019.

A Human Rights leaflet, produced in conjunction with a patient group, has also been requested in alternative languages by community groups and distributed widely. Extensive engagement work has ensured that these resources reach their target group. Forty one workshops have been facilitated in the last year, covering 10 different community organisations and nearly 700 people. Staff resources have also been disseminated at various training sessions, including an interpreting service awareness raising session attended by over 200 staff members.

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

1.3.1 Staff Financial Wellbeing Action Plan

Following on from 2018/19 commissioned research on financial issues of staff in the workplace, a Staff Financial Wellbeing Action Plan was developed.

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

- Staff Net Money Worries pages for staff and managers have been uploaded.
- Poverty awareness training for Occupational Health, staff side, Human Resources and payroll staff completed.
- Template letters developed with information on where to get help with money worries
- Pilot programme of 'energy and money worries checks' with low income staff groups in partnership with Home Energy Scotland.

1.3.2 Unconscious Bias

NHSGGC undertook a series of interactive sessions exploring unconscious bias and societal and institutional discrimination. Session content was planned in partnership with CRER (Coalition of Racial Equality and Rights) and delivered to more than 500 members of staff. Following a presentation to the NHSGGC Board, a commitment was given to support the roll out of unconscious bias learning across the organisation. A targeted approach to delivery will be undertaken across the life of the 2020-2024 organisational equality outcomes with on-going evaluation and feedback in terms of practice change and impact for service users.

1.3.3 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. 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 given their time to develop the Forum, consider the issues affecting staff and propose solutions. The group are now represented on the Workforce Equality Group and are involved in planning a conference on equalities in 2020 for staff.

LGBT+ Forum

The Forum was formed in 2018/2019 for NHSGGC staff members who want to contribute to creating a more inclusive LGBT+ workplace. The LGBT+ Forum has continued to grow in membership, and now provides options for engagement including a small group of Forum members meeting in person in addition to an online network, using social media. The group are now represented on the Workforce Equality Group and are involved in planning a conference on equalities in 2020 for staff.

Black and Minority Ethnic Network

This group 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.

In addition to providing a support network for BME staff, the Forum is supported by members of the Board Workforce Equalities Group to enable it to become a fully established Forum.

This approach commenced with a development session in Spring 2019 with the aim of creating a more formal structure where feedback on workplace experience can be transformed into actions making positive changes within the organisation.

As the forum develops its formal structure, consideration will also be given on awareness raising to engage as many staff as possible.

1.3.4 Disability Confident

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

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.

1.3.5 Fairer NHS Staff Survey

Our third Fairer NHSGGC Staff Survey was completed at the end of 2019.

The survey found that the vast majority of NHSGGC staff – almost 90% - agreed that we can improve patient health care when we have a better understanding of the discrimination faced by our population.

There is clearly a huge range of work being undertaken to support patients with additional needs. This includes a significant increase in staff using BSL interpreters (91% - an increase of 38% from the 2016 survey) and telephone interpreting (53% - more than doubled since 2016).

Instances of discrimination are still being witnessed and experienced. However, the number of staff who have felt able to disclose their disability status to their managers has increased by 14% since 2016. The survey also revealed that over 80% of our LGBT+ staff are out in the workplace – an increase of 22%.

1.4 Health and Social Care Partnerships

From the 30th April 2016, Integrated Joint Boards (IJBs) are the legal entities responsible for delivering an Equalities Mainstreaming Report and Equality Outcomes relating to their functions.

IJBs provide governance for the Health and Social Care Partnerships (HSCPs). This report will therefore relate only to the specific functions of the Health Board and not the integrated bodies

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.

19 EQIAs have been completed in 2019/20 planning year and have included significant service reviews including the rationalisation of Out of Hours services and amended Access to Treatment policy.

EQIAs have been published on NHSGGC's website and can be found at:
<http://www.nhsggc.org.uk/your-health/equalities-in-health/equality-impact-assessments/2017-2018>

2.2 Leadership on tackling inequality

Action: NHSGGC will continue to report on our progress against the Equality Act 2010 and produce new outcomes in 2020

The Equalities in Health website continues to provide up to date information on progress against equalities legislation.

http://www.equalitiesinhealth.org/public_html/equality_scheme.html

Leadership on tackling inequality

Action: NHSGGC will continue to report on our progress against the Equality Act 2010 and produce new outcomes in 2021

Work is currently underway to move the Equalities in Health website content to the NHSGGC server. This will provide consistency of presentation, simpler navigation and ensure the continuation of full accessibility.

It will also provide more detailed tracking information which will help report on how and what information is being accessed from the site. In the meantime, the website continues to provide up to date information on progress against equalities legislation.

Workforce equality documents including the Workforce Equality Action Plan and Equal Pay Statement and workforce equality statistics, are presented in the Equalities in Health website http://www.equalitiesinhealth.org/public_html/workforce-accessible-documents.html An equal pay audit was carried out in 2019 which included gender, ethnicity and disability data.

