

NHS Forth Valley Equality and Diversity Annual Report 2011

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Introduction

I am delighted to use this opportunity to present our NHS Forth Valley Equality and Diversity Annual Report 2011 which reflects the actions taken during 2011 in meeting our long-term commitment to Equality and Diversity.

NHS Forth Valley's Single Equality Scheme (SES launched in 2009) has continued to develop the principles of valuing the differences between people and enhancing current services and working practices.

Over the past year our scheme has been subject to a range of monitoring and evaluation processes including those undertaken by our Fair for All Equality and Diversity Development Group, Staff Forums, partners and stakeholders as well as service user groups.

By working together we have endeavoured to develop a meaningful framework that will enable us to serve our diverse communities; to further develop services that reflect the needs of our local population and ensure that our entire staff feel supported and valued.

Our current Single Equality Scheme is due to be superseded by our NHS Forth Valley Equality Delivery System report (EDS) in December 2012 which will demonstrate our equality outcomes for 2012 - 2016; this will not diminish our responsibilities but build upon them and the achievement of NHS Forth Valley.

As such the introduction of the Equality Act, in October 2010, will strengthen our key values by continuing to enhance equity in the workplace; recognising that choices relating to the provision of health care and employment must not be affected by age, disability, gender, race/ethnicity, religion/belief/spiritual care, sexual orientation or any other personal (protected) characteristic.

We actively encourage participation from service users, patients, carers and staff in developing our future Equality Outcomes and look forward to the year ahead where various activities will be held across NHS Forth Valley area to involve and consult our local communities.

It is therefore a pleasure to be able to present the outcomes of the last year, and share our performance in the most important areas.

We look forward to the work ahead and meeting the challenges we have set ourselves in relation to equality and diversity and the actions required to meet the forthcoming Equality Act 2010 Specific Duties.

Helen Kelly
NHS Forth Valley Director Human Resource
Executive Lead Equality and Diversity

Section 1 - Overarching Equality and Diversity Activities

Equality Duty 2010

The Equality Act 2010 includes instruction for legal compliance for public sector organisations. This is split between a General Duty and a set of Specific Duties. At the time of writing this report, the content of the Specific Duties are still being considered by the Scottish Government.

The regulations have been redrafted to take account of concerns raised by the equal opportunities committee around the first drafting and consultation process.

These cover:

- Equality outcomes based on evidence and involvement
- Reporting on mainstreaming action and progress
- Impact assessment of policies and practices informed by evidence
- Collecting and publishing employment information
- Procurement considerations

The Public Sector General Duty, came into force on 5th April 2011 and states that all public authorities will be required to pay due regard to:

- Eliminate discrimination, victimisation, harassment or other unlawful conduct that is prohibited under the Equality Act 2010
- Advance equality of opportunity between people who share a characteristic and those who do not; and
- Foster good relations between people who share a relevant protected characteristic and those who do not.

Although the Equality Act 2010 public sector duties are not in place and are currently being consulted upon, NHS Forth Valley is following the Equality and Human Rights Commission (Scotland) Guidance by:

- Continuing to implement the general duty to give due regard to equality in all we do.
- Giving due regard to the elimination of discrimination, the advancement of equality of opportunity and the fostering of good relations (the general duty) on the grounds of age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex, and sexual orientation. (The protected characteristic of marriage and civil partnership is covered by the elimination of discrimination duty only).
- Using our existing systems for the time being whilst extending our activities to encompass all of the protected characteristics.
- Continue to further our work to ensure that impact assessment forms an integral part of policy development and review, informing policy as it develops. If integrated well, impact assessment can provide a tool for improved decision-making and should not result in unnecessary additional activity.

The provisional timeline brings the duties into force in April 2012 and requires the initial publication of outcomes, mainstreaming report and employment information by 31 December 2012.

An action plan is currently being developed to enable us to work with local communities and staff to identify the priorities that NHS Forth Valley has to consider in meeting our requirements to publish Equality Outcomes for 2012-2016.

Discussions are ongoing about using the NHS Forth Valley Local Delivery Plan as part of our requirement to mainstream equality and diversity into the work we do as a public body and to have identified measurable outcomes.

a) Fair for All Development Group

The Equality and Diversity agenda continues to have a high profile within NHS Forth Valley. The Group is Co-Chaired by Helen Kelly HR Director and Dr Abu Arafah who continues to provide strong leadership to all the E&D subgroups through its monitoring role.

The Group meets every three months to provide guidance and monitor the implementation of the Single Equality Scheme and Action Plan.

The group continues to work on behalf of NHS Forth Valley to ensure we fulfil our responsibilities including monitoring progress on the E&D agenda internally and across NHS Forth Valley in order to advise on approaches to support compliance and enhance current best practice.

b) The Role of the Board

Equality and Diversity is part of the core business of the NHS and is therefore central to the governing functions of the NHS Forth Valley Board.

Our Board members therefore have a particular responsibility for taking forward and achieving the vision and objectives outlined in this Equality Scheme. Bi-Annual reports are submitted to the Board for approval. An awareness session is currently being designed for Board Members and senior staff for Spring 2012 in relation to the new Equality Act Statutory Duties, which are currently out for national consultation.

c) The Role of Employees

All employees, at all levels, are responsible for the successful implementation of the Single Equality Scheme: all members of staff have a key role to play. As an organisation we embrace the principles of all equality legislation and expect all our members of staff to conduct themselves accordingly.

d) Equality and Diversity Advisory Team (EDAT)

The NHS Forth Valley Equality & Diversity Advisory Team (EDAT) continues to provide a focal point of expertise and guidance by supporting individuals and departments across the organisation, and in working with a wide range of partners to develop and monitor equality and diversity initiatives around patient care and employment.

e) NHS Forth Valley E&D web site

Significant work has been completed on the development of the NHS Forth Valley Equality and Diversity web pages; this will be reviewed in June 2012.

The external website is now available and is compliant with current legislation. Service users are able to choose the text size on screen to suit their needs.

A range of helpful guides for staff are available, such as, creating accessible meetings/training, and transgender etiquette.

The web pages have increased the information available and staff can follow links to training and development, the interpreting service, data monitoring information, the Equality and Human Rights Commission amongst others.

www.nhsforthvalley.com/about-us/equality-and-diversity/

f) NHS Forth Valley Diversity Champions

Following the Diversity Champions Drive undertaken in 2010 work has continued to raise the profile and recruit Diversity Champions within NHS Forth Valley.

Training for new Champions on a 6 monthly basis is well established and is now part of the annual training schedule

Work will be completed during 2012 to enable the Diversity Champions to become actively involved in a programme of work to be completed in relation to our Equality Act 2010 Public Sector Duties.

g) Equality Impact Assessment (EQIA)

As an organisation we recognise the importance of embedding equality and diversity within all our structures and processes and continue to strengthen the integration of equality and diversity within our services.

The revised EQIA tool/guidance launched in June 2011 incorporating the additional Protected Characteristics' has proved to be successful.

An example of a completed EQIA on Forth Valley Royal Emergency services is attached. The evidence from same highlighted that more men than women attend Emergency Services. The action plan completed reflects the work to be undertaken taken during 2012. **Appendix 1**

NHS Forth Valley also has an EQIA Peer Review Group who evaluate and monitor EQIA's completed. This group will reconvene in April 2012 following the publication of Public Sector Duties recommendations for EQIA from the Scottish Government.

Work is ongoing to review the current recording methods, with the proposal to develop a more robust data base and develop the current EQIA tool into an online version which can be accessed by staff at source.

It is proposed that this method would ensure ease of recording, production of reports, reminders sent to NHS staff responsible for completing EQIA's and save time currently spent on retyping information. As we do not currently have the existing staff to develop this resource funding may be required to develop and purchase this system.

A report on EQIA's completed and the revised tool can be obtained on the NHS Forth Valley Equality and Diversity Equality Impact Assessment web page.

<http://www.nhsforthvalley.com/about-us/equality-and-diversity/equality-impact-assessment/>

h) Health Promotion Gypsy Travellers

Several pieces of work have been completed over the past few months with the Gypsy Traveller communities. This has included:

- Engagement with men from the camp in Falkirk for health checks as part of Keep Well.
- Stirling council have reinstated a Gypsy Travellers group which will meet 3 times per year. It is proposed that there will be input from the NHS senior health promotion officer and health visitors.
- 'Listening Events' are also to be held in partnership with NHS Forth Valley and Falkirk Council.

i) NHS Forth Valley Local Delivery Plan (LDP) – HEAT Targets

As in previous years NHS Forth Valley is required to produce and submit a LDP which forms a performance and delivery agreement between NHS Forth Valley and the Scottish Government Health Department. The four **HEAT** domains are **H**Health Improvement, **E**fficiency & Governance, **A**ccess to Service, and **T**reatment Appropriate to Individuals.

As required last year where applicable, boards are required to outline any risks where the delivery of the HEAT target could create unequal health outcomes for the six equalities groups, and/or for people living in socio-economic disadvantage, and how these risks are being managed.

Each of the **HEAT** targets has now been assessed and, where relevant, actions have been put in place to support delivery in relation to equality and diversity.

j) Data Gathering & monitoring: Improving collection of Diversity Information

The recording of service user's ethnicity continues to be a key priority for NHS Forth Valley. We have made significant progress in the recording of ethnicity across different care settings as illustrated in the table below. Considering the latest information and anecdotal feedback, the phase 3 moves to Forth Valley Royal Hospital have coincided with a flat-lining of the performance. We would hope to be back on track shortly.

In addition to data collection in each care setting, we have also looked at more effective transfer of information between primary and secondary care with the inclusion of Equality & Diversity information more prominent in electronic referrals from January 2012. This work has been recognised nationally.

Location	SMR Type	Sep-09	Mar-10	Sep-10	Mar-11	Jun-11	Nov '11 (latest)
Outpatients	SMR00	0.7%	7.2%	4.5%	23.5%	27.5%	28.6% (Sept)
Inpatients	SMR01	0.3%	3.9%	16.3%	47.5%	49.8%	46.5% (Aug)
Maternity	SMR02	n/a	n/a	n/a	n/a	11.4%	11.4% (Jun)
Mental Health	SMR04	15.0%	27.0%	33.6%	45.4%	52.6%	52.6% (Jun)
A&E	SMR30	n/a	n/a	n/a		98.0%	98% (Jun)

Note June 2011 figures are local estimates

By improving the collection and analysis of equality information in relation to patients and the public, we will be able to show the extent to which services are accessed by all communities and it will help identify areas for improvement. We have started to use the data collected, supporting the Equality Impact Assessment in emergency services.

k) Patient Focus Public Involvement (PFPI)

The Patient Focus Public Involvement Team provides a quarterly update on the PFPI agreed priorities and other projects. The report is presented to the PFPI Steering Group. It is also distributed to the Public Partnership Forums and Patient Public Panel to provide feedback to patients and the public on progress against our priorities and other PFPI work.

