This Report highlights:

- Our progress during 2015 - 2017
- Key activities for 2017-21
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Image on front cover supplied with kind permission of Braehead Triangle Group along with LGBT Youth Scotland.

NHS Forth Valley would like to thank all the individuals, groups and organisations who gave their time and expertise to contribute to the development of this report. We would also like to thank those who continue to help us move further towards full equality for all the people we provide healthcare for and in our employ.
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NHS Forth Valley ‘Progressing Equality’

Opening Statement

As a Health Board we have both a legal and moral duty to demonstrate fairness and equality to our communities, our service users and our employees putting people at the centre of care by ensuring equality and also in taking a Human Rights Based Approach to our work.

The NHS Forth Valley Equality and Diversity Mainstreaming and Progress Report summarises how we have met our Public Sector Duties during 2015 - 2017 and will continue to meet our Equality Duties during 2017-21. This includes actions taken to eliminate discrimination, harassment and victimisation, advance equality of opportunity and fostered good relations in the delivery of our services, support to our communities and developing our workforce.

Forth Valley has a diverse population and we want to ensure that we provide a range of services and facilities that meet the varying needs of local people. In addition, there is a strong business case for continuing to invest in equality, diversity, community cohesion and human rights. As we continue on our improvement journey to be safe and compassionate, we also aim to ensure that our services and employment practices are a true reflection of our commitment to equal opportunity.

This report and respective outcomes has been developed in light of the most recently available equalities information and evidence of need. This includes information on Forth Valley’s population, our workforce, research and results from engagement with service users and findings and recommendations from our recent Clinical Services Review and subsequent NHS Forth Valley Healthcare Strategy 2016-2021.

We are determined that this report and implementation plan will continue to make a significant difference in improving the services to the communities we serve – both in terms of the experience of accessing and using health services as well as achieving better health outcomes.

As an employer we will continue to deliver a fair recruitment process and ensure that we provide a work environment that encourages equal opportunity which is free from discrimination. We are committed to ensuring that our staff are empowered, engaged and well-supported.

We recognise that a work force that has a supportive environment is more productive. By drawing on a broader range of talent which better represents the communities that we serve and we can improve decision making and policy development.

As an organisation we strive to go beyond compliance with legislation and do so because we want to make a difference.

Professor Angela Wallace

Executive Summary

As a public sector organisation, NHS Forth Valley is statutorily required to ensure that equality, diversity and human rights are embedded into all our functions and activities as per the Equality Act 2010 Public Sector Duties and the Human Rights Act 1998.

In the exercise of our functions we will continue to ensure that we:

- 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.

This means that we will continue to:

- Work towards ensuring that people protected by the Equality Act 2010 are not disadvantaged.
- Take steps to meet the needs of people from protected groups.
- Encourage people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
- Ensure that each member of staff is aware of their responsibility in the equality needs of our communities.

This report outlines the challenges and opportunities we face and identifies how we can address the former and embrace the latter. It recognises our past and current efforts on equality and diversity issues, and provides a tangible vision for the future.

This approach provides a solid foundation for current and future work and will assure the NHS Forth Valley commitment to tackling inequalities as identified within the Equality Act (2010) Specific Duties. This will include evidence on the steps that are legally required, as well as recommended actions.

These are:

- How we mainstream the equality duty
- Our new set of equality outcomes 2017-21 are:
  1. NHS Forth Valley staff and service users can identify hate crimes and incidents and are confident in reporting them
  2. Within NHS Forth Valley people from the LGBTI community will not experience barriers to accessing or receiving end of life care
  3. Within NHS Forth Valley people who experience mental health problems and or learning disabilities are supported to live fulfilled lives without stigma
  4. NHS Forth Valley service users are equal partners in planning, developing and monitoring their care through informed choice and personal responsibility
  5. Within NHS Forth Valley there will be a reduction in the sexual health inequalities experienced by communities through fostering a culture of positive sexual health which encompasses age, disability, gender, gender reassignment, race/ethnicity, religion and sexual orientation
  6. Within NHS Forth Valley transgender and gender variant people experience a care and work environment free from discrimination
  7. NHS Forth Valley will submit to the Stonewall Scotland Workplace Equality Index in 2017 and improve their score year on year
• Progress made on our 2015 - 2017 outcomes
• How we assess and review our policies and practices
• How we will use information on members or board members gathered by the Scottish Ministers
• Actions to gather and use employee information
• Publish gender pay gap information
• Publish statements on equal pay
• The considerations taken regarding the award criteria and conditions in relation to public procurement
• How we will continue to publish in a manner that is accessible.

