

**NHS Forth Valley**  
**Equality Delivery Report 2013-17**

**Equality Outcomes**

## Introduction

All Health Boards across NHSScotland are required to produce and deliver a set of equality outcomes to comply with one or more of the 3 needs of the public sector general equality duty (Equality Act 2010) and the specific duty on equality outcomes (Specific Duties) (Scotland) Regulations 2012

The general equality duty requires public authorities, in the exercise of their functions, to have due regard to the need to:

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

The public sector equality duty covers the following protected characteristics: age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation. The public sector equality duty also covers marriage and civil partnerships, with regard to eliminating unlawful discrimination in employment.

### **What have we done?**

The enclosed identifies how NHS Forth Valley involved and consulted with people and what actions we are taking to ensure equality and diversity is embedded within our service delivery and as an employer.

The outcomes have been developed following a range of involvement exercises with the public during May – December 2012, the revision of NHS Forth Valley data relating to service delivery, employee information and reports, as well as national and local research on equality.

The main focus of our outcomes is to improve services for patients and carers, the way we support staff, as well as to influence our work with community planning partners and the voluntary sector.

Our outcomes and subsequent actions will be embedded into our day-to-day practice and will support our NHS Forth Valley Mainstreaming Report, which will be published on 30<sup>th</sup> April 2013.

Our Equality Outcomes, as well as our Mainstreaming Report set out how we propose to meet our legal equality duties over the next 4 years and will be regularly reviewed to ensure its continued relevance.

### **How we framed our outcomes.**

To ensure that we continue to mainstream Equality and Diversity into all we do we have framed our equality outcomes 2013 -17 by means of the Quality Strategy Ambitions 2013/14.

The Quality Strategy Ambitions sets out NHSScotland's vision to be a world leader in healthcare quality, described through 3 quality ambitions: effective, person centred and safe. These ambitions are articulated through the 6 Quality Outcomes that NHSScotland is striving towards.

## Summary of NHS Forth Valley Equality Outcomes

The three key equality outcome targets identified are as follows:

**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 and will 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 bigotry, homophobia, transphobia and disability related discrimination
- **Outcome 3 b.** In collaboration with partner agencies, NHS Forth Valley will improve the early identification of women and men experiencing Gender Based Violence within local health services; particular focus on A &E, Mental Health, Substance Abuse, Community Care, Sexual Health and Women and Children's Services
- **Outcome 3c:** NHSFV Employees (women and men) affected by GBV, including those with protected characteristics, experience an increased support in the workplace and improved safety, health and well being
- **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

Our outcomes are as a result of what we wish to achieve over the next 4 years in order to further one or more of the needs mentioned in the general equality duty to:

- eliminate discrimination,
- advance equality of opportunity and
- foster good relations.

As highlighted our 'outcomes' have been developed based on local and national priorities as well as to support the changes as identified by individuals, communities, and organisations. The outcomes also evidence the information used to inform the priority areas chosen.

As a result they will have short-term benefits such as:

- changes in service user and staff awareness,
- knowledge of the make up of our communities and their needs,
- enhanced staff skills and attitudes,

It is proposed that where relevant, this will have longer-term benefits such as, changes in behaviours, decision-making processes, advance equality of opportunity as well as empowering people to take ownership for their own care through accessible services and information, or social and environmental conditions.

## Involvement Activities

### Feedback and engagement

We have actively encouraged genuine engagement with patients, volunteers, staff, public members, and local interest groups, which are protected under the Equality Act.

We have used a range of methods in which people have given us feedback and input into the development of our services as well as the development of our equality outcomes.

Significant work was completed in all involvement activities to ensure they were:

- Well structured and focused
- Adequately resourced and accessible
- Influential and transparent
- Respectful of confidentiality and safety

Engagement and involvement in the development of our Equality Outcomes has been undertaken in an interactive manner, with 1:1 meetings, group discussions and surveys, involving staff from across our organisation, service users and community groups/public, Fair for All Development Group meetings as well as sessions held with partner organisations within the Forth Valley area.

On the advice of our younger participants, we also highlighted what we hope to do via Internet comments site and notification through face book and twitter.

Throughout the engagement process, we have considered the particular needs and preferences of different participants to enable them to participate fully and have made relevant changes if identified, including accessible venues and systems put in place to accommodate any particular needs where possible.

Some groups within the community fed back that they had recently been involved in similar pieces of work with other public sector partners. This information, as well as that gathered during previous engagement exercises was used to identify our key equality and diversity priorities.

### Examples of involvement events

We took a new direction in some of our involvement activities by holding specific sessions with young people, young carers, a Joint Cultural Night with Central Scotland Police and discussions with people attending English as a Second and Other Language classes (ESOL), which were extremely informative in developing our outcomes.

We also held scoping events in relation to Gender Based Violence with a variety of local groups and a discussion on our DRAFT outcomes at two events in December 2012 along with Falkirk and Stirling Council and members of the community.

Reports are available on several of these events on our [Equality and Diversity Consultations](#) web page.

These actions and involvement events will be an ongoing process as we recognise that engagement requires meaningful and sustained communications.

## Methods used

A few of the methods used for gaining feedback were as follows:

- 1:1 engagement/ interviews
- Presentations at three Public Partnership Forums in Falkirk, Stirling and Clackmannanshire
- Presentations to protected characteristics specific groups as well as to generic groups including:
  - Young Persons event 23<sup>rd</sup> May 2012
  - Young carers event August 2012
  - LGBT Youth Scotland meeting
  - Local Transgender Group
- Group discussions including Disability Specific event that focused on a range of topics which equality outcomes was one.
- NHS Disability Service Discussion Café's
- Cultural Evening which focused on fostering good relations with representatives from all protected characteristics; held in partnership with Central Scotland Police
- Web based Surveys
- Questionnaires both on line and disseminated to groups – developed in partnership with NHS Forth Valley 'Fair for All Development Group'.
- Scoping exercises in relation to Gender Based Violence
- Attendance at various internal and external meetings
- Presentations at a variety of events including Central Scotland Regional Equality Council AGM
- Meetings/events held with partner organisations incl: Central Scotland Regional Equality Council involvement events at Stirling and Falkirk with respective local authorities, police
- Joint working group with partner organisations through the Multi Agency Hate Response Strategy (MAHRS) Group: Stop Hate in Central Scotland
- Relevant feedback from previous engagement exercises including 'Beyond Barriers' with gypsy/traveller communities
- NHS Forth Valley Fair for All Development Group feedback as part of performance monitoring
- Feedback from National Organisations including NHS Forth Valley's submission for LGBT Youth Scotland's 'Foundation Award'. This was received in September 2012.