The report is divided into three sections:

- Section one gives an update on the Strategy and Annual Review process.
- Section two reports our performance against the Priority Actions for 2010 – 2011.
- Section three reports our progress with our other PFPI activities.

This report can be accessed by contacting Lesley.sherwood@nhs.net

A Community Event takes place twice a year to involve patients and the public in shaping our PFPI priorities, so that they reflect the needs of the local community. These events also provide feedback on progress. In 2011, they were held on the 28th Feb and 28th Sept.

I) Partnership Working in relation to Equality and Diversity

Central Scotland Police

Considerable work has been completed in partnership with Central Scotland Police including advice on their respective EQIA tool as well as the delivery of training by the Equality and Diversity Project Manager along with their Equality and Diversity Sergeant to senior officers. This session evaluated very well.

NHS Education for Scotland (NES)

Several pieces of work have been completed with NES including:

- Training for Dental Trainees in Inverness and at the Golden Jubilee on Equality and Diversity
- Training for Dental Trainers on Equality and Diversity
- Draft development of a multi agency Equality and Diversity Training Tool that can be used by NHS, Police etc

Forth Valley Multi Agency LGBT Steering Group (LGBT)

A multi agency steering group operates within Forth Valley, with the overarching aim of improving service provision for LGBT young people. The group is a forum for sharing skills, practice, resources, training and funding opportunities. The Steering Group includes representation from LGBT Youth, NHS FV (clinical, health promotion, equality& diversity), Local Authority, Youth Services, Central Scotland Police, Fire & Rescue, FV colleges/ universities, Central Regional Equality Council, Trans Central Scotland.

The functions of the Steering Group include:

- Plan and deliver training
- Organise and support local events
- Support local LGBT young peoples' groups, i.e. Triangle and the Clackmannanshire LGBT Youth Group.
- Support local organisations to raise awareness of LGBT issues
- Develop/distribute resources.

MAHRS (Multi-Agency Hate Response Strategy) Partnership

The MAHRS (Multi-Agency Hate Response Strategy) Partnership recognises that some individuals and groups in the community are attacked, harassed and intimidated because of prejudice relating to racial identity, religion, disability, sexual orientation or transgender identity.

VISION

To provide a strong multi-agency partnership, that engages with the local community and is responsive to its diverse needs in respect of tackling hate incidents.

MISSION

To monitor and tackle incidents motivated by hatred, prejudice or malice targeted towards an identifiable group. To promote inclusiveness, respect diversity, provide reassurance and encourage good relations amongst people of different race, disability, religion/ belief and sexual orientation.

Each partner supports and facilitates the reporting, recording and monitoring of a hate incident through a standardised procedure and actions taken accordingly.

Further information is available on: <http://www.stophateincentralscotland.org.uk/>

Forth Valley Gender Based Violence Steering Group

This partnership group continues to meet on a quarterly basis to discuss the way forward in regards to Gender Based Violence in the Forth Valley area. The group has representatives on it from Health, Police and the three local authorities. Work is being completed in 2012 to identify key actions for the forthcoming years. This will be included within our respective Equality Outcomes 2012 -2016.

NHS Forth Valley, NHS Lanarkshire & NHS Ayrshire & Arran

Joint work was completed by each of the respective Health Boards to develop the Standard Impact Assessment tool. This tool was developed in partnership and evaluated by each organisation's respective service user involvement panels to ensure that it was fit for purpose. Comments were also received by a variety of organisations including, LGBT Youth Scotland. This tool not only addresses the needs of people covered by the Equality Act 2010 protected characteristics but also ensures that inequalities in health are considered.

Scottish Government NHS National Gender Based Violence Team

Lynn Waddell is working with the national team to develop a GBV E Learning package for staff. This is based on a model developed for the Fife Multi-agency partnership.

It is proposed that a DRAFT will be available in early New Year. This will enable to staff from a variety of NHS areas and services to raise their awareness on GBV issues and client support.

Wayfinding/NHS Health Scotland

Working in partnership with NHS Health Scotland, NHS Forth Valley PFPI and Disability Service supported by their volunteers completed a "Wayfinding and information provision" survey within the new Forth Valley Royal Hospital. The outcome of this survey will form part of the actions which will be captured through the Patient Centred Group chaired by NHS Forth Valley's PFPI Lead. The full outcome report is available on request.

m) Procurement

We are fully committed to ensuring that we promote and influence equality and diversity issues through our procurement process. A robust process is in place which meets all national standards. The procurement process in relation to the Equality Act 2010 Specific Duties has been reviewed and the Procurement EQIA has been updated to reflect the new legislation.

n) Prisons within NHS Forth Valley area

Scottish Ministers approved the principle of transferring responsibility for healthcare of prisoners from the Scottish Prison Service (SPS) to the NHS. This was implemented on the 1st November 2011. The main strategic driver of the transfer is to ensure that prisoners receive equity of access to NHS Services to that which is offered to the general population. In so doing the transfer will uphold European and International standards for the healthcare of prisoners.

A detailed local Operational Plan was developed which set out the key milestones and actions to support the transfer of responsibility for prison healthcare in line with the agreed timescales as set under the Criminal Justice and Licensing (Scotland) Act 2010. This Operational Plan highlighted all the relevant work streams and associated actions related to the transfer of responsibility for healthcare services from the Scottish Prison Service to NHS Forth Valley including identification of Equality and Diversity considerations.

The process is underpinned by the following 4 key strategic objectives, namely to:
Preserve life and reduce harm.

- Provide a safe, secure environment for the health assessment and treatment of prisoners.
- Reduce health inequalities
- Create environments that are supportive of Health Improvement.

Significant work is being completed to ensure that the equality needs of prisoners were considered to ensure that the transition to NHS Forth Valley services is as barrier free as possible.

A review was completed on each of the three prisons by the Equality and Diversity Project Manager and action plan was put in place. All actions achieved.

The Equality & Diversity Project Manager now gives support to the Prison Health Sector in relation to Equality issues.

o) Training

Our Equality and Diversity Advisory Team work closely with Organisational and Development Departments and the Practice Development Team to ensure that appropriate training on Equality and Diversity is provided to staff to meet their Agenda for Change Knowledge and Skills Framework (KSF) requirements. A review is ongoing with regards to induction and mandatory training and changes will be made accordingly.

Training is an integral part of promoting equality and diversity and we continue to develop the range of training available to meet the needs of all staff.

In addition, support and training has been given to outside agencies including NHS Education Scotland and Central Scotland Police with training delivered on Equality and Diversity Awareness to over 150 dental staff and Equality Impact Assessment Training to Senior Police Officers. These activities enable us to as enhance partnership working with partner agencies both at a national and local level.

As part of our duties as a public body, we are also looking to deliver training to a range of groups and volunteers, which is an opportunity to develop good working relationships with our communities and shows our commitment to eliminate discrimination for all.

This following is an example of some of the training completed this year.

➤ Equality and Diversity E-Learning package

Considerable work has been completed over the past few months to develop an equality and Diversity e-learning package for all NHS Forth Valley staff. This resource not only provides staff with information on Equality and Diversity, but also has a built in assessment process and hyperlinks to other relevant support tools and information i.e. NHS Forth Valley Single Equality Scheme, Disability Service information, national publications etc.

The E&D e-learning package was launched in September 2011. Managers are encouraged to complete the modules themselves as well as support staff in completing this resource as part of their Personal Development Plans.

➤ Stalking Training

Several staff from a variety of areas has attended the Stalking Training during August 2011. These have been a very thought provoking session with staff highlighting that they wish to do more to develop information for NHS Forth Valley staff on how to support colleagues and service users.

➤ Transgender Awareness

In partnership with the local Transgender Support Group it is proposed that NHS Forth Valley run a transgender awareness session for staff in early 2012. This session will support staffs who work within Acute and Primary Care settings. It is anticipated that training programme and contents will be developed once the Transgender Framework is completed by NHS Health Scotland.

➤ **SERCO Equality and Diversity (E&D) Training**

Staffs who TUPE (Transfer of Undertakings -Protection of Employment) Regulations transferred to Serco from the NHS Forth Valley have received Equality and Diversity training prior to their transfer as well as some staff who are Equality and Diversity Champions. Discussions have been held regarding the development of training for new staff and refresher training as appropriate; further discussions to be held.

➤ **Patient Public Panel Development Day Tuesday 20 September 2011 (PPP)**

A development day was held with a key focus of the day on Equality and Diversity and Communication.

➤ **Working with Interpreters Training**

As part of the NHSFV Gender Based Violence Action Plan the Scottish Refugee Council training sessions have been provided to staff on how to work with interpreters with a focus on working with people who have experience abuse, violence or are fleeing terror.

➤ **Training delivered by Sexual Health Team**

The Central Sexual Health Team within NHS FV provides training in Sexual Health and Relationships Education (SHARE) to teachers and associated professionals at both primary and secondary levels. SHARE (secondary schools) is an inclusive programme endorsed by Health Scotland and the Scottish Government, which promotes diversity with regard to sexuality, including sexual orientation and expressions of gender identity. Specifically, staff are trained in the use of inclusive language and sign posting/ promotion of LGBT services along with mainstream services. SHARE training also provides staff with strategies to address homophobic/ transphobic bullying.

➤ **The Central Sexual Health Team** also provides training for staff with young people in the community which is based on the SHARE model. We also deliver training to support sexual health and relationships work with young people who have a learning disability. This training includes raising awareness of LGBT issues.

- **Sexual Health and Relationships in the Primary School** training includes teaching children to respect others, and a specific awareness of a variety of types of relationships and family set ups, including same sex parents.
- **Sorted on Sex Services (SOS)** information sessions are delivered to young people and staff working in education and community settings throughout Forth Valley. These sessions provide information about the local sexual health services for young people, and emphasise that the SOS services in FV are inclusive to all young people whatever their sexual orientation and gender identity.

The [Central Sexual Health website](#) provides up to date information regarding training dates which are currently available.

p) Investing in Volunteers (IiV)

NHS Forth Valley has been successful in achieving Investing in Volunteers Quality Standard for a period of three years from February 2011. This nationally recognised standard guarantees a quality experience for volunteers.