**Human Rights Act** - As identified within Human Rights and the Right to Health Briefing December 2016, we will ensure that we give due regard to the Human Rights Act 1998 [HRA]. In delivering services which are compatible with the HRA, we continue to be committed to undertaking human rights based approach in line with PANEL principles:

**Participation, Accountability, Non-discrimination, Empowerment, and Legality**

**Examples of our progress to date:**

**Partnership Working:**
During 2015-16 several initiatives were completed with partners to ensure the needs of our diverse communities were met. These included:

• Partnership working on ‘Hate Incidents’ with Police Scotland, Local Authority partners and 3rd sector
• Local ‘No Bystanders’ campaign on Domestic Abuse and Trafficking with Police Scotland
• ‘See Me’ joint initiative with public sector bodies to raise the profile of Mental Health and stigma

**Developed an integrated approach of patient engagement**

• We have developed productive relationships with patient/service user and groups to address identified concerns and communicate outcomes.
• Enhanced engagement with marginalised groups through analysing the data from our service user events and identifying those groups we require to work closer with.
• We have effectively used in-house and community patient experience data to enhance our practice and reflect on the way we communicate and care for patients.
• Actively involved communities in our service developments including the NHS Forth Valley Health Care Strategy and involvement in the development of the Stirling Community Care Village.

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Advanced the equality agenda – staff

- The development/update of all NHS Forth Valley Human Resource policies and procedures.
- **Equality & Diversity-learning training**: From January 2013-December 2016 ‘6702’ staff completed the E&D e-learning module. This is over and above any face-to-face training delivered on Equality and Diversity or respective protected characteristic training delivered during this time period.
- Supported current and potential employees with disabilities through ‘access to work.’

Further examples and case studies will be evidenced throughout this Report.

**During 2017-21 we will:**

- Improve data collection for complaints with identification of key themes for example, based on protected characteristics or issues raised by communities.
- Review the data available from the patient administration system and evaluate the profile of patients accessing services. Using experience and outcome data, consider the specialities that are proved by NHS Forth Valley.
- Further develop the training and education packages to ensure full coverage of Equality & Diversity issues.
- Through the development of our four key equality priorities we will raise the awareness of equality issues across management within NHS Forth Valley and the benefits it can have with regards to service delivery and staff performance.
- Continue to involve and report to our communities on the work we are doing as a Board and in particular those areas in relation to Equality and Diversity.
Demographics

Forth Valley is situated in the heart of Scotland in the central belt in between two large health boards with teaching hospitals, Glasgow in the West and Edinburgh in the East. Forth Valley has links with other health boards. Most of the population lives in large or small towns, with a small minority living in remote rural locations in the North West of the Stirling Council area.

The boundaries of NHS Forth Valley are co-terminus with the three Local Authorities; Clackmannanshire Stirling and Falkirk.

The number of people in the population forms the basis for planning health services; the more people the more services are likely to be required. The population of Forth Valley is changing more significantly than the Scottish average. Currently, Forth Valley has a population of approximate 300,000 and will rise to nearly 308,000 by 2019 (2.3% increase), compared to a 2% increase in Scotland. (Appendix A)

The distribution of the population of Forth Valley is:
- 17% in Clackmannanshire council,
- 52.5% in Falkirk council and
- 30.5% in Stirling council.

There is some variation in population trends between areas in Forth Valley. For example, although the overall population is expected to increase, the relative population of Clackmannanshire is expected to be lower in 2035 than it is now.

<table>
<thead>
<tr>
<th>Area</th>
<th>2014 (%)</th>
<th>2035 (estimated) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clackmannanshire</td>
<td>17.0</td>
<td>15.4</td>
</tr>
<tr>
<td>Falkirk</td>
<td>52.5</td>
<td>52.6</td>
</tr>
<tr>
<td>Stirling</td>
<td>30.5</td>
<td>32.0</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Population distribution Forth Valley 2014 & 2035 (taken from Clinical Services Review stats)

There is one acute hospital – Forth Valley Royal Hospital, situated in Larbert; and four Community Hospitals situated at Bo’ness, Clackmannanshire, Falkirk and Stirling. For regional planning purposes, its central location means that NHS Forth Valley works with both SEAT (South East and Tayside region) and the West of Scotland region. Figure 21 illustrates where the total operating cost are spent across the hospital sector, community sector and family health sector, in comparison with Scotland, Lanarkshire and Fife. It illustrates that Forth Valley spends significantly less per head in the community sector, namely £283 compared to Scotland (£329), Lanarkshire (£350) and Fife (£298).

Also of note, Forth Valley has three prisons, greatly surpassing what might be expected for its population size. These are: HMP & YOI Cornton Vale (Young Offenders Institute and Women's Prison); HMP Glenochil; and HMYOI Polmont (Young Offenders Institute).