## Some of the areas identified by community members

- To be more person centred – know the profile of our service users i.e. ethnicity, disability, LGBT and use this information sensitively
- Enhance staff training in Equality – help staff understand the needs of specific communities and thus influence positive attitudes and behaviours.
- Specific health promotion campaigns incl: smear testing gay women
- Accessible health care materials
- Location of NHS services and their uses: Minor injuries, when to use – pharmacy, GP, Minor Injuries, A & E
- Reporting of Hate Crime and Hate Incidents
- Enhance reporting of Gender Based Violence
- Reduction in Do Not Attends
- Needs of young people should be considered.

## **What did we do with the results?**

We have actively involved our Fair for All Development Group throughout the development of our Equality Delivery Report Implementation Plan and within our involvement exercises as well as the Drafting of our Equality Outcomes. The membership of this group includes community groups and individuals representing the equality strands, NHS Forth Valley staff as well as partner agencies.

The focus is to ensure the equality needs of our communities are met, as well as to ensure involvement of an expert group to guide us in relation to community issues and increase the opportunity to share experiences. This is increased by the participation of a range of other organisations working in the equality field and implementing their own equality work.

They have been heavily involved in developing these outcomes and will be a key group in monitoring and questioning our progress.

We have made contact with local and national community groups via our web site, mail shots and discussions to enable them to have the opportunity to comment on the DRAFT outcomes'

The final set of DRAFT outcomes which were presented to the Fair for All Group for final comment on the 20<sup>th</sup> March 2012 prior to finalisation and approval by the Board on 16<sup>th</sup> April 2013 and publication of our Mainstreaming Report on the 30<sup>th</sup> April 2013.

### **Additional Information available**

A full report is available on request of the involvement activities completed and the evidence used to inform our equality outcomes. This evidence will be published as part of our Equality Delivery Mainstreaming Report 2013 – 17.

### **Reporting on outcomes**

We will publish a short progress report on an Annual basis with a full report on our progress on our Equality outcomes every two years as per our requirements under the Equality Duty 2010

## NHS Forth Valley - EQUALITY OUTCOMES

**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

| What the evidence tells us                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Outputs                                                                                                                  | Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Responsibility & Timescales                                                                                                                                                                                                                                                                                       | Measurement                                                                        | GED & Characteristics                                                                                                                                                    |
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| <p>Direct feedback from local young, disabled, ethnic minority and LGBT &amp;T people indicates that some experience barriers to utilising health services i.e. access to timely and impartial information about preventative care as well as information in services users preferred communication method where possible</p> <p><b>Findings also reflected within <a href="#">LGBT Youth Scotland Scoping Exercise</a> completed in Forth Valley area</b></p> <p><b>Stonewall evidence</b><br/>17% lesbian women</p> | 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> | <p>Equality Advisory Team and Organisational Development</p> <p>March 2017</p>                                                                                                                                                                                                                                    | (80% of staff trained on Equality and Diversity as per AfC Requirements)           | <ul style="list-style-type: none"> <li>eliminate discrimination,</li> <li>advance equality of opportunity and</li> <li>foster good relations.</li> </ul> <p>All PC's</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1.2 Campaigns delivered, service data demonstrates increased uptake of screening i.e. Cervical testing of lesbian women. | <p>Develop inclusive &amp; targeted preventative healthcare messages for LGB including why NHS ask about sexual orientation and information on screening services.</p>                                                                                                                                                                                                                                                                                                                                                    | <p>Equality Advisory Team<br/>October 2015 (1<sup>st</sup> review)</p> <ul style="list-style-type: none"> <li>Sexual Health Team</li> <li>Communications Department</li> <li>Public Health/Health Protection</li> <li>Health Promotion</li> <li>LGBT Local Steering Group Review –</li> </ul> <p>October 2015</p> | <p>Report available on campaigns delivered.</p> <p>Feedback from service users</p> | <ul style="list-style-type: none"> <li>eliminate discrimination,</li> <li>advance equality of opportunity and</li> </ul> <p>Sexual Orientation</p>                       |

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| <p>20-64 yrs old have never had cervical smear test. Also ½ lesbian and bisexual women and 1/3 of gay and bisexual men reported negative experiences in health care sector. NHSFV Services are not always aware of the profile of the communities accessing our services</p> <p>Analysis of EQIA suggest staff are not fully aware of the barriers faced by LGBT Community.</p> | <p>Recorded data on LGB &amp;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>IM &amp; T and Health Records 2015</p>                                                                                                                                                                         | <p>Evaluate current data collection methodology and results in 2015 and 2016.</p>                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>eliminate discrimination,</li> <li>advance equality of opportunity</li> </ul> <p>Focus on Sexual Orientation &amp; Gender Reassignment; however other protected characteristics will be addressed within work programme.</p> |
| <p>National transgender evidence identifies that transgender people have difficulties in accessing information about gender reassignment as well staff awareness of people's particular needs.</p> <p>Barriers and best practice experienced by trans people to inform future actions.</p>                                                                                      | <p>1.3 Transgender Reassignment Protocol in Place</p> <p>Transgender etiquette in place (short document setting out guidance to staff on delivering person centered care to transgender people)</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 at <a href="http://www.nhsforthvalley.com/documents/health-services/public-health/sexual-health-pages.pdf">www.nhsforthvalley.com/documents/health-services/public-health/sexual-health-pages.pdf</a></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>Develop staff questionnaire with Scottish Transgender Alliance</p> | <p>Public Health Consultant &amp; Equality and Diversity Manager, Patient Concerns Team<br/>March 2013 – review<br/>March 2014</p> <p>Equality and Diversity Manager.<br/>August 2013</p> <p>Equality Manager</p> | <p>Protocol in place. Evaluate and concerns by public that their needs are not being met via patients complaints and concerns systems</p> <p>Complete review with transgender community April 2014 since introduction of revised etiquette.</p> <p>Questionnaire results to inform future practice</p> | <ul style="list-style-type: none"> <li>eliminate discrimination,</li> <li>advance equality of opportunity</li> </ul> <p>Transgender</p>                                                                                                                             |

