

Equality and Diversity Strategy Improving Outcomes & Performance



2014 - 2017

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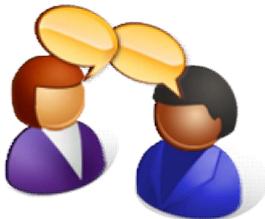
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1. Foreword

The core principle for NHS Forth Valley is to deliver healthcare for all. We recognise however, that we are not all the same and that different groups in society will need different things at different times.

As a healthcare provider we want to ensure that our services meet the needs of the individuals and communities we serve. Ultimately we aim to create a healthy Forth Valley, where everyone can experience fair, person centred treatment and equality of opportunities.

NHS Forth Valley has taken significant steps to ensure that the Equality Duty 2010 Specific Duties became mainstreamed into our work as a service providers and employers.

Our Board is fully supportive of this agenda and will continue to monitor our performance against equality and diversity criteria through the Fair for All Development Group; Chaired by Angela Wallace Director of Nursing and supported by Non Executive Director Mr Charles Forbes, as well as biannual reports to the Board and Clinical Governance Group.

In line with the Public Sector Equality Duties - NHS Forth Valleys Equality Outcomes were identified through the implementation of the Equality Delivery Report. These have been embedded within this strategy ensuring we take a proactive approach towards excellence from the outset.

We consulted and involved many groups and individuals from across Forth Valley and beyond in the development of our outcomes; our strategy draws upon what we have learned from them. We therefore hope that our plans will bring real, long term change to our culture and approach in the delivery of services to the people we serve and the staff we employ.

This Equality and Diversity Strategy sits along side our Equality Duty 2010 Mainstreaming Report and respective Outcomes for both service delivery and equality of employment. www.nhsforthvalley.com/about-us/equality-and-diversity. The following aims have been developed based on evidence received to date and the actions required to mainstream equality in our working practice.

Our Equality & Diversity Strategy Priorities for 2014 -17 are:

1. Demonstrate effective leadership and accountability for Equality and Diversity
2. To embed Equality Impact Assessments
3. Continue to improve Equality Data Collection and Reporting across the services
4. Equality and Diversity is embedded within Person Centred Care Strategic Planning
5. Strengthen stakeholder engagement and partnership working
6. To enhance awareness and provision of NHS Forth Valley accessible information and language support services
7. Promote equality through our employment practices
8. Promote Behaviour and Cultural Change
9. Strengthen equality learning and development opportunities
10. NHS Forth Valley has actions in place internally and work with partners to identify and respond to victims of Gender Based Violence
11. Audit and Scrutiny

Delivery and accountability for these key areas are evidenced in our Action Plan. (Appendix 1).

More localised detailed plans will support the delivery of Equality and Diversity within NHS Forth Valley. These will be the responsibility of service managers to identify areas of need, as well as highlight areas of best practice.

1. NHS Forth Valley's Equality Strategy - Embedding Equality and Diversity by Promoting Person Centred Care

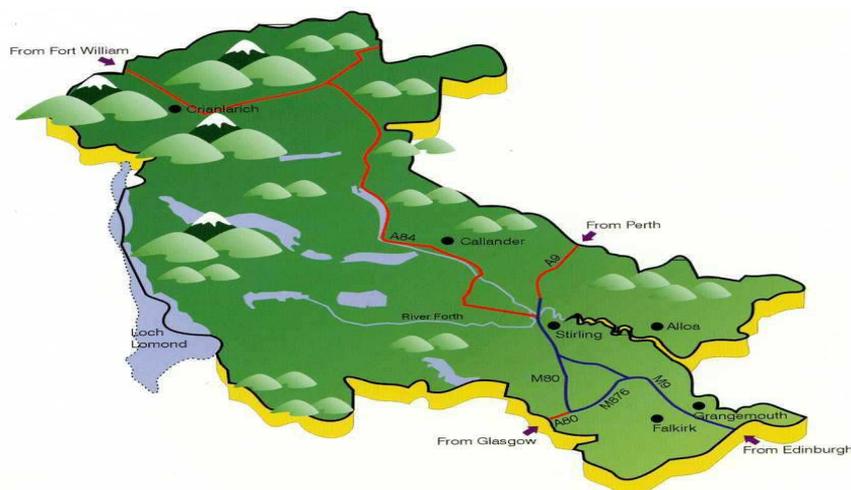
Strategic Aim

Equality and Diversity will be embedded into our practice and procedures' thereby ensuring that the work we do is fair, equitable, accessible and person centred and meets the requirements of the Equality Act 2010 Public Sector Duty.

- 2.1 The key aim of this Equality and Diversity Strategy and associated Equality Outcomes (as per the requirements of the Equality Act 2010), is to set out our commitment to promoting equality and diversity for all, and to identify how this goal will be translated into measurable outcomes.
- 2.2 It is our intention to focus on implementing developments and changes that will have the greatest impact on promoting equality and addressing health inequalities, whilst ensuring we embed person centred care in everything we do.
- 2.3 Promoting equality, diversity and a human rights based approach in the delivery of health services is a key priority. We are committed to reducing the health inequalities that affect Forth Valley communities and ensuring that everyone receives the health care they need.
- 2.4 Improving access to health services is one method to combat health inequalities; another is in taking a person centred approach by involving people in decisions surrounding their own health care and treatments and also improving people's experiences of the services we provide.
- 2.5 Improving access to, involvement in and experience of health services is at the heart of providing a patient centred service and ensuring that we treat people with respect, dignity and fairness. The work undertaken to inform the development of the NHS Forth Valley Equality Outcomes and Strategy identified four important issues for people from an equality and diversity perspective
 - Access to information and services
 - Dignity in care and the quality of people's healthcare experience
 - Enhance staffs skills and response in relation to Equality and Diversity issues
 - Greater understanding of the profile of the population who use our service; using this information to enhance service delivery and practice
- 2.6 Leadership commitment is evident in the actions completed to embed equality. NHS Forth Valley's Board remains fully committed to ensuring that we meet and exceed our legal duties to promote equality and diversity of opportunity, to foster good relations between the diverse communities we serve and to eradicate discrimination at all levels. Consequently, this strategy underpins our work both at a strategic and operational level.

- 2.7 NHS Forth Valley is a modern, forward thinking organisation. We promote a positive approach to Equality of Opportunity, aiming to ensure that no job applicant or employee shall receive less favorable treatment than another on the grounds of age, disability, gender, gender reassignment, marriage/civil partnership, race/ethnicity, religion/belief, pregnancy/maternity or sexual orientation.
- 2.8 We support an employment environment that is inclusive and supportive for all staff. In relation to the provision of health services, we are committed to promoting a health services' culture in Forth Valley in which:
- Diversity is valued and respected – an approach that embraces both visible and non-visible differences
 - The workforce which works together effectively in an atmosphere of dignity and respect
 - Discrimination and prejudice are challenged and acted upon if evidenced
- 2.9 To date NHS Forth Valley has seen substantial progress in embedding equality and diversity into core business activity. We will continue to achieve this by ensuring these values continue to be mainstreamed through all aspects of service provision, how we develop our services as well as in our commitment to our employees. However, we recognise that there are still improvements that can be, and need to be made.
- 2.10 This strategy sets out our key priorities for action that address the current areas for further development identified through both data analysis and consultation with staff, service users, their carers and families, and other key stakeholders.

3. NHS Forth Valley – About Us



NHS Forth Valley is governed by a Board of Directors and is accountable to the Cabinet Secretary for Health and Well-being through the Scottish Government Health Directorate. The Board controls an annual budget of **£500** million, and is responsible for providing health services and improving the health for the population of Forth Valley.