The following information, as well as that from other research and additional data collection systems, patient opinion and community feedback, is used to inform a range of actions within NHS Forth Valley including the development of our equality outcomes and Equality Impact Assessments.
Integrated Joint Boards

In June 2015 the Integrated Joint Boards within NHS Forth Valley three local authority areas were named in law as covered by The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. This means that the new Health and Social Care Partnerships (HSCP) published their own mainstreaming reports and equality outcomes in April 2016.

Within the NHS Forth Valley area we have two Integrated Joint Boards
- Clackmannanshire & Stirling Integration Joint Board
- Falkirk Integration Joint Board

However, unlike many other public bodies in Scotland, an HSCP has limited responsibility in terms of the Specific Duties. Requirements of the Specific Duties relating to the publishing of gender pay gap information, publishing statements on equal pay, gathering and using employee information and considerations relating to public procurement remain the responsibility of NHS Forth Valley (NHSFV) and the local authority.

The individual organisations continue as employers of HSCP staff and their respective policies and protocols governing how goods and services are purchased are also retained.

These Partnerships work in an integrated way to deliver the nine National Health and Wellbeing Outcomes described in Appendix B.

NHS Forth Valley – The Current Situation & Challenges

People are living longer and healthier, despite an increase in the prevalence of Long Term Conditions (LTCs), due to a combination of new treatments and better and earlier diagnosis. The population of Forth Valley is growing in size, ageing and increasing in complexity and in the multiplicity of health problems, so that demand is exceeding the capacity of the current model.

For example, at the moment the system is struggling with bed capacity and patient flow, which is forecast to increase in the next decades (Scottish Government, 2012).

The following illustrate these challenges and give an insight into the sort of information and data analysis which informed the work of the NHS Forth Valley Clinical Services Review. Further details can be found in the Full Report.

The ageing population trend in Forth Valley, from 2015 to 2035 will have implications for the health care system in its current form, which will be elaborated upon in the sections diseases and activity.

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Migration

Net migration for Forth Valley area tends to be relatively low. NHSFV might expect about 500 extra residents per year as a result of migration (already factored in to population projections). The estimated increase in population for 2014-15 was about 1300; roughly 40% of that increase could be due to migration from within Scotland and the rest of the UK.

According to the 2011 Census, the majority of the population of Forth Valley consider themselves ‘white – Scottish’ or ‘white – other British’. Of the minority ethnic groups, about 1.4% of the population are ‘white – other white’, and 1.6% 'Asian, Asian Scottish or Asian British'.

Having an overview of the population’s ethnicity can be of added value as it gives insight into the genetic predisposition to disease as well as indicate prevalence of language or cultural barriers.

Disabilities

In terms of disabilities, the table below illustrates that the majority of Forth Valley (80.7%) are not limited in their day-to-day activities, however 10.1% is limited a little and 9.2% of the population is limited a lot.

Other protected characteristics

A breakdown of the population based on the census figures 2011 for the other protected characteristics is available in Appendix A

Further information is also available from the Scottish Census web page:

http://www.scotlandscensus.gov.uk/census-results

The main set of statistical outputs from Scotland’s Census 2011 has now been published. Work continues to develop additional analysis of the census data, and details of any future census publications will be added to the Analytical Reports page.

All standard census tables are available via the Census Data Explorer. The Census Data Explorer provides information through four main methods:

About this Report

The following 3 key areas enable us to demonstrate our response to our statutory duties.

Our **three** key areas are:

**Section 1: Progressing Equality**
- Equality outcomes 2017-21
- Mainstreaming Equality
- Public Involvement, Engagement & Experience
- Measuring Performance & Data Collection
- Equality Impact Assessment
- Public Procurement & Financial Decision Making
- Information on Board Members
- Case Studies and Examples of Best Practice

**Section: 2 Progress on meeting our Equality Outcomes 2015-17**

**Section 3: Employment Duties**

Where are we now?

Setting specific outcomes by which to measure and manage performance is a key step in not only meeting our Equality Act 2010 Specific Duties but also in achieving effective transformation of joined-up, patient centred care for our diverse communities.

To understand where our priorities and investment for the future should be directed, we have reflected on our past performance, completed consultations to inform the Healthcare Strategy and used findings to inform our Equality Actions, completed local and national research as well as continuous involvement with communities to ensure actions taken meet our community and staff needs. Progress Report on 2015 – 2017 Outcomes is available in Section 2.

Linking our new equality outcomes to local and national measures will enable the organisation to continue to deliver high quality care, organisational performance and achievement of specific goals.