A Self Assessment of performance against the Investing in Volunteers Standard was submitted to Volunteer Development Scotland in September 2010, which moved to a formal assessment in December 2010.

NHS FV has a Volunteering Strategy and Action Plan, which were developed in partnership with key local stakeholders. This was presented to the Board in October 2010 and submitted to Volunteer Development Scotland as evidence for our Investors in Volunteers

Assessment. We also submitted two other NHS Forth Valley documents: A Guide for Staff: Recruiting and Working with Volunteers September 2010 and A Guide for Volunteers 2010.

The Refreshed Volunteering Policy and Reimbursement of Volunteers Expenses Policy are both available on the NHS FV intranet. These documents have been Equality Impact Assessed.

Participants at the PFPI event on 5 November 2010 were asked to give feedback on their volunteering experience with NHS FV and what they recommend to enhance equality and diversity amongst volunteers. Participants confirmed that they had a range of opportunities to make their views known about NHS FV and to participate in decision making.

q) Investors in People (IIP)

NHS Forth Valley became the first NHS Board in Scotland to achieve the prestigious 'Investors in People' standard at Bronze level.

The accolade has been achieved in recognition of excellence in the way staff are involved, developed and managed. The effectiveness of strategic leadership and partnership working, particularly around the development and commissioning of Forth Valley Royal Hospital was singled out as particularly strong. IIP had praised the Board, its Partnership arrangements, and the leadership of the Executive team for its open and transparent culture. Equality and diversity was also reported as being strong with the organisation seen as a fair employer.

The Investors in People assessment involved interviews with approximately 200 staff and managers across all levels and sites within the organisation. The next review will be in 2013.

r) Addressing Health Inequalities in NHS Forth Valley

A prioritisation paper on health improvement and health inequalities, produced by the NHS Forth Valley Health Inequalities Health Impact group, has been agreed by the board. The 3 priorities are: Early Years, Anticipatory Care, and Health and Employability.

Overview of current work

Single Outcome Agreements (SOA)

SOA work can be summarised by paraphrasing the national purpose objectives as:

- Economy – e.g. increase growth, productivity and participation; and reduce inequalities
- Population – e.g. increase total population, health/ wellbeing/ quality of life and longevity
- Environment – e.g. ecological sustainability.

Joint Health Improvement Planning (or equivalent)

In each area there is on-going work in health improvement, through partnership structures (covering a wide range of themes as described in 6.1), which feeds in to community planning and SOA work, summarised in Appendix 2.

NHS Forth Valley

In terms of treatment and care, much of the work of NHS Forth Valley addresses the impact of disease and long term conditions on individuals. Through mechanisms such as EQIA (Equality and Diversity Impact Assessment), to some extent, inequalities are identified and addressed. In addition there is a wide range of clinical, health promotion and anticipatory care work aimed at addressing health improvement and health inequalities, e.g.:

- smoking, cessation work in primary care and specialist services
- alcohol screening and brief intervention in primary care and specialist service

- physical activity work, e.g. linking primary care to walking groups through social prescription
- dietary advice and community food work
- interventions aimed at healthy weight, from Counterweight in primary care to bariatric surgery and
- assessment and management of high blood pressure and high cholesterol in primary care

Also, there are number of NHS –led initiatives which take a broader approach encompassing the above and more:

- Keep well – An approach to anticipatory care
- Long Term Conditions Collaborative
- Health Promoting Health Service
- Health Works strategy development and other work relating to employability

In terms of Equally Well areas for action, NHS Forth Valley, through the board executives, has prioritised the following:

- Anticipatory care
- Alcohol
- Health and Employability

Mental Wellbeing


With the national initiatives of ‘Towards a Mentally Flourishing Scotland’ and the ‘Mental Health Improvement Outcomes Framework’, the importance of mental wellbeing is now well recognised, to the extent that it can be seen as central to health in general. Each local area is developing work in this area, which potentially will have a huge impact on individual self esteem, positive health behaviours and employability, and lead to greater social cohesion and social capital.

Forthcoming actions

Based on the evidence presented above, it seems reasonable to prioritise the following 3 areas for improving health and reducing inequalities in Forth Valley:

1. **Early Years, children and young people** - including parenting, and health improvement in schools. This is based mainly on the high rates of return – small improvements early on can lead to cumulative and on-going improvement across the life course.
2. **Anticipatory care.** Taking a broadly preventative approach, and linking a clinical approach to addressing risk factors to a community development approach can be very powerful. The Forth Valley approach also aims to be holistic and person-centred. Currently measured on activity in 40-65 year olds, there is scope to develop a more formal policy to target younger adults, especially parents.
3. **Health and Employability.** Referring to the national purpose targets, and recognising that health can usefully be defined as “the ability to work and love”ⁱ, employability in its broadest sense is key to improving health and reducing health inequalities. Future work in this area will build on Health Works, and take an approach based on general progression (rather than paid employment as the only goal), which will also encompass volunteering and caring.

Equally Well – Mid Year Update

Initiative	Status			Date	
Equally Well		Objectives	As part of the Primary and Community Care Services Development Plan, support delivery of key priority areas	2011/12	
		Scope	Priority areas for CHPs include early years, drug & alcohol problems & links to violence, mental health & wellbeing, anticipatory care and employability		
		Outcomes	Long term Improvements in health outcomes		
Mid Year Update	Work varies between Community Health Partnership (CHP), but the following gives an overview of progress, and some specific examples:				
	<ul style="list-style-type: none"> • Implementation of the national Early Years Framework is progressing • Work on positive parenting continues in each area • Each local alcohol and drug partnership has put together an action plan, with the beginnings of implementation • A Forth Valley wide substance use needs assessment is underway, and we are beginning the process of reviewing the Forth Valley substance use strategy. • The Forth Valley Alcohol and Drug Partnership has agreed a consensus statement on alcohol. • NHS representation on licensing boards and forums has been reviewed and strengthened. • Activity regarding alcohol brief intervention continues to greatly exceed targets. • An asset-based approach focussing on Hawkhill in Alloa has brought a partnership approach to community development, and is supported by the Violence Reduction Unit. • Work on mental wellbeing has been reviewed, and each CHP area is progressing. Specific examples of work are: development of stress control group provision (all areas), social prescribing/ referral (Falkirk), inclusion of WEMWBS (Warwick-Edinburgh Mental Wellbeing Score) in Clacks 1000. • We are greatly exceeding the HEAT target for inequalities targeted cardiovascular risk assessment health checks. • Plans for extension of Keep Well beyond March 2012 are progressing well. • A recent Public Health Network event on employability has provided a great impetus for work on health and employability, which is being taken forward through a Forth Valley wide partnership group. 				

Section 2 – Equality Strands

The following gives a brief summary of actions taken within NHS Forth Valley to support service users from the variety of equality strands.

2.1 Disability

PAVE (Patient Advice, Volunteer, Education) Funding

Volunteers continue to support the Disability Service in relation to staff training and review of documents however there are some difficulties in supporting them within the new hospital environment. This has been further impacted by the recent change from Disclosure Scotland relating to PVG (protection of vulnerable groups), cost implications and implementation criteria.

Spending pen/pet therapy service

NHS Forth Valley will proceed with the building of a spending pen near the main entrance of the Forth Valley Royal Hospital. Further discussion has taken place with the architects and local assistance dog users relating to the progression and design of the pen. The Disability Service intend to initiate a pilot project utilising sonar equipment (Step Hear) which would aid visually impaired assistance dog users to increase their independence from reception area to spending pen.

Maureen Coyle from the project team has supported this work; date for commencement to be confirmed.

NHS Forth Valley will be the first health board in Scotland to have an appropriate spending pen in place to support those with assistance dogs.

Disability Service have joined forces with Canine Concern to deliver a “Pet Pat” Pet Therapy. This service has experienced some delays in 2011 due to staffing issues and some infection control measures, however, we hope to reinvigorate the initial demand and interest across NHS Forth Valley during 2012. Volunteers remain committed to delivering this service.

Interpretation Provision

In March 2011, after a tendering and procurement phase, a new Interpretation and Translation Service for hard of hearing, Deaf and Deafblind was awarded. This service has recently undergone an audit of provision and service satisfaction with results being very positive and complimentary. This now allows NHS Forth Valley to confidently progress into the second year of a four year contract with the existing provider. As part of the development of the new service there were several staff engagement exercises including the production of a Z-Card detailing both information relating to the booking of interpreters and guidelines on working with them. This card is universal and available to both staff and service users. There was also six months of staff communications including community news, internal staff notices and targeted department contact for frequent users.

In the development of this new service NHS Forth Valley Disability Service designed and commissioned a unique data base to capture not only booking details but also trends in usage, cost variances, and the level of ‘Did Not Attend’ as well as client profiling. The success of this data base has been recognised nationally and is currently being considered by other boards including NHS Health Scotland and The Golden Jubilee.

The consultation phase undertaken to support the development of the new service highlighted the very specific needs of Deafblind clients accessing health. This group are extremely isolated throughout health journeys and often vulnerable in areas of mobilising safely, accessing information in an appropriate format and communicating with others. These needs have been reflected in an extended provision linked to the main interpretation service. This provision supports the whole patient journey for Deafblind clients, from home to appointment and return. It

is in the initial stage and will be audited in March 2012. NHS Forth Valley is unique in offering this as part of their wider interpretation and translation services.

A BSL on-line pilot within NHS Forth Valley commenced in July 2011. NHS Forth Valley pilot completed in partnership with NHS Health Scotland's national program explored the options available for developing/running an on-line interpreting service. Following this pilot outcomes would be shared across other boards. The findings from our local pilot will be captured in a paper to be published in January 2012. Initial feedback show that support for on-line within the Deaf community is somewhat negative; this will be further explored in the remaining few months of the pilot as to the reasoning behind this.

SCI Gateway Referral Change

NHS Forth Valley Disability Service has been working in partnership with colleagues in eHealth, Medical Records and the Long Term Conditions Action Group, to enhance the pathway from GP referrals to Secondary care via the use of SCI Gateway for the past 3 years.

This targeted system work focused on supporting equality of access for people with a disability, communication need and or long term condition.

A number of areas were fragmented in the current referral process, which resulted in poor patient experience, inefficiencies and "did not attend" (DNAs).

These were not directly linked to a person's clinical need for referral, but more specifically their disability, communication preference and or long term condition. For example; From the 12th December 2011 onwards, referrals created in SCI Gateway will include a field to record key disability and communication needs information. This information will help secondary care provide appropriate facilities for the patient, improving the patient/staff experience and reducing failures to attend.

