

NHS Forth Valley

Equality Delivery Annual Report 2014



May 2014

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Introduction

NHS Forth Valley has a longstanding commitment to ensuring that our services and employment practices are fair, accessible and appropriate for all patients, visitors and carers we serve, as well as the talented and diverse workforce we employ.

We recognise that the population we serve and our workforce is extremely diverse and is becoming even more so. For this reason, we have a moral and ethical, as well as a legal duty, to treat everyone fairly and without discrimination

This has been a year of building on previous good work, achieving some new successes, building on others and facing up to new challenges.

This report is an important tool to our continued success in meeting the requirements of the Equality Act 2010. It demonstrates our commitment and understanding that equity is central to our continued success. Therefore to be successful, we are working in partnership with our staff, people using our services and key stakeholders to enhance current service delivery, understand the needs of our communities, and are responsive to change and reduce health inequalities.

We have throughout the year taken a very person centred approach to the way we deliver services to service users and in the way that we meet the needs of our current and future staff. People are at the heart of everything we do; so they can have more choice and control, helped by easy access to the information they need

The Public Sector Duty 2010 stated that by no later than 30 April 2015 and every two years thereafter, an authority must publish a report on the progress made to achieve the equality outcomes it has set.

We have however taken the decision to publish a summary report outlining what activities have been completed since the development of our Equality Outcomes in April 2013 as well as any highlights achieved by our services and staff throughout the year.

This report however is only a snap shot of the work being completed by our various services. Further information on ongoing or new work and achievements is available within our [NHS Forth Valley public web site](#) and discussed at the various events we present at during the year.

This report also reflects the make up of our employees as of December 2013 and some of activities completed with them to embed equality and diversity and person centred care in our practice and service delivery

As always we welcome any comments or feedback that people have. This will be used to inform future actions, recognise best practice and inform our future decision making processes.

Professor Angela Wallace
Executive Nurse Director
NHS Forth Valley

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.

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.

About the population of NHS Forth Valley ([taken from Scottish 2011 figures](#))

Based on the census figures of 2011 the following identifies the make up of the NHS Forth Valley population at that time. To enable a comparator to be made the Scottish average figures have been put into brackets.

Age: Our average age of the population in the Forth Valley area was comparable with the national average. People aged 16 – 59 years old within the Forth Valley area was 59% (59.6%). Those people in Forth Valley aged 60 – 74 was 15.8% (15.5%). People 75 years and over was 7.3% which was slightly less than the Scottish average of 7.7%

Disability: The percentage of economically inactive people aged 16 to 74 who were long term sick disabled in Forth Valley was 16.2% (16.6%). Further details on provision of unpaid care can be found in **Appendix C**.

Gender: NHS Forth Valley and the Scottish average matched exactly with Males making up 48.5% of the population and females being 51.5%

Ethnicity: In the Forth Valley area 88% identified themselves as being White Scottish (84%).

- The percentage of people classified as White other British is 6.9% (7.9%) and White Irish 0.7% (1.0%).
- White Polish people make up 0.7% of the population (1.2%) and
- White other being 1.5% (2.0).
- The percentage of Asian or Asian Scottish/British was 1.6% (2.7%) and percentage of other ethnic groups was 0.6% (1.3%)

Religion and Belief

- Percentage of Church of Scotland was 35.7% (32.4%)
- Roman Catholic 11.8% (15.9%)
- Other Christian 4.9% (5.5%)
- Muslim 0.8% (1.4%)
- Other religions 0.7% (1.15); No religion 39.4% (36.7%); Not stated 6.7% (7.0%)

1. Equality Duty 2010

The [public sector equality duty](#) in the Equality Act 2010 came into force in April 2011 – this is often referred to as the general duty. Scottish public authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.

Under the public sector equality duty specific duties we have published within the agreed timescale of 30th April 2013 our:

a) [NHS Forth Valley Equality Delivery Mainstreaming Report 2013 – 17](#)

- Includes information on how we are mainstreaming the equality duty
- award criteria and conditions in relation to public procurement
- Separate Mainstreaming Appendices Report which includes evidence collated and hyperlinks to additional information used to inform our equality outcomes
- Evidence from involvement activities completed
- How we complete ongoing assessment and review of policies and practices

b) [NHS Mainstreaming Report 2013-17 Appendices](#)

c) NHS Forth Valley Equality Outcomes

Further to consultation with communities, assessing our evidence both nationally and locally the following Equality Outcomes were identified and approved by the Board. A summary of progress to date on each of the areas is identified in **Appendix B**.

[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 which 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 3a:** 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 3b:** 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

d) [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 quarterly monitoring data covering all our staff. We publish an annual summary on line of the employment monitoring data we have collated and considered in our workforce equality and diversity reports.

As required by the Public Sector Equality Duty we published our Employee 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](#)

These were all completed within the agreed timescales and published on our web site, shared with partner agencies and highlighted within the community.

2. Leadership Commitment

As a Board we have active leadership in relation to Equality and Diversity with our Nurse Director as Executive Lead for Equality and Diversity & Person Centred Care and a Non-Executive Director taking a lead for Equality and Person Centred Care on behalf of the Board. They have each taken an active role in ensuring that equality remains a priority within the organisation.

Bi Annual Reports are submitted to the Board for approval including updates on actions taken within the organisation regarding equality and diversity, as well as providing information on the national priorities being agreed elsewhere. This has included an update on the Scottish Ministers Equality Duty priorities and the Scotland's National Action Plan for Human Rights (SNAP) update as well as protected characteristic specific information.

Our Chairman, Director of Nursing and Non Exec Director have also offered significant support in ensuring that we listen to and respond to the needs of our diverse communities. They have been actively involved in three areas in particular which are highlighted within this report; that being:

- The development of a resource for NHS Forth Valley staff on the needs of young carers,
- Engagement with young people for Lesbian, Gay Bisexual and Transgender LGBT History Month 2014 and
- The Public Participation Forums held within the 3 Local Authority areas within the Forth Valley area

Over the coming months it is proposed that another Board seminar is held updating the Board on National Equality priorities as well as a focus/update on one of NHS Forth Valley's equality outcomes.

3. Organisational Commitment

Throughout the year we have strongly encouraged our Management Teams and respective staff to understand that Equality and Diversity is never viewed as solely the domain of Equality and Diversity Advisory Team or Human Resources Department, but rather is a personal responsibility in all actions undertaken on behalf of the organisation

To this effect a programme of work is being completed to review each service area to identify what actions are being taken by them to ensure that; we deliver non discriminatory services, identify any gaps/barriers experienced as well as highlight any areas of best practice both in service delivery and staff awareness.

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

Following the pilot, a programme of reviews additional training on 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 identify the sites to be assessed develop internal monitoring processes, so the capacity to deliver on the equality and diversity needs of service users and staff lies with them.

The first Equality Impact Assessment in this programme of work was completed on NHS Forth Valley Prison Health Services. The findings and reporting methodology will inform future actions and priorities. It is then proposed that a programme of assessments within the Operational Units will be completed throughout the next 18 months.

a) Equality Strategy 2014 - 17

This Strategy has been developed to support the implementation of our Equality Duties and subject to approval will be implemented as from July 2014 further to approval from the Fair for All Group.

Strategic Aim

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

It is our intention through this strategy 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.

Our DRAFT Equality & Diversity Strategy priorities for 2013-17 are that we:

1. Continue to demonstrate effective leadership and accountability for Equality and Diversity
2. Embed Equality Impact Assessments
3. Continue to improve Equality Data Collection and Reporting across the services
4. Ensure Equality and Diversity is embedded within Person Centred Care Strategic Planning
5. Strengthen stakeholder engagement and partnership working
6. 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. Ensure that 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 is core to monitoring our services and employment practices in relation to Equality and Diversity

Delivery and accountability for these key areas are evidenced in the Equality and Diversity Strategy Action Plan. More localised detailed plans will support the delivery of Equality and Diversity within NHS Forth Valley within practice areas. These will be the responsibility of service managers to identify areas of need, as well as highlight areas of best practice.

4. Partnership Working

We have a commitment to working in partnership with:

- Other public sector bodies, agencies and organisations
- community, voluntary and private sector
- as well as with our staff and service users, to plan and deliver services

Our aim is to ensure that our services meet the equality needs of the whole community in the most effective way through a range of our work programmes.

During 2013/14 we have been able through our partnership work to look at creative ways of involving communities in consultation, discussion and dialogue, as well as allowing us to actively promote the 3 principles of the General Duty

The following highlights some of the work completed in partnership with other public sector colleagues or with those working in the third sector. These pieces of work have been framed around one of the three general duties.

1) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act.



16 Days of Action event 'Domestic Abuse – No excuse'

The seminar held on the 25th November 2013:

- Allowed professionals from various agencies to discuss and develop our collective approach to Gender Based Violence.
- Enhanced awareness of the seriousness of domestic abuse within the community and its impact on the work base
- Enhanced the work being completed to improve peoples understanding and response to domestic abuse
- Strengthened partnership working and coordinated responses

Over 120 people from various agencies throughout the Forth Valley area both public sector and third sector attended this event. The key note speaker was Sir Stephen House Chief Constable for Police Scotland. Within his presentation Sir Stephen discussed how an evidenced based approach to domestic abuse policing is being progressed throughout Police Scotland.

Sir Stephen identified issues and challenges to all partners and stakeholders, which would stimulate some debate and hopefully lead to a more coordinated approach that will see sustained reductions in domestic abuse criminality once and for all.

A variety of workshops were held which reflected on a range of issues including stalking, access to services and support, raising awareness within communities, working with perpetrators, personal responsibilities and organisations to both service users and employees.

Many highlighted the impacts of discrimination, harassment and victimisation as well as the need to identify and support people at the time of need as well as taking a proactive approach to service delivery.

[The 16 days of Action 2013](#) report is available from this event and highlights activities taken during this period within the Forth Valley area.

2) **Advance equality of opportunity between persons who share a relevant Characteristic and persons who do not**



NHS Forth Valley 'Young Carers Making a Difference Nationally and Locally'

A group of eight young people from the Princes Carers Trust Young Carers (Falkirk) were instrumental in designing and developing an innovative YouTube training film for NHS Forth Valley. It highlights the needs; experience and knowledge that young carers have which can enhance patient care and experience.

They spent much of their own time with NHS staff on the content and filming to ensure that the resource is fit for purpose, delivering their very personal input with a great deal of fun and laughter.

It Identifies:

That young carers are young people who provide care, assistance or support to another family member. They carry out, often regularly, significant caring tasks assuming a level of responsibility, more usually associated with an adult.

It Recognises:

The improvements that can be made by offering practical solutions to NHS staff through better engagement and involvement of young carers– thereby improving experience and outcomes for all.

The young people based the content around the NHS Patient Centred Health Care Programme with the key theme being 'nothing about me without me'. The results of this film speak for itself!!

This initiative received significant support from the NHS Forth Valley Chairman and senior staff. Other Health Boards in Scotland have expressed an interest in this film. The Scottish Health Council has identified this resource as an example of 'Best Practice' to the Scottish Government Health Department.

3) Foster good relations between people who share a protected characteristic and those who do not

LGBT Youth Event: History Month February 2014



The Forth Valley LGBT Development Group, (which is a public and third sector partnership group) worked together to plan an evening to mark LGBT History Month 2014, share the developments of the group, showcase art work from the Falkirk, Clacks and Stirling LGBT youth groups and to engage with service providers and LGBT communities from across Forth Valley.

Over 74 people from a range of ages, cultures, disabilities and genders attended this highly successful event. It was good to note that this event attracted 61% of people who had not previously attended an LGBT History Month event:

- Male 37.5%
- Female 62.5%
- Identified as transgender 15%

A further breakdown of protected characteristics is available within the report. The enclosed highlights a snap shot of responses from attendees when asked **‘What did you learn?’**

- A real mixture - great demonstrations of partnership working
- I learned more about the community work being done to promote equality
- Training opportunities for staff
- Very good to see Domestic Violence organisations moving to include same sex violence.
- That our work makes a difference but that there is always more we can do and that we are going forward in a good way
- Really interesting to hear views of the young people who spoke. We learn so much from young people if we are prepared to listen
- That diversity matters in Forth Valley

Attendees highlighted a Variety of areas of work and action being completed by respective agencies. These are the comments in relation to NHS Forth Valley Specifically.

NHS Forth Valley (NHSFV)

- Put LGBT in their Policy's; which is good.
- Need to continually develop frontline staff.
- Knowing they have the LGBT Charter is really helpful. Great work
- Good service. Be useful for more people to know how accessible they are for LGBT people
- They have done a lot of work for LGBT Equality

NHSFV Central Sexual Health

- Learnt about them tonight. Will definitely go along
- not heard of this - but would be useful
- Have referred young people to them
- Got information from them. They have good LGBT links
- Hazel has been brilliant keeping the development Group going. Keep up the good work
- Knowing they have the Charter makes me know I can come out and get the service I need
- After meeting them tonight and know they are nice I will go and see them

A full report is available on the NHS Forth Valley Equality and Diversity web page [‘Sexual Orientation’](#).

5. Equality Outcomes Progress - Our Commitment to Equality

This section summarises some of the activities conducted within NHS Forth Valley to meet the legal requirements of the Equality Act 2010, and the statutory obligations in relation to the current public sector equality duties. A fuller report of progress to date is available in **Appendix A**

In this we draw your attention to some of those issues over the last year that stand out as most important, either from the positive impact they have on equality and diversity or because they demonstrate the challenges faced by the organisation. We have aligned the updates as identified within our equality outcomes or mainstreaming report as well as an indication of where it sits within our Progress

Report 2014

Improvement in Period ↑
Position Maintained ↔
Deterioration in Period ↓

White	Not Started
Red	Off Trajectory
Amber	Minor Deviation from Trajectory
Green	On Track
Complete	Completed

Our Balanced Score card shows that:

RAG Status	Of the 51 actions completed the following has been achieved
P	13.5%
G ↔	47%
G ↑	10%
A ↔	17.5%
A ↑	6%
A ↓	2%
R ↔	4%

5.1 NHS Forth Valley - Employment

NHS Forth Valley staff profile can be found in **Appendix A**

5.1.1 Staff training (NHS Forth Valley Employment Mainstreaming Report) **Green** ↔

- a) **Corporate Induction** - Staff understanding and confidence in meeting the needs of a diverse community is seen as the most important factor in ensuring access and a good experience of services.