The Outcomes Framework has been produced and sets out:

- The specified outcomes.
- Context and evidence derived from local strategies which are evidence-based quality standards, local data sources, national research and guidance and evidence from patient experience, the expert perspective of service leads and patient views from our local population.
- Measurements in place.
- Partnership arrangements in place if known.

These outcomes will be taken forward over a four year period in partnership where relevant with agencies involved in their development and implementation.

Progress Reports 2018-21

The actions identified to deliver on each of the outcomes maybe developed and changed as work progresses and as circumstances change. There will be regular reports on progress submitted to Corporate Management Team and the Board on a biannual basis with an Annual Progress Report published on our NHS Forth Valley Equality and Diversity web page in April each year.

The outcomes will be taken forward over a four year period and reported on each April during 2018-21.
The progress reports 2017-21 will use the following balance scorecard to evidence progress made:

<table>
<thead>
<tr>
<th>Code</th>
<th>Detail</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>Red</td>
<td>Fail to progress</td>
</tr>
<tr>
<td>A</td>
<td>Amber</td>
<td>Slow to progress</td>
</tr>
<tr>
<td>G</td>
<td>Green</td>
<td>On target</td>
</tr>
<tr>
<td>P</td>
<td>Pending</td>
<td>Not yet started</td>
</tr>
<tr>
<td>C</td>
<td>Completed</td>
<td>Project complete</td>
</tr>
<tr>
<td>O</td>
<td>Ongoing</td>
<td>Ongoing development</td>
</tr>
</tbody>
</table>

**Baseline Assessment completed to inform 2017-21 Mainstreaming Report & Outcomes**

The following baseline assessment was used to benchmark NHS Forth Valley actions, performance and development of our new Equality outcomes 2017-21.

- **Desk Top Review**
  - Analyse data, information, local and national intelligence.

- **Stakeholder involvement**
  - Information collated from service users and staff as part of the clinical services review, focus groups with communities, involvement of Fair for All Steering Group including community advisors, staff surveys, local and national service user opinions, user groups.

- **Priority Assessment**
  - Recommendations from National priorities, Clinical Services Review & Health Care Strategy 2016-21 to inform outcomes.
  - Identify with stakeholders via Public Partnership Forum meetings, Fair for All Group, discussion with disability groups, BME communities, Stonewall Scotland and LGBT networks if this is the direction we should take.

- **Confirm & Challenge**
  - Publish/present DRAFT outcomes for further consultation via submission to Fair for All Group, approval process in place via Corporate Management Team, Area Partnership Forum and NHS Forth Valley Board.

- **Equality Outcomes**
  - Develop NHS Forth Valley Mainstreaming Report, Outcomes and Employment Duty Information and publish on our web site.
1.2 Equality Outcomes - Consultation and involvement of staff and service users

Where are we now?

NHS Forth Valley is committed to ensuring that staff and service users are involved in shaping the equality and human rights work stream and have opportunities to influence health service planning and delivery. NHS Forth Valley has a strong emphasis on engagement in its equality action plans, in order to facilitate ‘autonomy, accountability and democratic legitimacy’.

We have undertaken engagement and consultation with a range of stakeholders to inform the development of the outcomes listed below so that they are relevant and meaningful. We have ongoing discussions with our NHS Forth Valley Fair for All Group and via local forums to ensure our existing actions and outcomes meet the needs of the communities we serve.

As identified by the EHRC there is no single blueprint for how to go about preparing equality outcomes, but there are several possible approaches. In starting with our existing long-term national and local strategic outcomes as well as relevant evidence relating to protected characteristics (including input from involvement activities), this enabled us to develop our existing outcomes.

Public Involvement: Development of NHS Forth Valley Health Care Strategy 2016-21

The above approach supported a recurrent message from stakeholders throughout our involvement activities to inform our Equality Duties. This was to listen to patients and local communities using previous feedback and involvement activities. We were also asked to better utilise the wealth of information that we already collect to help deliver a more responsive services along with partners for protected and vulnerable groups.

Taking this into account we used as a baseline the evidence collated from the Clinical Services Review6 (CSR) completed during 2015-16 to inform the majority of our ‘Equality Outcomes’ as well as discussions and feedback from local community groups.

Engagement was a significant part of the CSR, using a variety of methods, such as questionnaires and group discussions, including patients, front-line staff, unpaid carers, the voluntary sector and the public in general.

As a healthcare provider and employer we encouraged feedback from staff, service users, local community groups and members of the general public. This included a series of media briefings, public engagement events, meetings, briefing updates and use of social media.

A range of diverse communities was informed about the meetings to ensure we had wide representation. We ensured that each session was accessible to people with disabilities as well as offered the provision of interpreters if required to ensure active involvement of all communities.