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| <p>Evidence from involvement events highlighted that NHS require have to consider alternative means to contact/inform people about health care.</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>Communications Department and service leads</p>                                                                                   | <p>% of Apps available.<br/><br/>Review of relevant Apps by Younger people working group to identify difference made</p> | <ul style="list-style-type: none"> <li>• eliminate discrimination,</li> <li>• advance equality of opportunity and</li> <li>• foster good relations</li> </ul> <p>All – PC's</p> |
| <p>Feedback from community events identified that people from various age groups, disability groups and ethnic minority communities identified lack of awareness of what services can be provided by Pharmacies, GP's minor injuries and A&amp;E.</p> <p>This can lead to lengthy waiting times for GP appointment when access to Pharmacy services would have met patient needs or avoided inappropriate attendance at A&amp;E.</p> <p>EQIA on NHS Forth Valley A&amp;E (2011) also showed 30% more men aged 16-65 attended A&amp;E than women</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>Communications Department<br/><br/>EDAT Team<br/><br/>Service leads Pharmacies, GP's, Minor Injuries and Emergency Department</p> | <p>Patient Feedback results, review of change in uptake of services</p>                                                  | <ul style="list-style-type: none"> <li>• eliminate discrimination,</li> <li>• advance equality of opportunity and</li> <li>• foster good relations</li> </ul> <p>All – PC's</p> |

## EVIDENCE SUMMARY:

### NHS Forth Valley – 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**

#### **Evidence Gathered & Sources (additional evidence used also available in Equality Delivery Mainstreaming Report Appendixes and Evidence 2013)**

- NHS Forth Valley involvement exercises – results in mainstreaming report re age, BME Communities (English as a Second or Other Language Groups) and community cohesion event
- Stonewall research 'prescription for change' (2008) Health care survey & Stonewall Men's Health Survey 2012
- LGBT Youth Scotland local surveys: [www.nhsforthvalley.com/about-us/equality-and-diversity/consultations/lgbt-consultations](http://www.nhsforthvalley.com/about-us/equality-and-diversity/consultations/lgbt-consultations)
- Actions to be taken as per feedback from LGBT Youth Scotland Charter Mark submission
- NHS Forth Valley EQIA results in relation to LGBT
- NHS FV EQIA Results – A&E services
- Specific actions taken from Young Carers involvement exercise
- Ethnicity data collection August 2012: [www.isdscotland.org/Publications/index.asp?ht=Equality-and-Diversity](http://www.isdscotland.org/Publications/index.asp?ht=Equality-and-Diversity)
- Engender 'Women Thinking Trans issues 2011': [www.edinburghtranswomen.org.uk/Engender%20report%20V3-3-0.pdf](http://www.edinburghtranswomen.org.uk/Engender%20report%20V3-3-0.pdf)
- Discussions with relevant staff with regard to gaps in service provision
- See Me: [www.seemescotland.org](http://www.seemescotland.org)
- Person Centred Care implementation: <http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4021415/AssuringCareFullreport4.pdf>

#### **Analysis Completed**

- Review of existing national and local evidence, bespoke sessions with groups, community engagement evidence
- Criteria applied – criteria set by national outcomes, linked to national data looking at disadvantaged and vulnerable communities' data, EQIA and patient experience surveys.
- Summary of findings and rationale for prioritising draft Equality Outcome: Key aspect identified within involvement activities was access to information, dignity and respect as well as appropriate use of services: ensuring that they were all barrier free.

#### **Consultation on Draft Outcomes**

##### **Involvement:-**

- Draft outcomes discussed at 2 community events in Falkirk and Stirling & highlighted at Central Scotland Regional Equality Council AGM – December '12
- Discussions with NHS Forth Valley Fair for All Development group: Peer review also completed on outcomes identified
- Placed on NHSFV Web site and sign posted to communities via Twitter, Face book, to areas already involved in engagement exercises and via contact list of Public Partnership Coordinator
- Targeted community groups
- NHS Forth Valley Partners
- NHSFV colleagues; practitioners, operational managers and executive leads

##### **Outline of decision-making process for agreeing outcome.**

- Share Equality outcomes
- Gather and collate feedback
- Consider and include reasonable adjustments
- Feedback final outcomes to everyone involved
- To be agreed at FFA Development Group, Governance and Board level (March – April 2013 following final review)