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 outline:

- 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. During 2013-14 - **266** staff completed face to face training

Staff training using e-learning saw a significant increase in take up which will ensure the NHS Forth Valley is a high performing organisation for equality training. During 2013-14 - **1241** staff have completed the e-learning Equality and Diversity module both for induction and refresher training.

b) **E&D Refresher Training**

As part of our equality strategy commitments we are looking at ways in which our staff can maintain or enhance their skills in relation to equality and diversity. This can be through team training, equality strand specific training or through experiential learning.

However it should also be recognised that equality and diversity should not be viewed as a stand alone subject but one which is integral to any aspects of patients care or support for NHS Staff. Thereby trainers are encouraged to incorporate where relevant Equality and Diversity into existing training programmes.

Equality needs of staff attending training events are also paramount in ensuring that staff have equity of access to training provided. Processes are put in place to support staff that identify as having additional needs to ensure that their learning experience is productive.

c) Equality/ Reasonable Adjustment Session for Dietetic Practice Educators

An example of team specific training in relation to Equality and diversity was the in-house training delivered to Dietetic staff

The Dietetic Practice Placement Steering Group have responsibility for providing dietetic Practice Educators with appropriate training to enable them to deliver quality Practice Placements to students. A Training Needs Assessment undertaken with dietetic staff involved in student training had identified a lack of confidence with issues around equality & diversity, making reasonable adjustments for students etc.

On 3rd December 2013, thirty two, dietetic staff attended a session which aimed to define equality and diversity, describe the legal aspects of equality, disability and fitness to practice, explain the role of the practice educator regarding equality and reasonable adjustments relating to students on practice placement & identify support available for both students and practice educators regarding equality and reasonable adjustments.

Contributors to the session included a Dietetic Tutor from Queen Margaret University, the Forth Valley AHP PEL, The Dietetic Practice Education Lead for Forth Valley & the NHS Forth Valley Equality and Diversity Manager.

Evaluations received were extremely positive with comments including “I will feel more confident when dealing with students with a disability/additional needs” and “a very thought provoking session”.

5.1.2 NHS Forth Valley’s Dignity and Respect Policy

This policy was approved on 2nd May 2014. This was after extensive development, consultation and review. Partnership feedback from Royal College of Nursing is that this is an impressive piece of work. These action links with the launch of NHSFV’s Values across the organisation

The focus is now on implementation, which will include:

- Awareness raising through staff brief and other messages
- Development of a manager’s toolkit
- Refreshed staff training

5.1.3 NHS Forth Valley Equality, Diversity and Human Rights Policy 2014

This new policy is based on the national PIN Policy and is currently in draft form and is going through NHS Forth Valley's policy development processes led by the Area Policy Steering Group. Once consultation is concluded the final policy will be approved

The policy sets out NHS Forth Valley's commitment to the principles, of equality, diversity and human rights in employment and sets out the approach to be followed in order to ensure that such principles are consistently met.

Implementation of this policy will ensure compliance with current legislation and national policy, and recognises both the moral and business case for maintaining good employment practice in relation to equality, diversity and human rights.

This policy has been developed in partnership with local trade union/professional organisation representatives. It reflects the best practice, and meets the minimum standards, set out within the Embracing Equality, Diversity and Human Rights in NHSScotland Partnership Information Network (PIN) Policy.

The policy applies to all those who work within or apply to work within NHS Forth Valley regardless of employment status. It therefore includes permanent and fixed-term employees, members of staff on bank contracts, those working within NHS Forth Valley on behalf of other agencies, those on secondment to NHS Forth Valley, volunteers, and those on work experience or training placements.

Two Ticks

We are proud to have retained the 'two ticks' recruitment symbol; awarded by Job Centre Plus and demonstrates our commitment to supporting Disabled workers back into work and to stay in employment with us.

5.2 Men's Health Programme (Equality Outcome 1.2): **Green**



The Men's Health Programme is now an integral part of NHS Forth Valley Keep Well. This health assessment has been developed to recognise gender influences in health. Promoting Keep Well along gender lines and by keeping a strong "for men" identity has resulted in men making up 50% of Keep well assessments (1560 men)

Men continue to present with more health needs. With men much more likely to be identified as high risk of developing cardiovascular risk. The men's health weight management programme continues to provide successful outcomes for men who attend. Following published research the programme has influenced both national and international programmes aimed at addressing men's weight problems

5.3 Enhancing access to services (Equality Outcome 1.5) **Purple**

During our involvement process it was noted that some people experienced difficulties understanding what services they could use and who could deliver what. On occasions people were waiting on GP appointments when a consultation with the pharmacist would suffice.

Therefore an information sheet was developed and launched on the 30th April 2014 in a range of alternative formats for download by staff & public from the NHS Forth Valley web site on request including copied translated top 6 community languages informing communities how to access Pharmacies, GP's, Minor Injuries and Emergency Department

This sheet also identifies the change to the contact details for NHS24 which has now changed to **Tel No: 111**. Colleagues in the Local Authority and third sector organisations have agreed to host and supply this information on request or as a support mechanism to new people into the community. It will be available for NHS staff and the public on our [Equality and Diversity Web page](#)

All people attending English as a Second and Other Language (ESOL) classes will have these information sheets made available to them. A supply will also be given out to NHS Forth Valley Lay Advisors and to Police Scotland Lay Advisors to cascade within their communities. This ensures that all people are aware of the appropriate NHS Service to meet their needs. This information sheet will be evaluated in March 2015. English Version available in **Appendix B (still to be added)**

5.4 Community Engagement (Equality Outcome 2.3.a) **Green** ↔

a) NHS Forth Valley Lay Advisors

Significant work has been completed through our existing public involvement work streams however we do require to broaden this out to ensure that the needs of all community groups can be captured.

We are in discussions with Police Scotland (Forth Division) to identify the possible merger of our equality lay advisors. In taking this approach we are mindful of the main recommendations of the Christie Commission Report which propose maximising our impact on communities by making best use of available resources across the public, private and third sector organisations.

This merger would ensure that some targeted work could be completed i.e. Hate Crime, Community Experience of Services, gaps in provision as well as prevent engagement/consultation fatigue. However, it is proposed that some specific NHS Forth Valley actions will be ongoing including the monitoring of our Equality Outcomes and the active involvement of members re advice and support in specific equality issues.

b) Public Partnership Forums (equality Outcomes 2.3a) **Green** ↔

Public Partnership Forums (PPF) continues to meet in each Community Health Partnership (CHP) which provides a focus for public involvement and gaining service user feedback. They bring together those with an interest in health services so that they can share information and experience, and speak with a stronger voice on issues of mutual interest. Additionally they are one of the vehicles through which CHPs can tap into local patient groups and the views of the wider community.

The PPF groups meet regularly to discuss local health issues. Meetings include presentations and talks from local health staff. Some forum members also organise and are involved in local health events for the public.

The local community forums also cover a range of other community issues and work alongside Clackmannanshire, Falkirk and Stirling Local Authorities to consider local issues.

Despite wide spread publicity and contact with a range of community groups it has been identified that some people from various diverse communities have not attended some of these open meetings. Discussions are ongoing to identify how we can enhance our current range of involvement activities.

5.5 Interpretation & Translation Service Provision (Equality Outcome 2.4a) Green ↔

Consistent arrangement for access to service across NHS Forth Valley gives people whose first language is not English or who require communication support e.g. British Sign Language opportunities to have their health needs met which could not have previously been guaranteed by the complexity of previous arrangements. This service is now provided via the 'interpreter and translation hub' managed by the Disability Services. All services were notified in September 2013 of this change through the distribution of a new 'flow chart'.

a) Evaluating current provision to inform future direction

A range of methods in which to collect patient opinions on current usage and on how we can enhance interpreter services has been adopted over the past few months. The enclosed is a summary of findings.

There were 50 responses to an audit completed within communities of people already accessing NHSFV Interpreter services. This was done using a simple feedback card available in the top 7 languages. Findings were that:

- People were not provided with an interpreter at all clinics attended
- Interpreters were late or not turning up for appointments
- Dialect/skill base of interpreters was sometimes questionable
- Afraid to say that they are not happy with provision, staff or service they were attending.

Workshops

Two workshops were held on the 28th of August. The workshop held as both a morning and evening session in order to be accessible to as many people as possible. Interpreters and members of the wider community and 3 staff members from both NHS Forth Valley and Forth Valley Language Services attended and facilitated the workshops.

The discussions were very productive and informative and centred around:

- Why do people miss medical appointments and not inform the service providers?
- What did people feel could be done to prevent appointments being missed
- Other issues to take forward and explore
- What did people think about the event and did they want more.

The findings were collated and used to inform future actions. DNA's Do Not Attends in relation to interpreter service usage is currently being monitored and a comparator between 2013/14 and 2014/15 will be given in the April 2015 Annual Report.

b) Interpreter usage 2013-14

NHS Forth Valley Interpretation and Translation – British Sign Language etc

Total Spend 01st January 2013 – 31st December 2013, £53,333.97 (does not include mileage, freelance requests, database storage) Total Appointments - **1022**

NHS Forth Valley Interpretation and Translation – Community Language
(pre June '13 services held own budgets)

Total Spend for 1st June 2013 – 31st December 2013, £150,004.01 (does include mileage, but not Language Line, translation, database storage). Individual services held their own stats and financial records before June 2013. Total Appointments - **2164** and Translations - **26**. Top 6 Languages are Polish (1124), Punjabi (173), Hungarian (172), Russian (93), Lithuanian (82) and Cantonese (64)

Language Line Calls & Polish Telephone Reminders

From 1st January 2013 – 31st December 2013 - 196 calls Total Cost £1437.50
As Polish patients are our greatest uptake of interpreter services the Disability Service has contracted an interpreter to contact patients from the department rather than use Language line. This has proved to be more efficient and cost effective.

c) Future Actions 2014/15

The Disability Service is currently updating the demographics in relation to communication (barrier) requirements. i.e. Language Interpreter, Deafblind, Lipspeaker etc.

Once completed (Oct 2014) this information will be forwarded to medical records and we have agreement this information will be updated into Topas (IT system). NHS Forth Valley currently has 90 users accessing BSL, Deafblind, Lipspeaking Services and 398 users accessing Community Language Interpreters

5.6 Ensuring Gypsy Travellers are equally informed about NHS FV services
(Equality Outcome 2.5a): **Green** ↔

Traveller's sites are available in the 3 local authorities, Stirling, Clackmannan and Falkirk. The sites all have managers who are responsible for travellers

All travellers are given an information pack, which contains details for GP and Dentist registrations with FV Health Board area.

Stirling council have a steering group which is made up of multi-agency professionals from Health, Housing, Education and Social Services, this groups meets quarterly and covers issues of equality and diversity covering the travelling community.

Health is very well represented and there are great links to partnership working between NHS and site managers. NHS staff from Keep Well and Mental Health Services in partnership with Salvation Army has just launched an engagement programme on sites in Clackmannan and Stirling on a 2 weekly basis.

This is a pilot programme and will be evaluated in June in terms of engagement and cost effectiveness.

There is also a programme of health promotion offered to the travelling people from the 3 sites in conjunction with other services and needs of travelling community.

5.7 Equality Data Collection and Analysis (Equality Outcome 2.b) Amber

Considerable work has been completed over the past few years to enhance the recording of ethnicity. This challenging work is ongoing.

We also recognise that more actions have to be completed in relation to enhancing services users' knowledge on the reasons for asking these questions and the benefits to patients care.

[Information Services Division](#) SMR Results published on 24th February 2014 based on September 2013 figures

This release describes progress towards improving the completeness of ethnic group recording in acute hospital discharge records (SMR01) and new outpatient appointment records (SMR00). The information below relate to the quarter July – September 2013

SMR 01.

Percentage of hospital discharge episode records (SMR01) with a valid ethnic group by Health Board of Treatment; July - September 2013 (published February 2014)

	ISD Results Feb '14 - NHS Scotland Boards)	ISD Results Feb '14 NHS FV	NHS Forth Valley Analysis Dec '13
Field not completed	N/A		29.36%
Not Known	N/A		1.05%
Refused/not provided	2.6%	3.2%	3.77%
Valid Ethic Group).	75.5%	66.4%	65.82%

SMR 00

Percentage of new outpatient appointment records (SMR00) with a valid ethnic group by Health Board of Treatment; July - September 2013 (published February 2014)

	ISD Results Feb '14 NHS Scotland Boards	ISD Results Feb '14 NHS FV	NHS Forth Valley Analysis Dec '13
Field not completed	N/A	N/A	-
Not Known			40.68%
Refused/not provided	4.7%	1.4%	1.56%
Valid Ethic Group	62.3%	58.4%	57.76%

As identified above there is no significant improvement in data collection from the July-Sept 2013 (ISD results published in February 2014), compared to our own figures received from our information analysts based on December 2013 statistics.

Discussions are progressing in relation to the information collected by staff on initial contact with patients as well as the transfer of information through existing IT systems.

Actions will be taken during 2014 -17 to undertake this including work with other protected characteristic's groups including Sexual Orientation. Stonewall Scotland have offered there support in ensuring that actions taken meet the needs of the LGBT Community as well as services themselves.

5.8 Equality Impact Assessment's (EQIA) (Equality Outcome 2.3b) **Green** ↔

A revised EQIA tool is now in place for staff accessed through our intranet site together with a new on line screening tool/data base. A Human Rights based approach is taken in completing our EQIA's, although not as yet a specific field within the tool.

Reports are available on-line of all EQIA's completed. Copies of specific EQIA's are available on request.

Discussions are ongoing about the proposed future use of Lothian's integrated model of completing EQIA's, which supports the implementation of the integrated health care and respective assessments. This has to be further discussed with local partners once Lothian tool is finalised later this year.