A special edition of the Community Health News was circulated widely across Forth Valley and this described the challenges ahead and outlined the case for change. CSR sections were created on the staff intranet and public website to promote the review and to encourage feedback via a short online questionnaire.

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Leaflets which could be completed and returned to feedback comments, suggestions and ideas, were distributed widely to staff across the organisation.

Information on the CSR was also circulated widely to local community groups, voluntary organisations, community representatives, local councils and service user groups across Forth Valley.

Findings demonstrated:
- Team Questionnaires returned: 115
- Public events & arranged meetings with patients, unpaid carers, staff and organisations: 55
- Questionnaires received from Staff, Public and Voluntary Sector: 413

The public and staff have been very helpful in providing comments on the Clinical Services Review, and submitting suggestions and ideas. These contributions have helped shape our vision and priorities in relation to our NHS Forth Valley Healthcare Strategy 2016-21 and our Equality Evidence and Outcomes 2017-21.

Developing and Discussing our DRAFT Outcomes with Communities

In addition to the research and evidence completed as part of the CSR we also used the findings from the Forth Valley Lesbian Gay Bisexual Transgender and Intersex (LGBTI) Steering Group Survey 2016 completed with partners to inform our outcomes.

The findings identified the experiences, barriers and good practice within public services and the community and in particular those relating to local Health Service provision.

In November/December 2016 we completed a range of 1:1 consultations with:
- Communities in our 3 local authority areas,
- Public Participation Forums,
- Discussions within our Fair for All Group members,
- Meetings with Black and Minority Ethnic (BME) communities,
- Group discussions with people with disabilities.

Sessions were held both during the day and during the evening to identify the direction we should be taking to inform our equality practice and reflect on activities completed during 2013-17.

We also discussed the proposed Equality Outcomes for 2017-21 and if they should be taken forward. There were no negative comments received and offers of support to deliver on them were received from members of the community.

These contributions and information identified within the CSR and subsequent NHS Forth Valley Health Care Strategy 2016-21 as well as local and national equality priorities has informed our final equality outcomes.

In February 2017 the DRAFT mainstreaming report and outcomes were completed and presented to ‘Fair for All’ Development Group for comment prior to submission to our respective NHS Forth Valley Committees.
1.3 NHS Forth Valley Equality Outcomes 2017-21

To deliver our vision in relation to Equality and Diversity the Board has approved the following outcomes which will form the basis of our plans over the next four years. These outcomes have been designed to support NHS Forth Valley to enhance service delivery for patients and communities and to ensure better working environments for staff, which are personal, fair and diverse. It will enable the organisation to achieve compliance with the Public Sector Equality Duty (2010) in a way that also helps to deliver on Mainstreaming Equality into the services and employment practices in place:

**Outcome 1:**
NHS Forth Valley staff and service users can identify hate crimes & incidents and feel confident in reporting them

**Outcome 2:**
Within NHS Forth Valley people from the ‘LGBTI’ community will not experience barriers to accessing or receiving end of life care

**Outcome 3:**
Within NHS Forth Valley people who experience mental health problems and/or learning disabilities are supported to live fulfilled lives without stigma

**Outcome 4:**
NHS Forth Valley Service users are equal partners in planning, developing and monitoring their care through informed choice and personal responsibility

**Outcome 5:**
Within NHS Forth Valley there is a reduction in the sexual health inequalities experienced by communities through fostering a culture of positive sexual health which encompasses age, disability, gender, gender reassignment, race/ethnicity, religion and sexual orientation

**Outcome 6:**
Within NHS Forth Valley Transgender and gender variant people experience a care and work environment free from discrimination

**Outcome 7:**
NHS Forth Valley will submit to the Stonewall Scotland Workplace Equality Index in 2017 and improve their score year on year

Publications referenced within outcomes 2017-21 are available in Appendix E.
**Outcome 1:**
NHS Forth Valley staff and service users can identify hate crimes & incidents and feel confident in reporting them.