It is estimated that DNAs costs NHS Forth Valley in excess of £2 million pounds per annum. Indirectly, the above project will target some of the reasons behind these breakdowns for both staff and patient and deliver a more efficient service, whilst improving equality of access. NHS Forth Valley is committed to making patient journeys accessible and equitable, whilst increasing efficiency – this initiative demonstrates one example of how this can be achieved.

NHS Forth Valley is the first Health Board to use SCI Gateway to address this issue and other Health Boards are keen to follow our lead.

The Disability Service will be producing a short synopsis of this project, which will include information pertaining to equality of access. We are offering targeted training to those who will be directly impacted by this change.

Accessible information

Following on from NHS Forth Valley's implementation of the SCI-Gateway change a more equitable approach to the patient experience should see an increase in safe, timely and patient centred care. This will undoubtedly increase the demand for effective communication methods to include the provision of alternative formats.

The Disability Service staff is trained to provide a local in-house Braille, audio tape/CD and large print documents reducing cost, time and the need to source this provision from an external agency. Should the request for alternative formats increase greatly there will be a requirement to open up the opportunity for training in this field to other staff members.

NHSFV “Coffee Mornings” –

Community participation in the Disability Service Coffee Mornings remains vibrant and these quarterly events will continue throughout 2012. Over 2011 discussion points have included volunteering opportunities, social activity, health and well being, disability awareness and fundraising events.

NHS Forth Valley Disability Service Fundraising Calendar –

Community and volunteer involvement sits at the core of NHS Forth Valley Disability Services work and this is delivered through both targeted equality projects as well as social activities. This year as in previous years we have produced a 2012 calendar which this year features original art work from local volunteers as well as a commitment to reinvesting any profits back into local community projects.

Community Fayre

The Disability Service held a community fayre in November 2011 raising in excess of £400 which will be allocated to our health and wellbeing program. Without the commitment of our volunteers we would not be able to progress these types of events.

Disability Service Training and Partnership Working

Partnership working continued throughout 2011 and included the delivery of training to the following organisations:

- * Central Scotland Police, topic specific Sensory Loss and Communication
- * NHSFV GP's via CREATE
- * Stirling University
- * NHSFV Dental Practices
- * Learning Disability Speech and Language Team- Specialist equipment

Joint work progressed included:

- * Central Scotland Police Multi-cultural event- Deaf community participation
- * Golden Jubilee- Database and Touch a Tag
- * NHS Health Scotland- National interpretation and communication support
- * NHS Forth Valley Patient Concerns- disability related concerns
- * Wider health board forums- sharing of good practice

2.2 Gender Specific Actions

Gender Based Violence

Scottish Government CEL 41 (2008) – NHS Forth Valley Gender Based Violence Action Plan (GBV)

Activities continue to be completed as identified within NHS Forth Valley Gender Based Action Plan.

The programme of training on ‘Routine Enquiry’ has been completed in Mental Health, Substance Abuse services and Maternity Services, and Sexual Health Services, Falkirk Community Nursing. Emergency Department Staff training commenced in November 2011 with Clackmannan and Stirling CHP Training starting in early New Year.

Dental Staff Training – As part of the GBV programme of work an awareness session for Dentists on Gender Based Violence was delivered on 30th November 2011 at Falkirk High School. Attendees were from local dental practices as well as NHS Education for Scotland and people from other Boards and national bodies. Report is available.

Twelve NHS Forth Valley Dental staff will start their training in early 2012 as Gender Based Violence Champions. This is the first known specific network in NHS Scotland.

Gender Based Violence (GBV) Policy based on Partnership Information Network Guidance (PiN)

NHS Forth Valley GBV Policy was drafted in July 2011 and is currently with Human Resource Department for further comment and amendments

NHS Forth Valley GBV Publications

Poster now available which reflects the local contact numbers of support agencies in relation to Gender Based Violence. These have been disseminated to GP surgeries and Dental practices.

In addition:

- GBV Resources have also been developed which can be displayed on the screens within waiting areas within Forth Valley Royal Hospital It is proposed to have the information regarding GBV presented on the screens translated into the top 4 languages within NHS Forth Valley
- Gender Based Violence Z cards have been developed for staff reflecting how to ask patients questions about GBV and what to do with this information. The cards also provide information on what actions the police take as well as a wide variety of local and national support groups.

Forth Valley and Fife Multi Agency Risk Assessment Meetings (MARAC)

On behalf of NHS Forth Valley Lynn Waddell has been involved in developing a MARAC process for Forth Valley and Fife areas. An initial information session was held in Glasgow in October.

MARAC is a victim-focused meeting where information is shared on the highest risk cases of domestic abuse between, health, child protection, criminal justice, police as well as other specialists from the statutory and voluntary sectors. A safety plan for each victim is then created. MARAC meetings are held on a monthly basis.

16 days of action – Planting a CEDAR Tree

As part of this year's 16 Days of Action activities, a tree planting ceremony was held in the new Forth Valley Royal Hospital in Larbert on 30th November 2011.

This tree planting event marks the significant, courageous and powerful contribution made by local mothers, children and young people affected by domestic abuse, to “CEDAR” - a therapeutic group work intervention programme that was recently piloted across Forth Valley.

CEDAR (Children Experiencing Domestic Abuse Recovery) was developed for children aged 4-16 who have experienced domestic abuse and are now living in a safer environment. The groups provided them with a chance to think, along with their peers, about changes to their family, how to stay safe and about how they felt about what had happened to them.

A concurrent mothers group offered a safe environment for mothers to help them understand the impact domestic abuse has had on their children, and how best to support their children to continue to recover from their experiences.

So much was learned from this successfully evaluated pilot, it is hoped that the CEDAR model of intervention will be rolled out across Scotland, with a number of areas already expressing an interest in the approach.

Transgender - Women Thinking Trans Issues: www.engender.org.uk.

Earlier this year NHS Forth Valley participated in the research completed by ENGENDER on the experiences of Trans Women into access to NHS services. The report reflects the findings of the ‘Our Women Thinking Trans Issues group’ which identified the unequal provision of gender reassignment services across NHS health boards. NHS Forth Valley’s current service provision and general awareness was viewed favourably within the report findings.

NHS Forth Valley also participated in the NHS Health Scotland research into the development of an NHSScotland Gender Reassignment Protocol (GRP). Report on current NHS Forth Valley activities and gaps were submitted by Dr Graham Foster Consultant in Public Health and Lynn Waddell Equalities Manager. The final Transgender Report will be available from NHS Health Scotland in early 2012.

Forth Valley Trafficking Protocol

A Trafficking Protocol developed by Community Partners across Forth Valley was launched in April 2012 supported by G5 Group and respective partners. This protocol will meet our legislative requirements re any person who intends to traffic a human being for the purposes of exploitation and any victim who is trafficked for the purposes of exploitation as well as identification of processes in place to support victim.

2.3 Race & Ethnicity Specific Actions

Working with Interpreters DVD

A good practice guide was launched in 2010 to show a range of scenarios for using professional interpreting services in NHS Forth Valley. The resource shows the range of interpreting services available i.e. telephone interpreting, face to face interpreting, a phrasebook and language identification materials. The DVD also show the range of support available for people with a sensory impairment i.e., British sign Language, Sign Supported English, Electronic Notetakers, Lip speakers and Deafblind Guide Communication. The DVD was piloted and evaluated by 93 members of staff. All staff reported increased awareness of the range of communication support available and increased knowledge of how to use them appropriately.

Stop Hate in Central Scotland - website: www.stophateincentralscotland.org.uk

NHS Forth Valley continues as a member of the local Multi Agency Hate Response Strategy (MAHRS) partnership.

Central Scotland Police's most recent Quarterly Monitoring Report of 'hate' incidents i.e. where hatred is directed against a visible feature, such as skin colour, disability or gender, or relating to a core personal characteristic, actual or perceived, such as race, religion, belief or sexual orientation. There have been 7 reports of racist incidents (verbal abuse) and 1 report of religious bigotry (verbal abuse) in NHS Forth Valley since January 2011. A press release prepared by the Communications Sub Group highlighted the recent increase in the number of sectarian incidents and that the largest ethnic group of victims of hate incidents in the last quarter was White Scottish.

Keep Well

NHS Forth Valley is developing an 'extension plan' for Keep Well for April 2012 and beyond. Part of this includes consideration of identifying and engaging specific vulnerable populations such as people from black and minority ethnic communities including gypsy travellers.

Events planned for March 2012 to be held in each Local Authority area with a focus on health and wellbeing. These will bring people together for "interactive meetings" and involve partners from a wide range of agencies and as a means of developing and establishing a sustainable local network.

The proposed outcomes for the next events are:

- Increased awareness of a broad range of well being services and support available together with a better understanding of rights to services for ethnic minority people across Forth Valley
- Increased awareness of local needs of ethnic minority people across Forth Valley
- Develop 3 Well Being Forums across Forth Valley representing the views and needs of ethnic minority people across Forth Valley.

A local planning event was held in November 2011 to identify health and wellbeing priorities of local people from black and minority ethnic communities. The output of the event will be fed back to the NHS FV Fair for All Development Group and the local Community Planning Partnerships.

Community Language Interpreting and Translation Services

A review led by Sue Dow Falkirk Community Health Partnership General Manager is ongoing in regards to existing Community Language Translation and Interpreter service. The proposed strategy is to develop a single 'one stop shop' system, thereby ensuring consistency, value for money, and importantly to provide a good quality service to our service users for whom English is not their first language. Good understanding between health staff and service users is very important to ensure that there is no misunderstanding or misdiagnosis.

The percentage of requests for interpretation in the last year is: **Polish** -43%; **Chinese** - Cantonese 4%, Mandarin 6% and **Arabic** - 13% .

To support this service review three focus groups have taken place to obtain user perspective on interpretation and translation services for minority ethnic communities.

This explored the user perspective of interpretation and translation services for these language communities. This identified barriers, experience of the interpreting and translation in the past year, experience of professional services (face to face and telephone) and the use of informal interpretation and how can NHS Forth Valley improve the quality of services and achieve best value?

Valuable information has been gained and will feed into the review and evaluation of interpreting and translation services in NHS Forth Valley. Overall there is a very high level of awareness and satisfaction among service users of face to face professional interpreting services with people reporting positive experiences. There is lower awareness of the telephone interpreting service and users are less comfortable with this service.