Work has been underway in 2019-20 to produce new equality outcomes for 2020-24. This included a review of evidence and engagement with community groups and patients which is included in the new scheme. A staff survey was issued in November 2019 to gather staff views and experiences. The findings have informed the new scheme and a report will be put on the website in April 2020

In 2019-20 the following communications have been disseminated to staff:-

- Information on the new interpreting protocol
- Clear to All - Promoting use of plain English and updated terminology through Clear to All process
- Equality Updates/Network – Review of contacts and production of newsletters
- Promotion via Staff News, StaffNet, Core Brief, direct email, social media and website of issues such as Rainbow Lanyard campaign, equality training, staff forums, BSL Online provision in accident and emergency and counselling for Deaf patients.
- A range of printed resources including Tip Cards on how to use appropriate language and Pathways to Health translated into over 20 languages to give people information on how to use the health service.

2.3 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.

Hard of Hearing

The Audiology Patient Reference Group was set up in response to concerns relating to the gathering and effective use of patient feedback in making service and patient experience improvements in Audiology.

Since initially meeting in April 2018, the group have established links with NHSGGC Audiology staff and have fed into service improvements. These include: effective information provision for patients; a regular system of subject specific patient feedback leaflets; and department walk-rounds. In October 2019, NHS Health Scotland published the work of the group as an example of good practice in the effective use of resources

(<http://www.healthscotland.scot/reducing-health-inequalities/case-studies-of-inequalities-sensitive-practice/allocating-resources-proportionate-to-need/developing-audiology-services-based-on-patient-feedback>)

Online Patient Feedback website

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. Voluntary organisations can support patients to leave feedback on the online system, enabling people from equality groups to use it. From April 2019 up to 31st January 2020, 993 comments were made, 30% increase from 2018/19.

The analysis by protected characteristics shows the following:

- As in the previous year, there were more female contributors than male – **548** vs. **345**; (out of those who stated their sex).
- **23** people who provided comments had undergone gender reassignment (**13** preferred not to answer). Of these, 19 were positive and 2 negative. Negative comments related to issues such staff attitudes. All the positive comments were about caring staff.
- In relation to sexual orientation, the comments came from **645** heterosexual, **15** Gay/Lesbian, and **21** Bisexual respondents (**17** stated “other” and **65** preferred not to answer).
- There was a range of ages, with the highest number of contributors being 55-64 (**363**), followed by 45-54 (**273**), **8** people under 16 years and **19** over 75 years provided comments.
- **19%** of comments came from disabled people.
- **33** comments were made from Black or Minority Ethnic people
- **23** people reported requiring an interpreter, however it was not clear whether this is a spoken language or BSL interpreter

- In relation to religion and belief **7** comments were from Buddhist, Hindu, Jewish, Muslim, **165** Church of Scotland and **101** Roman Catholic. **201** stated they had no religion or were Atheists and **72** respondents preferred not to disclose their religion.

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 on Health related information and activities within NHS GGC. The Facebook page has also been used by members of the BSL community to feedback issues and comments to the Equality and Human Rights Team.

For the fifth consecutive year our BSL Champions delivered a training session to first year nursing students at the University of Glasgow. To date some 250 nursing students have received this training. The feedback from participants shows that the session raises issues that individuals had not previously considered such as the communication needs of Deaf BSL patients and how this impacts on how they access

Implementing the BSL Scotland Act

Work has focussed on ensuring communication support is available and that patients needs are anticipated in Acute care. Remote interpreting and the use of Contact Scotland has been promoted widely with staff and face to face training undertaken with 35 Medical Records staff.

Specific joint work was undertaken in relation to the BSL Act. The Deafness and Mental Health work stream resulted in Glasgow HSCP piloting a project with Lifelink who support people with mild to moderate mental health issues. This pilot project provides a counsellor who communicates in BSL to offer a direct service to our BSL users. The project runs from July 2019 until Spring 2020. The counsellor, who is Deaf and based at Lifelink, can match the Deaf person's communication needs whether it is BSL, SSE (Sign Supported English) or spoken English.

From the information gathered on BSL users' experiences, it is clear that there is a need for robust evidence regarding suitable psychological therapies for BSL users. Two principal clinician psychologists from Stobhill Hospital submitted an application to NHS GGC Research Endowment Fund. The purpose of the funding is to explore different psychological therapies that are fully accessible and achieve healthy outcomes for BSL users.

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

Feedback from BSL users through our Mediator, engagement and standing groups has indicated most concerns relate to not having interpreters in planned appointments. The Interpreting Service has continued to try to address this by recruiting more BSL interpreters where possible.

Concerns were also raised about NHSGGC promoting on line interpreting for BSL users in unplanned services against reports that staff did not know about this or were not offering it this at the appropriate time. Staff have received communications to raise the profile of this service throughout the year.

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

Staff Reference Group

NHSGGC continue to support a range of Reference Groups to gather feedback on our provision of communication support. The Staff Reference Group fed back some issues over the year following the review and changes to Interpreting service.

This included the quality of telephone interpreting from the new provider and the quality of interpreting. Staff had also experienced cancelation of appointments in Acute and mental health services due to lack of interpreter's availability. Some services express concern about their ability to use telephone interpreting such as trauma services, theatres and maternity. Lack of availability of some languages such as Vietnamese and Albanian were particularly highlighted as an issue. The Interpreting Service have worked closely with different departments to address these issues although availability of some languages is beyond our control.

Positive feedback from staff highlighted that the new provider was able to source a Tigrinyan interpreter for the same afternoon; this would normally take up to 48 hours leaving the patient without the urgent care.