**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.**

| What the evidence tells us                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Outputs                                                                                                                                                                                  | Actions                                                                                                                                                                                                                                                                                                                                                                           | Responsibility & Timescales                         | Measurement                                                                                                                                                                                                                                            | GED & Characteristics                                                                                                                  |
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| <p>Direct feedback from local young, disabled, minority ethnic and LGBT &amp; T people, gypsy traveller communities indicates that some experience barriers to utilising health services i.e. services unaware of their particular needs, staff attitudes, communication difficulties.</p> <p>Evidence within Patient experience survey and involvement events completed during 2012-13 indicated the barriers patient can experience when accessing services</p> <p><a href="#">NHS Forth Valley Inpatient Experience Survey</a> highlighted that actions still require to be taken to ensure patients are kept informed and involved in their care.</p> | 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                                                                                                                                                                                                                    | Patients Focus and Relations Team<br><br>March 2015 | Patient feedback comments, concerns and complaints can produce reports which capture feedback                                                                                                                                                          | <ul style="list-style-type: none"> <li>eliminate discrimination,</li> <li>advance equality of opportunity</li> </ul> <p>All – PC's</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 | Review arrangements to encourage feedback comments, concerns & compliments so that patents have the opportunity to improve service development and learning within the organisation.<br><br>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. | March 2015                                          | comments and concerns can generate data by Protected Characteristics.<br><br>Action taken as a result of feedback comments and complaints is reported annually<br><br>Results of <a href="#">NHS Forth Valley inpatient experience Survey</a> increase |                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2.3a NHS Forth Valley involves consults and offers the opportunity to inform or monitor our actions in an equitable way.                                                                 | 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                                                                                                                                                                    | March 2015                                          | Implementation of young persons group.<br><br>Action Plan to be developed by group                                                                                                                                                                     |                                                                                                                                        |

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| <p>Review of interpreter services identified that current system requires being refined and that appropriate use of interpreters is met to ensure people are not disadvantaged.</p> <p>Feedback from community groups identified the need for an instant response to people whose first language is not English in particular when accessing pharmacy services.</p> <p>Christie Report (2011) highlighted the work required by public sector to reduce inequalities and promote equality as well as improving performance and reducing costs.</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>Review Interpretation, translation and communication support arrangements for hard of hearing, Deaf and Deafblind people. Prepare for renewal or re-tender of contract as current agreement comes to an end Feb 2015</p> | <p>Prison Healthcare Manager with responsibility for Interpreting and translation services</p> <p>March 2016</p> <p>Disability Service NHSFV Procurement Sept 2014/Feb 2015</p>                                | <p>Enhanced use of Language Line, reduction in Patients Do Not Attends (DNA's) when interpreter Booked</p> <p>Evaluation of service, consider provision in relation to financial spend. Review changes to local population and health service needs.</p> | <ul style="list-style-type: none"> <li>eliminate discrimination,</li> <li>advance equality of opportunity</li> </ul> <p>Disability, Race &amp; Ethnicity</p>                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p>Flow chart in place to identify correct arrangements for supporting patients communication needs</p> <p>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</p> | <p>Reduce costs of patients Do Not Attends further to interpreter being booked</p> <p>Review current Interpreter and translation flow charts for British Sign Language and community languages</p> <p>Identify pharmacies that can provide telephones to patients to enable them to use Language line</p>                                                                                                                                                                       | <p>March 2016</p> <p>Prison Health Care Manager &amp; Disability Service 1<sup>st</sup> review October 2014</p> <p>Community Pharmacy Equality &amp; Diversity Manager and Disability Service – March 2015</p> | <p>Evaluation report on current interpreter usage</p> <p>% of pharmacies with Language Line in place</p> <p>Evaluate use of language line by pharmacy services</p>                                                                                       | <ul style="list-style-type: none"> <li>eliminate discrimination,</li> <li>advance equality of opportunity</li> <li>Foster good relations</li> </ul> <p>Race and ethnicity</p>       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p>2.5a Systems in place to ensure gypsy travellers are equally informed about NHS FV services</p>                                                                                                                                                                                      | <p>Group in place to develop Action Plan to identify gaps in service provision and put positive actions in place where relevant</p>                                                                                                                                                                                                                                                                                                                                             | <p>Public Health 2013-15</p>                                                                                                                                                                                   | <p>Patient experience survey with gypsy travellers</p>                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>eliminate discrimination,</li> <li>advance equality of opportunity and</li> <li>foster good relations</li> </ul> <p>Race &amp; ethnicity</p> |

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| <p>Involvement events and NHS Annual Review identified that patient specific needs are not always recorded or met prior to appointments or treatment. This can lead to patients experiencing barriers to care or DNA's</p> | <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</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 format documents/appointment letters etc 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> | <ul style="list-style-type: none"> <li>IT &amp; e health systems</li> <li>DNA coordinator Medical Records</li> <li>Patient Booking systems (approved 8/12/12)</li> <li>Disability Service</li> </ul> | <p>Reduce DNA's of disabled people or BME Communities</p> <p>Total DNA's for NHSFV currently at 7.5%</p> <p>Reports from TOPAS OP Appt Booking system (HEAT Target)</p> <p>DNA's of people with a disability currently 6% reduce to 2% by 2017</p> <p>Reduced numbers of DNA's, increase to number of appointments rescheduled rather than cancelled</p> | <ul style="list-style-type: none"> <li>eliminate discrimination,</li> <li>advance equality of opportunity</li> </ul> <p>Disability, Race &amp; Ethnicity Although will have an impact on other PC's</p> |
| <p>Identified as an action within NHSFV Spiritual Care Steering Group work plan and activities.</p>                                                                                                                        | <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>Spiritual Care Service March 2017</p>                                                                                                                                                             | <p>Evaluate feedback, comments and concerns and report within Spiritual Care Annual Report 2014</p> <p>Patient Reported Outcome measure for Spiritual Care.</p>                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>eliminate discrimination,</li> <li>advance equality of opportunity and</li> <li>foster good relations</li> </ul> <p>Religion and Belief</p>                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                      |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                 |
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| <p>People from ethnic minority groups are less likely to access sexual health services and undergo HIV testing. Groups with a higher HIV prevalence than the general population include Sub-Saharan Africans along with, to a lesser extent, other minority ethnic populations. The inequality gap manifests in relation to race and sexual identity, more so than socio-economic status.</p> <p>This is, for example, pertinent to those living with HIV in Scotland in black and minority ethnic (BME), particularly African, communities, who may face race related stigma as well as discrimination relating to their HIV status. Access and attendance should be actively encouraged by engagement, support and involvement of those most at risk</p> | <p>2.8 A local Forth Valley sexual health needs assessment will look at describing the local BME populations. 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. Gaps in service provision may also be identified. This will allow this target group to make informed choice about their health, and the delivery of patient centred care. This will help reduce barriers to access and prevent inappropriate access to other services for example, the emergency department.</p> | <p>Engagement as above</p> <ul style="list-style-type: none"> <li>• Deliver a one page leaflet (available in different languages on request) on sexual health services which will include;</li> <li>• Access to specific sexual health services and the services provided by primary care and pharmacy</li> <li>• Where to access BBV testing, condoms, contraception</li> <li>• Information on the cervical screening program</li> </ul> | <p>Sexual health needs assessment: lead: (public health department lead</p> <p>Engagement following assessment: Sexual Health Team</p> <p>Timescale: Summer 2014</p> | <p>Numbers attending sexual health clinic from BME communities – ethnicity monitored</p> <p>Service user feedback</p> <p>Community engagement evidence and feedback- Confidence in the service and the client's ability to manage their health.</p> | <ul style="list-style-type: none"> <li>• eliminate discrimination,</li> <li>• advance equality of opportunity and</li> <li>• foster good relations</li> </ul> <p>Gender, Race and Ethnicity</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.**