**Lead Area:** Equality Manager, Risk Management & Human Resource Directorate

<table>
<thead>
<tr>
<th>Meets the General Duty</th>
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<tr>
<td>• Advance equality of opportunity between groups of people with different 'protected characteristics';</td>
</tr>
<tr>
<td>• Eliminate unlawful discrimination, harassment and victimization and other prohibited conduct.</td>
</tr>
<tr>
<td>• Fostering good relations between people who share a protected characteristic and those who do not</td>
</tr>
</tbody>
</table>

**Protected Characteristic:** disability, gender reassignment, race/ethnicity, religion/belief, and sexual orientation

**Context:**
- One in six lesbian, gay and bisexual people has experienced a homophobic hate crime, yet three in four of these crimes were not reported to the police. Research also found that only half of LGBT young people are aware of their rights under hate crime legislation and many lacked the confidence to report a hate crime. This will have an impact on health and well being.⁴
- Bisexual young people reported low levels of awareness of their rights under hate crime legislation (47.8%) with 39.1% stating that they were not aware of their rights and 13% responding that they ‘did not know’ what rights they had. The percentage rose for bisexual respondents when they were asked whether they would feel confident reporting hate crime to the police, with half confirming (50%) that they would. A further 28.2% stated that they did not know whether they would feel confident reporting hate crime.⁴³
- 38% have experienced physical intimidation or threats for being trans; 19% have been hit or beaten up for being trans.³
- During the Equality and Human Rights Commission’s 2011 Disability Harassment Inquiry provided evidence that Disabled people find it difficult to report or escape their experiences of abuse. These personal and situational factors provide greater opportunities for perpetrators of disability hate crime to commit offences of a sexual nature, as well as acquiring the victim’s property and money.⁴⁸
- EHRC stated Sept ’16 “public authorities such as health boards to use their existing Public Sector Equality Duty reporting requirements as a tool to tackle prejudice.”⁴⁵
- Recent discussions with local sensory impaired community demonstrated that people are still not aware of hate incidents and actions to be taken.
- Recent involvement events regarding NHSFV equality outcomes people with a disability commented on the rise in verbal abuse experienced and the impact this had on their health and well being.
- Increase in Adverse Incident events reporting by staff noted within NHSFV

**We will do this by:**
- Complete baseline data during 2017-18
- Enhance current NHSFV hate crime protocol to raise staff & service user awareness
- Campaigns delivered in relation to ‘Safer Central’ with partners
- NHSFV staff are aware and confident about how to report a hate incident locally
- Develop the structure for 3rd party reporting within NHSFV sites; all staff informed of reporting centres location etc
- Training in place to support staff working with service users and partners
- Multi Agency Hate Response Strategy (MAHRS) working group approach and resources to be developed in relation to hate incidents

**Measures:**
- % Increased reporting of hate incidents for all protected characteristics
- Evaluate publicity campaigns
- Third party reporting in place: by 2018 one site within each Local authority area.
- Statistics published on a 6 monthly basis of Hate Incidents occurring within NHSFV and actions taken to support change
- Monthly MAHRS reports will evidence % increase/decrease of reporting of hate incidents locally.
- Resources in place to inform staff and service users on actions to take regarding Hate incidents and areas to signpost people to.
- Identify if training has enhanced reporting and identify actions taken within key areas.
- Evidence of Equality Impact Assessments (EQIA’s) being completed on policy, functions, services which may impact on this equality outcome
- Repeat LGBTI Survey (2016) in 2018 to identify any change in results

**Partners:** NHS Forth Valley Directorates & Human Resource Department, Police Scotland; Clackmannanshire, Falkirk & Stirling Local Authorities, Central Scotland Regional Equality Council and 3rd Sector representatives.
**Outcome 2:**

**Within NHS Forth Valley people from the ‘LGBTI’ community will not experience barriers to accessing or receiving end of life care**

**Lead Area:** NHSFV Cancer Care Services, Health & Social Care Partnerships and Third sector bereavement services

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**Meets the General Duty**

- Advance equality of opportunity between groups of people with different ‘protected characteristics’;
- Eliminate unlawful discrimination, harassment and victimization and other prohibited conduct.

**Protected Characteristic:** All – however a key focus is on Lesbian Gay Bisexual Transgender & Intersex (LGBTI) people

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**What is the issue?**

- The report by the London School of Economics in provision of palliative care in the UK (April 2015), found a startling lack of evidence about LGBT people’s experiences of palliative and end of life care¹.
- More recently, a 2016 systematic review, looking at evidence around the bereavement experience of partners of LGBT people, identified 13 relevant studies. All of them highlighted additional barriers faced by bereaved LGBT people, beyond the universal pain experienced after losing a partner².
- The Scottish Strategic Framework for Action on Palliative and End of Life Care makes a specific reference to the difficulties facing LGBT communities in accessing palliative care and commits to ensuring that everyone who needs palliative care has access to it by 2021³.
- Research identified by Marie Curie within ‘Hiding who I really am’ 2016 - ‘The reality of end of life care for LGBT people’⁴

