# USING OUTCOMES DATA TO TACKLE HEALTH INEQUALITIES

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# NHS GREATER GLASGOW AND CLYDE (GGC)

- Largest health board in Scotland

- Population of 1.4 million

- Acute adult SLT service ~ 80 members of staff

- 8 hospital sites, 3 sectors

- In-patients, Out-patients, Community

- TOMs for 10+ years

- ROOT with direct data input since 2020

# INEQUALITIES IN GREATER GLASGOW & CLYDE

- Widespread deprivation – a widening gap between 'rich and poor'

- Opportunity to explore any potential inequalities within our SLT service

- Extra ROOT fields (since end of 2022): Ethnicity, home language, use of interpreter and social deprivation

*Greenock, Inverclyde*

# CHALLENGES

- Large staff group – great potential for ++data
- Managing participation over many sites
- Staff turnover – training
- IT – connection, passwords, access
- Busy! "No time" Other priorities
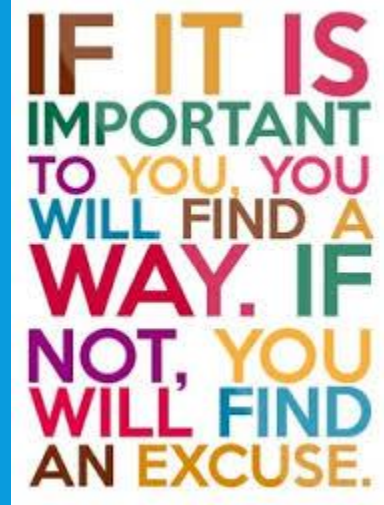- Staff need to want to invest

# WORKING ON SOLUTIONS

- 'ROOT reps' share the load = a local contact
- Individual approaches – different sites have different pressures
- Regular meetings of ROOT reps - new ideas
- Clinical Service Manager support
- Introducing ROOT ASAP with new staff
- FAQ updated regularly on SLT shared drive
- Regular reminders
- Tick completion on ward list

# MOTIVATION

- Instilling motivation is our current focus

- Keeping ROOT relevant and present

- Ongoing push needed to aim for accurate, complete records

- **ROOT reports** are a main source of encouragement:

-ROOT reps sharing interesting findings routinely via email

-RCSLT demonstration session on Teams

# NEXT STEPS

- Focus on improving staff compliance

- Encourage wider use of report generation across service

- Explore patterns or trends in data

- Identify areas that need further investigation

- Use data to support service achievements

- Provide information for heads of service

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**Thank you for listening. Please feel free to get in touch** ☺