| What the evidence tells us                                                                                                                                                                                                                               | Outputs                                                                                                               | Actions                                                                                                                                                                  | Responsibility & Timescales                                                    | Measurement                                                                                                     | GED & Characteristics                                                                                                                                                        |
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| <p>NHS Forth Valley SMR Returns are below the national average</p> <p>We are unable to demonstrate that we are collating information on peoples protected characteristics and use this information to inform service delivery and respective EQIA's.</p> | 2.1b SMR returns are completed.                                                                                       | Respective managers to take responsibility for fields on protected characteristics being completed                                                                       | Health Records<br>October 2015                                                 | SMR returns increase by 10% each year<br>2013 -17                                                               | <ul style="list-style-type: none"> <li>eliminate discrimination,</li> <li>advance equality of opportunity</li> </ul> Ethnicity                                               |
|                                                                                                                                                                                                                                                          | 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 | Communications Department<br>Equality & Diversity Advisory Team<br>August 2013 |                                                                                                                 | <ul style="list-style-type: none"> <li>eliminate discrimination,</li> <li>advance equality of opportunity and</li> </ul> Disability, sexual orientation, religion and belief |
|                                                                                                                                                                                                                                                          | 2.3b National and local evidence available within EQIA on-line tool to support staff to complete EQIA's.              | Develop effective processes to gather evidence and data about equality profile of people using NHSFV services thereby enhancing patient care                             | IM&T and Health Records<br>March 2017                                          | EQIA framework is developed, shared and adopted across NHSFV and annual reports are available on EQIA completed | <ul style="list-style-type: none"> <li>eliminate discrimination,</li> <li>advance equality of opportunity and</li> <li>foster good relations</li> </ul> All – PC's           |
|                                                                                                                                                                                                                                                          | Census data available for staff completing EQIA's                                                                     | Improve and review the performance of NHS Forth Valley committees and services in completing EQIA's                                                                      | Equality and Diversity Manager and committee leads<br>March 2014               |                                                                                                                 |                                                                                                                                                                              |
|                                                                                                                                                                                                                                                          |                                                                                                                       | Place Census link onto web site                                                                                                                                          | Equality Manager and webmaster<br>December 2013                                | <b>Information in place</b>                                                                                     | All protected characteristics as identified within census                                                                                                                    |

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

| What the evidence tells us                                                                                                                                                                                            | Outputs                                                                                                                                                                                            | Actions                                                                                                                                                                                                                                                                                                        | Responsibility & Timescales                                                                                                                              | Measurement                                                                                                                                                                   | GED & Characteristics                                                                                                                                               |
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| <p>Further support required for HR staff to enable them to fully undertake EQIA's</p>                                                                                                                                 | <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&amp;D for staff who sit on recruitment panels</p> <p>Establish a programme to improve workforce monitoring across all protected characteristics</p> | <p>Recruitment and Selection Department<br/>March 2014</p> <p>HR, Equality and Diversity Advisory Team<br/>Organisational Development<br/>March 2015</p> | <p>HR Policies EQIA'd and outcomes</p> <p>% staff trained on panels</p> <p>% of disclose of staff increases following full implementation of E-ess system</p>                 | <ul style="list-style-type: none"> <li>eliminate discrimination,</li> <li>advance equality of opportunity</li> </ul> <p>All – PC's</p>                              |
| <p>An Equality Duty 2010 specific requirement</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>HR – March 2014</p> <p>HR – March 2015</p>                                                                                                            | <p>Statement in place</p> <p>Narrow % pay gap and gender imbalance</p>                                                                                                        | <ul style="list-style-type: none"> <li>eliminate discrimination,</li> <li>advance equality of opportunity</li> </ul> <p>All PC's</p>                                |
| <p>Meet Best Practice standard from Stonewall</p> <p>Low returns in staff profile of LGBT staff in employment</p> <p>EQIA's completed do not fully demonstrate impact policies may have on LGB &amp; T employees.</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>HR Department and Equality and Diversity manager<br/>March 2014</p>                                                                                   | <p>'Blue Light LGBT Staff Network' in place.</p> <p>Evaluate actions completed 2015 to enhance current staff awareness and support as well as improve access to services.</p> | <ul style="list-style-type: none"> <li>eliminate discrimination,</li> <li>advance equality of opportunity and</li> <li>foster good relations</li> </ul> <p>LGBT</p> |