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**We will do this by.**

- Baseline study of existing palliative care NHSFV service provision 2017-18
- Engagement with Forth Valley LGBTI Steering Group and National LGBTI people in relation to end of life care
- Evidence of NHS recording of individual’s sexual orientation or gender identity within palliative care services (prefer not to answer allowed)
- Evaluate current bereavement services ability to meet the needs of LGBTI people and other communities
- Enact NHS Scottish Strategic Framework recommendations for LGBTI people as well as ensuring other protected characteristics needs are met
- People’s religious needs are met within care areas
- LGBTI Guidance in place for end of life care

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**Measurement**

- Report available on recommendations and actions from baseline study are in place.
- LGBTI engagement evidence supports existing and future service delivery.
- % Increase in the recording of individual’s sexual orientation or gender identity.
- Increased visibility of same sex / transgender resources within support delivered by palliative care and bereavement services.
- NHSFVV meets the recommendations identified within the Scottish Strategic Framework actions for LGBTI people.
- Analysis and evidence of action taken of complaints received in relation to end of life care in relation to LGBTI.
- Evidence of EQIA’s being completed on policy, functions, services which may impact on this equality outcome.

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**Partners:** NHS Forth Valley Directorates, Clackmannanshire, Falkirk & Stirling Local Authorities, Health and Social Care Partnerships, Forth Valley LGBTI Steering Group, Stonewall Scotland
Outcome 3: Within NHS Forth Valley people who experience mental health problems and/or learning disabilities are supported to live fulfilled lives without stigma

Lead area: NHS Forth Valley Mental Health Services

Meets the General Duty
- Advance equality of opportunity between groups of people with different ‘protected characteristics’;
- Eliminate unlawful discrimination, harassment and victimization and other prohibited conduct.

Protected Characteristic: All: However key focus on; Disability, Gender Reassignment, Race/ethnicity, sexual orientation

What is the issue?
- Evidence regarding breakdown of population available within NHSFV Health Care Strategy 2016-21 1
- People who are lesbian, gay and bisexual all have a higher risk of mental health problems and of self-harm”. Equality and Human Rights Commission (2010) 2,3
- Stigma includes experiences such as name-calling, ridicule and regular hurtful criticism that have a cumulative effect, and feeling humiliated or ashamed as a result of the attitude and behaviour of others. There are gaps in robust evidence relating to stigma in Scotland in relation to transgender people, Gypsy/Travellers, Islamophobia and anti-Semitism. 4
- Scotland has a long-running national mental health campaign called ‘See Me’, aimed at tackling stigma and discrimination. However, unlike in England and Wales where public attitudes to mental health have improved slightly, in Scotland attitudes to mental health saw little change over the last decade. 5
- Specific evidence on the health of transgender people is limited. However, at UK level there is research, which indicates that transgender people can experience problems accessing health services. A Trans Mental Health and Emotional Wellbeing Study in the UK and Ireland in 2012 (with part-funding from the Scottish Government) found that 6 out of 10 respondents had experienced negative questions, attitudes or services in relation to Gender Reassignment clinics (62%), mental health services (63%) and general health services (65%) 6
- 48% of trans people in the study had attempted suicide at least once. 84% had thought about ending their lives at some point. 53% had self-harmed at some point.(6)
- Depression and anxiety stats e.g. 75% lifetime prevalence of antidepressants
- Research shows that 40% of LGBT young people considered themselves to have a mental health problem, compared with the overall Scottish figure of 1 in 4. Transgender respondents were the most likely to consider themselves to have mental health problems (67%) followed by bisexual women and lesbian and gay women. 7
- National Health & Wellbeing Outcome 4: ‘Health and social care services are centred on helping to maintain or improve the quality of life for service users’. 8
- National Health & Wellbeing Outcome 5 Health & Social Care Services contribute to reducing health inequalities 9

We will do this by
- Base line to be completed during 2017-18
- We will raise awareness and challenge stigma and discrimination
- Peoples protected characteristics are identified and recorded (with patients permission) to enhance care experience.
- Promote positive mental health through schools, workplaces and communities
- We will provide holistic assessments that identify the outcomes important for the individual
- Providers will work with community groups, organisations and individuals to develop ways of keeping people well and providing help, which go beyond statutory health and social care provision
- Patients, carers and professionals will have the information needed to access the right care at the right time; printed versions available via intranet by GP’s, A&E, Mental Health etc
- Establish mechanisms that allow local user groups to engage with providers and that empowers and supports them so that they can engage effectively.
- Seamless, person-centred care will be provided by integrated teams

Measurement
- The percentage of LGBTI patients and carers satisfied with the care they receive increases.
- Percentage of peoples protected characteristics is recorded and information used to enhance care.
- Percentage of people report less stigma and discrimination about mental health in the Forth Valley area
- Tailored approaches in place to improve information and support regarding mental health in specific equality groups.
- Evidence from work completed with public and voluntary organisations across Forth Valley to ensure that people can access services without fear of discrimination.
- Information on mental health developed ensuring that where appropriate all protected characteristics needs are identified.
- Care plans/pathways reflect (with patient’s permission) the patient’s specific protected characteristic to ensure person centred care approach is taken/considered.
- Equality Impact Assessments completed on policies, functions and services by monitoring and evaluating effectiveness of service delivery, especially around equality needs.