Spoken language patient feedback

Feedback regarding the interpreting service was received through different engagement events and programmes over the year. The majority of those attending did know that they are entitled to an interpreter if they needed one
This feedback is used to inform the provision of interpreting across NHSGGC and the Interpreting Service have engaged closely with service areas to troubleshoot specific issues.

Training sessions were delivered to a range of different services on interpreting and relevant resources were also shared. One hundred and ninety three staff members attended the sessions. Participants included Midwives, Senior Staff nurses, the Money Matters Team, community nurse manager's, lead nurses, link workers and many more.

Interpreting Service

The NHSGGC Interpreting Service continues to provide an essential service to our patients who do not speak English, delivering on average 650 supported appointments a day. In order to facilitate telephone interpreting 104 handsets/cordless phones have been purchased for our hospital sites. Telephone interpreting is beneficial because it is immediate, confidential and covers a wide range of languages.

Deafblind communicators

Deafblind people's communication needs are supported in NHSGGC services by Deafblind Scotland's Guide Communicators. Last year they supported 339 clinical appointments and a range of health improvement interventions. This amounted to 1,482 hours of Guide Communicator support across NHSGGC to December 2019.

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

The Equality and Human Rights Team in conjunction with NHSGGC Facilities Directorate have created a post which supports an access group to directly influence the disability audit process by participating in the audits themselves, contributing to the written reports on the audits and feeding back on the outcomes of the audits.

Actions either arising directly or indirectly from the audits undertaken on the QEUP and GRI sites have recently been assessed by participants as improving the experience of disabled people.

Action: Promote opportunities for voluntary organisations to feed back 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 Section 2.3 – online patient feedback.

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

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)

a) Maternity Services

In maternity services staff asked the three essential questions of almost 60% women attending their service. Royal Alexandra Hospital have the highest rate of 71% of women asked.

Maternity – Report from Badgernet electronic record March 2019 – Feb 2020.

	No of women asked the 3 essential questions about safety	% of women asked these questions	Number of positive disclosures
Royal Alexandra Hospital	3694	71%	12
Vale of Leven	468	63%	0
Inverclyde Royal Hospital	412	59%	0
Princess Royal Maternity	5318	64%	20
Queen Elizabeth University Hospital	6780	65	19

b) Health Visiting (HV) Services

We have delivered HV workforce training to ensure all are competent and confident to ask service users about any past or current experiences of gender-based violence, assess risk of harm and engage effectively in multi-agency arrangements for assessing and responding to risk via multi – agency risk assessment conference (MARACs).

In 2019-20 all HVs across NHS GGC received training in using a multi –agency Domestic Abuse Stalking and Honour- based Violence Risk Assessment Checklist (DASH – RIC). The DASH-RIC enables practitioners who work with adult victims of domestic abuse to identify those at high risk of harm and make referrals to a multi-agency risk assessment conference in order to manage their risk.

Between March 2019 and February 2020 151 HVs were trained in this area.

Changes have been introduced to HV's EMIS electronic Child Health Record data recording system to evidence that GBV enquiry of the child's carer took place. HVs engage routinely in multi-agency information- sharing arrangements aimed at identifying and managing high risk of harm to mothers (and some fathers) who disclose domestic abuse.

c) National Consultations

NHS GGC contributed to two Scottish Government consultations on proposed changes to legislation. These were:

- Protective Orders for those at risk of Domestic Abuse;
- Equally Safe – a consultation on legislation to improve forensic medical services for victims for rape or sexual assault.

d) Infrastructure

In 2019 -20 GBV topic was incorporated into the new NHS GGC Public Protection Forum and GBV is represented on the Child Protection Forum. A GBV Liaison Group has been established to provide assurance to the Public Protection Forum that NHS GGC is meeting its responsibility on GBV, strengthening the governance.

Money Worries

a) Poverty

Poverty and child poverty is rising in Scotland. Adverse childhood experiences (ACES), long term health conditions, mental health problems, homelessness, alcohol and drug problems, social isolation and poor educational attainment are linked to poverty. Innovation is required throughout health and social care services to increase incomes and reduce costs to patients.

For Healthier Wealthier Children, our children and families financial inclusion initiative, 3897 referrals and £6,003,370 gain was found. This is a 22% rise in referrals since this time last year – see below.

Area (Apr - Dec 2019)	Need identified (No., %)	Referral to money advice services (No. , %)
Midwifery	630 (3% of caseload)	630 (3% of caseload)
Health Visiting	2761 (5% of caseload)	2480 (4% of caseload)

In Acute Services, there were **6851** referrals and £6,902,326 gain (Table 1.). This is a 68% increase in referrals since the same time last year.

In addition, 761 referrals to money advice services were made by Acute Support and Information Services interventions were for money and debt worries, Acute Services are piloting an emergency food discharge service within QEUH (from 1st Dec 19 – 31st Jan 20), 21 emergency food packages issued. This offers access to a 2 day emergency food package. If successful, this service will be rolled out across inpatient sites. 80% of the costs of this project including non-perishables, delivery and packing is funded by Glasgow Food Banks.

Additionally to date during 2019/20 (from April 1st to 10th Feb 2020) there has been 214 x emergency grants (to the value of £5 - £50) distributed to families from Family Support at RHC totalling £8,665 for immediate emergency need relating to access to food, travel, laundry & travel costs.