Forth Valley has a population of nearly **300,000** and covers a geographic area from Killin and Tyndrum in the North and Strathblane and Bo'ness in the South

3.1 NHS Forth Valley's Geographical Position

Forth Valley's geographical position gives it particular issues. Forth Valley has geographical boundaries with 6 NHS Boards and looks both East and West for regional planning. We therefore participate in regional planning in both the West of Scotland and the South East and Tayside Region, although our main focus is in the West.

NHS Forth Valley is a single integrated system comprising acute hospital services, and community based services which are delivered through three Community Health Partnerships in Clackmannanshire, Falkirk and Stirling.

NHS Forth Valley employs around 7000 staff from a wide range of professional and support occupations in our acute hospital, four community hospitals and 56 health centers”.

All the national issues affect local health boards which have to meet all of the healthcare needs of the local population and deliver the full range of services, irrespective of their size.

3.2 About NHS Forth Valley

As identified within the NHS Forth Valley Annual Health Plan 2013-14, the Forth Valley population is changing more significantly than the Scottish average. The total population of Forth Valley is projected to increase by a total of 12.5%. In the 2011 census the population was 297, 636 but it is expected to increase to 330,200 in 2035.

The population of Forth Valley residents aged 65 and over is projected to increase by 71% from 48,600 in 2010 to 83,300 in 2035, when over 65s will account for 1 in 4 of the population. The number aged 75 and over is projected to rise by 97% from 21,300 in 2010 to 42,000 in 2035 and will account for 1 in 8 of the population.

Changes in the population will also impact on the workforce available to provide healthcare. Local workforce information has highlighted some specialties where many staff are already aged over 55 and we are planning for the type of workforce which will be needed in the future in light of this and our changing models of care.

In terms of inequalities, we have both some of the most affluent areas in Scotland and also some of the more deprived. We have also 3 prisons, all of which are national specialist prisons; Cornton Vale, the only female only prison; Polmont, the young offender's prison and Glenochil which houses sex offenders as well as offenders who come from Forth Valley. So, while we have 5% of the Scottish population, we have 24% of the prison population.

This has an impact on health services as we are responsible for the healthcare of the prisoners and the prison population includes some of the neediest in the population. For example, there are high levels of mental ill health, learning disabilities, dental ill health, alcohol and drug misuse and hepatitis C.

From the available demographic data for the Forth Valley area the following information gives an overview of the equality groups within the population. This information has been taken from the Scottish Census Figures 2011; a summary of the profile of NHS Forth Valley is available on our Equality and Diversity NHS Forth Valley census web page.

Further information: The health and wellbeing profiles for the Forth Valley area which includes Clackmannanshire, Falkirk and Stirling CHPs are available on: www.nhsforthvalley.com/health-services/public-health/forth-valley-statistics

3.3 Our Values

3.3.1 The implementation of this strategy and subsequent actions support the delivery of the current NHS Forth Valley Integrated Health Care Strategy which sets out the Board's vision and objectives for the period 2011 to 2014.

Vision:

- Improve health & provide high quality healthcare to the people of Forth Valley

Objectives:

- Improve health, address inequalities & modernise services
- Improve the quality of care, experience & safety for patients in a person centred way
- Maximise efficient & productive use of resources focusing on integration and partnership and shifting the balance of care closer to home
- Financial stability, living within our means ensuring best value

Values

- Be Person centred – Treating people as individuals – staff and patients
- Be Ambitious – High expectations to deliver world class healthcare
- Have Integrity – Be accountable open and honest
- Be Respectful – Treat each other, our partners and people who access our service with dignity and respect

3.3.2 Of equal importance is the need to establish a quality driven organisation that delivers these aims and enables the quality ambitions of person centred, safe and effective healthcare to be embedded throughout the organisation. **Everyone Matters: 2020 Workforce Vision** which was launched by the Scottish Government in 2013 recognises the role of the workforce in delivering strategic aims and the importance of values in guiding each person's work.

Our Scottish Health Service values are:

- Care and Compassion
- Dignity and Respect
- Openness, Honesty and Responsibility
- Quality and Teamwork

3.3 Our Principles

In delivering this strategy, we will work to the following principles;

- a) We will live the values of NHS Forth Valley
- b) We will work with NHS Forth Valley colleagues across the Directorates to co-produce planning to mainstream the strategy into core business where possible
- c) We will work in partnership both within and beyond the healthcare system to ensure alignment and best use of resource in delivering this strategy. This includes working with our Local Authority partners and other stakeholders.
- d) Identifying key challenges;
- e) Putting in place actions to work towards meeting those challenges.

4. Our Equality Duties

In line with the Equality Act 2010, there is a Duty for all public bodies to consider how their activities as employers affect people who share different 'protected characteristics' and publish this data at least annually. The protected characteristics covered by the Equality Duty are:

- Age (over 18 years)
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race, including ethnic or national origins, colour or nationality
- Religion or belief
- Sex / Gender
- Sexual orientation

There is also a responsibility for public bodies to consider how the decisions they make affect people who share different protected characteristics. As an organisation, subject to the general equality duty (section 149 of the Act), must in the exercise of our functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Fostering good relationships between people who share a protected characteristic and people who do not share it

4.1 Delivering a Human Rights Based Approach

Human Rights are rights and freedoms that belong to all individuals regardless of their nationality or citizenship. They are essentially important in maintaining a fair and civilized society.

A recognition that the principles of human rights apply to equality is an important factor to the production of this strategy and is vital to achieving our aims and objectives which are outlined in our action plan. Taking this approach can only make for a better service for everyone, with patient and staffs experiences reflecting the core human rights principles of:

Fairness
Respect
Equality
Dignity
Autonomy

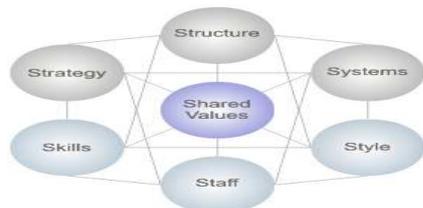
In practice, this means that NHS services should be provided in a non-discriminatory way and there should be no absolute absence or refusal of service.

Relevant articles include:

- Right not to be discriminated against
- Right to confidentiality of personal data etc
- Rights to live free from inhuman and degrading treatment
- Rights to respect for privacy and family life
- The right to liberty and security

4.2 Embedding Equality and Diversity

Figure 1: The McKinsey 7S Model



To inform our strategy we have used the evidence contained within our [NHS Forth Valley Equality Delivery Mainstreaming Report 2013 – 17](#) as well as framed them within the ‘7S Framework developed by McKinsey to identify the 7 elements of an organisation that needs to be balanced in order for that organisation work in harmony.

Three elements ‘strategy, structure and systems’ which concentrate on tangible aspects of business and four elements ‘shared valued, skills, style and staff’ which are more influenced by culture.

McKinsey puts ‘shared values’ at the centre of the model as he felt this was the element that has the highest impact on the outcome being successful or failing.

We have used the above framework to evidence how we will embed Equality and Diversity (E&D) into the respective NHS Forth Valley work plans and Strategies in place.