5.9 Person Centered Health Care (Equality Outcome 2.1a & 2.2a) **Green** ↑

We have been measuring patient experience since 2003, as we move to the Person Centred agenda the focus on feedback, data collection and qualitative information continue to gain momentum. In the past some of our patient experience within the acute hospital has been supported by real time data collection- Leading Better Care. We are currently engaging our Community Hospitals using this process.

a) **Data Collection:**

In November 2013 we implemented **five** new measures which align to the National Person Centred Health and Care Programme, and relate to the following:

- What matters to you?
- Who matters to you?
- What information do you need?
- Personalised contact
- Nothing about me without me

We will be incorporating these measures as we implement and spread person centred approaches to care across the board. These are collected and collated on a weekly basis.

Learning from information as it populates our balanced score card allows individual areas to look at themes where performance is good and where there maybe areas for improvement.

Within this framework wards, units, departments and the board can measure improvement in relation to the five must do elements.

We currently have data for nine test sites in Forth Valley Royal Hospital, which will report to Person Centred Steering Group, this is currently being established.

This data collection method will be spread to five other Acute Inpatient areas and to Community Hospitals. Equality and Diversity is integral to all the work being completed and is a core element of person centered care.

- b) Testing:** We have a number of test sites who are looking at implementing specific improvements that are relevant to their areas:
- Frailty Clinic– testing “getting to know me”.
 - ITU/HDU – testing “daily goal setting”.
 - Theatres – improving patient information.
 - Integrated ward – Improving patient information and “getting to know me”.
 - A12 (medical / haematology ward) pilot site for McMillan Values Based Practice.
 - Anticipatory Care Team (community) is a pilot for “my good life.
 - Stroke ward – testing “stroke folder”
 - Young carers - passport and DVD – “what matters to me”
 - Three areas are test sites for Care Experience Toolkit - District Nursing services in Falkirk CHP, Maternity Services at Forth Valley Royal along with our Advanced Nurse Practitioner team.

Forth Valley launched its Person Centred Programme in November 2013, where over one hundred and thirty staff from across all disciplines including representation from the public was introduced to the concepts of the national programme and some supporting strands of work. These included care experience, staff experience, and older people in acute care and working in collaboration. Staff are asked to make two commitments to make a change in their practice or areas that would make care delivery more person centre.

There was an overwhelming willingness at this event to commit to flexible visiting. In response we have been testing flexible visiting in three of our inpatient areas and in one community hospital ward. Data from this has overwhelmingly positive. As of 31st of March NHS Forth Valley commenced open visiting.

5.10 NHS Forth Valley Gender Based Violence –GBV (Equality Outcome 3.b)

Within NHS Forth Valley area during 2013 there were 3500 incidents of domestic abuse recorded by Police Scotland Forth Division. Many of these people will be accessing our NHS services. Over the past year we have been making steady progress to not only raise awareness of this issue, but also offer direct support to this client group.

We recognise however that these actions are in their early stages and we still have significant work to do as a service provider, employer and in partnership with other public and third sector agencies. The following gives an example of actions ongoing or completed to date.

a) NHS Forth Valley Multi Agency Risk Assessment Conferences (MARAC) Red

Police Scotland Forth Division initiated the Forth Valley MARAC's (Multi Agency Risk Assessment Conference) in August 2013. MARAC's are recognised nationally as best practice for addressing cases of domestic abuse that are categorised as high risk. During Jan – Dec '13 there were 3500 domestic abuse cases reported to Police Scotland Forth Division.

At present NHS Forth Valley are unable to support this work or discuss high risk cases at MARAC meetings; Discussions being held with Dr Graham Foster Executive Lead for GBV about our current position.

b) Emergency Department Gender Based Violence 'Festive Season' Initiative

Falkirk Women's Aid staff were available during the festive season at the Emergency Department at Forth Valley Royal Hospital Larbert from 7pm – 2am. Three cases were identified by Emergency Department staff during this time period; however during the same time frame 150 approx cases were reported to Police Scotland Forth Division.

A report is being developed by Women's Aid regarding findings from this initiative and recommendations for future actions including further staff GBV Training and recording of GBV

c) Recording of Gender Based Violence - Mental Health Services

Adult Mental Health has been aware for some time of the importance of screening for GBV and having the appropriately trained staff to carry out enquiries. GBV training to commence in summer 2014 to support staff in meeting the needs of service users and the recording of GBV in service users notes as well as use of risk assessment tool.

To assist in this process and to raise awareness we have incorporated GBV screening within our Integrated Care Pathway holistic assessment for Adult Mental Health, Older Adults Mental Health, Community Alcohol and Drug Service we have also expanded this to our third sector partners Signpost, Addiction Recovery Service, Addiction Support and Counselling as part of integrated working with the Alcohol and Drug Partnership.

From this we will be able to use the FACE Profiler IT software that hosts the assessment tool to run reports on the screening process and if full enquires were required to be completed.

c) Gender Based Violence Training for Trainers

Training is being delivered to our staff and third sector partners to have staff trained within various areas within Forth Valley to deliver the National Gender Based Violence Training programme. This training will commence in June 2014.

d) Gender Based Violence Staff Policy (Equality Outcome 3c) Purple

Staff Policy Based of National Partner Information Network (PiN) Guidance is now in place. Support to staff experiencing Gender Based Violence is given on a 1:1 basis from a range of sources.

5.11 Keep Well Programme (Equality Outcome 3d) **Green**



Delivery of a Keep Well programme of activity; the main output being the delivery of person-centred, holistic, health assessments of at least 45 minutes in duration, with follow up aimed at bringing about change which will reduce risk and improve people's lives in general.

This is targeted at people experiencing deprivation, and/ or being defined as within a vulnerable group (experiencing homelessness, having substance use issues, being within a minority ethnic group, being in contact with the criminal justice system, being a carer etc.). In addition Keep well is and will continue to be delivered with consideration of gender sensitive health improvement to meet the differential needs of men and women and employability needs. The service also has a focus on employability

Annual Report has been completed and is available. Summary indicates that:

- The Keep Well Forth Valley programme currently delivers about 3000 health assessments per year. (Equivalent to 2.3% of the population aged 40-65)
- 85% of those undergoing a health assessment are experiencing deprivation
- The health assessment is greatly appreciated by the clients. It invariably identifies opportunity for improvement, and often leads to health gains in a variety of ways. This can be described as 'co-production through a human therapeutic encounter'
- Key themes emerging from this report are - ethos and approach, complexity (recognising and accommodating it), empathy and compassion, innovation and application of a new, unique approach, the importance of giving time; and underpinning it all an approach based on values and principles

Summary of Outcomes achieved to date:

- Keep well has been successful in identifying people at high risk of developing cardiovascular disease (1 in 10 people having an ASSIGN score of 20 or above)
- Significant health gains are reported by those who attend, including earlier detection of disease, e.g. our data show that on 3 month follow up of 660 people 123 people with high blood pressure were identified, 43 with Chronic Heart Disease and 18 with diabetes (plus smaller numbers of other conditions including: Chronic Obstructive Pulmonary Disease, depression, breast lumps including cancer, lupus, fibromyalgia, thyroid disease, diverticulitis, chronic pain, gastro-intestinal conditions, Irritable Bowel Syndrome ,hernia etc.)
- Health behaviour changes were also identified in the 660 people followed up at a 3 month review. This included 24 who had quit smoking, 28 who had reduced their alcohol intake, 26 reported an increase in their mental wellbeing, 121 had lost weight and 2 that had been helped to gain employment
- Health is jointly managed (clients/patients are supported by services that are better integrated and co-ordinated). Therefore, joint ownership of the health inequalities agenda can be demonstrated
- Sustained behaviour change is being evidenced
- Increased participation in employability activity

5.12 NHS Forth Valley Equality Audit (Internal Audit)

The NHS Forth Valley internal audit was completed in November 2013 and submitted for approval March 2014. It 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 as identified on the document. This was rectified in December 2013 when the new census figures were added to the document and a revised version of the tool was further updated in April 2014.

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 paper meetings with partner agencies had not been completed to further discuss this propos

5.13 NHS Forth Valley Spiritual Care

In writing to Scottish healthcare chaplains in June 2013 the Programme Director for Spiritual Care in Scotland declared, 'The greatest opportunity the Scottish Chaplaincy community has ever had to significantly transform health and social care culture, support staff and enhance patient care is currently happening.'

Informed by the Scottish Government's 2020 Vision, the Christie Report, linking health and social care and the Quality Strategy which prioritises person-centred care, Scottish Chaplains have had to decide how best to use their individual and collective knowledge and skills in a rapidly changing environment.

The Spiritual Care team in Forth Valley identified within their 2014 Annual Report that it is privileged to work in such exciting times and in such a supportive and progressive environment as is provided by NHS Forth Valley Health Board.

The following identifies a brief summary of the work developed by the team

a) **Values Based Reflective Practice (VBRP)**

VBRP was first developed within the Scottish healthcare chaplaincy community as a means of helping individuals (re)connect with their core values and reflect on their attitudes and behaviours, thus enabling enhanced practice, a deeper relationship with colleagues and increased resilience and wellbeing at work.

The spiritual care service in Forth Valley was pleased to promote its Health Board region as one of three initial pilot sites for VBRP and now sports seven trained facilitators. Along with the education lead from Strathcarron Hospice, the four full time chaplains in Forth Valley and two members of staff out with chaplaincy have successfully undertaken this course and are fully qualified to facilitate VBRP for groups of staff.

Such groups are currently running in community mental health, rehabilitation, occupational health, intensive care and oncology.

In order to introduce reflective practice to staff from all disciplines, a study day was held in May 2013 at Carronvale. The day was extremely well evaluated and interest in the VBRP model began to grow. It was later agreed that VBRP should be on offer to staff as part of Forth Valley's Staff Matters policy. During the coming months it is hoped that more groups will start up as the drive to enhance staff resilience and wellbeing progresses. Meanwhile, VBRP will form part of a major programme for staff support to be piloted in two areas of acute and community care during 2014

b) Community Chaplaincy Listening Service Scotland (CCL)

CCL Scotland is now running successfully in over 30 sites across the country. Its purpose is to reduce the number of patient visits to GP surgeries by offering time to listen to individual stories, thus enabling each person to cope more effectively with their problems, many of which cannot be resolved by medication. Chaplains, using their skills in active listening, are ideally placed to help patients in this way.

Having been part of a successful pilot in 2012, Forth Valley chaplains currently provide a listening service for half a day a week in each of three local GP surgeries based in Camelon, Bo'ness and Stenhousemuir. It is hoped to include a fourth surgery in the coming months.

c) Special Services

- As has become the custom, a service of remembrance for those bereaved by suicide was held in September 2013. This was the fourth of its kind to be held in the Quiet Room at Forth Valley Royal Hospital and, as before, was much appreciated by all who attended.
- In December, the spiritual care team was again asked by SANDS to provide a reader for the national Lights of Love service held in St Mary's Church, Stirling for those whose babies have died. Our newest chaplain, Philip, represented us at this event.
- At Christmas it was decided to provide carol singing for some of the community hospitals. To this end, the team engaged in singing at Falkirk, Stirling, Clackmannan and Bellsdyke Hospitals and the William Simpson Home. All efforts were much appreciated by patients and staff.

c) Bereavement Support Service

The bereavement support service, which became the remit of the team last year, continues to grow slowly as local GPs and hospital staff refers relatives and carers for help.

The team is grateful for the help of the bereavement support service administrator who ensures appropriate publicity for the service. Recently, the Lead chaplain was pleased to provide input to plans made by the staff of the Intensive Care Unit for appropriate signposting for relatives and carers requiring support, particularly for young people.

A more detailed report is available from the [Spiritual Care Team](#) based at Forth Valley Royal Hospital

Appendix A

Workforce Diversity Monitoring Report December 2013

Workforce Diversity Monitoring Report Quarter 3 2013/2014

1. Introduction

This is the NHS Forth Valley Workforce Diversity Monitoring Report for the period of **October – December 2013**

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 following information enables NHS Forth Valley to comply with their legal duties under:

- Section 149 of the Equality Act 2010 (the public sector equality duty), and
- The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

The general duty requires that organisations (subject to the duty) must in the exercise of their functions have due regard to the need to:

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

The specific duties require NHS Forth Valley to take steps to gather information on the composition of our employees and information on the recruitment, development and retention of people as employees with respect to, in each year, the number and relevant protected characteristics of such people.

This following information covers data on NHS Forth Valley's employees.

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).

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; new descriptors were introduced during Q1 of 2012/13 to match the 2011 national census categories. It was not possible to match some of the previous categories to the new descriptors on the basis of available information. They are now defined in Scotland as:

White

- White Scottish
- White - Other British
- White Irish
- White - Other
- White - Gypsy Travellers
- White - Polish

Asian

- Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Asian - Chinese, Chinese Scottish or Chinese British
- Asian - Indian, Indian Scottish or Indian British
- Asian – Other

African

- African - African, African Scottish or African British
- African – Other

Caribbean

- Caribbean or Black - Black, Black Scottish or Black British
- Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British
- Caribbean or Black - Other

Other

- Mixed or Multiple Ethnic Group
- Other Ethnic Group - Arab, Arab Scottish or Arab British
- Other Ethnic Group - Other

4. Staff in Post (31st December 2013)

4.1 Table 1 and Chart 1 below detail the number of staff in post at 31st December 2013 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 and will shortly be transferred into its replacement eESS (electronic Employee Support System) and thereafter collected primarily via direct entry by applicants for posts at the time of recruitment.