NHSGGC has made a long term commitment to address poverty in its role as an employer, service provider and partner. There is a range of evidence in Scotland that co-location or in-reach of money advice services into health and social settings results is more cost-effective and has major impacts on preventing financial crisis and stress as compared to traditional money advice provision. In 2019-20, NHSGGC revised its approach to poverty. A Public Health Poverty Huddle aims to:

- Consider how to increase leadership and interventions on poverty, child poverty, fuel poverty, food poverty, housing and health, transport and health and role as employer from poverty perspectives
- Streamline Corporate and Acute public health poverty work
- Analyse reach of poverty interventions and provide innovative solutions for wider reach

Routine enquiry and direct referral to money advice services, alongside approaches to address fuel and food poverty (in partnership with Home Energy Scotland), are priorities in Acute Services, Children and Families Services and primary care services. NHSGGC is also exploring improvements with mental health services, homelessness services and alcohol and drugs services. There is also recognition that staff experience money and debt worries themselves and we are testing innovative staff energy and money advice clinics. Recent innovation includes in-reach from the Department of Work and Pensions for complex cases and planning with Social Security Scotland for co-location / in-reach into health and social care settings.

With scarce resources, NHSGGC is committed to reduce duplication by partnership working to truly tackle poverty throughout our services.

b) Additional support needs

NHSGGC chairs the national group developing an interpreting and accessible information policy for the NHS in Scotland. In 2019-20, in terms of improvements, the group has confirmed the following is viable:

- Flagging of needs: establishment and use of electronic flags or alerts, or paper-based equivalents, to indicate that an individual has a recorded information and / or communication need, and prompt staff to take appropriate action and / or trigger auto-generation of information in an accessible format / other actions such that those needs can be met
- Letters automatically generated in large font. There is no electronic function possible to generate community language letters automatically although the ability to record alerts and patient language is listed therefore this is implicitly covered through patient preferences.
- Services **MUST** provide one or more communication or contact methods which are accessible to and useable by the patient, service user, carer or parent. The method(s) must enable the individual to contact the service, and staff must use this method to contact the individual. Examples of accessible communication / contact methods include email, text message, telephone and text relay. There is work also on a specification which will see electronic communication for patients who sign up to this automatically so that they would receive their initial communication in the format they have requested and can be a variety of the above. This will also include access for patients to book their own appointments via an App.

NHSGGC has aimed to improve its approach to additional support needs over the last few years. This has included various improvement plans. In 2019-20, a snapshot of data was checked between 8/11/19 and 15/01/20. 438 additional needs were recorded via SCI gateway. This equates approximately to 2628 additional support needs recorded per annum. This is a major improvement on previous years, where generally less than 40 cases had additional needs documented.

The type of additional support needs documented were: hearing impairment / deaf; language interpreter required; dementia; housebound; visual impairment; poor mobility; speech impairment; learning disability; wheelchair user; requires a personal assistant in attendance; autism with many people having multiple needs listed. There is work on a streamlined approach to feed this data into TrakCare. Secondary care alerts continue to be added to TrakCare as appropriate

In addition, NHSGGC's person centred care team have developed a range of resources around 'Ask for Help' which are on stands and posters in hospital settings. NHSGGC is also using the new national 'Near Me' service, which offers appointments, where possible, via video call and considering best use of a Regional 'Access Support' card. This is available for patients to carry in a purse / wallet.

Action: Mainstream patients' access support needs into data systems and review practice in primary care and at ward level.
Additional Support Needs

Since December 2019 we have changed our patient appointing system to ensure that patient preferences with regard to what format they require written information in is recorded and acted upon. This will ensure those with visual impairment who need letters in large font or Braille will get this if they tell staff. This was changed on the national TrakCare system.

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

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.

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 Training

91% of our staff (35,000) have completed the Statutory / mandatory e learning module of equality and human rights. In additions to this there have been 2,142 episodes of e learning covering the following topics;

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

Our 12 week Introductory Course in British Sign Language (BSL) continues to be popular. Over the past 12 months 2 further courses were held at QEUH, 1 course at GRI and for the first time a course was facilitated at Inverclyde Royal Hospital. This has resulted in another 110 staff completing the course, bringing the numbers in total over the past 4 years to over 300.

There are waiting lists of staff who have requested to take part and further classes are planned across various NHS GGC sites for this year. The training improves people's understanding of the language and enables them to use simple forms of communication as part of person-centred care.

A number of staff who have done the Introductory Course have gone on to undertake training in BSL Level 1 and 2 courses.

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 given their time to develop the Forum, consider the issues affecting staff and

propose solutions. The group are now represented on the Workforce Equality Group and are involved in planning a conference on equalities in 2020 for staff.

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This group 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.

In addition to providing a support network for BME staff, the Forum is supported by members of the Board Workforce Equalities Group to enable it to become a fully established Forum.

This approach commenced with a development session in Spring 2019 with the aim of creating a more formal structure where feedback on workplace experience can be transformed into actions making positive changes within the organisation.

As the forum develops its formal structure, consideration will also be given on awareness raising to engage as many staff as possible.

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.