7 Elements	Equality Perspective & Mainstreaming
Shared Values	Culture of Dignity and Respect; staff take responsibility for equality outcomes, objectives and positive work ethics; Human Rights based approach is embedded in the organisation; positive staff morale; patient experience, people have information which is accessible to enable them to make informed choices; Person Centred Care is a priority
Strategy	Our equality outcomes where possible will be linked with the NHSFV Local Delivery Plan.; E&D is embedded within Equality Policy development and review; risk management; Equality Delivery Outcomes self-assessment (6 monthly reviews), strategy in place to inform actions to deliver on mainstreaming equality into service delivery and organisational accountability
Skills	20:20 vision and strategy, Learning and development; awareness; analysis; service improvement; identification of barriers to accessing services; patient experience
Systems	Key Performance Indicators (KPI); Service Level Agreements (SLA) Equality Leads work plans; Equality analysis (EQIA’s), Learning and Development); Equality Portfolios of all grades of staff including senior managers and clinicians. Identification of how E&D & Person Centred Care is mainstreamed into all service delivery and workplace support
Style	Organisational development; collaboration support, advice and guidance; attitudes to people with protected characteristics, equitable health care; values; open and transparent
Structure	Human Resources; Governance; Reporting structure; competency; capacity and staff networks
Staff	Equality champions; leadership (Competency Framework); partners and partnership working; engagement; and staff empowerment

5. Strategic Priorities

Accordingly the following aims have been identified as key to establishing and sustaining improvements, as well as supporting the organisation to move beyond compliance.

Priority 1: To Demonstrate Effective Leadership and Accountability for Equality and Diversity

Effective and visible leadership commitment and accountability are essential to ensure mainstreaming of equality into core business and is a key enabler to success.

Clear leadership from the Board and senior management has been crucial in ensuring that we deliver on our equality duties, advance equality of opportunity, and reduces health inequalities. This involves taking responsibility for compliance with the duty, taking account of equality analysis when making decisions, taking the duty into account in strategic planning, building it into partnership working, informing and reminding staff about the duty, and designating clear staff roles for implementation.

The Nurse Director is the Lead Director for Equalities and delivering Person Centred Care as well as having responsibility for facilitating change towards greater equality and monitoring progress. The ultimate responsibility for compliance with equality legislation sits with the Chief Executive of NHS Forth Valley.

Effective reporting and enhanced awareness sessions for the Board and senior managers during 2014-17 supports a transparent accountability system and demonstrates their commitment to ensure that actions towards progress remains focussed.

The Clinical Governance Steering Group as well as NHS Forth Valley Board provides a focus on delivery and decision-making. A bi-annual report by the Equality Manager and approved by the Fair for All Group is submitted to both the Staff and Clinical Governance Steering Group and approved by the Board.

Reviewing and Reporting on Equality Outcomes Progress

NHS Forth Valley's equality outcomes (Appendix 3) demonstrate how we intend to meet one or more of the three of the general duties. An annual report on progress is prepared by the NHS Equality Manger and respective outcome leads. Bi annual update reports are also presented to the NHS Forth Valley (NHSFV) Fair for All Group, NHSFV Staff and Clinical Governance Committees, and approved by the Board

Internal Equality Outcomes & Action Plan

Each department has responsibility for meeting their own specific equality requirements to ensure that we meet the requirements of the General Duty.

Using the NHS Forth Valley Equality Impact Assessment tool departments will evaluate their respective services with support from the Equality Manager. This process will be piloted in 4 sites; one from each operational unit during June – October 2014.

Following the results and evaluation of the tool, a programme of reviews and training of use of the EQIA tool will be completed in service areas, with an action plan developed to support findings.

This will be the responsibility of the relevant service leads and managers to develop internal monitoring processes, so the capacity to deliver on the equality and diversity needs of service users and staff lies with them. This can include the reports received from the patient experience feedback methods.

The first Equality Impact Assessment is being completed on Prison Health Services, which will inform future actions and priorities.

Departments will also monitor actions taken and changes to be made through staff appraisals and measurable personal objectives. We will take further action to ensure that this message is understood; and that it is embedded in every aspect of people management systems at all levels, through staff's personal objectives, appraisal systems and competency frameworks.

Priority 2: Equality Impact Assessment (EQIA)

It is important that we are proactive in delivering against our public duties in identifying and tackling persistent inequalities in any policies or services for which we are responsible.

The new Equality Act 2010 places greater expectations on us to foster good relations with communities. It is even more important that we recognise these new responsibilities and ensure that we are well placed to deliver to them.

As an organisation we have seen a significant cultural shift in conducting equality impact assessments (EQIAs), but there is still evidence that in some cases, these are not being carried out early enough in the development of services, functions or policies, nor always to the minimum standards.

Emphasising the importance of both conducting equality impact analysis and acting on the evidence or outcomes, will ensure we retain a robust, fair and compliant process towards the principles of person centred care, corporate procedures & functions and service delivery. Thinking about equality impact should be a natural part of the thought process in making decisions, rather than a bolt-on process.

To support services to complete EQIA's there are a range of assessment tools that can be completed dependant on initial screening; these are available on the intranet and will be published on a bi-annual basis on our [Equality and Diversity EQIA Web Page](#).

Going forward, there will be a greater emphasis on department and service areas taking responsibility for EQIAs and ensuring they are completed in good time and to the required standards. We are committed to supporting staff to complete this task and will continue to publish a report on a biannual basis of any EQIA's completed.

Priority 3: Equality Data Collection, Reporting and Usage

To Improve the Recording and use of Equality Data to Inform Patient Centred Care, Service Provision and Equality Analyses

Collection of Ethnicity information continues to be problematic. We will continue to monitor the recording of Ethnicity via our Scottish Morbidity Returns (SMR) from the Information and Statistics Division (ISD) and put actions into place to enhance current recording both in the current IT structures in place as well as within Patient Care Planning etc.

During 2014, specific actions will be put in place to record patient's religion and belief within their base line assessment, thereby supporting NHS Forth Valley's commitment to person centred care. This is a key action identified within the Care of the Deceased Policy to include this information on the patients identification cards used within mortuary services.

Throughout all equality data collection processes service users are at liberty to say 'prefer not to answer', however this should be recorded rather than assumed.

Priority 4: Equality & Diversity is Embedded in Person Centred Care

Improving patient experience is a key aspect of the quality improvement priorities that underpin the efficiency productivity and quality programme in NHS Forth Valley.

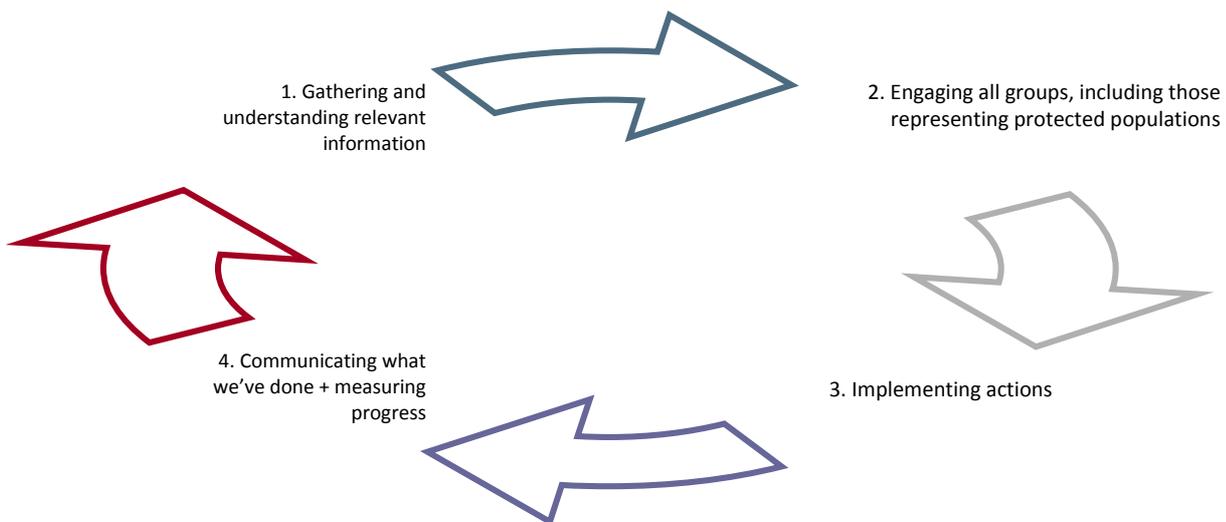
The strategic *Quality Improvement Framework* has an improvement programme dedicated to improving patient experience and delivering patient centred services.