|                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                            |                                                                                                                                                                                                            |                                                                                                                                                                               |
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| <p>Following recent staff survey results in relation to NHS 20:20 vision; Staff knowledge of Dignity at Work policy requires to be reviewed and implemented at source</p>                                                                                                                                        | <p>2.4c Dignity at Work policy embedded within organisation</p>                                                                                                                                        | <p>Revise and launch dignity at work policy with clear organisational values<br/>Develop information and training package to support implementation</p>                                                                                                                                                                                                                                 | <p>Organisational Development and Human Resource<br/><br/>March 2015</p>                   | <p>Staff are aware of Dignity at work policy and have completed awareness sessions</p>                                                                                                                     | <ul style="list-style-type: none"> <li>• eliminate discrimination,</li> <li>• advance equality of opportunity and</li> </ul> <p>All PC's</p>                                  |
| <p>1 in 4 of us will experience mental ill health problems at some point. NHS FV sickness absence statistics mirror this.</p> <p>81% of people with lived experience of mental ill-health told See Me, that they had experienced stigma<br/><a href="http://www.seemescotland.org">www.seemescotland.org</a></p> | <p>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.</p> | <p>Direct support delivered by Occ Health and HR services and via Management team</p> <p>Analysis and monitoring of sickness absence rates</p> <p>Refresh and reinvigorate 'See Me', Scotland's national campaign to end the stigma and discrimination of mental health</p> <p>Mental Health First Aid training available for staff in Learning and Development Training programme.</p> | <p>Human Resource Department.</p> <p>'See Me' working group</p> <p>Evaluate March 2014</p> | <p>Achieve the Healthy Working Lives Mental Health Commendation Award</p> <p>Review impact of 'stress awareness training'</p> <p>Evaluate impact on staff attending 'Mental Health First Aid Training'</p> | <ul style="list-style-type: none"> <li>• eliminate discrimination,</li> <li>• advance equality of opportunity and</li> <li>• foster good relations</li> </ul> <p>All PC's</p> |

## **EVIDENCE SUMMARY: NHS Forth Valley – Equality Long Term Outcome 2:**

- **Within NHS Forth Valley everyone has a positive experience of health care**
- **NHS Forth Valley promotes and delivers on patient centred care and meets best practice standards in relation to equality and diversity for all protected characteristics**

### **Evidence Gathered & Sources (additional evidence used also available in Equality Delivery Mainstreaming Report Appendixes and Evidence 2013)**

#### **2.a NHS Forth Valley promotes and delivers on patient centred care and meets best practice standards in relation to equality and diversity for all protected characteristics**

- Direct feedback from local young, disabled, minority ethnic and LGB &T people, gypsy traveller communities indicates that some experience barriers to utilising health services i.e. services unaware of their particular needs, staff attitudes, communication difficulties and access to services
- Evidence within Patient experience survey and involvement events completed during 2012-13 indicates some barriers patient can experience when accessing services
- Review of interpreter services identified that current system requires to be refined and that appropriate use of interpreters is met to ensure people are not disadvantaged
- Results from NHS Forth Valley Staff 20:20 vision currently in DRAFT to be published after publication of Outcomes report.
- Report from 'outcomes involvement event held at Stirling and Falkirk.
- Involvement events and NHS Annual Review identified those patients specific needs are not always recorded or met prior to appointments or treatment. This can lead to patients experiencing barriers to care or DNA's
- Results from [NHS Forth Valley in patient experience survey 2012](#)
- Information obtained from Spiritual care committee reports
- Evidence from National and local Sexual Health research in relation to people from minority ethnic groups being less likely to access sexual health services and undergo HIV testing
- Evidence as identified within Christie Report (2011) re reduction in inequalities: [www.scotland.gov.uk/Publications/2011/06/27154527/0](http://www.scotland.gov.uk/Publications/2011/06/27154527/0)

#### **2.b All healthcare developments, policies and plans are informed by information on profile/protected characteristics of patients in the community**

- NHS Forth Valley SMR Returns are below the national average
- We are unable to demonstrate that we are collating information on protected characteristics and thus this information is not available to inform service delivery and respective EQIA's

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

- Best practice standard as identified by Stonewall
- Low returns from staff re disclose of LGBT identity
- Staff survey results
- Equality Duty requirement in relation to Equal Pay
- HEAT Target re reduction of sickness absence rates
- Findings from 'See Me' staff involvement exercise

#### **Analysis Completed**

- Review of existing national and local evidence, bespoke sessions with groups, staff and community engagement evidence
- Criteria applied – criteria set by national outcomes, linked to national data looking at disadvantaged and vulnerable communities' data, EQIA and patient experience surveys
- Summary of findings and rationale for prioritising draft Equality Outcome: Key aspect identified within involvement activities was access to information, dignity and respect as well as appropriate use of services: ensuring that they were all barrier free.

## **Consultation on Draft Outcomes**

### **Involvement:-**

- Draft outcomes discussed at 2 community events in Falkirk and Stirling and highlighted at Central Scotland Regional Equality Council AGM – December 2012
- Discussions with NHS Forth Valley Fair for All Development group: Peer review also completed on outcomes identified
- Placed on NHSFV Web site and sign posted to communities via Twitter, Face book, to areas already involved in engagement exercises and via contact list of Public Partnership Coordinator
- Targeted community groups
- NHSFV Partners
- NHSFV colleagues; practitioners, operational managers and executive leads
- Discussed at various NHSFV Workforce Groups

### **Outline of decision-making process for agreeing outcome.**

- Share Equality outcomes
- Agreed by NHS Forth Valley Spiritual Care Steering Group
- Agreement by Sexual Health Team
- Gather and collate feedback
- Agreed by NHS Forth Valley 'See Me' group members
- Consider and include reasonable adjustments
- Feedback final outcomes to everyone involved
- Discussions with IM & T lead
- Agreed by Communications Manager
- To be agreed at FFA Development Group, Governance and Board level (March – April 2013 following final review)