Hate Crime

The pilot of text fields on the Datix reporting system capturing perceived hate incidents by protected characteristic has concluded having run

successfully across 2018/19 with additional explanatory text being added to support robust reporting. In addition a field capturing reporting of sexual harassment was added in 2019. Further work to make recording of protected characteristics mandatory is being submitted to the overseeing governance group and will conclude before April 2020. Progress is reported to the Board's Workforce Equality Group on a quarterly basis.

Gender Based Violence (GBV)

A standard GBV routine enquiry question has been added to the Child Health Surveillance templates to ensure consistency in recording and reporting of GBV enquiry. This has resulted in an approx 100% increase in reported enquiries on GBV by HVs since October 2019.

The total number of GBV enquiries made by HVs March 2019- Feb 2020 was 21,354.

Action: Include in the performance framework measures based on identified gaps in health outcomes for people with protected characteristics and by deprivation and seek to show improved health outcomes through related measures.

The Equality and Human Rights Team distribute guides to using the NHS in over 20 languages at a wide range of community events. However the NHS is currently unable to provide appointment letters in different languages due to the national Trakcare system.

Since December 2019 we have changed our patient appointing system to ensure that patient preferences with regard to what format they require written information in is recorded and acted upon. This will ensure those with visual impairment who need letters in large font or Braille will get this if they tell staff. This was changed on the national TrakCare system.

Action: Put in place data collection and performance measures to track progress on the mainstreaming and equality outcomes for the Board for 2016-10

Within Acute services the Acute Health Improvement and Inequalities Group (AHIIG) includes the following measures in the scorecard in relation to the 'Meeting the requirements of Equality Legislation: A Fairer NHS GGC 2016-20' -

- Number of financial inclusion referrals
- Number of support and information brief interventions
- Number of completed EQIAs
- Number of disability access audits
- Equality training
- Support and Information Service development

These are regularly reviewed within each area and reported to the Senior Management Team. In 2019-20 the AHIIG was reviewed to ensure that it is effective and meets the needs of the system. The following priorities were agreed for 2020-24:-

- Reduce **discrimination, prejudice and unconscious bias** as outlined in Equality Outcomes 2020-2024
- Mitigate impact of **poverty** and welfare reform
- Test person-centred care approaches and embed health & wellbeing support into **peri-operative pathways**
- Explore practical approaches to reduce **social isolation**.

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

The Equality Action Plan for screening has been developed and is reported on as part of screening updates to the Board.

Action: Seek to influence national systems to include equalities data

A range of work on how we have influenced national systems is included across the report including on BadgerNet, EMIS, hate crime reporting on Datix and additional needs.

2.7 Resource allocation, fair financial decisions and procurement

Action: Continue to refine the process of rapid impact assessments in our commitment to making fair financial decisions

Equality Impact Assessment (EqIA)

No rapid financial EqIA's were carried out in 2019 – 20. However a number of full EqIA's considered the impact of service change that included a cost saving component and offered proportionate mitigation to impact.

Fairer Scotland Duty

In April 2018 the Government introduced a new duty on socio-economic inequalities as part of the Public Sector Equality Duties. The duty requires public bodies to demonstrate how our strategic plans will help to reduce poverty. This means being able to explicitly show that we have considered health gaps caused by socio-economic inequality in our decision making processes.

NHSGGC has a long history of considering socio-economic inequalities as part of service delivery and the prevention of ill-health which can be seen throughout this report in relation to financial inclusion. NHSGGC has demonstrated over a number of years that universal routine enquiry around money worries and direct referral to money advice services is a non-stigmatising, cost-effective way of providing money and debt advice interventions. In contrast to traditional money advice service provision in communities, money advice services in-reach or co-location in health and social care facilities has higher rates of engagement and has the potential to reach people before major financial crisis and stress.

The Board has also worked with HSCPs on delivering actions to reduce child poverty as evidenced in our child poverty action plans.

We will continue to have examples of this type of work however the duty specifically requires us to show how strategic decisions will help to reduce poverty.

In 2019-20 the following activity has addressed socio-economic inequalities:-

- The Special Needs in Pregnancy Service enhanced model of money advice which includes advocacy support for families, has been funded from national monies for Healthier Wealthier Children and a funding bid for 2020/21 is being pursued. This model continues to reach families with complex needs on very low income (i.e. under £6,000 per annum).
- Research on the cost of the pregnancy pathway was completed and disseminated.
This was a partnership project with NHS Ayrshire and Arran, funded by Health Scotland. The research found low income families experience many additional costs during pregnancy and having a new baby. Particular groups with major difficulties were asylum seekers / refugees; lone parents and parents with a disability. A range of actions have been identified for 2020/21.
- The financial inclusion pilot at Stobhill Hospital Mental Health Inpatient Services involves DWP support around Universal Credit applications for people with very complex cases in the context of joint working with Patient Affairs and money advice services. There has been recent agreement with the DWP to pilot in-reach on universal credit applications for patients with complex cases initially in QEUH.

Action: Explore wider social benefits through our procurement processes

In line with the Procurement Reform (Scotland) Act 2014, work is underway to ensure procurement policy supports fair work practices, sustainability, community benefits and ethical supply chains.

3. Equality Outcomes

NHSGGC's equality outcomes are based on evidence gathered prior to publishing our equality outcomes for 2016-20 and highlights where we need to make a significant difference for patients with protected characteristics. This section provides an uptake of progress made on the outcomes in 2018-19.