We continue to implement the National Person Centred Health and Care Collaborative, making wider connections with third party sectors, sharing learning across all Boards from Scotland and continuing to ensure that patient's voices drive forward improvement.

We will continue to implement the actions to embed the Patients Right's Bill within the organisation, developing a strategic plan to implement this Act.

NHS Forth Valley will continue to be committed to having person centred care central to all aspects of care and service delivery and will fully embed Equality and Diversity into the work completed.

Priority 5: (a) Strengthen Stakeholder Engagement and Partnership Working



Empowerment may be defined as a process of helping individuals gain, regain or maintain personal power or control over their lives and circumstances, a sense that they can influence the people and organisations, which affect them.

Community engagement involves working closely and in partnership with individuals and groups of local people. It is able to help identify and address issues of customer care and focus. It is therefore essential and impacts on the trust and confidence of local people.

It ensures clear lines of communication and offers meaningful partnership working through local input and dialogue thus, resulting in a number of successful outcomes.

We are committed to transparency and openness and recognise that individual members of the public and sections of the community may experience barriers in accessing information and services.

As an organisation we encourage the use of a wide range of communication methods to promote access to information and will ensure the engagement process continues to be open and accessible to all.

We will ensure through the work of the Public Partnership Forum's and Person Centred Steering Group and other individual involvement activities that we continue to have mechanisms for:

- Engaging with, and listening to, patients, carers, diverse groups and other stakeholders
- Going out to communities and diverse groups rather than them having to come to use.
- The use of social media to inform and engage with communities
- Having a means of ensuring that patients' experiences are taken into account when decisions are made.
- Communicating with stakeholders to ensure that people are kept informed of developments both personally as well as changes to services and have access to information they need, when they need it.
- Engaging with the public on our equality outcomes and held to account on our performance

5. (b) Establish Forth Valley Multi Agency Equality Forum

NHS Forth Valley currently has a Fair for All Development Group with representation from equality groups and staff within the Forth Valley area.

To enhance this current work, during 2014/15 discussions will be held with the local NHS and Police Lay Advisors Equality Forums to merge the two forums into one robust action group to support, inform and monitor actions taken by NHS Forth Valley and Police Scotland.

Through this joint work, the Partnership aims to:

- develop and share good practice such as the development of a consistent and inclusive approach for identified areas of work, for example, hate crime
- obtain a better understanding of the needs of the diverse communities in Forth Valley, by carrying out surveys, consultation and statistical monitoring

We are committed to fully involving all sections of the community in the development of our objectives and associated action plans. We will continue to strive to give every opportunity to our key stakeholders to comment on NHS Forth Valley Health Services to inform priorities for action. This includes:

- Finding out what barriers people face and taking steps to remove them.
- Asking if people are satisfied with health services e.g. through surveys, focus groups.
- Setting priorities and planning changes.
- Monitoring and reviewing current data and provision.
- Providing feedback on how people's views have influenced our decisions and actions

Priority 6: To Enhance Awareness and Provision of NHS Forth Valley Accessible Information and Language Support Services

In accordance with the Human Rights Act 1998 (2000) and the Equality Act 2010 NHS Forth Valley must ensure that everyone can access our services fairly and equally and that where any language/communication barrier exists our staff will act professionally and expeditiously to address the needs of the individual ensuring that their care is the priority.

NHS Forth Valley is dedicated to developing culturally sensitive services that meet the needs of people from different groups from our local communities. We believe that this is vital if we are to achieve the patient-centred services envisioned in the NHS Scotland plan.

NHS Forth Valley has a central hub managed by the Disability Service which facilitates the arranging and managing of interpreters and translation services. This ensures that when a service user/carer has an identified language or communication need they will receive a high standard of care regardless of any communication difficulties or any language barrier that there may be.

During 2014-17 Managers will ensure that staff that have direct patient contact are able to utilise interpreting, translation and sign language interpretation services professionally and that they understand the guidance and protocols in place to facilitate same.

Priority 7: Promote Equality Through our Employment Practices

(a) Employment - Equality Outcomes and Mainstreaming.

NHS Forth Valley Associate Director of HR holds the responsibility for ensuring that the work identified within our mainstreaming report and equality outcomes in relation to employment is progressed.

Our employment policies and procedures are designed to promote equality. Discriminating factors will not be tolerated in the application of any employment policy or procedure. Similarly, a disability will not present as a barrier to opportunity and the requirement to demonstrate reasonable adjustments will be enforced unless it conflicts with intrinsic criteria for employment.

NHS Forth Valley recognises the talents of **all** members of staff and is committed to equality of opportunity in employment both in principle and in practice.

(b) Diversity Champions

We will continue to support the Equality & Diversity Champions initiative with the aim of having Equality & Diversity Champions at all levels of the organisation. They promote equality and diversity, challenge negative behaviors, reinforce positive attitudes and address issues relating to Equality & Diversity as they arise.

The role of Equality and Diversity Champions is part of existing roles within the organisation and enhanced training will be given to the Equality & Diversity Champions to enhance their skills and be an onsite resource of valuable information and advice to teams.

(c) HR Equality and Diversity Steering Group

We are in discussions about the development of an HR Equality and Diversity Steering Group. This group will enhance current and future employment practice and support the organisation to deliver on its equality outcomes.

Priority 8: Promote Behavioural and Cultural Change

Behavioural & cultural change is at the heart of achieving success in diversity. It is central to not only to achieve the departmental targets agreed but to support lasting, sustainable change. NHS Forth Valley will continue to pursue a strategy of zero tolerance of discrimination, bullying, victimisation, or harassment on any grounds, or in relation to any protected characteristic.

Departments will ensure that equality and diversity is embedded within their own performance management systems. Managers are accountable for ensuring that their staff have personal responsibility for challenging discrimination and unacceptable behaviour and reporting this through Information Reporting Forms (IR1's).

This information will be used to inform actions in relation to discrimination and Hate Incidences. Evidence will also be identified via reports from Patients Relations Team where specific actions identified regarding equality and diversity.

NHS Forth Valley's Learning, Education & Training Strategy provides organisational commitment and action plan to learning and development for all including frontline staff, managers and Clinicians. This includes a range of programmes including equality and diversity training, dignity and respect and ongoing work re 20:20 vision.

Priority 9 Strengthen Equality Learning and Development Opportunities

Actions to use and develop staff knowledge and experience gained from day to day integration with patients, service users and our partners can only enhance the training being developed and delivered throughout the lifespan of this strategy and respective NHSFV equality publications.

Equality and Diversity Training Programme 2014-17

NHS Forth Valley Equality and Diversity Advisory Team along with the Person Centred Steering Group will be identifying how we can further enhance staff skills through the development of an Equality and Diversity and Person Centred Care Training Programme 2014-17.

Corporate Induction

Currently as part of the NHS Forth Valley Induction programme, delegates receive a one and half hour Equality and Diversity 'face to face' presentation which outlines:

- individual's responsibility under the Equality Act 2010 to pay due regard to the aims of the general duty therein
- Person Centred Care and the practical application of this commitment
- Practical Needs of our equality communities
- Health inequalities that exist in the local community

By engaging with staff right at start of their time with NHS Forth Valley, this demonstrates the organisation's clear commitment to the equality agenda and ensures visibility throughout.

The above induction training is also accessible for staff as an e-learning module.

During 2013:

- 1241 staff have completed the e-learning module both for induction and refresher training.
- 266 staff completed face to face training

Development of Equality and Diversity Training for Teams and Services

The organisation has invested in bespoke 'face to face' training to service and teams facilitated by the E&D Manager. This flexible, demand led approach enables relevant Equality and Diversity training to be delivered at existing meetings/events so reducing any potential negative impact on service delivery.