**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**

| What the evidence tells us                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Outputs                                                                                                                                                                                                                                                                                                                                                | Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Responsibility & Timescales                                                                                                                                                                                                                                                                    | Measurement                                                                                                                                                                                                                                                                                                            | GED & Characteristics                                                                                                                                                     |
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| <p>EHRC Equality Measurement Framework Indicator Scottish Govt. priority</p> <p>Disabled people at higher risk than no-disabled – 17% approx.</p> <p>Hate incidence in Central Scotland reported to Police: 2010/11 321<br/>2011/12 443</p> <p>Under reporting of Hate incidents by NHS Forth Valley staff and contractors</p> <p>Stonewall 'Living Together' 2012 report Identified that 6% of Scots of working age had witnessed verbal homophobic or transphobic bullying at work. Research identified that 84% respondents from Central Scotland identified that it was right to tackle prejudice where it exists.</p> | <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 at Work event for Nursing Staff</p> | <p>Multi Agency Hate Response Steering Group – Stop Hate in Central Scotland Communications Group by December 2013 (NHS FV Quality Manager)</p> <p>Risk Management Team</p> <p>Quality Manger, EDAT</p> <p>Quality Manger, EDAT</p> <p>Communications Team</p> <p>Patient Experience Team.</p> | <p>Reports of hate incidents provided on an annual basis</p> <p>Quarterly Analysis of Hate Incidents and Action Plan Evaluation of MAHRS Strategy</p> <p>Revision of MAHRS Strategy by December 2013</p> <p>Evaluation of training completed as well as identification of reporting of incidents in NHSFV 2013-15.</p> | <ul style="list-style-type: none"> <li>eliminate discrimination,</li> <li>advance equality of opportunity and</li> <li>foster good relations</li> </ul> <p>All – PC's</p> |

**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**

| What the evidence tells us                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Outputs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Responsibility & Timescales                                                                                                                                                                                                                                                                                                         | Measurement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | GED & Characteristics                                                                                                                                         |
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| <p>National, international and local evidence shows that women are disproportionately affected by Gender Based Violence (GBV).</p> <p>Level of Gender Based Violence in Forth Valley area reported to Central Scotland Police in 2011/12 was 3705</p> <p>Evidence from recent community survey identified that there are still some communities who require information to understand the nature and extent of GBV so that appropriate action can be taken to improve outcomes for people experiencing abuse. This will be completed with partner agencies to prevent duplication of effort and streamlining of resources.</p> <p>Review completed of Routine enquiry results evidenced: Approx 3% pregnant women</p> | <p>3.1b NHS FV GBV Steering Group to develop a 4 year GBV action plan.</p> <p>Service monitoring data demonstrates implementation</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>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> <ul style="list-style-type: none"> <li>Women's Aid to evaluate amount of usage incl age, disability,</li> </ul> | <p>Continue to implement action plan for CEL-41 on GBV for 2013 -17</p> <p>Continuation of GBV Routine enquiry within NHSFV</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>Use information from National Steering Group to inform NHSFV GBV Action Plan.</p> <p>Launch and publicise Drop in facility at FVRH</p> | <p>NHSFV Operational and Strategic Lead for GBV (2013-17)<br/>Strategic and Operational Leads GBV</p> <p>NHSFV Operational and Strategic Lead for GBV (2013-17)</p> <p>Operational Lead GBV - June 2013</p> <p>Operational Lead GB (2013 -17)</p> <p>Women's Aid and Operational Lead for GBV – Jan '13 to June 2013 (evaluate)</p> | <p>Evaluation of reported incidents of GBV annually from 2013 – 17</p> <p>Annual report available. Systems in place to address needs</p> <p>E-learning package in place. Uptake of training 2013-14 to form baseline</p> <p>50 % staff who completed routine enquiry training have completed refresher training By March 2014</p> <p>Action Plan in place to inform progress</p> <p>Monitoring reports available on biannual basis Annual basis to evaluate effectiveness of service and identify breakdown of users to inform future</p> | <ul style="list-style-type: none"> <li>eliminate discrimination,</li> <li>advance equality of opportunity and</li> </ul> <p>All Protected Characteristics</p> |

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| <p>accessing NHSFV Maternity services report previous or ongoing Gender Based Violence</p> | <p>gender, sexual orientation and ethnicity of service users.</p> <ul style="list-style-type: none"> <li>• Collate bi-annual report to identify any further targeted work required</li> </ul> <p>Infrastructure in place to provide effective advice and support at the point of contact with front line staff</p> <p>Multi Agency Risk Assessment Conference to be established to support high risk GBV cases within NHSFV</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>Further develop joint working arrangement with partner organisations to establish MARAC system within Forth Valley/Fife</p> | <p>NHS FV GBV Steering Group<br/>June 2013 (review annually)</p> <p>MARAC Coordinator</p> | <p>direction of work in Forth Valley area.</p> <p>MARAC reports available 2014 + with summary of actions taken and outcomes.</p> |  |
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**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.**

| What the evidence tells us                                                                                                                                                                                                                                                     | Outputs                                                                                                                           | Actions                                                                                                     | Responsibility & Timescales                                                                                                                                                                       | Measurement                                                                                                                | GED & Characteristics                                                                                                                                                                                                  |
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| <p>National and international evidence shows that women are disproportionately affected by GBV</p> <p>Directive from Scottish Government</p> <p>Meets requirements as identified Partnership Information Network<br/> <a href="#">NHS Gender Based Violence PiN Police</a></p> | <p>3.1 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> | <ul style="list-style-type: none"> <li>Human Resource Department</li> <li>NHSFV Operation Lead for GBV</li> <li>Occupational Health</li> </ul> <p>General managers &amp; Operational Lead GBV</p> | <p>Evaluate uptake of policy</p> <p>% of staff completing training. Identify gaps in services not completing training.</p> | <p>Gender and all other protected characteristics where relevant to individual circumstances.</p> <ul style="list-style-type: none"> <li>eliminate discrimination,</li> <li>advance equality of opportunity</li> </ul> |
|                                                                                                                                                                                                                                                                                | <p>3.2 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>NHSFV Operational and Strategic Lead for GBV (2013-17)</p>                                                                                                                                     | <p>Evidence that task has been completed</p>                                                                               | <ul style="list-style-type: none"> <li>advance equality of opportunity and</li> <li>foster good relations</li> </ul>                                                                                                   |