Equality Outcome 1: Disabled people and people experiencing poverty can access NHSGGC services without barriers and in ways which meet their needs

Measure: 3 DDA audits per year carried out in priority areas

The Equality & Human rights Team support Access Group members to directly influence the disability audit process including participating in the audits themselves, contributing to the written reports on the audits and feeding back on the outcomes of the audits. For example, improvements either arising directly from or associated with audits which were undertaken on the QEUH and GRI sites have been assessed by participants.

Three main audits were carried out across our estate (see below). These were New Victoria Ward 2, Rehabilitation: Care of the Elderly patients, West MARC and QEUH.

Additionally staff carried out brief assessment looking at services and buildings with the Disability Access Group to give feedback on equality sensitivity in services; including looking at available information, staff confidence in providing a service for those with protected characteristics and trying to identify mitigation for physical access.

Measure: Disabled people are involved in audit process

Feedback for our Disability Access Group has highlighted some positive examples where we have made changes to our services that has made a difference to their experience of accessing our services:

- The radar keys system is to be introduced to disabled toilets/assisted changing facilities in QEUH and Children's Hospital atriums. This system will be monitored and if positive, radar keys could be used on other sites that require locked facilities for security reasons etc.
- Signage for lifts in Queen Elizabeth University Hospital (QEUH) i.e. lack of pictorial description – Lift manufacturers have been contacted to ascertain if they have a standard for pictorial signage and discussions are still ongoing about how best to resolve

this.

- There are two patient movement buggies in the QEUH one of which is wheelchair accessible.
- Signage within GRI Accident and Emergency now clarifies where Acute Assessment Unit
- GRI have no dedicated quiet space for patients with sensory issues, however - a single room can be used when necessary. Patients who need it can also be accommodated earlier in the list.
- GRI have increased use of portable hearing loops enabling better access within, for example consulting rooms and treatment bays.

Measure: Numbers of people with protected characteristics who use Cashiers Office and make enquiries at Support and Information Services and an increase in appropriate claims by all people with protected characteristics.

NHSGGC was interested to know how the cashier's service is used by our patients and if there is anything we can do to improve the service. Focus group were organised by Equality and Human Rights Team members with disabled people and BME people including asylum seekers.

Eighty two community members attended the discussion from 5 different community organisations. There was a good mix in terms of the age group. Most were women across all groups. Interpreters were utilised where appropriate.

Only 6% of participants knew of about the cashier's service. Group members suggested that the service should be promoted in GP surgeries; appointment letter should also have this information and leaflets should be promoted through the community organisations.

Four thousand leaflets explaining how to claim travel expenses have been produced in English and in the six most commonly spoken languages. These have been distributed via appropriate groups serving the relevant communities. Four hundred and fifty posters have been produced and placed at Cashier's offices and throughout hospital sites. As part of this awareness campaign, posters directing patients to the Cashier's office on each site have also been produced.

Measure: Numbers of patients engaged on access issues

We have engaged with 1560 people throughout the year on a wide range of issues. Details can be found throughout this report detailing the feedback given and actions taken to mitigate concerns where possible.

Measure: Increased money advice referrals

See Mainstreaming Section 2.4

Measure: Increase recording of patients' access support needs

See Mainstreaming Section 2.4

Measure: Patient feedback on access support needs being met.

The EHRT now co-chair the meetings of the Life I Want Health Group, 8 meetings of the group were held in the year from April 2019. Our participation in this group continues our partnership with support organisations working with people with a learning disability, including People First, Values Into Action Scotland, Mainstay Trust Enable and The Advocacy Project. ensuring that people who have a learning disability have the opportunity to feedback on their experience of using NHSGGC services.

Areas raised within the group include staff awareness and how medical staff talk with and convey information to patients.

Our role as co-chair of the group has provided us with a valuable opportunity for bringing NHS service delivery issues to the group's attention and in looking at how we might continue to improve quality of care that meets the needs of patients whilst considering the issues for NHS planners and front-line staff.

The EHRT have also developed links with the LD Observatory, a Scotland wide academic forum that looks at the general health and lifestyle support needs of people with a learning disability and we continue to work with them to consider how their work might inform the planning and quality of care issues for our patients.

In partnership with The Life I Want group and our patient volunteers we have produced a training resource to inform NHS staff about how to provide more supportive engagement and care for patients who have a learning disability. This resource has been used in staff engagement sessions across 7 NHS GGC sites, including 4 acute settings and 3 community Health and Care Centres. These sessions have allowed our patient volunteers to engage directly with approximately 1000 of our staff.

Our continuing association with 3rd sector disability services including Glasgow Disability Alliance has been our main opportunity for

dialogue with disabled service users; facilitating our understanding of how disabled people use NHS services and the barriers they continue to experience.

Equality Outcome 2: People who require communication support in British Sign Language receive it

Measure: Number of staff trained in using the BSL interpreting service and a year on year increase in BSL supported appointments.

Thirty six thousand staff completed our statutory / mandatory equalities and human rights e learning module. This contained questions about the legislative requirement to provide BSL interpreters for BSL Users. This means 91% of our staff have understood that message and their responsibility to act on it. To date 35 wards were trained on how to use on line BSL interpreting. 115 staff completed the Deaf Awareness e-learning module and 110 completed the How to Work with an Interpreter e-learning module.