At 31st December, we have information on 90.23% of our employees, a slight decrease compared with 93.28% in December 2012 as equality information has not been populated directly into the SWISS system since March 2012 but instead into eESS which has not yet got an active link to SWISS to update the information. 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 11 fields identified with (*) highlight the following:

*NHSFV's White Scottish workforce is 15.12% lower than that of the local population

*NHSFV's White - Polish workforce is 0.72% lower than that of the local population

*NHSFV's White – Other British workforce is 0.54% lower than that of the local population

*NHSFV's White - Other workforce is 0.10% lower than that of the local population

*NHSFV's White – Gypsy Traveller workforce is 0.09% lower than that of the local population

*NHSFV's Asian - Pakistani, Pakistani Scottish or Pakistani British is 0.42% lower than that of the local population *NHSFV's *Asian - Chinese, Chinese Scottish or Chinese British workforce is 0.31% lower than that of the local population

*NHSFV's Asian – Other workforce is 0.02% lower than that of the local population

*NHSFV's Caribbean or Black – Black, Black Scottish or Black British workforce is 0.02% lower than that of the local population

*NHSFV's Caribbean or Black – Caribbean, Caribbean Scottish or Caribbean British workforce is 0.03% lower than that of the local population

*NHSFV's Other Ethnic Group – Arab, Arab Scottish or Arab British workforce is 0.05% 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 newly published and reflects the 2011 census results whilst SWISS data (which is published annually) is 9 months old and the NHSFV in-post data is contemporary at December 2013. 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	Dec-12	Dec-13	Diff	NHSFV 2011 census data	Diff	SWISS March 2013 data	Diff
African - African, African Scottish or African British	0.17%	0.20%	0.03%	0.16%	0.04%	0.40%	-0.20%
African - Other			0.00%	0.00%	0.00%	0.00%	0.00%
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	0.07%	0.07%	0.00%	0.01%	0.05%	0.00%	0.07%
Asian - Chinese, Chinese Scottish or Chinese British*	0.13%	0.13%	0.00%	0.44%	-0.31%	0.20%	-0.07%
Asian - Indian, Indian Scottish or Indian British	0.49%	0.59%	0.10%	0.28%	0.30%	0.80%	-0.21%
Asian – Other*	0.17%	0.22%	0.05%	0.24%	-0.02%	0.40%	-0.18%
Asian - Pakistani, Pakistani Scottish or Pakistani British*	0.20%	0.17%	-0.03%	0.59%	-0.42%	0.30%	-0.13%
Caribbean or Black - Black, Black Scottish or Black British*	0.02%		-0.02%	0.02%	-0.02%		0.00%
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British*		0.02%	0.02%	0.05%	-0.03%	0.00%	0.02%
Caribbean or Black - Other	0.03%	0.02%	-0.02%	0.01%	0.01%	0.00%	6.78%
Declined	7.48%	6.78%	-0.70%	0.00%	6.78%	18.10%	-17.83%
Mixed or Multiple Ethnic Group	0.32%	0.27%	-0.05%	0.26%	0.00%	0.30%	-0.03%
Other Ethnic Group - Arab, Arab Scottish or Arab British*		0.02%	0.02%	0.07%	-0.05%		0.02%
Other Ethnic Group - Other	0.15%	0.15%	0.00%	0.08%	0.07%	0.20%	-0.05%
Questionnaire	0.03%	0.03%	0.00%	0.00%	0.03%		0.03%
Unknown	6.69%	9.74%	3.05%	0.00%	9.74%	17.30%	-7.56%
White - Gypsy Traveller*			0.00%	0.09%	-0.09%		0.00%
White - Irish	0.99%	1.09%	0.10%	0.68%	0.41%	0.90%	0.19%
White – Other*	1.42%	1.32%	-0.10%	1.42%	-0.10%	3.10%	-1.78%
White - Other British*	6.44%	6.37%	-0.07%	6.92%	-0.54%	8.60%	-2.23%
White – Polish*			0.00%	0.72%	-0.72%		0.00%
White – Scottish*	75.21%	72.83%	-2.38%	87.95%	-15.12%	49.30%	23.53%
% Known:	93.28%	90.23%	-3.05%				

Table 1

4.3 Table 1 shows the comparative demographic of the staff employed in NHS Scotland as a whole as at 31st March 2013 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.

From this table it appears that:

- NHS Forth Valley's African - African, African Scottish or African British workforce is 0.20% lower than the NHS Scotland overall workforce
- NHS Forth Asian – Chinese, Chinese Scottish or Chinese British workforce is 0.07% lower than the NHS Scotland overall workforce
- NHS Forth Asian – Indian, Indian Scottish or Indian British workforce is 0.21% lower than the NHS Scotland overall workforce
- NHS Forth Valley's Asian - Other workforce is 0.18% lower than the NHS Scotland overall workforce
- NHS Forth Valley's Asian - Pakistani, Pakistani Scottish or Pakistani British workforce is 0.13% lower than the NHS Scotland overall workforce
- NHS Forth Valley's Declined - workforce is 17.83% lower than the NHS Scotland overall workforce
- NHS Forth Valley's Mixed or Multiple Ethnic Group workforce is 0.03% lower than the NHS Scotland overall workforce
- NHS Forth Valley's Other Ethnic Group - Other workforce is 0.05% lower than the NHS Scotland overall workforce
- NHS Forth Valley's Unknown workforce is 7.56% lower than the NHS Scotland overall workforce
- NHS Forth Valley's White-Other workforce is 1.78% lower than the NHS Scotland overall workforce
- NHS Forth Valley's White – Other British workforce is 2.23% lower than the NHS Scotland overall workforce

The absence of current updates of equality information in SWISS pending the activation of the electronic link to eESS 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.

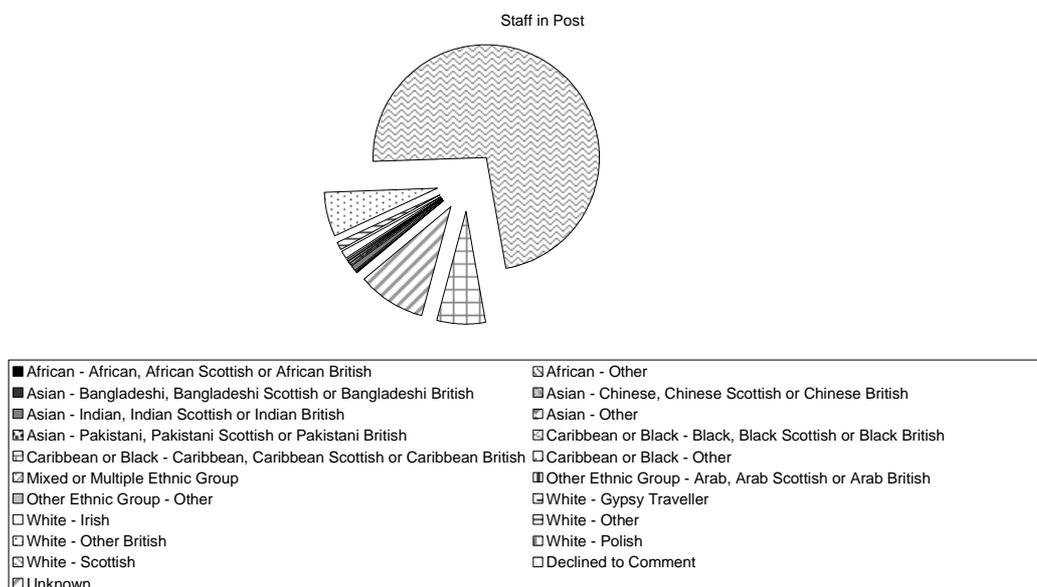


Chart 1

4.4 Table 2 shows gender of staff in post compared to December 2012. There is a decrease of 0.11% in the female workforce in this period of time. However, this may be a relative change in proportion following the operation of the Voluntary Severance Scheme resulting in a decrease in in-post numbers during this time period.

Gender	Dec-12	Dec-13	Diff
Female	84.71%	84.61%	-0.10%
Male	15.29%	15.39%	0.10%
% known:	100.00%	100.00%	

Table 2

4.5 With tables 3 -6 in this section, this data was not captured in Scotland's Census 2011; 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 databases SWISS and its replacement eESS (electronic Employee Support System) and thereafter collected primarily via direct entry by applicants for posts at the time of recruitment

Table 3 shows transgender of staff in post compared to December 2012.

Transgender	Dec-12	Dec-13	Diff
Declined to Comment	5.07%	8.16%	3.10%
Yes	0.05%	0.03%	-0.02%
No/Unknown	94.91%	91.82%	-3.09%
% known:	5.09%	8.18%	3.09%

Table 3

4.6 Table 4 shows the sexual orientation of staff in post compared to December 2012. During this period of time, the number of staff who declined to give their sexual orientation has decreased by 0.55%, and the number of unknown has increased by 1.30%. This may be a reflection of the request to complete the questionnaires on appointment. The remaining numbers show little change only.

Sexual Orientation	Dec-12	Dec-13	Diff
Bisexual	0.35%	0.33%	-0.02%
Declined	9.38%	8.83%	-0.55%
Gay	0.32%	0.30%	-0.02%
Heterosexual	47.29%	46.58%	-0.71%
Lesbian	0.10%	0.10%	0.00%
Other	0.22%	0.22%	0.00%
Unknown	42.34%	43.63%	1.30%
% known:	57.66%	56.37%	-1.30%

Table 4

4.7 Table 5 shows the disability of staff in post compared to December 2012. The number of staff known to have a disability is unchanged from the previous year, however overall there is a decrease of 2.69% in the unknown. This may be a reflection of the request to complete the questionnaires on appointment.

Disabled	Dec-12	Dec-13	Diff
Declined to Comment	4.85%	7.55%	2.69%
Yes	0.42%	0.42%	0.00%
No/Unknown	94.73%	92.04%	-2.69%
% known:	5.27%	7.96%	2.69%

Table 5

4.8 Table 6 shows the age profile of staff in post compared to December 2012. There has been a decrease in the staff in post aged between 16 – 19 and 30 – 54 and an increase in the staff in post aged 20 - 29 and 55+.

Age Band	Dec-12	Dec-13	Difference
16-19	0.17%	0.12%	-0.05%
20-24	2.78%	3.27%	0.49%
25-29	6.89%	7.01%	0.12%
30-34	9.48%	9.01%	-0.47%
35-39	10.99%	10.38%	-0.61%
40-44	14.73%	14.49%	-0.24%
45-49	19.59%	19.09%	-0.51%
50-54	18.34%	18.20%	-0.14%
55-59	11.16%	12.11%	0.95%
60-64	4.68%	5.08%	0.40%
65+	1.19%	1.24%	0.05%
Grand Total	100.00%	100.00%	0.00%

Table 6

4.9 Table 7 shows the religion of staff in post compared to December 2012 and the Forth Valley Health Board 2011 Census results. There is a decrease of 0.65% in those who “Declined” to give their religion, and an increase of overall unknown of 1.18% between the two reporting periods in the local data. This also may be a reflection of the request to complete the questionnaires on appointment. Meaningful comparison with the census data is impossible because of the high percentage of “unknown” religious beliefs in the local data.

Religion	Dec-12	Dec-13	Diff	2011 Census	Diff
Buddhist	0.45%	0.40%	-0.05%	0.18%	0.22%
Christian - other	4.62%	4.30%	-0.32%	4.87%	-0.57%
Church of Scotland	17.75%	17.17%	-0.58%	35.70%	-18.53%
Declined	8.73%	8.08%	-0.65%	6.73%	1.35%
Hindu	0.38%	0.42%	0.03%	0.13%	0.29%
Jewish	0.07%	0.05%	-0.02%	0.04%	0.01%
Muslim	0.54%	0.52%	-0.02%	0.78%	-0.26%
No religion	14.37%	14.76%	0.39%	39.41%	-24.65%
Other	1.17%	1.10%	-0.07%	0.27%	0.83%
Roman Catholic	6.71%	6.79%	0.08%	11.80%	-5.01%
Sikh	0.12%	0.13%	0.02%	0.08%	0.05%
Unknown	45.10%	46.28%	1.18%		46.28%
% known:	54.90%	53.72%	-1.18%	100.00%	-46.28%

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 171 posts advertised during this period, and 16 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, shortlisting and offer of employment stages of the recruitment process between 1st October–31st December 2013

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 shortlisting or offer of employment stages of the process at the time of reporting.

5.3 Approximately 44.21% of those who applied for posts were shortlisted for interview and approximately 10.52% of those who applied for posts were offered employment during the reporting period. The largest numbers of those who applied, were shortlisted or offered employment were of White Scottish background, which is to be expected given the demographics of Forth Valley.

NOTE: 2.07% of applicants declined to disclose their ethnicity. NB: this is higher than the September 2013 position of 1.66%.

Ethnic Desc	Applied	Shortlisted	Offered
African	0.83%	0.53%	0.56%
Any Mixed Background	0.35%	0.40%	0.56%
Bangladeshi	0.06%	0.00%	0.00%
Caribbean	0.18%	0.13%	0.00%
Chinese	1.18%	0.53%	0.00%
Indian	0.77%	0.27%	0.56%
Other Asian	0.18%	0.27%	0.56%
Other Black	0.24%	0.40%	0.56%
Other Ethnic Background	0.06%	0.00%	0.00%
Pakistani	2.07%	2.27%	2.25%
Prefer Not To Answer	6.62%	6.15%	6.74%
White British	2.25%	1.87%	2.81%
White Irish	2.48%	1.47%	0.56%
Other White	82.74%	85.70%	84.83%
White Scottish	0.83%	0.53%	0.56%
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 October and 31st December 2013 compared to the previous quarter.

Gender Description	% of Total Applicants	
	Sep-13	Dec-13
Female	79.99%	83.75%
Male	18.65%	14.24%
Declined to Comment	1.36%	2.01%
Grand Total	100.00%	100.00%

Table 9

Transgender Status Description	% of Total Applicants	
	Sep-13	Dec-13
No	97.13%	96.75%
Yes	1.11%	1.00%
Prefer not to answer	0.35%	0.35%
No Info Provided	1.41%	1.89%
Grand Total	100.00%	100.00%

Table 10

Sexual Orientation Description	% of Total Applicants	
	Sep-13	Dec-13
Bisexual	1.26%	0.95%
Gay	0.90%	1.00%
Heterosexual	91.75%	91.96%
Info Not Provided	2.97%	2.42%
Lesbian	0.55%	0.47%
Other	0.25%	0.71%
Prefer Not To Answer	2.31%	2.48%
Grand Total	100.00%	100.00%

Table 11

Disabled	% of Total Applicants	
	Sep-13	Dec-13
No	100.00%	100.00%
Yes	0.00%	0.00%
Grand Total	100.00%	100.00%

Table 12

Religion Descriptor	% of Total Applicants	
	Sep-13	Dec-13
Buddhist	0.15%	0.30%
Christian - Other	5.48%	5.73%
Church of Scotland	24.69%	22.75%
Hindu	0.35%	0.41%
Jewish	0.30%	0.35%
Muslim	1.41%	0.47%
No Religion	50.48%	47.70%
Other	0.60%	1.06%
Roman Catholic	11.56%	15.25%
Sikh	0.00%	0.24%
Prefer not to Answer	3.07%	3.55%
No info provided	1.91%	2.19%
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.