An example of this was the training delivered to the Dieticians Services where staff updated their skills not only on the practical application of Equality and Diversity in service delivery but also on how to support staff/students working within the service who may have additional needs.

It is proposed that this training could be rolled out across the originations dependant on need and results from departmental evaluations.

It is also our aim for 2014 to develop and enhanced Equality and Diversity Training programme to support staff enhance their skills and knowledge at all levels within the organisation

Priority 10: NHS Forth Valley have Actions in Place Internally & Works with Partners to Identify and Respond to Victims of [Gender Based Violence](#)

As highlighted nationally, we need to take a partnership approach to identify and respond to both perpetrators and victims of gender-based violence.

Over the lifetime of this plan, we aim to improve cohesion across public protection arrangements and processes.

During 2014-17 it is proposed that the following outcomes are achieved. However this will require additional support from NHS Forth Valley and partners within the public sector partners, third sector and other stakeholders:

Key actions include:

1. The programme of national GBV activity is completed and key indicators from National Violence Against Women strategy are in place
2. NHSFV GBV Training Programme in place
3. Our NHSFV Patient Recording Data are able to record cases of GBV and actions taken (reports can be developed from same)
4. Staff in all settings are equipped to respond appropriately to Gender Based Violence disclosure
5. NHS Forth Valley works in partnership with other public bodies and third sector to identify and respond to victims and perpetrators of gender-based violence; including NHS Forth Valley representation on the Multi Agency Risk Assessment Conferences for high risk cases
6. NHS Forth Valley works in partnership on preventing Gender Based Violence

Priority 11: Equality and Diversity Audit and Scrutiny

We are Transparent in the Reporting of Actions taken to meet our Equality Duties

A robust system of measurement and evaluation, both at corporate and departmental level, will provide assurance that action plans are effective and provide checkpoints on progress, and opportunities to prioritise further or different interventions.

We will continue to monitor progress against targets set at corporate level publicly, through the collection and publication of our Equality and Diversity Annual Report

We will continue to work to improve data quality, collection and coverage through working in partnership with directorates, Unions, Partners and the community.

This work will be mirrored at all levels of the organisation. Directorates will measure progress through staff surveys and through regular equality auditing of performance appraisal systems.

All reports including Board Reports, Annual Reports and Equality Impact Assessments completed will be made available on the web and in alternative formats on request on a bi-annual basis.

Internal Audit

The NHS Forth Valley internal audit was completed in November 2013 and was designed to evaluate whether appropriate systems were in place and operating effectively to mitigate risks to the achievement of the objectives identified below.

The relevant service objectives of the review were:

- ◇ To ensure that the Board adheres to equality and diversity prescribed requirements and that programs and activity promoting equality and diversity are appropriate, adequately assessed for risk and performance monitored via appropriate governance structures.

The audit opinion is **Category B – Broadly Satisfactory** – there is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives, although minor weaknesses are present.

This being that the Equality Impact Assessment Tool (EQIA) although still relevant had not been reviewed by April 2013. This was rectified in December 2013 when the new census figures were added to the document.

An action has been identified to review the EQIA tool in October 2014 to identify if it could be adapted into a Health and Social Care Model in partnership with Local Authority Colleagues for use with joint assessments with partner agencies. This will ensure a cohesive approach to assessments rather than each agency completing their own review.

At the time of writing this strategy meetings with partner agencies had not been completed to further discuss this proposal.

Equality Strategy Action Plan

We have set out the following series of actions under each of our aims to ensure we meet not only the objectives of this strategy but also to support the implementation of our Equality and Diversity Mainstreaming programme of work in both service delivery and on our employment commitments as well as the support required to meet our equality outcomes.

Each area identified has ensured that we put equality and diversity into the heart of all we do in our day to day activities.

The action plan will be reviewed annually by the Fair for All Development Group and Person Centred Health Care Steering Group.

Appendix 1 Equality & Diversity Strategy Action Plan 2013-17

Priority 1: To demonstrate effective Leadership and Corporate responsibility for Equality and Diversity.

No	Action	Performance indicator	Deliver By	Responsible
1.1	Public sector duties are met and reported on within Agreed timescales	Reports are available within the agreed periods and evidence within same reflects actions and outcomes as required.	March 1015 & 2017	NHS Forth Valley Board and Executive lead for Equality and Diversity
1.2	Ensure that E&D Progress is reported to the Staff and Clinical Governance Committees and NHS Forth Valley Board through bi-annual reporting	Bi Annual progress reports and NHS FV E&D Annual Report submitted to Staff and Clinical Governance Committees and NHS Forth Valley Board	April and October Annually	E&D Manager and Executive Lead for Equality and Diversity
1.3	Submissions to NHS Forth Valley Board will include evidence that the papers have been assessed for Equality and Diversity	E&D is recorded as completed for Board papers. Board members demonstrate clear leadership and shared ownership in building partnerships and taking actions to improve equality. They review progress and make changes in approach and challenge submissions where necessary	2014-17	Respective authors of papers. Head of Performance and Governance.
1.4	Ensure Executive and Non Executive members are aware of their individual and corporate responsibilities through training and the provision of information and/or guidance to Board members in their role	Programme of biennial training put in place. There is corporate Equality Training in place and development for al staff and Board members. In addition NHSFV will provide training tailored to the needs of the Board and senior managers	October 2014	Head of Organisational Development and Equality and Diversity Manager

No	Action	Performance indicator	Deliver By	Responsible
1.5	Reporting NHSFV E&D actions and activities to the public and staff	There is good coverage of equality issues in reports to the public and staff. Reports are widely accessible and show progress against the organisations equality outcomes. Reports are available in alternative formats on request	2014 – 17. Review completed on a biannual basis in line with progress reporting. Web page is kept up to date with new information, reports and guidance for both the service users and staff	Equality and Diversity Manager and respective protected characteristics leads.
1.6	Service leads will evaluate their departments to ensure that equality needs of service users are met and that staff skills are maintained in relation to equality and diversity	Services have evaluated service provision and staffs skills and have made changes where relevant to meet diverse needs, Actions plans are in place to monitor progress in relation to E&D	4 sites to be completed by October 2014. Programme of assessments to be completed and then reviewed every two years	General Managers and service leads including healthcare provision within 3 local prisons. Support to be given by Equality and Diversity Advisory Team and Person centred care leads

Priority 2: To embed Equality and Diversity Impact Assessment

No	Action	Performance indicator	Deliver By	Responsible
2.1	Ensure that NHS Forth Valley policies, strategies and Plans are EQIA'd as standard practice	Biannual reports of EQIA completed	April 2017	Owners of respective strategies, polices and plans
2.2	Review current EQIA tool/ documentation to evidence how an EQIA has informed changes or additions to service delivery and design	Mainstreaming promotion of changes to current documentation	April 2014 and Annually thereafter	Equality and Diversity Manager
2.3	Development of joint EQIA tool to support equality impact assessment of polices and service development in relation to Health and Social Care	Discuss with Local Authority partners about the proposed development of a joint EQIA tool to support Health and Social integration EQIA's completed. Action plan in place to support change	April 2015	Equality and Diversity Manager and Lead for Health and Social Care Integration
2.4	Continue to build capacity across the organisation to ensure relevant staff are trained and provided with support and guidance to undertake EQIA's. EQIA leads responsible for standard of EQIA submission for recording	Diversity Champions are trained on completing EQIA's to support teams on site. Bi-annual training and onsite training provided as required	2014 - 17	Equality Manager and Service leads
2.5	Publish existing and future EQIAs	Published on public web site on a biannual basis	2014 - 17	Equality and Diversity Manager