**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.**

| What the evidence tells us                                                                                                                                                                                                                                                                                                                                                                                                                                    | Outputs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Actions                                                                                                                       | Responsibility & Timescales                                                                                                                                                       | Measurement                                                                                                                                                                                                                                                                 | GED & Characteristics                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p>People experiencing deprivation, and/or belonging to vulnerable groups tend to have a higher risk of developing health conditions, and tend also not to access help for reducing this risk compared to the population as a whole.</p> <p>National policy – based on the best available evidence - is the delivery of Keep well, aimed at reducing the risk of cardiovascular disease in these populations, and we have extended this to all conditions</p> | <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>Programme lead – Executive Director lead</p> <p>Group: Keep well Forth Valley</p> <p>Implementation of extension plan – 2012-2014</p> <p>'Mainstreaming' – 2014 and beyond</p> | <p>The Keep well database records all information relevant to the above, and provides a means for measurement against objectives (e.g. target for 2012-13 is 1300 health assessments).</p> <p>In addition an annual report for 2012-13 will be published in Sept. 2013)</p> | <ul style="list-style-type: none"> <li>• eliminate discrimination,</li> <li>• advance equality of opportunity and</li> </ul> <p>PC's</p> <ul style="list-style-type: none"> <li>• homelessness,</li> <li>• substance use issues,</li> <li>• minority ethnic group,</li> <li>• Gypsy traveller</li> <li>• in contact with the criminal justice system,</li> <li>• carer</li> <li>• gender</li> <li>• employability</li> <li>• armed service veterans</li> </ul> |

## **EVIDENCE SUMMARY: NHS Forth Valley – Equality Long Term Outcome 3: Within NHS Forth Valley, people are able to live well in the community.**

**Evidence Gathered & Sources** (additional evidence used also available in Equality Delivery Mainstreaming Report Appendixes and Evidence 2013)

### **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 or disability related discrimination**

- EHRC Equality Measurement Framework Indicator
- Scottish Govt. priority
- Stonewall Scotland 'Living Together Report' [www.stonewallscotland.org.uk/documents/living\\_together\\_web\\_version.pdf](http://www.stonewallscotland.org.uk/documents/living_together_web_version.pdf)
- Disabled people at higher risk than non-disabled – 17% approx.
- Hate incidents in Central Scotland reported to Police:
  - 2010/11 321
  - 2011/12 443
- Under reporting of Hate incidents by NHS Forth Valley staff and contractors
- Findings from Central Scotland Multi Agency Hate Response Strategy
- Informal discussions held with staff during training sessions
- Analysis of Routine enquiry data.

### **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**

- National, international and local evidence shows that women are disproportionately affected by Gender Based Violence (GBV).
- Enhanced recording of GBV incidences required within NHS
- Level of Gender Based Violence in Forth Valley area reported to Central Scotland Police in 2011/12 was 3705
- Evidence from recent community survey identified that there are still some communities who require information to understand the nature and extent of this issue so that appropriate action can be taken to improve outcomes for people experiencing abuse. This should be completed with partner agencies to prevent duplication of effort and streamlining of resources.
- Results community GBV Survey available on: [www.nhsforthvalley.com/about-us/equality-and-diversity/consultations](http://www.nhsforthvalley.com/about-us/equality-and-diversity/consultations)

### **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.**

- National and international evidence shows that women are disproportionately affected by GBV
- **Directive from** Scottish Government
- Implementation of the recommendations within the NHS Gender Based Violence PiN Policy; [www.scotland.gov.uk/Resource/Doc/364480/0123833.pdf](http://www.scotland.gov.uk/Resource/Doc/364480/0123833.pdf)

### **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**

- People experiencing deprivation, and/or belonging to other vulnerable groups tend to have a higher risk of developing health conditions, and tend also not to access help for reducing this risk compared to the population as a whole. National policy – based on the best available evidence - is the delivery of Keep well, aimed at reducing the risk of cardiovascular disease in these populations, and we have extended this to all conditions
- Keep Well [www.keepwellscotland.org.uk/about/index.aspx](http://www.keepwellscotland.org.uk/about/index.aspx)

### **Analysis Completed**

- Review of existing national and local evidence, bespoke sessions with groups, staff and community engagement evidence
- Criteria applied – criteria set my national outcomes, linked to national data looking at disadvantaged and vulnerable communities' data,
- Discussions with NHS Forth Valley Fair for All Development group: Peer review also completed on outcomes identified
- Discussions held with Women's Aid as well as reviewing local data evidenced within their Annual Report 2013
- Summary of findings and rationale for prioritising draft Equality Outcome: Local and national priority as well as Zero Tolerance approach to be taken within NHSFV
- Informal discussions held with staff during training sessions
- Implementation of 'Keep Well' will enhance healthcare of targeted population.

### **Consultation on Draft Outcomes**

#### **Involvement:-**

- Draft outcomes discussed at 2 community events in Falkirk and Stirling and highlighted at Central Scotland Regional Equality Council AGM – December 2012
- Shared with NHSFV Fair for All development group
- Placed on NHSFV Web site and sign posted to communities via Twitter, Face book, to areas already involved in engagement exercises and via contact list of Public Partnership Coordinator
- Targeted community groups
- NHSFV Partners including MAHRS Group
- NHSFV colleagues; practitioners, operational managers and executive leads
- To be discussed a various NHSFV Workforce Groups

#### **Outline of decision-making process for agreeing outcome.**

- Share Equality outcomes
- Gather and collate feedback
- Consider and include reasonable adjustments
- Feedback final outcomes to everyone involved
- To be agreed at FFA Development Group, Governance and Board level (March – April 2013 following final review)
- MAHRS Group.