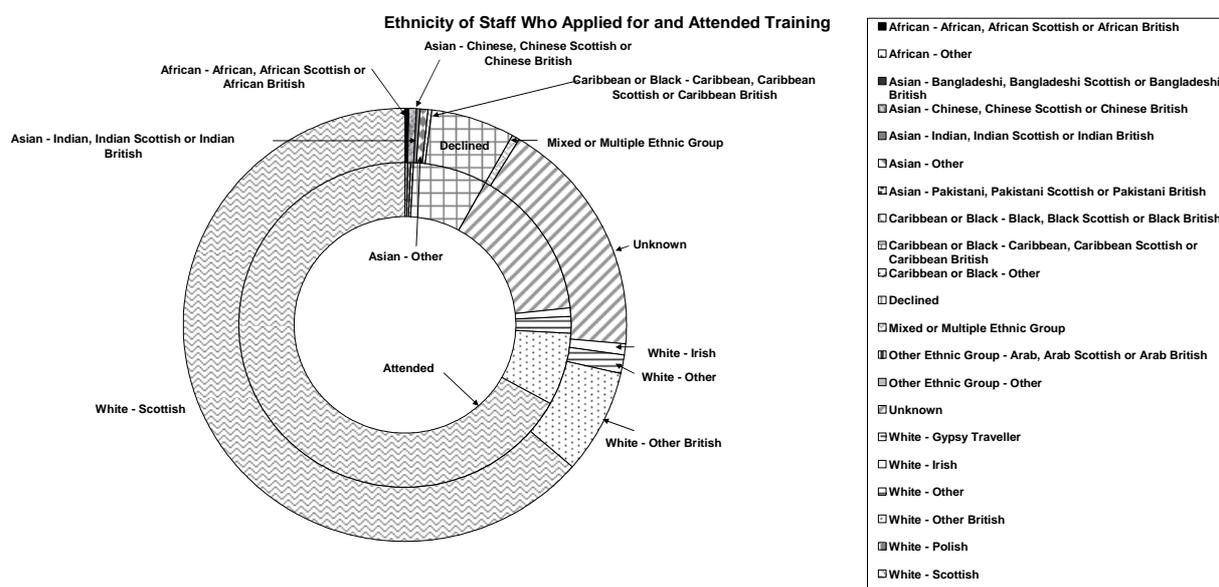


Chart 2

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 October and December 2013.

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. 75% of staff who were the subject of disciplinary action during the period between October and December 2013 were White Scottish, with the remainder being Asian - Indian.

10. Staff who Ceased Employment with the Board

Table 14 identifies the number of staff who left the organisation between October and December 2013 by ethnic group.

- The total number of leavers during this period was 107
- Of these, 59, approximately 55%, were nursing & midwifery staff (all grades), which regularly show turnover due to promotional activity.
- Of these, 17, approximately 16% were admin services and managers
- Of these, 12, approximately 11% were medical and dental staff (marking the absence of any significant changeover of training grade doctors)
- Of these, 6, approximately 6% were Support Services
- Of these, 4, approximately 4% were Allied Health Professionals
- Of these, 4, approximately 4% were Healthcare Science staff
- Of these, 3, approximately 3% were Medical and Dental Support staff
- Of these, 2, approximately 2% were Other Therapeutic staff

Ethnic Group	% of Total Leavers	Leavers as % of In-post staff
African - African, African Scottish or African British	0.00%	0.00%
African - Other	0.00%	0.00%
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	0.00%	0.00%
Asian - Chinese, Chinese Scottish or Chinese British	0.00%	0.00%
Asian - Indian, Indian Scottish or Indian British	0.93%	3.03%
Asian - Other	0.00%	0.00%
Asian - Pakistani, Pakistani Scottish or Pakistani British	0.00%	0.00%
Caribbean or Black - Black, Black Scottish or Black British	0.00%	0.00%
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	0.93%	50.00%
Caribbean or Black - Other	0.00%	0.00%
Mixed or Multiple Ethnic Group	0.00%	0.00%
Other Ethnic Group - Arab, Arab Scottish or Arab British	0.00%	0.00%
Other Ethnic Group - Other	0.00%	0.00%
White - Gypsy Traveller	0.00%	0.00%
White - Irish	0.93%	1.54%
White - Other	0.93%	1.27%
White - Other British	11.21%	3.15%
White - Polish	0.00%	0.00%
White - Scottish	67.29%	1.65%
Declined to Comment	10.28%	2.70%
Unknown	7.48%	1.37%
Grand Total	100.00%	1.79%

Table 14

- Seasonal variations in relation to medical and dental staff occur particularly at the end of July/early August and early February 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.

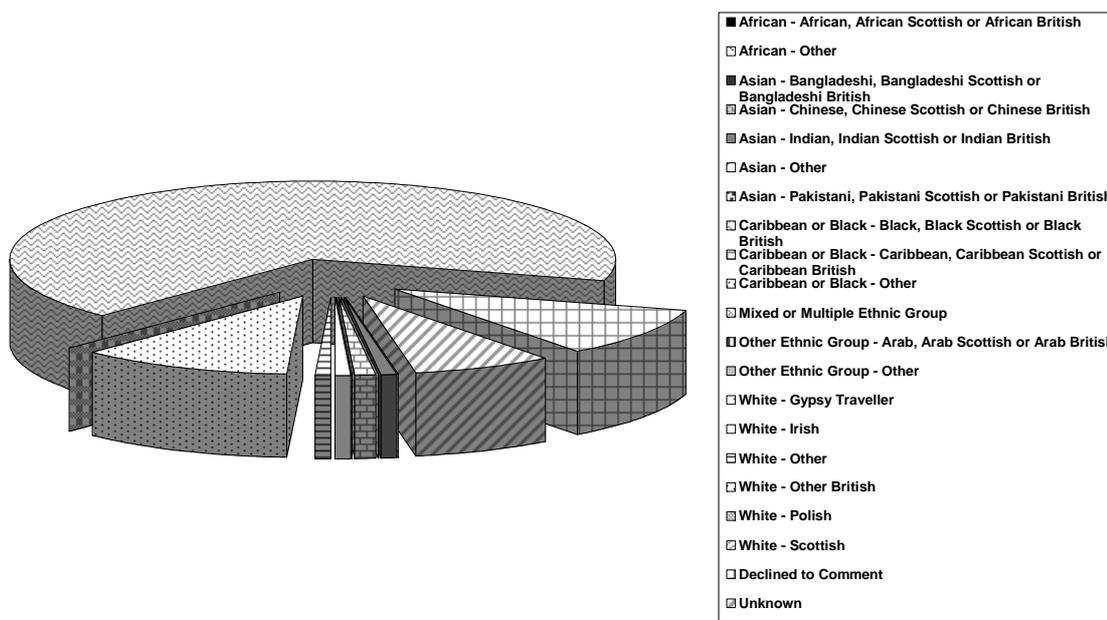


Chart 3

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

NHS Forth Valley Equality Outcomes – Progress Report April 2014

Appendix B

R Red = Off Trajectory **A** Amber = Minor Deviation from Trajectory **G** Green = On Track **P** = Purple Completed

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

Aligned to Strategic Priority: **NHS Forth Valley Integrated Health Care Strategy - in line with the Scottish Government's 20:20 vision**
EQUALITY 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**

Outputs	Actions	RAG	Progress Report April 2014
1.1 Improved staff awareness on equality issues, patient needs & improvement in practice.	<p>Range of methods to improve staff awareness of all equality and diversity, dignity and respect and training relevant to individual protected characteristics via e- learning/face to face training, discussion workshops etc.</p> <p>Create capacity in teams to develop equality and diversity interventions specific to departments</p> <p>Create an Equality and Diversity development tool specifically for managers which will support them and their staff to deliver best practice in relation to equality.</p>	G ↔	<p>2013/14 Equality and Diversity Training</p> <ul style="list-style-type: none"> ➤ 1241 staff completed <ul style="list-style-type: none"> Learn Pro E&D Module 266 staff completed E&D within induction training (Positive feedback) ➤ 10 staff completed training for trainers LGBT course <p>Face to face Induction training in June 2013 adapted to include person centred care.</p> <p>Specific Nurse Induction on Equality and Diversity now includes Dignity and Respect. Evaluation exceptionally positive</p> <p>Materials currently under development for senior staff to evaluate there care areas in relation to E&D and Person Centred Care. <ul style="list-style-type: none"> • This information will also evaluate staff's requirement to meet KSF Core Competency 6 regarding Equality and Diversity. Information to support skills is available on staff intranet </p> <p>Discussions ongoing with NHS Education for Scotland and Stonewall Scotland about adapting their e-learning package into a learn pro module. Update from NES is that tool will be developed during 2014/15.</p> <p>Ongoing discussions held with NES regarding development of a management specific E&D training package 2014/15</p>

<p>1.2 Campaigns delivered, service data demonstrates increased uptake of screening i.e. Cervical testing of lesbian women.</p>	<p>Develop inclusive & targeted preventative health-care messages for LGB including why NHS ask about sexual orientation and information on screening services.</p>	<p>G ↔</p>	<p>Discussions held in July '13 with Stonewall about positive messages that can be developed, resources to send to GP's etc as well as information on data collection.</p> <p>Stonewall public sector evaluation consultation also placed on NHSFV web site to enhance current understanding of need.</p> <p>Discussions ongoing with LGBT Youth Scotland about the development of a questionnaire for their web site to inform future practice as well as signposting people to NHS Forth Valley LGBT web page and NHS Scotland materials.</p> <p>Leaflets about Lesbian and Bisexual Cervical screening disseminated at 3 local fresher's fayre Sept '13.</p> <p>Importance of LGBT Screening highlighted at Practice Nurse Session in November 2013. To be discussed further with LGBT Youth Scotland and Stonewall to evaluate impact.</p>
	<p>Men's Health Programme is in place</p>	<p>G ↔</p>	<p>The Men's Health Programme is now an integral part of NHS Forth Valley Keepwell.</p> <p>The Keepwell health assessment has been developed to recognise gender influences in health.</p> <p>Promoting Keep well along gender lines and by keeping a strong "for men" identity has resulted in men making up 50% of Keep well assessments (1560 men)</p> <p>Men continue to present with more health needs, with men much more likely to be identified as high risk of developing cardiovascular risk.</p> <p>The men's health weight management programme continues to provide successful outcomes for men who attend. Following published research the programme has influenced both national and international programmes aimed at addressing men's weight problems.</p> <p>Work progresses to understand the gender influences in health amongst various cultural and ethnic groups.</p>

<p>Recorded data on LGB & T and other protected characteristics to increase.</p>	<p>Develop effective processes to gather evidence and data about equality and protected characteristics; ensuring patient confidentiality is secure.</p> <p>Patient administration system is currently under local review. As part of this review Equality and Diversity data collection will be considered</p> <p>LGBT specific actions will be completed with support and advice from local multi agency LGBT Steering group, LGBT Youth Scotland and Stonewall.</p>	<p>A ↔</p>	<p>Training completed with Medical Records Team June '13 (50 people). Guidance developed for supporting staff, letter developed to be sent to patients. Recent report from ISD re ethnicity SMR 01 returns is 50.5%.</p> <p>Review statistics in October '13 (completed)</p> <p>Meeting held with D. McPherson and MR Team. Report available on current findings and recommendation</p> <p>Stonewall Scotland has offered to provide support in introducing Sexual Orientation Data collection including information for service users and training for staff.</p> <p>E&D Manager and Lead Nurse Practice Development reviewing recording of front-door equality data recording.</p> <p>Meeting to be held with Stonewall late Spring 2014 E&D Manager and Lead Nurse Practice development met to discuss front-door equality recording.</p>
<p>1.3 Transgender Re-assignment Protocol in Place</p>	<p>NHS Forth Valley follows NHS Scotland Adult Aesthetic Referral Protocol and NHS Scotland Gender Reassignment Protocol as per NHS Health Scotland Guidance.</p> <p>Information made available on NHS Board public website</p>	<p>Purple</p>	<p>Protocol in place.</p> <p>Information also provided to the public about the arrangements in place within NHS Forth Valley as well as where to obtain additional support and advice:</p> <ul style="list-style-type: none"> • http://nhsforthvalley.com/health-services/public-health/transsexual-and-sex-change • http://nhsforthvalley.com/about-us/equality-and-diversity/protected-characteristics/gender-reassignment

<p>Transgender etiquette in place (short document setting out guidance to staff on delivering person centred care to transgender people)</p>	<p>Review current transgender Etiquette with Stonewall Scotland, Scottish Transgender Alliance and LGBT Youth Scotland.</p> <p>Deliver further transgender training further to pilot completed November 2012</p>	<p>Purple</p> <p>A ↔</p>	<p>This has now been completed. Final version approved and published as well as incorporated into staff awareness sessions. Highlighted as best practice within Transgender Alliance Report 2013. All staff have access to publication</p> <p>Review currently being completed on service delivery. To identify training needs of staff. Transgender is currently reflected within induction and learn- pro modules.</p>
<p>1.4 Age appropriate 'Apps' available for public usage</p>	<p>Develop effective processes to develop and make available health related 'apps' to people within Forth Valley area in relation to health and well being. These maybe developed in partnership with other NHS Boards and the Scottish Govt. to promote new nationally approved 'Apps' and resources, as appropriate.</p>	<p>A ↑</p>	<p>You-tube resource used to inform staff about 'Young Carers DVD'.</p> <p>National Apps only used at present; however discussions held with Head of ICT/eHealth on 18th March '14 to develop a local App based on comments from young people regarding their health and well being.</p> <p>Meeting to be held with young people on 29th May 2014 to discuss possible content of App and design.</p>
<p>1.5 Information sheet available in a range of alternative formats for download by staff and the public on request including top 6 community languages informing communities how to access Pharmacies, GP's, Minor Injuries and Emergency Department</p>	<p>Develop simple information sheet to support communities to make best use of current services available thereby enhancing direct patient care and preventing inappropriate use services</p>	<p>G ↑</p>	<p>As identified at involvement events, members of the community whose first language was not English identified that they would welcome a brief information sheet identifying how to use pharmacies, dentists, GP's, out of Hours and Emergency Department. With the assistance of the community this has been designed and was submitted to the Fair for All Group for Approval in February 2014.</p> <p>New sheet also has the up to date change of contact details for NHS 24, which is now 111.</p> <p>This sheet has been translated into top 6 languages. Public Partners and 3rd sector agencies and community groups have agreed to disseminate this information through internal sources. Thereby, people within NHS Forth Valley will be able to understand which services can meet their needs and generic information on access. This will be of particular benefit to those people new to the country and who are unaware of the various types of NHS Service delivery. (Appendix C)</p> <p>This will support work being completed on people waiting to see GP's when a pharmacist could answer query as well as inappropriate use of Emergency Department rather than Minor Injuries Unit.</p>

Long term NHS outcome 2:
Aligned to Strategic Priority:
EQUALITY OUTCOME 2a:

Within NHS Forth Valley everyone has a positive experience of health care.
NHS Forth Valley Integrated Health Care Strategy - in line with the Scottish Government's 20:20 vision
NHS Forth Valley promotes and delivers on patient centred care and will meet best practice standards in relation to equality and diversity.