Over 510 staff attended classroom sessions on Deaf Awareness training. This included Acute Ward staff, mental health staff and HSCP staff, including 305 Health Visitors. Across NHSGGC 193 staff attended sessions on interpreting including how to book a BSL interpreter.

Measure: Number of complaints from BSL users.

The BSL Mediator works directly with Deaf people to ensure they can feedback on their experiences of NHSGGC services and to ensure they have no barriers to making a complaint.

The mediator had contact with 152 Deaf people who's issues were as follows; 42 had no interpreter at their appointment; 76 contacted to query if an interpreter had been booked; 5 fed back about poor quality or poor attitudes of interpreters at appointments; 8 fed back about poor staff attitudes in relation to their Deafness; 12 complained that they were not offered on line interpreting in A&E or other appropriate service which should have offered this; 6 fed back about being called by the NHS when they are Deaf and cannot answer the phone; three people complained about one off issues.

The mediator is able to problem solve the issues that were raised, often in real time.

Measure: Patient feedback on British Sign Language user's communication needs being met.

Online BSL interpreting

Over the past year we have increased the number of mini lap tops in our services to 35 which means that in emergency situations an on line interpreter can be made available. These are placed in all Accident and Emergency Departments, all Minor Injury Units, Mental Health Services, in patient services and GP out of hours services.

BSL using patients are able to download specific software to their own mobile phones to dial up an interpreter at a GP appointment. A protocol is in place to ensure that staff know how and when to use this service instead of a face to face interpreter. So far 23 patients have registered to use the service. This service continues to be promoted through social media and if we receive complaints about lack of face to face interpreting for a specific patient.

Equality Outcome 3: People who have migrated to our area, asylum seekers and refugees, know how to access Acute services

Measure: Number of translated patient publications disseminated via services and voluntary sector organisations.

We have a range of resources to assist patients in getting the communication support they require and to understand how the health service works. Our easy read guide on using the health service (Pathways to Health), GP information cards and information on how to use an interpreter have been produced in multiple languages and continue to be widely used with over 2000 distributed. A Human Rights leaflet, produced in conjunction with a patient group, has also been requested in alternative languages and distributed widely.

Extensive engagement work has ensured that these resources reach their target group. Forty one workshops have been facilitated in the last year, covering 10 different community organisations and under 700 people. Staff resources have also been disseminated at various training sessions, including an interpreting service awareness raising session attended by over 200 staff members.

Measure: Improved patient satisfaction.

Over the year a number of targeted engagement events have been delivered in partnership with 9 different third sector organisations who work with BME communities including Asylum Seekers and Refugees. This included; the Govanhill Regeneration Agency, three

integration networks, East Glasgow Regeneration Network, Al Meezan House, the Red Cross, Kingsway Court Community Centre, Hindu Mandir and Scottish Akta women's group

As above just under 700 community members attended across 41 information workshops looking at How to Access the NHS and provided feedback on the issues which were of concern. Group members spoke up to 20 different languages. Some of the participants in these groups developed Human Rights Tip Cards in English, Arabic, Farsi, Polish, Urdu, Mandarin and Romanian.

Common issues raised in the workshops focussed on lack of awareness of how the NHS works, gender sensitivity, that staff attitude can be poor with patient who do not speak English, self referral, opt in and cancelations are difficult when the patient cannot speak English to make a phone call. The majority of the patients who took part in the workshops were not aware of the minor injury units

Equality Outcome 4: People who have reassigned their gender are not discriminated against in our services

Measure: Improved patient satisfaction

NHSGGC has historically supported a stand at Pride Glasgow and engaged with trans people over the weekend to better understand trends in service satisfaction. Unfortunately Pride Glasgow was cancelled in 2019 meaning this opportunity was no longer available. However, a parallel activity to engage with LGBT+ people specifically on health and wellbeing issues in NHSGGC and NHS Lothian has been completed. As part of this work, agreement has been confirmed with participants to create a 'tracker' group of LGBT+ people who will provide year on year feedback on service experience including experience of discrimination and prejudice.

Measure: Numbers of staff trained on gender reassignment issues

There is a gender reassignment section in the statutory and mandatory e-learning module meaning that more than 36,000 members of staff have accessed information on gender reassignment.

Equality Outcome 5: Disabled young people receive support and information to enable them to successfully transition to Acute adult services from Acute children's' services

Measure: Patient and carer satisfaction

NHSGGC Transitions Guidance has been developed and is being used to inform changes required of medical specialities to improve young people's transition into adult services. Specialist knowledge from third sector organisations supporting young people and their carers is incorporated into the guidance.

Equality Outcome 6: People whose health is affected by their social circumstances as a result of inequality have their needs identified and addressed through routine sensitive enquiry as part of person centred care.

Measure: Number of routine sensitive enquiry for gender based violence and money worries

Gender Based Violence (GBV)

See Mainstreaming section 2.4

Money worries

See Mainstreaming section 2.4

Measure: Number of staff trained in priority areas on equalities sensitive conversations.

See Mainstreaming section 2.4, **c) Health Visiting (HV) Services** and throughout the report.

Measure: Staff undertaking hate crime training

The statutory and mandatory Equality and Human Rights e-learning module incorporates a section on understanding and responding to hate crime (including making 3rd party online reports). This means that more than 36,000 members of staff have accessed information on hate crime. In addition, face to face sessions have targeted key staff group including senior mental health staff with approximately 60 attendees.