Priority 3: Continue to improve Equality and Diversity Data Collection and Reporting across the services

No	Action	Performance indicator	Deliver By	Responsible
3.1	Continue to improve the collection, analysis and reporting of data in relation to age, ethnicity, gender, disability and religion/belief in order to provide a sound basis for planning and service delivery in the context of local and national developments.	Review existing arrangements for collection of inequalities data and design a work plan to address shortfall.	Baseline: April 2014 and annual report thereafter	Head of IM&T Service leads
		Analysis of routine collection and use of equalities data in relation to clinical and organisational priorities.	2014 - 17	Service leads
		Ensure staff are supported to understand the need to collect this data, in an appropriate, sensitive and informative way	2014 - 17	Service leads
3.2	Increase the current Scottish Morbidity Record (SMR) datasets return percentage for ethnicity recording	NHS Forth Valley to be on par or above NHS Scotland ISD national average for recording ethnicity	Bi-annual reporting	Head of IM&T Service leads
3.3	Revise Equality considerations in front door assessments completed by staff ensuring the equality profile of patients is recorded including 'prefer not to answer field'	New front sheet in place which includes equality profile of patient is in place	October 2014	Jackie Bryceland
3.4	Revised care of the deceased policy in place which includes a field which identifies patient religion and belief. This will be included on mortuary card to ensure patients respective religious and spiritual beliefs are maintained if identified.	Policy and changes to mortuary card are in place	October 2014	Cancer Services Nurse Consultant

Priority 4: Equality and Diversity is embedded within Person Centred Health Care Strategic Plan

No	Action	Performance indicator	Deliver By	Responsible
4.1	Development of a strategic plan for the delivery of the Person-centred Health & Care (PCHC) collaborative	Establishing and maintain a sustainable model for collaboration and partnerships between health services, clinicians, local authorities, third sector organisations, patients, their families and carers and the wider public	2014 - 17	Person Centred & Patient Experience Coordinator
4.2	Agreeing and monitoring the key improvement activities and tests of change identified for each of the work streams (care experience, co-production, staff experience ensuring E&D is mainstreamed within work programmes	<p>Person Centred Health Care Steering Group in place.</p> <p>Reports of activities completed by the 3 work streams are used to indentify positive change and gaps</p>	2014 - 17	Person Centred & Patient Experience Coordinator
4.3	Staff are kept informed about the national and local PCHC Plan/actions and training/development opportunities are available to staff to implement same.	Developing a collaborative communications plan and educational plan	2014 - 17	Person Centred & Patient Experience Coordinator

Priority 5: Strengthen Stakeholder Engagement and Partnership Working

No	Action	Performance indicator	Deliver By	Responsible
5.1	<p>To continue to support partners to participate in the planning and development of services</p> <p>Maintain effective arrangements to work in partnership with all stakeholders, including:</p> <ol style="list-style-type: none"> 1. patients/service users 2. carers 3. staff 4. community groups 5. partner agencies <p>To engage / involve / consult local minority and potentially disadvantaged communities on service design, reviews or changes e.g. Carers organisations, Gypsy traveller communities working groups, LGBT Youth Group</p>	<p>Continuous involvement & engagement of community based groups and staff in areas of current and future service design and delivery</p> <p>Continued on-going support and involvement of specialist groups identified within Equality Impact Assessments completed on polices functions and service changes.</p>	April 2014 - 17	<p>PPF and Person Coordinators</p> <p>Service leads have a responsibility to engage where appropriate with support where relevant from above.</p>
5.2	<p>Improve engagement with young people for specific initiatives identified by young people through previous/current consultations.</p>	<p>Maintain links with local schools, LGBT Youth Groups and Young carers</p>	October 2014 -17	<p>Equality and Diversity Manager</p>
5.3	<p>Equality & Diversity Training offered to PPF members annually</p>	<p>Person Centeredness Steering Group and PPF coordinators to ensure members are invited on an annual basis and liaise with E&D Manager to coordinate training</p>	2014 - 17	<p>Equality and Diversity Manager & PPF and Person Centred Steering Group Coordinators</p>

No	Action	Performance indicator	Deliver By	Responsible
5.4	Community Forums and Locality PPFs to work with Health Improvement teams to enhance engagement with the broader public.	Monitor attendance at PPF Meetings to evidence profile of population attending and identify further actions which may be taken to ensure all community groups are able to participate in engagement activities.	April 2015	PPF Coordinator, Person Centred & Patient Experience Coordinator
5.5	Update PPF Groups on a biannual basis of progress made on Equality Outcomes	Present at 2015 meetings within 3 local authority areas.	February 2015	PPF Coordinator and Equality and Diversity Manger
5.6	Establish a multi-statutory advisory Group including health & police at initial stage, to look at addressing shared areas of work from an equalities perspective.	Group and respective reporting and monitoring mechanisms in place in place	March 2015	Equality and Diversity Manager/FFA group
5.7	Identify and enhance areas of joint work programmes i.e. community engagement, hate crime incidents	Identify work plan for the group in regards to upcoming engagements; identify actions completed within Annual Report 2015	March 2015	Equality and Diversity Manager/MAHRS and FFA partnership group

Priority 6: To Enhance Awareness and Provision of NHS Forth Valley Accessible Information and Language Support Services

No	Action	Performance indicator	Deliver By	Responsible
6.1	Review current Interpreter and Translation Policy	Policy in place which provides a framework to support communication with service users and carers who are Non-English speakers, people for whom English is a second language, BSL users, people with hearing or visual impairment or who have learning disabilities.	March 2015	Disability Service
6.2	Staff are updated on their responsibility for implementing the policy effectively	<ul style="list-style-type: none"> • Articles placed in staff news • Copy of Interpreter flow chart sent to each department • Information placed on intranet site is reviewed 	2014 - 17	Disability Service
6.3	To identify any potential barriers in accessing services or service delivery for patients, carers & families on the basis of their communication needs	<ul style="list-style-type: none"> • Continued monitoring/evaluation of interpreter services. 	March 2015	Disability Service
6.4	Continue with programme of work to involve/inform communities about interpreter and translation service provision.	Annual report to identify actions completed by team to engage with communities and evaluate current service provision	March 2015	Disability Service

Priority 7: Promote Equality through our Employment Practices

No	Action	Performance indicator	Deliver By	Responsible
7.1	Bi Annual reports developed to inform the Board of progress in relation to the Equality Duty (Employment) and Respective outcomes	Reports in place and available on the E&D Web page	April '14 and biannually thereafter	Asst. Director Human Resource
7.2	Enhance staff skills in Equality Employment Duties and reasonable adjustments	Training completed by identified staff including recruitment and selection	April 2015	Asst. Director Human Resource & Equality and Diversity Manger
7.3	Maintain library of employment policies and procedures.	Policies available to staff. All have been EQIA'd prior to approval	2014 - 17	HR Manager
7.4	Continue to support the development of Equality Champions within the organisation	Timetable of meetings and actions in place 2014-17	2017	Equality & Diversity Manager and HR Manager
7.5	Development of an Equality and Diversity HR Steering Group	HR Steering Group in place. Annual update of progress and actions completed to be made available within the NHS Forth Valley Annual Report.	April 2015 - 17	Asst. Director Human Resource

Priority 8: Behaviour and Cultural Change

No	Action	Performance indicator	Deliver By	Responsible
8.1	NHS Forth Valley will continue to take a Zero Tolerance approach to hate incidents	IR1 Forms are completed and a biannual progress report will be made to the Board of outcomes/actions taken	April 2015 (6 monthly thereafter)	Quality Manager
8.2	Identify if Patients Relations Team have acknowledged any complaints or concerns in relation to Equality Protected Characteristics	Report developed for 2015 E&D Annual report reflecting concerns or complaints raised and actions taken	March 2015	Person Centred & Patient Experience Coordinator
8.3	Dignity and respect is embedded within staff training and awareness	Strategy in place to enhance skills and knowledge of staff	2014-17	Organisational Development