Outputs	Actions	R A G	Progress Report April 2014
2.1a Patients and carers can readily access services and report positive experiences	Develop existing mechanisms to measure the patient experience to reflect complaints specifically relating to protected characteristics and other support needs	G ↑	<p>Actions are continuing to be completed with Young Carers to pilot a PCC template which will reflect carer's needs. This template is based on the 5 core values of Person Centred Healthcare.</p> <p>Training DVD For staff completed. Now available on YouTube and launched at Person Centred Care event. http://nhsforthvalley.com/media-item/young-carers-in-forth-valley/</p> <p>Patients can access Patient Opinion via the phone, internet or write in with comments or concerns. NHS Forth Valley collates and responds to concerns on a 1:1 basis via units. https://www.patientopinion.org.uk/</p> <p>This is a confidential and anonymous system. Reports to be collated from it.</p>
2.2a Feedback comments, concerns and complaints from services users or others which reflects where possible specific actions taken to enhance people with protected characteristics care	<p>Review arrangements to encourage feedback comments, concerns & compliments so that patients have the opportunity to improve service development and learning within the organisation.</p> <p>We will enhance current measures in place to ensure that we can identify any feedback, comments concerns and complaints, which are specifically relating to protected characteristics.</p>	G ↑	<p>FFA Development Group member highlighted that they felt their community still experienced discrimination in service delivery & employment.</p> <p>NHS Forth Valley offered to attend meetings with particular groups experiencing problems. No uptake of support.</p> <p>Public Partnership Forum Coordinator sends dates to FFA Members of community meetings. All groups from all communities welcome. Reasonable adjustments would be made where possible if identified.</p> <p>Patients Rights Piloting in 5 key areas the new Safeguard System' that will support staff to gather comments, concerns, feedback, compliments and complaints.</p> <p>These will be located within 1 Acute Hospital Ward, a community hospital, prison, GP Practice and physiotherapy department commencing 22nd April 2014. Pilot will be evaluated on an ongoing basis and further to results a phased programme will be introduced. Equality and Diversity will be mainstreamed into the above process. Research also being completed to identify national and local areas of good practice.</p>

<p>2.3a NHS Forth Valley involves consults and offers the opportunity to inform or monitor our actions in an equitable way.</p>	<p>Review and develop arrangements for planning, monitoring and evaluating patient/public engagement to improve effectiveness incl Develop Young persons forum based on evidence from 2012 involvement activities</p>	<p>G ↔</p>	<p>Public Partnership Forum (PPF) meetings currently develop a report on the profile of people attending them. This information is used to inform NHS FV of audience gaps etc. Scottish Health Council and PPF Coordinator conducting sessions within Braes High School Sept '13 to identify access to NHS services and information. See progress 2.1(a)</p> <p>NHS Forth Valley www.nhsforthvalley.com/about-us/equality-and-diversity/protected-characteristics/age/service users have a range of methods in which to give comments and raise concerns including the use of Patient Opinion: www.nhsforthvalley.com/news/2014/forth-valley-patient-encouraged-to-give-feedback-online.</p> <p>PPF Community Involvement events E&D specific topics incl: Reshaping Care for Older people; Integration of health and social care; Update on hospital transport, Primary & secondary interface, What you can get from your GP and Hate Crime/Incidents. In total the breakdown of attendees April – June 2013 were:</p> <p>Attendees 101 people Returns 49 Average age: 64</p> <p>Gender Female: 36 Male: 13</p> <p>Sexual Orientation Heterosexual: 42 Prefer not to answer: 2</p> <p>Religion, Faith or Belief None: 14 Church of Scotland: 19 Roman Catholic: 1 Christian Other: 9 Druid: 1</p> <p>Disability: Chronic Illness: 9 Physical Disability: 11 Deaf: 4 Blind: 1 Mental Health: 1 Other: 3 Prefer not to answer: 3</p> <p>Ethnicity Scottish: 34 English: 4 British: 11 African/Scottish African: 1</p> <p>This information has been highlighted as best practice by the local Scottish Health Council and will inform future actions.</p> <p>A programme of involvement events disseminated via the Fair for All Community representatives and Police Lay Advisory Groups to inform them about the above meetings thereby ensuring that we give people the opportunity to discuss with service leads areas of importance to communities thereby ensuring people are not discriminated against, advance equality of opportunity and that we foster good relations. Information was also collated at a Managed Clinical Network Neurological even Nov '13.</p>
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		<p>Findings were: 57 attendees 42 returns Age: Average age 49</p> <p>Gender Female: 31 Male: 10 Prefer not to answer:1</p> <p>Religion/faith/belief Prefer not to answer: 6 None: 1 Buddhist: 3 Church of Scotland: 7 Roman Catholic: 5 Christian Other: 4 Pagan: 1 Other: 4</p> <p>Despite information being disseminated to numerous local groups the above reflects that there is limited involvement of people from BME Communities or younger people. This information will be fed back to Fair for All Group, which has community representation on it. Actions will be taken over the next few months to enhance work with younger people and to encourage BME Communities to attend local meetings.</p>
<p>2.4a Interpreter service in place which demonstrates best use of limited resources and improved patient experience</p>	<p>Review interpreting, translation and communication support arrangements, for languages other than English, implement development plan including processes for booking appropriate interpreters and recording of generic translated materials.</p>	<p>G ↔ All bookings for Interpretation and Translation is now coordinated via the Disability Service using a single NHS Forth Valley point of contact. The Disability Service, who will receive calls and allocate the appointment to the appropriate provider as per the Service Level Agreements.</p> <p>This enables appointments to be discussed, time allocation considered and geographical layouts highlighted e.g. where an interpreter already in that area could pick up an appointment rather than allocating a second interpreter. This being more financially efficient.</p> <p>The re-designed management system has been operational since Sept '13. The process has included;</p> <ul style="list-style-type: none"> • More enhanced patient profiling • reduction of invoices (processing costs) from 400 per month to 10 • reduced hourly rate • better usage of Language Line • weekly telephone reminder service • 100% increase in people accessing • enhanced demographic profiling • Interpreter training/education • monitored budget • statistical reporting • centralised day/OOH booking system • DNA capture and action <p>NHS Forth Valley are proposing to tender in 2014, the tender is in draft format. Community focus group will be established and incorporated in to the tendering and procurement process in 2014.</p>

		<p>G ↔</p> <p>Demographic information is collected regards local populations utilising Interpretation services. This enables focused work to be completed within community settings.</p> <p>Two community engagement/involvement events have been completed in partnership with the Central Scotland Regional Equality Council (CSREC). By having contact with our community members we are increasing their knowledge of the cost of DNA's relating to their health and also to the financial wider organisation</p> <p>As part of NHS Forth Valleys Community Language redesign, a monthly DNA report is drawn from the management system and all DNA's are contacted. Some of the DNA's are results of patient not receiving letters, financial difficulties getting from a – b, childcare and health difficulties.</p> <p>G ↔</p> <p>NHS Forth Valley staff training "What is an Interpreter" will commence in May 2014 in partnership with CSREC and Forth Valley Language Services.</p>
	Review of Language Line Solutions (telephone interpretation) contract. July 2013	<p>G ↔</p> <p>Review undertaken of current cost and usage across NHS Forth Valley. New contract agreed and reduced rate of 10p in each minute of call negotiated. Commenced Sept 2013</p> <p>Work underway with specific services to better understand and utilise telephone interpreting. Highlighting the need to contact patients in own language when allocating or cancelling appointments. This will greatly reduce the number of DNA's to their services</p> <p>G ↑</p> <p>Language Line calls have increased significantly; all telephone reminders for languages other than Polish are made this way, (Polish Interpreter is booked for 1 hour to do those reminders- more timely and cost efficient) other departments have adopted the system as a way of reminding/changing appointments. We are able to evidence that this has not reduced face to face, offering a more enhanced overall provision.</p> <p>In June 2013, NHS Forth Valley had 300 patients utilising community language interpreters on a regular basis, we now have in excess of 600. Appointments have increased from 250 per month to in excess of 400.</p>
	Translated materials in other languages/health related	<p>G ↔</p> <p>Currently no central point for the collection of translated materials. The Disability Service has created a database and hopes to formalise what's available across the organisation.</p> <p>Work has commenced to create letters in native languages to investigate consistent "Do Not Attend" service users. The findings will support the upcoming Tender and Procurement process and our Access and Capacity Team in better understanding the causes for non attendance.</p> <p>With the management system, all translation requests are logged on to it. Patient Identifiable requests are held separately to ensure data protection. General leaflets, letters and booklets are logged to ensure no duplication of work - should another request come in for the same work.</p>

	Translated materials in other languages, which are organisationally provided to communities. e.g. community briefs or newsletters	A ↔	Although work continues to meet requests, there is no identified budget to produce generic materials which are not directly linked to a particular service
Language Line available in Pharmacies to enhance direct patient support re minor ailments, patients to take ownership for own care and reduce wait and attendance at GPs.	This work will be incorporated with-in the Interpretation and Translation re-design	A ↔	Review of current provision within Pharmacies being undertaken as part of a wider Equality Audit by Pharmacy staff. Initial contact made with Disability Service on (30/07/2013). Further discussion required and a meeting plan will be put in place for early 2014.
	Interpretation, translation and communication support arrangements for hard of hearing, Deaf and Deafblind people are currently provided as part of a contractual agreement leading from the 2011 Tendering and Procurement exercise. Renewal or re-tender of BSL contract as current agreement comes to an end Feb 2015	G ↔	Audit of service provision completed December 2013. This included both service user and NHS staff feedback. (See section 5.5 of Annual Report for further details) Small focus groups undertaken to support service review. Dec 2013. NHS Forth Valley are proposing to tender in 2014, the tender is in draft format

	Reduce costs of patients Do Not Attends further to interpreter being booked.	G ↔	<p>The current text reminder service for Deaf service users has already reduced the number of DNA's across the organisation.</p> <p>This service will continue to be provided and monitored.</p>
	Review current Interpreter and translation flow charts for British Sign Language and community languages	Purple	<p>New flow chart has been disseminated to services across NHS Forth Valley with guidance on how to access interpretation services, translation and accessible format documents. August 2013.</p> <p>Reminder of flow chart sent to Acute service leads January 2014</p>
2.5a Systems in place to ensure gypsy travellers are equally informed about NHS FV services	Group in place to develop Action Plan to identify gaps in service provision and put positive actions in place where relevant	G ↔	<p>Traveller's sites are available in the 3 local authorities, Stirling, Clackmannan and Falkirk. The sites all have managers who are responsible for travellers</p> <p>All travellers are given an information pack, which contains details for GP and Dentist registrations with FV Health Board area.</p> <p>Stirling council have a steering group which is made up of multi-agency professionals from Health, Housing, Education and Social Services, this groups meets quarterly and covers issues of equality and diversity covering the travelling community.</p> <p>Health is very well represented and there are great links to partnership working between NHS and site managers. NHS staff from Keep Well and Mental Health services in partnership with Salvation Army has just launched an engagement programme on sites in Clackmannan and Stirling on a 2 weekly basis. This is a pilot programme and will be evaluated in June in terms of engagement and cost effectiveness.</p> <p>There is also a programme of health promotion offered to the travelling people from the 3 sites in conjunction with other services and need s of travelling community. Further update to be made available for next report</p>
2.6a Robust systems in place to identify particular needs incl community language and sensory impairment prior to appointment being sent out from NHS FV both acute and primary care	NHSFV Disability Service supported by e-Health and the Health Records Teams initiated the requirement of access and communication needs being recorded on the front page of SCI referral process.	G ↔	<p>Training and information sharing meetings carried out across GP teams and at Practice Manager meetings. These were successful in gaining the practice point of view and encouraging completion of the "Access and Communication" box.</p> <p>Disability Service receives email from Referral to Treatment Team with any Access or Communication requests. These requests are progressed as required. E.g. interpreter booked, Braille documents provided, Deafblind Guide Communication.</p>

	<p>Where details are provided in the electronic GP referral (SCI gateway) specific "access and communication requirement" box Health Records staff record patients special needs in their system and support transfer of relevant data</p> <p>Health Records staff request alternative formats incl: documents and appointment letters as and when requested by contacting the Disability Service.</p> <p>Put in place agreed systems to send appointment details to patients in their preferred formats.</p> <p>Text messaging currently being explored for BME Communities.</p>		<p>Where information box is completed and Disability Service are alerted by health/medical records then everything is actioned and all necessary steps are taken to support the patient pathway</p>
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<p>2.7a We support the right of individuals and groups to hold religious and non-religious beliefs without experiencing discrimination</p> <p>Spiritual Care Service available to all people who hold religious and non-religious beliefs.</p>	<p>Where appropriate identify patients Religion and Belief in patient's records.</p> <p>Support patients where possible to complete personal observance.</p>	<p>G ↔</p> <p>G ↑</p>	<p>Support in place with a variety of dedicated staff and honorary chaplains.</p> <p>Evaluation to be completed regarding patient profile to ensure appropriate recording is in place. This will support PCC</p> <p>Discussions ongoing to ensure that R&B is recorded incl. Prefer not to answer on 100% of patient's notes.</p> <p>Religion and Belief reflected within Care of the Deceased Policy March 2014 and identification of religion, belief/none identified within Mortuary Care to enable Mortuary Staff and Funeral Directors to be aware of people's specific needs. Completed. Reviews will be completed on an Annual Basis via the Spiritual Care Committee</p> <p>Annual report of activities and actions available on request from Spiritual Care Service</p>
<p>2.8 A local Forth Valley sexual health needs assessment will look at describing the local BME population's needs. Engagement will then be targeted to local people of BME communities, to ensure accurate information on local sexual health and Blood Borne Virus (BBV) service provision and its accessibility.</p> <p>Gaps in service provision may also be identified. This will allow this target group to</p>	<p>Engagement as above</p> <ul style="list-style-type: none"> • Deliver a one page leaflet (available in different languages on request) on sexual health services which will include; • Access to specific sexual health services and the services provided by primary care and pharmacy • Where to access BBV testing, condoms, contraception • Information on the cervical screening program 	<p>G ↔</p>	<p>Plans to attend 'English as a foreign language' classes to discuss use of services and following on from this will develop the leaflet</p>

<p>make informed choice about their health, and the delivery of patient centred care.</p> <p>This will help reduce barriers to access and prevent inappropriate access to other services for example, the emergency department.</p>			
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EQUALITY OUTCOME 2b: All healthcare developments, policies and plans are informed by information on profile/protected characteristics of patients in the community.