Other activities completed:

- Involvement in Fresher's Week, Autumn Semester, Forth Valley College and Stirling University,
- Ramadan A Guide to Healthy Fasting - Guidance on the NHS Forth Valley website,
- Forth Valley Migrant Workers Support Network,
- NHS Forth Valley's participation in an Information Roadshow held at Bo'ness Town Hall in September, which included; Information was available on how to register with GPs and Dentists in the Forth Valley Area, NHS 24 and the range of services provided by Community Pharmacists. Information was also available on access to interpreting support and multi-lingual resources.

2.4 Religion, Belief and Spiritual Care Specific Actions

Annual report developed which reflects the wide diversity of work completed by the Spiritual Care team to enhance and support service delivery, patient care and staff support. Further details can be obtained from Rev. Margery Collin Spiritual Care Lead.

Additional work completed by service:

- **Reflections of Life:** "Words of comfort and encouragement" - This publication was launched on 1st Nov '11 in the Spiritual Care Centre as a resource for all faith and belief groups. Honorary chaplains from various groups gathered to read an extract from their own faith tradition. A presentation on the background to the writing of the book was given by Dr Geoff Lachlan. Copies of the book are available in the Quiet Room.
- **Spiritual Care & Radio Royal** - Work is ongoing with Radio Royal to promote the Spiritual Care Service. Advertisements have been compiled by the Spiritual Care Team, highlighting the complexity of patients' feelings and giving information on what is offered by the Spiritual Care Service by way of listening, comfort and support.
- **Spiritual Care Service Open Day** - The open day held on 19th July proved to be a success. The team entertained many staff members from various disciplines and were encouraged to know that others are keen to promote the Spiritual Care Service as a source of well being.
- **Community chaplaincy listening pilot** - This pilot commenced on 6th September 2011 and will run until March 2012. Margery Collin is working in the surgery at Alva with referrals from GPs of people who need more time to talk about their problems and whose need may not be strictly medical or psychiatric. The pilot is part of a national research project.

2.5 Sexual Orientation

Lesbian Gay Bisexual & Transgender (LGBT) Youth Scotland

Two sets of evidence have been submitted to LGBT Youth Scotland in support of NHS Forth Valley's submission for the LGBT Youth Scotland Charter Mark.

This evidence is on the work of:

- NHS Forth Valley itself and
- Sexual Health Service

This evidence supports the work completed by NHS Forth Valley to date and that being planned for 2012 to support this client group and thereby demonstrate the good practice that is being completed.

Results of this submission will be known in January 2012.

➤ **LGBT Training – please see section 1 (o)**

Stonewall Best Practice Programme

NHS Forth Valley was selected to participate in the LGBT Best Practice Programme. A meeting was held with Bob Langridge from Stonewall in July and the following areas have been highlighted as areas, which could be taken forward.

Agreed Priorities 2011- 2012	Progress to date
<p>LGBT Staff Network - NHS Forth Valley will work with other local service providers (Central Scotland Fire and Rescue, Central Scotland Police) to look at developing a "Blue Lights" LGBT staff Network Group</p>	<p>Business Case, staff questionnaire and Draft group 'terms of reference' developed. To be submitted for approval to respective Boards in December 2012.</p> <p>It is proposed that this will be approved by February 2012 in time for LGBT History Month.</p> <p>Stonewall Scotland have reviewed the proposal and have given comments on it. This is seen b Stonewall as a positive action in support of this staff group.</p>
<p>Staff Monitoring – to enhance current monitoring methodology and raise the confidence of staff surrounding LGBT issues to enable them to understand the benefits of monitoring of staffs sexual orientation</p>	<p>Discussions on going with Stonewall Scotland in relation to developing the infrastructure into how to complete this work with existing staff.</p> <p>It is proposed that a communication plan will be developed which will include actions in which to enhance staffs' confidence in how this information will enhance current staff support.</p> <p>The work following on from these activities will be identified within the outcomes required by the Equality Act 2010 Specific Duties.</p>
<p>Community Engagement – To review current methods in which to engage with LGBT</p>	<p>Action Plan currently being developed in relation to enhancing current public engagement with the LGBT Community. This may be completed as an online questionnaire, discussions with community groups and building into existing consultation processes.</p>
<p>Staff Training enhance staff training to meet the following outcomes</p>	<p>Although discussions on LGBT were already included within statutory and mandatory training it is proposed that this will be enhanced with the inclusion of a couple of additional slides.</p> <p>LGBT awareness is already included within the current gender based violence-training programme.</p>
<p>Develop on-line learning resource</p> <ul style="list-style-type: none"> • Line managers are skilled and confident in supporting front line staff and showing leadership • Middle managers and senior staff are aware of LGBT issues in Scotland today and how these can be tackled in public services • Chairs / Facilitators of public forum meetings are skilled and confident in addressing LGBT issues, supporting and encouraging LGBT participants and challenging homophobia within forums 	<p>NHS Forth Valley Equality and Diversity Project Manager is currently in discussions with Stonewall Scotland in regards to the inclusion of an e-learning LGBT Training package. This may be on place for May 2012 as part of 'Stop Homophobia ' month.</p> <p>Current Equality and Diversity e-learning already reflects the needs of LGBT people.</p>

Section 3 – Equality and Diversity Workforce Monitoring Report.

Workforce Diversity Monitoring Report Quarter 2 July - Sept 2011

1. Introduction

This is the NHS Forth Valley Workforce Diversity Monitoring Report for the period of July - September 2011

NHS Forth Valley is committed to equality and uses the data produced by our monitoring processes to enhance a culture of fairness and equality for all through continuous improvement in all areas. The information contained in this report is used to analyse trends, highlight areas requiring attention and assess the impact of appropriate actions.

These actions may include;

- Targeted training sessions
- Review of advertising media
- Involvement of key stakeholders in reviewing procedures

The NHS Forth Valley Workforce Modernisation Board, Staff Governance Committee and Fair for All Groups will receive regular reports based on this data.

2. Legislative Framework

The Race Relations Amendment Act (2000) requires public bodies such as NHS Forth Valley to collect information regarding the ethnicity of individuals in our employment on a range of employment monitoring indicators.

Specifically the Race Relations Act 1976 and the Race Relations Act 1976 (Statutory Duties) (Scotland) Order 2002 outlines that as a public authority NHS Forth Valley must monitor the following by reference to the racial groups to which they belong;

Section 5

- 2 (a) The numbers of –
 - i. Staff in post, and
 - ii. Applicants for employment, training and promotion from each such group and

- 2 (b) Where that body or person has 150 or more full-time staff, the numbers of staff from each such group who –
 - i. Receive training;
 - ii. Benefit or suffer detriment as a result of its performance assessment procedures;
 - iii. Are involved in grievance procedures
 - iv. Are the subject of disciplinary procedures; or
 - v. Cease employment with that person or other body.

(3) Such a body or persons shall publish annually the results of its monitoring under paragraph (2).

The Disability Discrimination Act (2005) suggests as good practice, public bodies such as NHS Forth Valley should collect information regarding the disability of individuals in our employment. This is not a statutory duty and in this report we will also cover the remaining five equality strands.

3. Classifications of Ethnic Origin

For the purpose of consistency NHS Forth Valley had used the classifications of ethnic origin as defined in the 2001 Census. However, in preparation for future publication of the 2011 Census, these classifications have been slightly amended They are now defined in Scotland as:

White

- White Scottish
- Other White British
- White Irish
- Other White

Indian

Pakistani and other Asian

- Pakistani
- Bangladeshi
- Asian – Other

Chinese

Other

- Caribbean
- Caribbean or Black - Other
- African
- Other Ethnic Background
- Mixed or Multiple Ethnic Group

4. Staff in Post (30th Sept 2011)

4.1 Table 1 and Chart 1 below detail the number of staff in post at 30th Sept 2011 by ethnic group. This data has been collected via diversity questionnaires and staff appointment forms. The information is held securely in the national workforce database SWISS.

At 30th Sept, we have information on 93.13% of our employees, an additional slight increase compared with 93.05% in Sept 2010.

4.2 In terms of the diversity of its workforce, this table demonstrates a positive picture of the workforce demographic of NHSFV compared to the local demographic. However, the 3 fields identified with (*) highlight the following:

*NHSFV's White Scottish workforce is 12.52% lower than that of the local population

*NHSFV's Pakistani workforce is 0.18% lower than that of the local population

*NHSFV's Caribbean workforce is 0.01% lower than that of the local population

All other ethnicity groups show the same or higher representation in the NHSFV workforce as in the local population, which is positive.

NB: The census data is, necessarily, 10 years old whilst SWISS data (which is published annually) is 12 months old and the NHSFV in-post data is contemporary at March 2011. Of note, and in line with other areas in Scotland, is that there has been a growing Eastern European demographic. NHSFV has prioritised work to compare and better understand population information from our Local Authority and Central Scotland Police colleagues. We hope that this will further inform our information base and assist in service planning and employment monitoring.

Ethnicity	Sep-10	Sep-11	Diff	NHSFV 2001 census data	Diff	SWISS March 2011 data	Diff
African	0.17%	0.18%	0.01%	0.05%	0.13%	0.40%	-0.22%
Asian - Other	0.33%	0.23%	-0.10%	0.01%	0.22%	0.40%	-0.17%
Bangladeshi	0.05%	0.07%	0.02%	0.01%	0.06%	0.00%	0.07%
Caribbean	0.03%	0.02%	-0.01%	0.03%	-0.01%	0.00%	0.02%
Caribbean or Black - Other	0.05%	0.03%	-0.02%	0.01%	0.02%	0.00%	0.03%
Chinese	0.14%	0.25%	0.11%	0.16%	0.09%	0.20%	0.05%
Declined	4.24%	4.24%	0.00%		4.24%	17.50%	-13.26%
Indian	0.62%	0.62%	0.00%	0.12%	0.50%	0.80%	-0.18%
Mixed or Multiple Ethnic Group	0.28%	0.32%	0.04%	0.18%	0.14%	0.30%	0.02%
Pakistani	0.20%	0.22%	0.02%	0.40%	-0.18%	0.30%	-0.08%
Questionnaire	0.03%	0.03%	0.00%		0.03%		0.03%
White - Irish	1.01%	1.03%	0.02%	0.74%	0.29%	0.90%	0.13%
White - Other	1.52%	1.48%	-0.04%	1.21%	0.27%	3.10%	-1.62%
White - Other British	6.36%	6.59%	0.23%	6.55%	0.04%	9.00%	-2.41%
White - Scottish	77.89%	77.85%	-0.04%	90.37%	-12.52%	49.00%	28.85%
Unknown	6.92%	6.84%	-0.08%		6.84%	17.80%	-10.96%
Other Ethnic Background	0.17%		-0.17%	0.12%	-0.12%	0.20%	-0.20%
% known:	93.05%	93.13%	0.08%				

Table 1

4.3 Table 1 shows the comparative demographic of the staff employed in NHS Scotland as a whole as at 30th Sept 2011 using data sourced from the SWISS system which is published annually by the Information and Statistics Department (ISD) of National Services Scotland (NSS).