Measure: Staff deliver healthcare which meets the needs and understands the experience of Black / Minority Ethnic

communities.

During 2019 – 2020 (to February 2020) NHSGGC produced **245** resources in other languages or formats to meet the needs of our patients. This compares to 408 in 2019-20. These translations include clinical reports, treatment instructions for patients, consent forms, public health information, and speech language therapy report for parents of children who do not speak English and NHSGGC clinical information required for patient care. Translations are produced on a demand led basis therefore the numbers required fluctuates year on year. For example in 2018-19 diagnostics reviewed their information provision and produced up to date information which increased the demand that year.

Equality Outcome 7: Patients who require augmented support in Acute care as a result of their protected characteristics are linked to appropriate voluntary sector support

The Equality and Human Rights Team and the Support and Information Centres have engaged with the voluntary sector throughout the year to support patient's with specific needs, disseminate information and engage with patients to rescue barriers to their care.

Information on this can be found throughout the report.

Equality Outcome 8: Older people receive services based on their needs

Measure: Review impact of frailty assessment tool on people's health and care and increased patient satisfaction.

This work is completed.

Equality Outcome 9: Disabled staff receive appropriate reasonable adjustments and young disabled people are supported to access modern apprenticeships in NHS GGC

Measure: Deliver Double Tick Action (now Disability Confident) Plan in consultation with Staff Disability Forum.

See Mainstreaming section 2.5

Measure: Produce and disseminate a manager's guide to reasonable adjustment.

The manager's guidance has been published and can be accessed on HR Connect.

Attendance Management <http://www.nhsggc.org.uk/working-with-us/hr-connect/policies-and-staff-governance/policies/attendance-management-policy-procedure-overview/supporting-disabled-members-of-staff/>

Release Potential <http://www.nhsggc.org.uk/working-with-us/hr-connect/policies-and-staff-governance/release-potential/resources-for-managers/>

Measure: Ensure young disabled people access NHS GGC modern apprenticeships.

We continue to take measures to encourage people to apply to work for NHS GGC including advertising in Enable magazine.

This statement is included in all adverts;

'As an employer who actively supports disabled people, NHS Scotland is committed to providing a fully inclusive and accessible recruitment process. If you have a disability, please indicate, what adjustments you would need to allow you attend the interview in as much detail as possible, to allow arrangements to be put in place. NHS Scotland will endeavour to comply, and will always discuss any difficulties they have meeting your requirements with you.'

We have recruited a disabled graduate from the GCIL Equality Academy to work in the Equality and Human Rights Team and a fixed term two year post.

Equality Outcome 10: Lesbian, Gay and Bisexual patients and staff are not subject to discrimination, including assumptions of heterosexuality.

Measure: Number of staff trained on sexual orientation in priority areas.

The statutory / mandatory e learning module captures sexual orientation which 36,000 (91%) of staff completed. One hundred and fifteen staff also completed the stand alone module on sexual orientation. In addition to this, NHSGGC distributed 10,000 rainbow lanyards to members of staff accompanied by a fact sheet outlining the discrimination faced by LGBT people. This was supported by several articles in our staff newsletter.

Measure: Improved patient and staff satisfaction in how the organisation includes Lesbian, Gay and Bisexual people.

NHSGGC has historically supported a stand at Pride Glasgow and engaged with LGB people over the weekend to better understand trends in service satisfaction. Unfortunately Pride Glasgow was cancelled in 2019 meaning this opportunity was no longer available.

However, a parallel activity to engage with LGBT+ people specifically on health and wellbeing issues in NHS Greater Glasgow and Clyde and NHS Lothian has been completed.

As part of this work, agreement has been confirmed with participants to create a 'tracker' group of LGBT+ people who will provide year on year feedback on service experience including experience of discrimination and prejudice.

Equality Outcome 11: Patients and staff have an increased understanding of discrimination and unconscious bias

Measure: Feedback from Human Library events and unconscious bias events.

NHSGGC undertook a series of interactive sessions exploring unconscious bias and societal and institutional discrimination. Session content was planned in partnership with the Coalition of Racial Equality and Rights and delivered to more than 500 members of staff. Following a presentation to the NHSGGC Board and other strategic senior leadership groups, a commitment was given to support the roll out of unconscious bias learning across the organisation. A targeted approach to delivery will be undertaken across the life of the 2020-2024 organisational equality outcomes with ongoing evaluation and feedback in terms of practice change and impact for service users.

Measure: Feedback from staff and patients of perceived cultural change e.g. Fairer NHS Survey, patient engagement.

Our third Fairer NHSGGC Staff Survey was completed at the end of 2019.

The survey found that the vast majority of NHSGGC staff – almost 90% - agreed that we can improve patient health care when we have a better understanding of the discrimination faced by our population.

There is clearly a huge range of work being undertaken to support patients with additional needs. This includes a significant increase in staff using BSL interpreters (91% - an increase of 38% from the 2016 survey) and telephone interpreting (53% - more than doubled since 2016).

Instances of discrimination are still being witnessed and experienced. However, the number of staff who have felt able to disclose their disability status to their managers has increased by 14% since 2016. The survey also revealed that over 80% of our LGBT+ staff are out in the workplace – an increase of 22%.