Priority 9: Strengthen Equality Learning and Development Opportunities

No	Action	Performance indicator	Deliver By	Responsible
9.1	Maintain levels of equalities training programme to NHS FV staff, and volunteers	Programme launch Feedback from training	October 2014	Equality and Diversity Advisory Team (EDAT)
9.2	E Learning module to be revised and include a section on Person Centred Care	Revised relearning module in place	April 2015	EDAT and Person Centred Steering Group
9.3	Further to a review of need Equality and Diversity Training to be put in place for Senior staff and managers	Programme of training in place including e-learning	October 2014	Equality and Diversity Manager & Service leads

Priority 10: NHS Forth Valley has actions in place internally and works with partners to identify and respond to victims of Gender Based Violence

No	Action	Performance indicator	Deliver By	Responsible
10.1	The programme of national GBV activity is completed and key indicators from National Violence Against Women strategy are in place	Key indicators from VAW National Strategy still to be identified. Due June 2014)	2017	GBV Strategic and Operational Leads
10.2	NHSFV GBV Training Programme in place	Staff in all settings are equipped to respond appropriately to Gender Based Violence	2017	GBV Operational Lead
10.3	Our NHSFV Patient Recording Data are able to record cases of GBV and actions taken (reports can be developed from same)	FACE System enhanced to record GBV as well as risk assessment tool in place	October 2014	FACE Coordinator
10.4	NHS Forth Valley works with partners to identify and respond to victims and perpetrators of gender-based violence; including NHS Forth Valley representation on the Multi Agency Risk Assessment Conferences for high risk cases.	NHS Forth Valley has representation on 3 local authoring GBV Groups MARHRS reports available	October 2014-02-26 Annul Reports from MAHRS Group	GBV Operational Lead GBV Strategic Lead

Priority 11: Audit and Scrutiny

No	Action	Performance indicator	Deliver By	Responsible
11.1	Annual reports to be developed on actions taken to mainstream equality and diversity within the organisation and identify progress on equality outcomes	Annual reports available on the web and in alternative formats on request.	April 2014 and annually thereafter.	Equality and Diversity Manager
11.2	Managers to develop service equality review and identify actions to be taken to enhance service delivery in relation to E&D	Action Plans in place	Pilot -October 2014 System review March 2017	Respective General Managers

Appendix 2 Equality Profile of Forth Valley

	All People	Males	Females	Lives in a household	Lives in a communal Establishment	Schoolchild or full-time student aged 4 and over at their non term-time address
Scotland	5,295,403	2,567,444	2,727,959	5,196,386	99,017	41,551
NHS Forth Valley	297,636	144,475	153,161	290,421	7,215	2,414

Protected characteristic	Data description	Period	Data	NHS Forth Valley (%)
Age	Population age groups	2011 census	0-4	16,683 (5.7%)
			5-9	15,909 (5.4%)
			10-14	17,510 (5.9%)
			15-19	19,163 (6.4%)
			20-24	18,895 (6.3%)
			25-29	17,082 (5.7%)
			30-44	60,925 (20.6%)
			45-59	62,995 (21.1%)
			60-64	19,431 (6.5%)
			65-74	27,462 (9.2%)
			75-84	16,138 (5.4%)
			85-89	3,703 (1.2%)
			90+	1,740 (0.6%)
			Total	297,636
Long Terms Health Problem or Disability	Day-to-day activities limited a lot	2011 census		27,492 (9.2%)
	Day-to-day activities limited a little			29,964 (10.1%)
	Day-to-day activities not limited			240,180 (80.7%)

	Total		297,636
Protected characteristic	Data description	Period	Data NHS Forth Valley
Gender Reassignment	Figures not known	2011 census	-
Marriage or civil partnership	Single (never married or never registered a same-sex civil partnership)	2011 census	78,287 (26.3%)
	Married		118,678 (40%)
	In a registered same-sex civil partnership		341 (0.1%)
	Separated (but still legally married or still legally in a same-sex civil partnership)		7 959 (2.7%)
	Divorced or formerly in a same-sex civil partnership which is now legally dissolved		20,240 (6.8%)
	Widowed or surviving partner from a same-sex civil partnership		18,399 (6.2%)
		All People over 16 years	243,904
Sex	Male	2011 census	144,475 (48.54%)
	Female		153,161 (51.46%)
	All people		297,636
Sexual Orientation	Not known	2011 census	

Sexual Orientation

The Census completed in 2011 did not ask question relating to Sexual Orientation, however the following information has been devolved from the [Integrated Household Survey, April 2011 to March 2012 Release](#)

- 1.5 per cent of adults in the UK identified themselves as Gay, Lesbian or Bisexual,
- 2.7 per cent of 16 to 24 year olds in the UK identified themselves as Gay, Lesbian or Bisexual compared with 0.4 per cent of 65 year olds and over,
- Across the UK, 78 per cent of men and 75 per cent of women reported that they perceived themselves to be 'in good health',
- Of the constituent countries of the UK, for the third successive year Wales has reported the lowest rate of perceived good health,
- In the UK, those aged 18 to 24 and who currently smoke are over twice as likely to have reported to be 'not in good health' compared with those that have never smoked.

- Further information can be found on: http://www.ons.gov.uk/ons/dcp171778_280451.pdf

Protected characteristic	Data description	Period	Data	NHS Forth Valley
Race & Ethnicity	Ethnicity	2011 census	White: Scottish	261,772 (87.95%)
			White: Other British	20,584 (6.9%)
			White: Irish	2,014 (0.7%)
			White: Gypsy/Traveller	281 (0.1%)
			White: Polish	2,157 (0.72%)
			White: Other White	4225 (1.42%)
			Mixed or multiple ethnic groups	785 (0.26%)
			Asian, Asian Scottish or Asian British	4670 (1.6%)
			Asian, Asian Scottish or Asian British: Pakistani, Pakistani Scottish or Pakistani British	1759 (0.6%)
			Asian, Asian Scottish or Asian British: Indian, Indian Scottish or Indian British	842 (0.3%)
			Asian, Asian Scottish or Asian British: Bangladeshi, Bangladeshi Scottish or Bangladeshi British	37 (0.01%)
			Asian, Asian Scottish or Asian British: Chinese, Chinese Scottish or Chinese British	1315 (0.44%)
			Asian, Asian Scottish or Asian British: Other Asian	717 (0.24%)
			African	480 (0.16%)

			African: African, African Scottish or African British	474	(0.16%)
			African: Other African	6	(0.002%)
			Caribbean or Black	221	(0.07%)
			Caribbean or Black: Caribbean, Caribbean Scottish or Caribbean British	152	(0.05%)
			Caribbean or Black: Black, Black Scottish or Black British	46	(0.015%)
			Caribbean or Black: Other Caribbean or Black	23	(0.007%)
			Other ethnic groups	447	(0.15%)
			Other ethnic groups: Arab, Arab Scottish or Arab British	195	(0.07%)
			Other ethnic group	252	(0.08%)
			Total	297,636	
Religion, Belief & Belief and non belief		2011 census		106,259	(35.7%)
			Church of Scotland		
			Roman Catholic	35,127	(11.80%)
			Other Christian	14,508	(4.80%)
			Buddhist	549	(0.18%)
			Hindu	401	(0.13%)
			Jewish	120	(0.04%)
			Muslim	2,327	(0.8%)
			Sikh	239	(0.08%)
			Other religion	789	(0.27%)
			No religion	117,284	(39.40%)
			Religion not stated	20,033	(6.80%)
			Total	297,636	