Outputs	Actions	RAG	Progress Report April 2014
2.1b SMR returns are completed.	Respective managers to take responsibility for fields on protected characteristics being completed	A↑	<p>Information Services Division Reports (ISD) SMR 01 (2013 - National NHS Scotland Average 76.8%) 2011 16.4% 2012 45.5% 2013 65.9</p> <p>NHS FV SMR 01 Return Info Dec 2013 (Internal Report) % Null 27.70% % Not Known 1.04% % Refused/Not Provided 3.22% % Ethnic group known 68.04% (increase 3%) Number of episodes 3942</p> <p>ISD Returns on SMR00 (2013 -National NHS Scotland Average 64.3%) 2011 7.7% 2012 30.4% 2013 57.6% (increase 49.9%)</p> <p>NHSFV SMR 00 Dec '13 (Internal Report) % Null – 0% % Not Known - 33.31% % Refused/Not Provided 0.94% % of ethnic group known 65.75% (increase 8.05%) Number of appointments 4680</p> <p>Significant work completed re the breakdown of statistics per department thereby identifying gaps in recording. Document available however this requires to be updated.</p> <p>Meeting with General Managers on 14th March '14, a review of data collection and usage to be completed during April '14-October '14 in 4 areas.</p> <p>Findings from above to be used to inform future work to evaluate all service areas re EQIA process with direct patient care.</p>

2.2b Evidence available on other protected characteristics incl: disability, sexual orientation & religion and belief	Develop patients information to inform them about the benefits of identifying their protected characteristics not only in service delivery but in enhancing patient care	A ↔	To be discussed with community groups about information contained. Evaluate national procedures taking place
	Develop effective processes to gather evidence and data about equality profile of people using NHSFV services thereby enhancing patient care	A ↔	<p>Revision being completed by Medical Records Team on current patient information leaflet. It is proposed that this will be stored on line and downloaded as required. It will be translated into 6 key languages</p> <p>The Disability Service is currently updating the demographics in relation to communication (barrier) requirements. i.e. Language Interpreter, Deaf blind, Lip speaker etc. Once completed (Oct 2014) this information will be forwarded to medical records and we have agreement this information will be updated in to Topas.</p> <p>NHS Forth Valley currently have 90 users accessing BSL, Deaf blind, Lip speaking Services and 600 users accessing Community Language Interpreters</p> <p>Programme framework being completed by Practice Development Team regarding patient profile data collection should support this area of work. Information also being disseminated through a programme of presentations to lead staff about the importance of profiling and the benefits to patient care and service delivery</p> <p>Current Patient Monitoring Information sheet for service users to be updated.</p>

<p>2.3b National and local evidence available within EQIA on-line tool to support staff to complete EQIA's.</p>	<p>Improve and review the performance of NHS Forth Valley committees and services in completing EQIA's</p>	<p>G ↔</p>	<p>EQIA Screening document produced. Pilot in Women and Children's Services with positive result. Made available on line in August 2013.</p> <p>Revised EQIA Tool completed (March '14).</p> <p>Audit completed on E&D, which reflected need for staff to enhance skills in completing EQIA's and services to take responsibility for completing them. Staff offered support and advice on a needs led basis.</p> <p>Discussions ongoing about having Diversity Champions trained re EQIA to enable them to support services on site</p> <p>All NHS Forth Valley Board reports continue to evaluate if Equality considerations have been taken.</p> <p>2011 Census data available to support understanding of local/national protected characteristics demographic profile.</p> <p>All Board papers have Equality assessment on same indication position statement.</p>
<p>Census data available for staff completing EQIA's</p>	<p>Place Census link onto web site</p>	<p>Purple</p>	<p>Census report developed and placed on public site. NHS Forth Valley specific report developed and placed on intranet site for staff to support EQIA's etc.</p> <p>100% staffs have access to this publication available on the intranet site</p>

EQUALITY OUTCOME 2c NHS Forth Valley is equitable in the way it employs and supports its workforce.

Outputs	Actions	RAG	Progress Report April 2014
<p>2.1c Impact assessments completed on recruitment pathway and actions addressed.</p> <p>Recruitment panel staff have completed equality and diversity training either face to face or online</p>	<p>Review arrangements for people from protected characteristics to apply for vacancies within NHSFV incl staff bank</p> <p>Develop targeted training on E&D for staff who sit on recruitment panels</p> <p>Establish a programme to improve workforce monitoring across all protected characteristics</p>	<p>G ↔</p>	<p>NHSFV Associate Director of HR-Governance/ Operational HR and Recruitment Manager have been involved in national programme of work to review the Recruitment Pathway in line with best practice. New documentation and processes will be launched across all NHS boards by late summer 2014. This work has also been aligned with the requirements of the EESS/IREC implementation.</p> <p>EESS/IREC development continues at national and local level. NHSFV is working to be in a state of readiness for its implementation during 2014.</p> <p>Recruitment training will be further reviewed to align with the changes from the national review. The Recruitment policy has recently been adapted to include latest information on induction.</p> <p>Further meeting scheduled for late March to further assess progress and next steps</p>
<p>2.2c Statement published with verifiable staff and partnership involvement.</p> <p>Report available which demonstrates any pay gap and gender imbalance</p>	<p>Prepare and publish an NHSFV equal pay statement</p> <p>Report to be made available on annual basis which evidences pay bands, job families as well as occupational segregation</p>	<p>G ↔</p>	<p>Statement and Report available.</p> <p>This is an annual requirement and is undertaken locally and submitted also to SGHD.</p>
<p>2.3c LGBT staff network/dates in place with partner organisations from police and fire brigade</p>	<p>Facilitate and establish robust staff led network to inform HR policies and service delivery where appropriate.</p>	<p>A ↔</p>	<p>System in place and advertising completed. Uptake poor. To be reviewed following national workforce survey</p> <p>National survey results are being further analysed by the NHSFV Staff Survey Steering Group. These are also mapped with other staff experience outputs.</p> <p>The focus of the survey is on the 5 elements of Staff Governance, including being treated fairly and consistently, with dignity and respect, in an environment where diversity is valued. Issues in relation to LGBT have not been identified through the survey, but all opportunities will be taken to support the work of the Network in partnership with local stakeholders</p>

2.4c Dignity at Work policy embedded within organisation	Revise and launch dignity at work policy with clear organisational values Develop information and training package to support implementation	G↑	This policy was approved on 18 March 2014. This was after extensive development, consultation and review. Partnership feedback from RCN is that this is an impressive piece of work. The focus is now on implementation which will include: <ul style="list-style-type: none"> • Awareness raising through staff brief and other messages • Development of a manager's toolkit • Refreshed staff training • Links with the launch of NHSFV's Values across the organisation
2.5c NHS Forth Valley supports a culture of openness and support for mental ill health and promotes positive mental health and wellbeing for staff and reduces the stigma of mental ill health.	Direct support delivered by Occupational Health and HR services and via Management team Analysis and monitoring of sickness absence rates Refresh and reinvigorate 'See Me', Scotland's national campaign to end the stigma and discrimination of mental health Mental Health First Aid training available for staff in Learning and Development Training programme.	A ↔	This support is readily available and the Employee Psychology service is also provided for complex cases. Monthly monitoring and analysis of sickness absence data in relation to stress, anxiety and depression is in place Action Planning Group established. Where we were: NHS FV has signed the see me...pledge in 2007 however there have been no visible signs of this commitment or regular reporting of activity. Planning group established to promote more visible activity. Where we are now: Planning group meeting quarterly, aims and objectives of group agreed, Leadership of the group and reporting structure in place. Links made with the national see me...campaign and other local activity e.g. <i>Healthy Working Lives</i> . Information about 'See Me'...and related issues now available on <i>Risk Management</i> web pages. NHSFV induction programme now includes references to the see me....anti-stigma campaign. During 2014/15: Confirm membership of group, agree local action plan, and plan a communication strategy which could include a re-pledging event in NHS FV.

Long term NHS outcome 3:
Aligned to Strategic Priority:

Within NHS Forth Valley, people are able to live well in the community.
NHS Forth Valley Integrated Health Care Strategy - in line with the Scottish Government's 20:20 vision as well as National Priorities in relation to Hate Crime and Gender Based Violence

EQUALITY 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 bigotry, homophobia, transphobia and disability related discrimination

Outputs	Actions	RAG	Progress Report April 2014
<p>3.1a NHS Forth Valley staff and contractors are knowledgeable and confident in reporting hate incidents.</p> <p>Reports available from NHSFV Incident Reporting System returns</p> <p>Multi Agency Hate Response Steering Group (MAHRS) Stop Hate in Central Scotland Action Plan and Annual Report</p> <p>Evaluation of MAHRS Strategy 2010-13</p>	<p>Publish hate incident awareness materials and information on how to report Hate Incidents in Central Scotland to staff, contractors and to local communities.</p> <p>Collate reports on a quarterly basis</p> <p>Work with local equality groups and systems in place for staff to encourage reporting of hate incidents</p> <p>Works in partnership with public and voluntary sector services to monitor and tackle hate incidents.</p> <p>Develop social media strategy for NHS Forth Valley.</p> <p>'Hate incident awareness' to be highlighted in Dignity @Work event for Nursing Staff</p>	<p>G ↔</p> <p>Purple</p> <p>R ↔</p>	<p>Stop Hate in Central Scotland film available on NHS Forth Valley website, commended by the Equality and Human Rights Commission as good practice. Posters distributed widely throughout NHS FV and on TV's at FVRH. Promotional materials targeted at black history month October 2013 and LGBT history month event February 2014</p> <p>100% of staff attending face-to-face NHSFV corporate induction programme are informed about hate incident reporting. Human Resources team awareness workshop planned for May 14.</p> <p>Summary of reported incidences supplied by Police Scotland (Forth Division) attached at end of section 3.1. These figures are given in relation to incidences reported. Some cover more than one aspect of protected characteristics. The most prevalent in relation to cases reported is highlighted first.</p> <p>Hate incident awareness given to 3 public involvement sessions during 2013 in partnership with Police Scotland</p> <p>Evaluation of MAHRS Strategy undertaken by Quality Manager in 2013 on behalf of MAHRS Stop Hate Group to ensure fit for purpose.</p> <p>Board approved new Social Media Policies for Business and Personal use in 2013 100% staff were informed about system in place</p> <p>Training not completed as yet. However staff informed via intranet at present about how to report a hate incident.</p>

Summary of Hate Incident reporting 2012 – Dec 2013

Hate motive	Forth Valley Total 2012	NHSFV 2012 Total	Forth Valley Total 2013	NHSFV 2013 Total
Disability	22	1	27 (+5)	
Disability/Religion & Faith			1 (+1)	
Disability/ Sexual Orientation	2			
Race	285	8	243 (- 42)	3 (-5)
Race/Disability	3		1 (-2)	
Race/Religion & Faith	11		9 (-2)	1 (+1)
Race/Sexual Orientation	12		8 (-4)	1 (+1)
Religion/Faith	78	1	60 (-18)	(-1)
Sexual Orientation	58		73 (+15)	2 (+2)
Sexual Orientation/Disability			3 (+3)	
Religion & Faith/Sexual Orientation	2		6 (+4)	1 (+1)
Race/Sexual Orientation			2 (+2)	1 (+1)
Race/Religion & Faith/Sexual Orientation	2		(-2)	
Transgender			1 (+1)	
Grand Total	475	10	434	9

It is notable that the hate incidences for Race has decreased during 2012 -13 but for sexual orientation, transgender and disability there has been an increase. This could be the work completed in relation to raising awareness about Hate Incidences as well as the significant work completed to report hate crime. These figures will be evaluated during 2014 by the MAHRS Group and an update will be available in the 2015 Annual Report.