Again the figures demonstrate a positive picture of the workforce demographic of NHSFV compared to the national demographic, particularly in relation to the percentage of the workforce for whom ethnicity has been recorded (only 4 Boards were performing better than NHS Forth Valley in this respect at the time the figures were produced (Sept 2011) even allowing for the fact that our “known” percentage was also lower at that time and all of these had fewer employees than NHS Forth Valley).

From this table it appears that:

- NHS Forth Valley’s “Unknown” workforce is 10.96% lower than the NHS Scotland overall workforce.
- NHS Forth Valley’s White Other workforce is 1.62% lower than the NHS Scotland overall workforce
- NHS Forth Valley’s African workforce is 0.22% lower than the NHS Scotland overall workforce
- NHS Forth Valley’s Indian workforce is 0.18% lower than the NHS Scotland overall workforce

- NHS Forth Valley’s Asian other workforce is 0.17% lower than the NHS Scotland overall workforce
- NHS Forth Valley’s Pakistani workforce is 0.08% lower than the NHS Scotland overall workforce

The high percentage of “Unknown” ethnicity in the national figures means that these comparisons should be treated with caution. The differences can be less marked when compared to the published percentages for the other *individual* Boards, although some values have been suppressed even in the national statistics (which include headcounts as well as percentage values) because the **numbers were so low as to make the information personally identifiable either by actual declaration or by calculated difference values.**

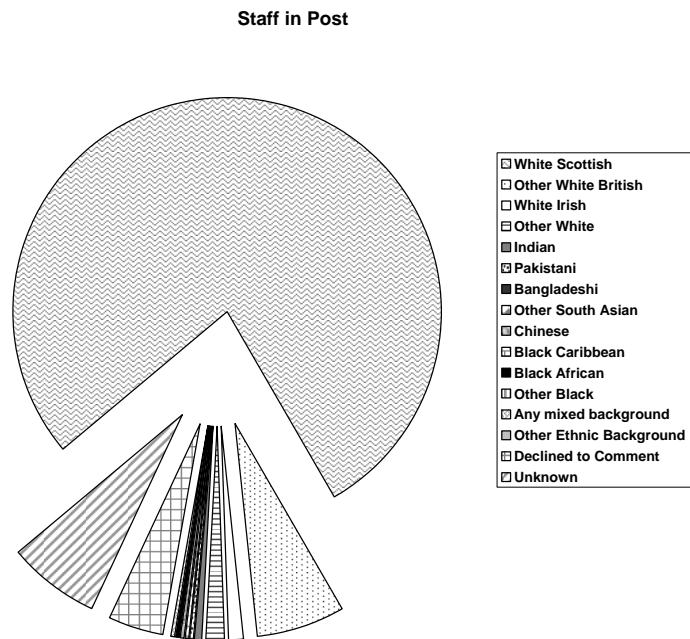


Chart 1

4.4 Table 2 shows gender of staff in post compared to Sept 2010. There is a decrease in 0.35% in the male workforce in this period of time.

Gender	Sep-10	Sep-11	Diff
Female	84.30%	84.65%	0.35%
Male	15.70%	15.35%	-0.35%
% known:	100.00%	100.00%	

Table 2

4.5 With the remaining tables 3 -7 in this section, this data was not captured in Scotland’s Census 2001; therefore we can only give comparisons within NHSFV. There is a high percentage of “unknown” amongst existing employees, but this data is now being collected via equality and diversity questionnaires, as Good Practice, with staff appointment forms. The information is held securely in the national workforce database SWISS.

Table 3 shows transgender of staff in post compared to Sept 2010.

Transgender	Sep-10	Sep-11	Diff
Declined to Comment	1.32%	1.52%	0.20%
Yes	0.03%	0.03%	0.00%
No/Unknown	98.65%	98.45%	-
% known:	1.35%	1.55%	0.20%

Table 3

4.6 Table 4 shows the sexual orientation of staff in post compared to Sept 2010. During this period of time, the number of heterosexual staff has increased by 2.08%, and the number of unknown has decreased by 2.70%. This may be a reflection of the request to complete the questionnaires on appointment. The remaining numbers show little change only.

Sexual Orientation	Sep-10	Sep-11	Diff
Bisexual	0.42%	0.45%	0.03%
Declined	5.55%	6.04%	0.49%
Gay	0.36%	0.45%	0.09%
Heterosexual	45.88%	47.96%	2.08%
Lesbian	0.14%	0.12%	-
Other	0.19%	0.22%	0.03%
Unknown	47.47%	44.77%	-
% known:	52.53%	55.23%	2.70%

Table 4

4.7 Table 5 shows the disability of staff in post compared to Sept 2010. The number of staff known to have a disability is slightly higher than the previous year, however overall there is a decrease of 0.27% in the unknown. This also may be a reflection of the request to complete the questionnaires on appointment.

Disabled	Sep-10	Sep-11	Diff
Declined to Comment	1.26%	1.50%	0.24%
Yes	0.33%	0.35%	0.02%
No/Unknown	98.42%	98.15%	-
% known:	1.58%	1.85%	0.27%

Table 5

4.8 Table 6 shows the religion of staff in post compared to Sept 2010. There is a slight increase in the number of staff known to be Church of Scotland, Roman Catholic and No religion.

Religion	Sep-10	Sep-11	Diff
Buddhist	0.48%	0.47%	-0.01%
Christian - other	4.59%	4.74%	0.15%
Church of Scotland	17.27%	18.00%	0.73%
Declined	4.97%	5.24%	0.27%
Hindu	0.50%	0.55%	0.05%
Jewish	0.11%	0.10%	-0.01%
Muslim	0.64%	0.60%	-0.04%
No religion	13.62%	14.23%	0.61%
Other	0.99%	1.10%	0.11%
Roman Catholic	6.13%	6.91%	0.78%
Sikh	0.14%	0.13%	-0.01%
Unknown	50.57%	47.94%	-2.63%
% known:	49.43%	52.06%	2.63%

Table 6

4.9 Table 7 shows the age profile of staff in post compared to Sept 2010. There is a decrease in the age of staff in post between 16-26, 35-44 and 60-65+ and an increase in the age groups 30-34 and 45-59

Age Band	Sep-10	Sep-11	Difference
16-19	0.12%	0.07%	-0.06%
20-24	3.17%	2.81%	-0.36%
25-29	7.81%	7.14%	-0.67%
30-34	9.09%	9.10%	0.01%
35-39	11.67%	11.38%	-0.29%
40-44	16.52%	15.56%	-0.97%
45-49	18.81%	19.56%	0.74%
50-54	16.17%	17.30%	1.13%
55-59	10.84%	11.49%	0.65%
60-64	4.96%	4.85%	-0.11%
65+	0.82%	0.75%	-0.07%
Grand Total	100.00%	100.00%	0.00%

Table 7

5. Applicants for Employment and Promotion

5.1 All NHS Forth Valley vacancies are advertised internally and, where appropriate externally, in line with our Recruitment and Selection Procedures. This ensures that staff have equal access to promotional opportunities and all candidates, both internal and external, are treated consistently. There were a total of 63 posts advertised during this period, and 7 of these posts were considered suitable through the redeployment process.

The NHS Forth Valley recruitment system *E-cruit* ensures the capture of diversity information provided by applicants for all posts. The following table shows the comparative ethnicity of individuals at the application, short-listing and offer of employment stages stage of the recruitment process between 1st July – 30th Sept 2011

5.2 In terms of the reporting schedule, as is the norm, not all posts for which applications were received during this time period had reached the short listing or offer of employment stages of the process at the time of reporting.

5.3 Approximately 33.23% of those who applied for posts were short-listed for interview and approximately 8.39% of those who applied for posts were offered employment during the reporting period. The largest numbers of those who applied, were short-listed or offered employment were of White Scottish background, which is to be expected given the demographics of Forth Valley.

NOTE: 2.17% of applicants declined to disclose their ethnicity. NB: this is slightly higher than the Sept 10 position of 1.79%.

Ethnic Desc	Applied	Short listed	Offered
African	0.93%	1.40%	1.85%
Any Mixed Background	1.09%	0.93%	0.00%
Bangladeshi	0.00%	0.00%	0.00%
Caribbean	0.00%	0.00%	0.00%
Chinese	0.00%	0.00%	0.00%
Indian	0.78%	0.47%	0.00%
Other Asian	0.00%	0.00%	0.00%
Other Black	0.16%	0.00%	0.00%
Other Ethnic Background	0.00%	0.00%	0.00%
Pakistani	0.16%	0.47%	0.00%
Prefer Not To Answer	2.17%	1.87%	1.85%
White British	7.92%	10.28%	12.96%
White Irish	2.17%	0.93%	0.00%
Other White	2.95%	1.40%	1.85%
White Scottish	81.68%	82.24%	81.48%
Grand Total	100.00%	100.00%	100.00%

Table 8

Tables 9- 13 show information on the gender, sexual orientation, disability status and religion of those applying for posts between 1st July and 30th Sept 2011 compared to the previous quarter.