Health and Provision of unpaid care - 2011 census

	All people	Long-term health problem or disability: Day-to-day activities limited a lot	Long-term health problem or disability: Day-to-day activities limited a little	Long-term health problem or disability: Day-to-day activities not limited	Long-term health problem or disability: Day-to-day activities limited a lot: Aged 16 to 64	Long-term health problem or disability: Day-to-day activities limited a little: Aged 16 to 64
NHS Forth Valley	297,636	27,492 (9.2%)	29,964 (10%)	240,180 (80.7%)	13,231	15,649
Health and Provision of unpaid care cont...	Long-term health problem or disability: Day-to-day activities limited a little: Aged 16 to 64		Long-term health problem or disability: Day-to-day activities not limited: Aged 16 to 64	General health: Very good	General health: Good	General health: Fair
NHS Forth Valley	15,649		165,981	155,353 (52.20)	90,610 (30.44%)	36,065 (12.11%)
Health and Provision of unpaid care cont...	General health: Bad	General health: Very bad	Provision of unpaid care: No unpaid care	Provision of unpaid care: 1 to 19 hours a week	Provision of unpaid care: 20 to 49 hours a week	Provision of unpaid care: 50 or more hours a week
Forth Valley	12,132 (4%)	3,476(1.16%)	269,628 (90.6%)	15,526	5,012	7,470

For further information on variables, see www.scotlandscensus.gov.uk/variables

N.B All local figures as identified as above have been rounded to the nearest 0.1%

Appendix 3: NHS Forth Valley Equality Outcomes

NHS Forth Valley Outcomes are:

Long term NHS outcome 1: Within NHS Forth Valley, everyone has the best start in life and is able to live longer and healthier lives,

Outcome 1: LGB &T, Disabled, ethnic minority and people of various ages have a positive experience of services that are equality informed and are sensitive to their diverse needs and potential impact of discrimination

Long term NHS outcome 2: Within NHS Forth Valley everyone has a positive experience of health care

- Outcome 2a: NHS Forth Valley promotes and delivers on patient centred care to people meet best practice standards in relation to equality and diversity.
- Outcome 2b: All healthcare developments, policies and plans are informed by information on profile/protected characteristics of patients in the community
- Outcome 2c NHS Forth Valley is equitable in the way it employs and supports its workforce.

Long term NHS outcome 3: Within NHS Forth Valley, people are able to live well in the community.

- Outcome 3: a People in Forth Valley are confident that diversity is respected; discrimination challenged and actively encouraged to report hate incidents motivated by malice or ill will based on racism, religious discrimination, homophobia, transphobia
- Outcome 3 b. In collaboration with partner agencies, NHS Forth Valley will improve the early identification of women and men experiencing Gender Based Violence within local health services; particular focus on A&E, Mental Health, Substance Abuse, Community Care, Sexual Health and Women and Children's Services
- Outcome 3c: NHSFV Employees (women and men) affected by GBV, including those with protected characteristics, are confident that they will receive support in the workplace and improved safety, health and well being.
- Outcome 3d Through the 'Keep Well' health promotion initiative, NHS Forth Valley in partnership with other agencies will increase opportunities for health improvement and disease prevention in deprived and vulnerable populations

NHS Forth Valley Mainstreaming Report 2013-17 – Employee's

NHS Forth Valley is committed to ensuring that all our employment policies and practices for staff are fair, advance equality of outcome, eliminate discrimination and foster good relations.

To inform our areas of improvement we gather quality monitoring data covering all our staff.

We will publish an annual summary on line of the employment monitoring data we have collated and considered in our workforce equality and diversity reports.

We are delighted to publish our mainstreaming report which reflects work completed to date to mainstream equality within our working practice.

This report includes details on:

- NHS Forth Valley Mainstreaming Report (Employees) & Workforce Diversity Monitoring
- Gender Pay Gap Comparisons
- Equal Pay Statement

Appendix 4 NHS Forth Valley – Equality and Diversity Risk Assessment 2013 -17

	Potential E&D Risk	Likelihood	Impact	Mitigation/Control	Actions required to enhance current systems in place
1.	Risks of litigation over service cuts or changes	low	high	<ol style="list-style-type: none"> 1. Robust process in place to ensure service changes are impact assessed to prevent disproportionate impacts on protected groups. 2. Engagement with local communities and staff (reports to reflect actions taken) 3. Evidence-based decision making 	<ul style="list-style-type: none"> • Services areas to EQIA any changes to services or service delivery as well as embedding within any new developments. • Enhance current data collections methods • Ensure Patient and staff experience findings are used to further enhance current practice.
2.	Patients from protected groups unable to access services	low	high	<ul style="list-style-type: none"> • Access data monitoring and analysis • Interpretation Contracts in place • Communications Strategy reflects the various needs of the community we service • Reasonable adjustments, in place • Estates review completed on access to facilities • Access audits completed on service providers (GP's, Dentists) • Equality training for staff in place • FFA Development Group and Patient Centeredness Group in place 	<ul style="list-style-type: none"> • Ensure concerns and complaints system is fully accessible to all people, including young people and those with communication/ language barriers • Review completed on interpreter contracts and evaluation completed on patient/staff satisfaction. • Findings from access audits available as well as EQIA completed on new premises service change or design. • PDP's reflect changes required/made (identify how do managers reflect back findings/actions?) • Person Centred Care is embedded within the organisation • Biennial review completed on membership of FFA Group

	Potential E&D Risk	Likelihood	Impact	Mitigation/Control	Actions required to enhance current systems in place
3.	Risk of Employment Tribunal	low	high	<ul style="list-style-type: none"> Equality Policy in Place (awaiting PiN) Equality Delivery Report outcomes 2013 -17 Gender Occupational Segregation report available 2013 Equal Pay statement in place 2013 	<ul style="list-style-type: none"> Enhance staffs knowledge about informing NHSFV HR about personal characteristics HR to develop training programme for NHS Managers Review current systems in place to address complaints raised re bullying and harassment at work Ensure Dignity at work advisors and HR managers have updates/training on Equality discrimination
4.	Risk of judicial review where service changes have not undergone engagement including with protected groups	low	med-high	<ul style="list-style-type: none"> Robust process in place to ensure decisions are not taken without requisite engagement Service Managers/Lead establish contacts with community groups and PERSON CENTREDNESS STEERING GROUP and PPF groups Accessible communication systems in place Processes in place for joint consultations with partners 	<ul style="list-style-type: none"> Ensure staff are fully aware of Accessible communication systems in place to support those who are unable to attend meetings but still wish to give comments/views
5.	Lack of participation in engagement by minority groups	medium	med-high	<ul style="list-style-type: none"> Contacts with representative groups EQIAs on workforce changes Reasonable adjustments offered to staff e-ESS system reflects makeup of staff 	<ul style="list-style-type: none"> Wider range of communications and engagement methods in place Identify means in which staff can report that they have involved communities Training reports to reflect access to training for staff equality groups

	Potential E&D Risk	Likelihood	Impact	Mitigation/Control	Actions required to enhance current systems in place
6.	Failure to meet Public Sector Duties	low	high	<ul style="list-style-type: none"> • Equality & Diversity Mainstreaming Report and Outcomes signed off by NHSFV Board • Work plan/progress reports in place for equality outcomes • Managers and staff have access to E&D Manager and Equality and Diversity Advisory Team. 	<ul style="list-style-type: none"> • Should be in managers service and personal objectives about personal responsibilities and actions • Review completed with services to identify how E&D is mainstreamed into current service delivery and Workforce Reports
7.	Loss (or lack) or key E&D staff	medium	medium		<ul style="list-style-type: none"> • Succession planning