For 2014 the MAHRS group are looking at opportunities to reach out to and interact with victims of Hate Crime. We are looking at the creation and implementation of an information app for smart phones that will provide links to websites and also the creation of a Face -book page in order to make use of relevant social media. It is hoped that the Face-book page will be up and running in late Spring 2014

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

Outputs	Actions	R AG	Progress Report April 2014
3.1b NHS FV GBV Steering Group to develop a 4-year GBV action plan.	Continue to implement action plan for CEL-41 on GBV for 2013 -17	A ↔	<p>3500 cases reported to the Police Scotland Forth Division in 2013. NHSFV GBV Strategy currently not in place. Work being completed with partners in L/Authority to identify common goals.</p> <p>Dedicated support completed during festive period with A&E staff: Women's Aid Falkirk based from 7pm - 2 pm from 25th Dec - 4th Jan to support cases of GBV: 2 cases identified during this period. Police identified during similar period that 151 cases of Domestic Abuse were reported. Approx 16.5% included physical Assault.</p>
Service monitoring data demonstrates implementation	Continuation of GBV Routine enquiry within NHSFV	A ↑	<p>Routine enquiry is completed within maternity services. There were 3137 deliveries in Forth Valley during 2013. Approx 2% identified as experiencing Domestic Abuse. Support given at source.</p> <p>Referrals to the Pre-birth Planning Service for assessment with DA as one of the reasons for referral - 48</p> <p>Police reports of attending domestic incidents involving pregnant women 108</p> <p>Mental Health and Substance Abuse staff developing current FACE IT recording system to incorporate GBV Routine enquiry questions as well as CAADA Dash Risk Assessment 2013 to date</p> <p>Sexual Health Team 102 attended where last sex was reported as non-consensual 140 others reported previous sexual assault</p> <ul style="list-style-type: none"> • 50 in previous year • 90 more than 1 year ago <p>Of the 242 above, 25% were men (33% of these were Men having Sex with Men)</p> <p>Community Nursing: MiDiS System for Health Visitors etc has now started to develop reports re GBV recording. Sept 2012 – Feb 2014 there were 83 cases identified. This will be structured during 2014.</p> <p>Substance Abuse and Mental Health: Development of FACE IT system to incorporate GBV is now live. To be completed further to staff training in summer this year.</p> <p>Emergency Department: No update regarding recording.</p>

<p>E-learning package in place for staff to complete regarding Gender Based Violence</p> <p>Refresher training on GBV in place</p>	<p>NHSFV GBV Steering Group to identify key areas to target in relation to completing e-learning package</p> <p>Further develop refresher training for staff as identified within CEL 41 (2008) in relation to GBV</p>	<p>G ↔</p> <p>G ↔</p>	<p>Package completed and launched along with trafficking e-learning resource</p> <p>From Sept '14. Figures to be collated on a 6 monthly basis of people completing it. 100% of staff on learn pro have access to it.</p> <p>Training delivered in Partnership with Women's Aid to Child Smile Team in June 2013. Approx 20 staff attended</p> <p>Programme of a range of GBV training to be developed 2014/15 further to consultation with steering group.</p> <p>GBV Awareness is included within Child Protection Training.</p> <p>Monthly training started Jan '14 for Maternity staff. Health Visitors have been receiving updates within existing training.</p> <p>Training for trainers course commencing June 2014 with members of local Women's Aid attending the training with a view to delivering NHS package during 2014/15</p>
<p>Deliver on actions identified by NHS Health Scotland GBV Steering Group</p> <p>Drop in facility for GBV available on a monthly basis at Forth Valley Royal Hospital</p> <p>Women's Aid to evaluate amount of usage incl age, disability, gender, sexual orientation and ethnicity of service users.</p>	<p>Use information from National Steering Group to inform NHSFV GBV Action Plan.</p> <p>Launch and publicise Drop in facility at FVRH</p>	<p>G ↑</p>	<p>NHSFV Group notified of national priorities</p> <p>Ongoing. More work required to raise the profile.</p> <p>Drop in facility now also being offered at Slammanan Health Centre</p> <p>Posters disseminated to all GP's and Pharmacies within NHS Forth Valley during 16 days of action</p>

<p>Infrastructure in place to provide effective advice and support at the point of contact with front line staff</p>	<p>In partnership with Public Bodies and local voluntary groups review current information available and patient pathways within NHS Forth Valley in relation to GBV.</p>	<p>A ↔ A ↓</p>	<p>Patient pathways in place at A&E, Women and Children Services and Health Visiting only. New patient pathways currently under development within Mental Health and Substance Abuse Teams. Guidance on local contacts and support redeveloped November 2013 with partner agencies and is available on line</p> <p>Discussions regarding direct notification to GP's (with patients permission) following an incident happening involving the police. Infrastructure and support required under discussion. ON HOLD</p>
<p>Multi Agency Risk Assessment Conference to be established to support high risk GBV cases within NHSFV</p>	<p>Further develop joint working arrangement with partner organisations to establish MARAC system within Forth Valley/Fife</p>	<p>R ↔</p>	<p>Report developed reflecting infrastructure required to deliver MARAC within exiting NHS priorities.</p> <p>MARAC system in place within the Forth Valley area as from August 2013. NHS Forth Valley as yet does not attend these meetings.</p> <p>To be discussed further in April 2014 with Director of Public Health who is the Executive Lead for GBV in NHSFV</p>

Equality Outcome 3 c 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.

Outputs	Actions	RAG	Progress Report April 2014
<p>3.1c NHS Forth Valley Gender Based Violence Staff Policy in place</p> <p>Managers are trained on implementation of policy</p>	<p>Establish and implement NHSFV GBV staff Policy</p> <p>Face to face and e-learning training available</p>	<p>Purple</p> <p>A ↔</p>	<p>Policy developed and is now available for all staff to either inform them of their practice or as a support tool for people experiencing GBV</p> <p>National GBV Managers training being developed. NHS Forth Valley GBV operational Leads on this working group to inform development and content. Resource should be available later this year. Date tbc</p>
<p>3.2c Communication Strategy in place to inform staff about implementation of GBV Policy and resources re support and advice</p>	<p>NHSFV GBV Steering Group to identify actions to implement policy within Steering Group Action Plan</p>	<p>Purple</p>	<p>Policy implemented: Action completed.</p>

Outcome 3d Through '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.

Outputs	Actions	RAG	Progress Report 2014
<p>Delivery of a programme of activity, the main output being the delivery of person-centred, holistic, health assessments of at least 45 minutes in duration, with follow up aimed at bringing about change which will reduce risk and improve people's lives in general.</p> <p>This is targeted at people experiencing deprivation, and/ or being defined as within a vulnerable group (experiencing homelessness, having substance use issues, being within a minority ethnic group, being in contact with the criminal justice system, being a carer etc.).</p> <p>In addition Keep well is and will continue to be delivered with consideration of gender sensitive health improvement to meet the differential needs of men and women and employability needs.</p>	<p>Deliver an on-going implementation plan, and consider how to mainstream longer term. (see current implementation plan)</p>	<p>G ↔</p>	<p>Annual Report available. Summary indicates that:</p> <ul style="list-style-type: none"> • The Keep well Forth Valley programme currently delivers about 3000 health assessments per year. (Equivalent to 2.3% of the population aged 40-65). • 85% of those undergoing a health assessment are experiencing deprivation • The health assessment is greatly appreciated by the clients. It invariably identifies opportunity for improvement, and often leads to health gains in a variety of ways. This can be described as 'co-production through a human therapeutic encounter'. • The focus is deprivation and vulnerable groups as per the guidance for the programme nationally, enhanced by a local focus on men's health and employability. • The programme in Forth Valley has been developed to build capacity and enhance reach through core CHP service planning supported by (rather than delivered through) GP practices. • There is continued commitment to Keep well Forth Valley from NHS Forth Valley as a key component of primary anticipatory care work. Ring fenced funding should be maintained to enable ongoing capacity building and extend reach. • We have introduced a 3 month follow up this year, which indicates significant behaviour change associated with goal setting. • Key themes emerging from this report are - ethos and approach, complexity (recognising and accommodating it), empathy and compassion, innovation and application of a new, unique approach, the importance of giving time; and underpinning it all an approach based on values and principles. <p>Summary of Outcomes achieved to date:</p> <ul style="list-style-type: none"> • Keep well has been successful in identifying people at high risk of developing cardiovascular disease (1 in 10 people having an ASSIGN score of 20 or above) • Significant health gains are reported by those who attend, including earlier detection of disease, e.g. our data show that on 3 month follow up of 660 people 123 people with high blood pressure were identified, 43 with Chronic Heart Disease and 18 with diabetes (plus smaller numbers of other conditions including: Chronic Obstructive Pulmonary Disease, depression, breast lumps including cancer, lupus, fibromyalgia, thyroid disease, diverticulitis, chronic pain, gastro-intestinal conditions, Irritable Bowel Syndrome ,hernia etc.) • Health behaviour changes were also identified in the 660 people followed up at a 3 month review. This included 24 who had quit smoking, 28 who had reduced their alcohol intake, 26 reported an increase in their mental wellbeing, 121 had lost weight and 2

<p>The service also has a focus on employability</p>			<p>that had been helped to gain employment.</p> <ul style="list-style-type: none"> • Although it is difficult to quantify the health gain to our population precisely, Keep well does seem to represent a significant intervention. In addition this early identification and management represents a more cost-effective use of resources (though again difficult to quantify). If Keep well were not in place, the longer term costs to the NHS would be considerably greater. • At a community level Keep well contributes significantly to capacity building for health improvement in regeneration areas and with vulnerable groups by a joined up agency approach e.g. walks, fruit barrow, galas, other community events, drop-ins, smoke free homes, resource development, volunteering, access to information i.e. welfare reform. • Health is jointly managed (clients/patients are supported by services that are better integrated and co-ordinated). • Joint ownership of the health inequalities agenda can be demonstrated. • Individuals can access person centred services that meet their needs. • Increasing numbers of care service staff are providing holistic person centred care. • Sustained behaviour change is being evidenced. • Increased participation in employability activity.
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Appendix C Summary on the population of NHS Forth Valley

Age	Forth Valley Health Board Area	Scotland
All people	297 636	529 5403
Percentage 0 to 4 years old	5.6	5.5
Percentage 5 to 15 years old	12.4	11.8
Percentage 16 to 29 years old	17.3	18.5
Percentage 30 to 44 years old	20.5	20.0
Percentage 45 to 59 years old	21.2	21.1
Percentage 60 to 74 years old	15.8	15.5
Percentage 75 years and over	7.3	7.7

Disability:	Forth Valley Health Board Area	Scotland
Percentage of economically inactive people aged 16 to 74 who are long-term sick or disabled	16.2	16.6

Provision of Unpaid care	Forth Valley Health Board Area	Scotland
Percentage not providing care	90.6	90.7
Percentage providing 1 to 19 hours of care a week	5.2	5.2
Percentage providing 20 to 34 hours of care a week	0.9	0.9
Percentage providing 35 to 49 hours of care a week	0.8	0.8
Percentage providing 50 or more hours of care a week	2.5	2.5

Ethnicity	Forth Valley Health Board Area	Scotland
All people	297 636	529 5403
Percentage White Scottish	88	84
Percentage White Other British	6.9	7.9
Percentage White Irish	0.7	1.0
Percentage White Polish	0.7	1.2
Percentage White Other	1.5	2.0
Percentage Asian or Asian Scottish or Asian British	1.6	2.7
Percentage other ethnic groups	0.6	1.3

Gender	Forth Valley Health Board Area	Scotland
All people	297 636	529 5403
Percentage Males	48.5	48.5
Percentage Females	51.5	51.5

Religion & Belief	Forth Valley Health Board Area	Scotland
All people	297 636	529 5403
Percentage Church of Scotland	35.7	32.4
Percentage Roman Catholic	11.8	15.9
Percentage Other Christian	4.9	5.5
Percentage Muslim	0.8	1.4
Percentage Other religions	0.7	1.1
Percentage No religion	39.4	36.7
Percentage Not stated	6.7	7.0

Additional data can be obtained from the census web page:
www.scotlandscensus.gov.uk/ods-web/area.html#!

Appendix D

Know where to go

Doctor's Telephone Number:
Dentist's Telephone Number:



This guide will help you choose the right place to go to when you're unwell or injured.
You can find out more about local health services at www.nhsforthvalley.com/health-services

Community Pharmacies/Chemists	Your General Practitioner –GP (family doctor)	Out of hours/ NHS 24	Dental Services	Minor Injuries Unit (MIU)	Emergency Department (A&E) 999
<p>Pharmacists /chemists offer expert advice on healthcare and medicines. You don't need to make an appointment.</p> <p>The Pharmacy Minor Ailments Service can help you with conditions such as coughs, colds and sore throats.</p> <p>They also offer people who don't pay for their prescriptions free advice and treatment for many common illnesses.</p> <p>To qualify you must be registered with a GP in Scotland, and not as a temporary resident or a resident in a care home.</p> <p>Some chemists also provide advice and support about stopping smoking, diet, blood pressure etc.</p> <p>If you do run out of your prescribed medicine the pharmacy may be able to give you an urgent supply or refer you to your local NHS Out of Hours service.</p>	<p>When you have an illness or injury that just won't go away or is getting worse, make an appointment to see your GP or a member of the practice team.</p> <p>This could be tummy pain, backache, depression, anxiety or long term condition such as diabetes or asthma.</p> <p>If you tell the receptionist you require an urgent appointment you will normally be seen on the same or next day.</p> <p>Your GP will assess your health and may offer advice, information, prescriptions and provide ongoing care. Your GP can also refer you to a specialist, if required.</p>	<p>When your usual services are closed and you're too ill to wait until they re-open, you can call NHS 24 on 111 or Textphone: 18001 111 (open 6pm – 8am and weekends and public holidays).</p> <p>NHS 24 use Language Line for people whose first language is not English:</p> <ol style="list-style-type: none"> 1. Call NHS 24 on 111 2. tell the call handler that you need an interpreter 3. tell the call handler the name of your preferred language 	<p>Toothache, sensitivity to hot or cold, or a dull ache can usually be helped by pain relief from your pharmacy until your dentist is able to see you.</p> <p>Contact your dentist for an appointment.</p> <p>If symptoms worsen phone NHS 24.</p> <p>Unregistered dental patients can get help and advice Monday to Friday 8am to 6pm by contacting the Forth Valley Dental Helpline on 0844 800 6886.</p>	<p>The Minor Injuries Unit treats adults and children over one year of age for minor injuries, including:</p> <ul style="list-style-type: none"> • minor burns • infected wounds • sprains and strains • minor eye, ear, head or neck injuries <p>They can also arrange X-rays for suspected broken bones and apply plaster.</p> <p>Children under one should be taken to the Emergency Department at Forth Valley Royal Hospital in Larbert.</p> <p>The MIU is at Stirling Community Hospital and is open from 9am to 9pm, Monday - Sunday. Tel: 01786 434036 (No appointment needed).</p>	<p>Calling 999 or attending the Emergency Department should only be used for serious illnesses or injuries, such as suspected stroke, heart attack or collapse.</p> <p>The Emergency Department is at Forth Valley Royal Hospital (Stirling Road, Larbert, FK5 4WR).</p> <p>It is open 24 hours a day, 7 days a week.</p> <p>Please do not use the Emergency Department for conditions that should be seen by your GP practice, pharmacist or minor injury service.</p>