Gender Description	% of Total Applicants	
	Jun-11	Sep-11
Female	85.29%	90.37%
Male	12.94%	8.39%
Declined to Comment	1.76%	1.24%
Grand Total	100.00%	100.00%

Table 9

Transgender Status Description	% of Total Applicants	
	Jun-11	Sep-11
Female	97.65%	99.37%
Male	0.59%	0.47%
Prefer not to answer	0.00%	0.16%
No Info Provided	1.76%	0.00%
Grand Total	100.00%	100.00%

Table 10

Sexual Orientation Description	% of Total Applicants	
	Jun-11	Sep-11
Bisexual	0.00%	0.31%
Gay	0.00%	0.47%
Heterosexual	91.18%	94.25%
Info Not Provided	2.94%	3.11%
Lesbian	0.00%	0.31%
Other	0.00%	0.31%
Prefer Not To Answer	5.88%	1.24%
Grand Total	100.00%	100.00%

Table 11

Disabled	% of Total Applicants	
	Jun-11	Sep-11
No	100.00%	100.00%
Yes	0.00%	0.00%
Grand Total	100.00%	100.00%

Table 12

Religion Descriptor	% of Total Applicants	
	Jun-11	Sep-11
Buddhist	0.59%	0.00%
Christian - Other	7.06%	6.99%
Church of Scotland	24.12%	27.95%
Hindu	0.00%	0.62%
Jewish	0.59%	0.16%
Muslim	0.59%	0.47%
No Religion	40.59%	41.61%
Other	1.76%	2.33%
Roman Catholic	16.47%	14.44%
Sikh	0.59%	0.00%
Prefer not to Answer	5.88%	3.11%
No info provided	1.76%	2.33%
Grand Total	100.00%	100.00%

Table 13

6. Staff who applied for and received training

We now have our Learning Management System in selected areas, with roll out to all areas being timetabled, however, the chart below is based on data held within LearnPro and may not be a true reflection of all staff that have applied for or received training.

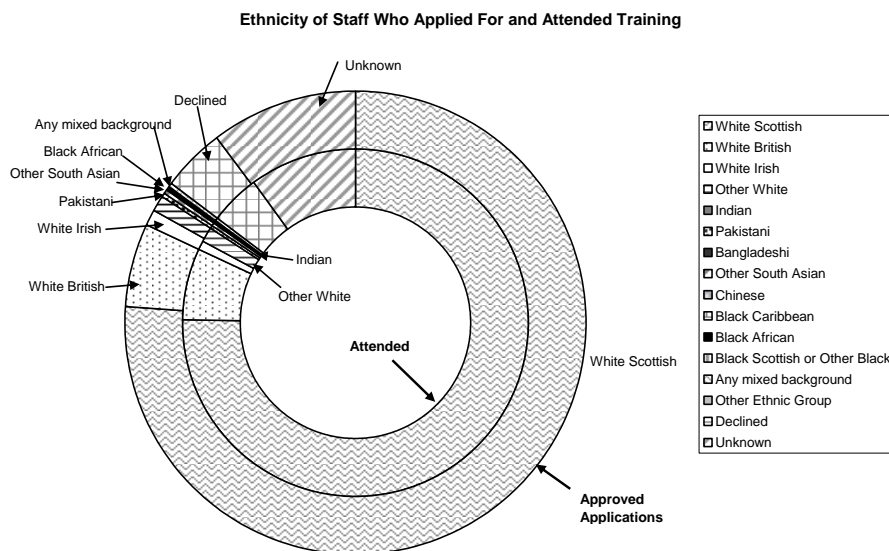


Chart 2

7. Staff who benefit or suffer from Performance Assessment Procedures

Executive Directors and the Senior Managers Group are currently the only staff within the Scottish NHS, and therefore within NHSFV, where staff appraisal is linked to staff reward (pay).

The full introduction of Agenda for Change and the Knowledge Skills Framework (KSF) will however create a link in future between evidenced staff competence, the KSF profile for a post and approval for staff to progress through salary scale gateways for pay progression.

Information, including information on ethnic origin, was transferred to the eKSF system from the Scottish Workforce Information Standard System (SWISS) during 2008/09.

NHS Forth Valley will then, in line with other Scottish Health Boards, be able to report accurately in this area.

8. Staff who are involved in Grievance Procedures

NHS Forth Valley monitors the ethnicity of those staff who are involved in grievance procedures. However there were no grievances between the period July and Sept 2011.

9. Staff who are the subject of Disciplinary Actions

NHS Forth Valley monitors the ethnicity of those staff who are the subject of disciplinary actions and table 14 summarises the information collected on the small number of staff affected between July and Sept 2011. NB: Because of the low numbers involved, we have to report in percentages

Ethnicity	
White Scottish	87.5%
Other White British	
White Irish	12.5%
Other White	
Indian	
Pakistani	
Bangladeshi	
Other South Asian	
Chinese	
Black Caribbean	
Black African	
Black Scottish or Other Black	
Any mixed background	
Other Ethnic Group	
Unknown	
Total	100%

Table 14

10. Staff who Ceased Employment with the Board

Table 15 identifies the number of staff who left the organisation between July and Sept 2011 by ethnic group.

- The total number of leavers during this period was 471
- Of these, 200, approximately 42.46% were Support Service staff who transferred to Serco
- Of these 156, approximately 33.12% were medical and dental staff
- Of these, 46, approximately 9.77%, were nursing & midwifery staff (all grades), which regularly show turnover due to promotional activity.
- The most diverse group in our workforce is that of medical and dental staff

Ethnic Group	% of Total Leavers	Leavers as % of In-post staff
White Scottish	69.43%	7.01%
Other White British	8.70%	10.38%
White Irish	1.91%	14.52%
Other White	2.76%	14.61%
Indian	2.97%	37.84%
Pakistani	0.85%	30.77%
Bangladeshi	0.42%	50.00%
Other South Asian	1.49%	50.00%
Chinese	0.42%	13.33%
Black Caribbean	0.21%	100.00%
Black African	0.21%	9.09%
Black Scottish or Other Black	0.00%	0.00%
Any mixed background	0.64%	15.79%
Other Ethnic Group	0.00%	0.00%
Declined to Comment	5.10%	9.45%
Not Known	4.88%	5.58%

Table 15

- Seasonal variations in relation to medical and dental staff occur particularly at the end of January and the end of July due to the changeover of the training grades.
- Such seasonal variations of this type mean that comparisons over time should be treated with caution as the number of leavers can vary quite markedly between reporting periods.

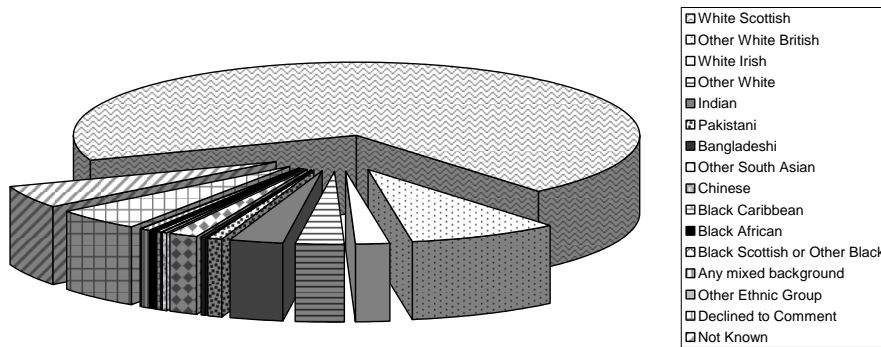


Chart 3

11. Conclusion

The workforce diversity information presented above in chart 3 indicates a relatively stable situation in NHS Forth Valley.

NHS Forth Valley Standard Impact Assessment Document (SIA)



Please complete electronically and answer all questions unless instructed otherwise.

Appendix 1

Q1: Name of Document

NHS Forth Valley Royal Hospital Emergency Department

Q1 a; Function X Guidance Policy Project Protocol Service Other, please detail

Q2: What is the scope of this SIA

NHSFV X Service Specific Discipline Specific Other (Please Detail)
Wide

Q3: Is this a new development? (see Q1)

Yes No X

Q4: If no to Q3 what is it replacing?

Transition of existing A&E Services to new service within Forth Valley Royal Hospital

Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)

Lynn Waddell Equality and Diversity Project Manager
Karen Maclure Service Manager
Ian Aitken General Manager

Q6: Main SIA person's contact details

Name: Karen Maclure

Telephone Number: 01324 567466

Department: Emergency Services

Email: Karen.maclure@nhs.net

Q7: Describe the main aims, objective and intended outcomes

The overall goals of Acute and Urgent Care Services are:

- To improve patient experience
- To improve patient safety and quality
- To manage demand and reduce Emergency Department (ED) attendance
- To maximise the use of resources and ensure best value
- Maximise training opportunities for all staff in service delivery

Principles Underpinning Acute and Urgent Care

- Services are provided flexibly and are adaptable
- Access to services is managed to support best experience for patients
- Services are integrated where this improves patient care
- Admission happens quickly where it is clear that admission is required
- Handover of care is well managed to ensure optimal patient care and patient safety
- Services are affordable

This assessment focused on the Emergency Department at NHS Forth Valley Royal following relocation from SRI and FDRI sites.

Description

The aim of the Emergency Department (ED) is to ensure the highest standard of emergency care for patients. Patients and the public place great value, trust and confidence in the ED, which is the hub of the emergency care system.

- The ED is open 24 hours a day, 7 days a week.
- Emergency Medicine is staffed by a range of medical, nursing and AHP staff trained to deliver emergency care across the whole spectrum of emergency conditions, both illness and injury, for patients of all ages.
- The ED team of skilled and experienced doctors and nurses provides this care for all patients over a 24 hour period.
- Patients who present at the ED are be triaged by ED staff.
- Patients who are brought to hospital by emergency ambulance are seen in the ED with the exception of a few patients for whom there are specific care pathways, such as direct transfer to the catheter lab for ST elevation myocardial infarction.
- The ED also provides response to major incidents and to other events such as influenza pandemics.

Aims of the service

- The ED is responsible for the reception, resuscitation, triage, assessment and treatment of patients of all ages presenting with emergency health needs across the full medical spectrum. It provides the initial care for all patients conveyed by emergency (999) ambulance and patients who self present to the department as well as referrals from other services e.g. GPs.
- The ED provides and coordinates high level critical care for the seriously ill and injured. Patients who present with apparently minor conditions may have unexpected complex injuries or illness.
- The ED provides ambulatory care for patients in the form of follow up clinics.
- The ED provides a team to attend incidents out with the hospital
- The ED provides care for emergency conditions of all types and for patients of all ages.

Opportunities to promote equality within NHS Forth Valley Royal Emergency Department

- Providing better emergency care access, experience and outcomes for all groups and reducing health inequalities;
- Designing and developing a completely new service and being able to ensure the very best practice in terms of accessibility and inclusive facilities for all users;
- Developing a new model of service provision and being able to build in systems and protocols from the outset which best support equitable and accessible delivery and monitoring

Q8: (i) **Who is intended to benefit from the function/service development/other(Q1) – is it staff, service users or both?**

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

Consultations were completed in relation to the development and design of the new NHS Forth Valley Royal hospital itself which included the location of the Emergency department.

The consultation process discussed:

- Geography and demography;
- The choice of location (including the methodology employed);
- Transport – existing public transport and road networks to Larbert;
- Findings of the consultation relevant to the equality strands;
- National and local evidence about relevant health inequalities; and
- Workforce monitoring data from acute hospitals which might be affected

Full report available from NHS Forth Valley Corporate Services

This assessment and delivery of service provision was based on:

- Best practice standards
- Report from Patient Experience Survey and
- Audit completed by Equality and Diversity Project Manager
- Information also used from Acute and Urgent Care Operational Guidance 2009

Existing profile of patients attending A&E Services

April 2011 to June 2011 - A&E ethnic profile, all attendances

Source: EDIS Local Data mart

Ethnicity Description	% Distribution	No. of Attendances
SCOTTISH	79.9%	12104
BRITISH	11.4%	1727
ENGLISH	2.5%	385
NOT KNOWN	1.8%	269
OTHER	1.0%	153
ANY OTHER WHITE BACKGROUND	0.7%	104
POLISH	0.6%	97
IRISH	0.3%	53
PAKISTANI, PAKISTANI SCOTTISH OR PAKISTANI BRITISH	0.3%	51
ANY OTHER WHITE ETHNIC GROUP	0.3%	47
NOT RECORDED	0.2%	30
WELSH	0.2%	26
ANY OTHER ASIAN BACKGROUND	0.2%	24
CHINESE	0.1%	19
INDIAN, INDIAN SCOTTISH OR INDIAN BRITISH	0.1%	18
AFRICAN.AFRICAN SCOTTISH OR AFRICAN BRITISH	0.1%	9
ANY MIXED OR MULTIPLE ETHNIC GROUP	0.1%	8
NOTHERN IRISH	0.0%	7
PAKISTANI	0.0%	6
OTHER AFRICAN	0.0%	5
OTHER BRITISH	0.0%	4
ARAB	0.0%	3
REFUSED/NOT PROVIDED BY PATIENT	0.0%	3
CARIBBEAN,CARIBBEAN SCOTTISH OR CARIBBEAN BRITISH	0.0%	2
CHINESE, CHINESE SCOTTISH OR CHINESE BRITISH	0.0%	2
BLACK, BLACK SCOTTISH OR BLACK BRITISH	0.0%	1
INDIAN	0.0%	1
Grand Total	100.0%	15158

Age/Gender statistics Jan – June 2011

Count of ATTNO	SEX			
	AGE	F	M	Grand Total
0-4		1171	1473	2644
5-9		770	1019	1789
10-14		1139	1491	2630
15-19		1458	1667	3125
20-24		1405	1770	3175
25-29		1136	1491	2627
30-34		900	1220	2120
35-39		1062	1288	2350
40-44		1112	1478	2590
45-49		1105	1467	2572
50-54		943	1120	2063
55-59		797	896	1693
60-64		790	1003	1793
65-69		708	745	1453
70-74		770	681	1451
75-79		725	660	1385
80-84		695	490	1185
85-89		480	282	762
90-94		226	92	318
95-99		75	12	87
100-104		6	2	8
Grand Total		17473	20347	37820

CAMPCODE	(Multiple Items)
INST	(All)

Count of ATTNO	SEX			
	AGE	F	M	Grand Total
0-4		7%	7%	7%
5-9		4%	5%	5%
10-14		7%	7%	7%
15-19		8%	8%	8%
20-24		8%	9%	8%
25-29		7%	7%	7%
30-34		5%	6%	6%
35-39		6%	6%	6%
40-44		6%	7%	7%
45-49		6%	7%	7%
50-54		5%	6%	5%
55-59		5%	4%	4%
60-64		5%	5%	5%
65-69		4%	4%	4%
70-74		4%	3%	4%
75-79		4%	3%	4%
80-84		4%	2%	3%
85-89		3%	1%	2%
90-94		1%	0%	1%
95-99		0%	0%	0%
100-104		0%	0%	0%
Grand Total		100%	100%	100%

	X	X		<p>Adverse effect</p> <ul style="list-style-type: none"> • Signs and notices in the department should be in a font size which is easy to see to accommodate those with sight impairments. Also, signage wherever possible should be pictorial <p>Positive Younger people</p> <ul style="list-style-type: none"> • The new A&E incorporates a separate children's area. • Staff receive child protection training 3 yearly • Distraction therapy in place in triage and treatments • Designated paediatric resuscitation area
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)	X			<p>Positive effect</p> <ul style="list-style-type: none"> • Facility designed to be fully accessible to people with a disability • A procedure for prioritizing vulnerable patients i.e. those with mental health issues or learning disabilities, should be in place. • Training delivered to staff in relation to Mental Health. • Interpreter services in place • Staff have access to portable loop systems • Processes in place to evacuate patients in case of emergency • Triage process currently prioritises patients with Mental Health or Learning Disabilities and takes suitable actions when required • Screens identify waiting times etc <p>Learning disabilities Carers and relatives are encouraged to be involved in the admission process, with patient consent, to assist in identifying specific needs of patients with disabilities. Links in place with NHSFV Learning Disability Liaison nurse</p> <p>Adverse effect</p> <ul style="list-style-type: none"> • NHS24 do not routinely inform A&E if people have additional needs. Having this information would enable staff to be prepared or obtain services of interpreters if required

				<ul style="list-style-type: none"> • No evidence of loop systems in place at reception area. • Signage –within the department signage should be clearly visible, in accessible formats and at a lower level. • Signage of location to A &E is poor from road
Gender Reassignment			X	No discrimination noted. Patients specific needs addressed during time spent within A&E. Specific requirements addressed sensitively, with side request considered.
Marriage and Civil partnership			X	No discriminated noted
Pregnancy and Maternity			X	<ul style="list-style-type: none"> • Needs addressed on an individual basis. • Direct referrals from ED to Women & Children’s services
Race/Ethnicity	X			<p>Positive</p> <ul style="list-style-type: none"> ▪ Patients ethnicity routinely recorded within database ISD Return 98% (September 2011) • Interpreter services and language line system in place • The most used public information leaflets have been identified and translated into the most common non-English languages from the community which ED serves. • Cultural awareness information on the intranet • Meal service not available in ED due to high patient turnover and emergency situation. However service users can access onsite refreshment facilities if required <p>Adverse</p> <p>Better signposting in hospitals, graphics and arrows not just words for those whose first language is not English or those who have learning difficulties</p> <p>Further work requires to be completed with some community groups about inappropriate usage of Emergency Services.</p> <p>Ongoing</p> <p>Multilingual phrase book currently being developed. A&E to be one of first services to receive same</p>

Religion/Faith	X			<p>Positive</p> <ul style="list-style-type: none"> • 24 access to Spiritual Care Team • Chaperone Process in place (policy currently going through approval process) • Respect for patients' religion and faith shown. • Access to wide range of menu to meet dietary needs within refreshment areas. • Patients religion and belief recorded on admission, when possible
Sex/Gender (male/female)	X			<p>Generic More men than women appear to be using A&E services within the 20-55 age group</p> <p>Positive</p> <ul style="list-style-type: none"> • Chaperone process in place • Choice of same sex clinicians when available • Patients gender noted on admission • Separate toilet facilities available • Transgender etiquette in place <p>Gender Abuse: specific work being completed within department regarding routine enquiry of domestic abuse. Staff currently receiving ongoing training with discussions being held to include medics. Recording of GBV Routine enquiry currently being implemented within system</p>
Sexual orientation			X	<ul style="list-style-type: none"> ▪ From the assessment/review of the service there is no evidence to suggest that there are any statements, conditions, rules or requirements which could potentially exclude or when applied, cause an adverse impact against any group of individuals, in respect of sexual orientation. ▪ Respect for people's sexuality is given. ▪ Non-judgemental approach taken
Staff (This could include details of staff training completed or required in relation to service delivery)	X			<p>All staff undertakes E&D Training as part of their KSF requirements. Support given by Equality Manager if there any queries regarding service delivery or patient care.</p> <ul style="list-style-type: none"> ▪ Child protection training is also given as routine. ▪ Resources available on site to support staff where possible with peoples individual needs incl materials on religion belief, disability etc

Cross cutting issues: Included are some areas for consideration. Please amend/add as appropriate. Further areas to consider in Appendix B				
Carers	X			<ul style="list-style-type: none"> • Patients' needs met on an individual basis. • Carer's liaison co-ordinator in place within NHS Forth Valley.
Homeless	X			Patient's needs met on an individual basis. Referrals made to social services.
Involved in Criminal Justice System	X			<ul style="list-style-type: none"> • Currently single point of contact system in place for any 'police information' • Place of safety policy in place for patients brought to ED. • Designated areas for police & prison use.
Literacy			X	Support given on a needs led basis
Low income/poverty	X			Transport fund sponsored by Order of St John to those with low income/poverty. Referrals can be made to social services.
Mental Health Problems	X			Work ongoing with mental health team to review peoples needs accessing ED
Rural Areas	X			Paramedic practitioners in place to avoid hospital admission. During review of location of Hospital/ED, significant work was completed regarding rural access and transport.

Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?

Yes No

Q11: Is a detailed EQIA required?

Yes No

Please state your reason for choices made in Question 11.

- Full impact assessment completed:
- Copy of Patient Experience Survey conducted can be obtained from Lesley.sherwood@nhs.net

Monitoring: Monitoring patient profile, experience (e.g. through patient surveys, complaints or positive feedback,) and health outcomes for patients from the new facility by equality strand. This should, as a minimum, include gender, ethnicity, disability and age but we should also consider asking patients to provide information about their sexual orientation and religion/ belief for monitoring purposes

Date EQIA Completed	25/10/11	Print Name <input type="text"/>
Date of next EQIA Review	25/04/13	
Signature	K. Maclure	
Department or Service	Emergency department	

B: Standard/Detailed Impact Assessment Action Plan

Name of document being EQIA'd:

NHS Forth Valley Emergency Department

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments
25/10/11	Signage requires to be reviewed both within the department and access to the department from the road.	Discuss with SERCO	K. Maclure & Lynn Waddell	April 2012		
25/10/11	Information from NHS24 re patient profile incl. disability and race cy Currently not available	K. Maclure to discuss with NHS24	K. Maclure	December 2011		NHS24 currently working on developing a coding system..
25/10/11	Loop system not in place at reception area	Discuss with Alison Brown	K. Maclure	December 2011		
25/10/11	Identification that more men than women are accessing ED services	Monitor uptake and reasons why. Further work may require to be completed within community about possible inappropriate usage of E&D services	K. Maclure & Lynn Waddell	April 2012		

Further Notes:

Signed:

K. Maclure

Date:

25/10/11