Partners: Health & Social Care Partners and 3rd Sector
Outcome 4:
NHS Forth Valley Service users are equal partners in planning, developing and monitoring their care through informed choice and personal responsibility

Lead Area: Directorate of Nursing, Person Centred Care Team

Meets the General Duty
- Advance equality of opportunity between groups of people with different ‘protected characteristics’;
- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.
- Fostering good relations between people who share a protected characteristic and those who do not.

Protected Characteristic: All – with a specific focus on gender, age, disability, gender reassignment, race/ethnicity, religion or sexual orientation

What is the issue?
NHS Forth Valley Health Care Strategy 2016-21 and action plan is based on findings from public involvement and legislative requirements its intention to:
- Support patients to be more independent and take a greater role in managing their own conditions.
- Adopt a model that engages, empowers and supports people in a partnership approach with their healthcare professionals, unpaid carers and community.
- Direct people with the appropriate risk factors to services such as Keep Well clinics
- Supports Implementation of NHSFV Person Centred Care Strategy 2017

We will do this by.
- Complete baseline during 2017-18
- Introduce an Anticipatory Care Plan which will work across all Forth Valley to anticipate people’s healthcare needs in a person centred way
- Implementation of Carers assessment within services areas
- Through continuous public/community involvement identify barriers to healthcare and health inequalities
- Engage with and elicit feedback from people from the ‘protected characteristics’ in order to identify barriers to their access to services
- Patients are informed about their care/condition using their preferred format thereby enabling them to have informed choice.
- Use patient experience/opinion & complaints data to identify areas for improvement related to patients from the protected groups

Measurement
- Anticipatory care process in place and findings demonstrate improvement in care.
- Carer’s assessment process in place.
- Identify through key themes from patient concerns or complaints % issues relating to Person Centred Care.
- Evidence actions taken to address barriers identified by members of the public via NHSFV Person Centred Care Strategy Annual reports.
- Public involvement activities can demonstrate actions taken to involve all communities in planning and decision making work programmes via breakdown of attendees by protected characteristics
- Evidence of action taken to involve seldom heard communities
- Evidence of access to communication support incl. BSL Interpreters, Community Languages and AAC support.
- Evidence of percentage of EQIA’s being completed on policy, functions, services which may impact on this equality outcome

Partners:
- NHS Forth Valley Service users
- Patients, Service Users & members of the public
- Unpaid carers (where appropriate)
- Partner Agencies including Health & Social Care Partners
- Community and Voluntary Organisations
- NHS Forth Valley Services & staff
### Outcome 5:
Within NHS Forth Valley there is a reduction in the sexual health inequalities experienced by communities through fostering a culture of positive sexual health which encompasses age, disability, gender, gender reassignment, race/ethnicity, religion and sexual orientation.

**Lead area:** Sexual Health Services

### Meets the General Duty
- Advance equality of opportunity between groups of people with different ‘protected characteristics’;
- Eliminate unlawful discrimination, harassment and victimization and other prohibited conduct.
- Foster good relations between people who share a protected characteristic and those who do not.

**Protected Characteristic:** All – with a specific focus on age, disability, gender reassignment, race/ethnicity, religion or sexual orientation

### What is the issue?
- Results of Service User involvement activities for the Clinical Services Review
- In 2014 the Scottish Government surveyed a representative sample of 1,500 adults who had been in a sexual relationship in the past year. Amongst other findings this survey identified that those with a disability or illness were more likely to have experienced a sexual health and wellbeing issue with a potentially negative impact, as were respondents who were lesbian, gay or bisexual. Only 48% of people with a disability claimed to be happy in their sex life compared to 67% of those without a disability Sexual Health and Wellbeing Survey.
- Transgender young people were less comfortable than their LGB peers speaking about sexual health (48% compared to 56%), and less likely to feel safe and supported by the NHS (48.1% compared to 56.5%).
- Waverly Care report Social Network Analysis HIV Prevention and Support Opportunities for Africans in Forth Valley reflected the continuing work required supporting communities.
- NHSFV Sexual Health and Blood Borne Virus (BBV) Needs Assessment 2015 identified the range of work required to identify and respond to the needs of a range vulnerable people and community groups.

### We will do this by:
- Increased recording of protected characteristics of people accessing services.
- Sexual health services are provided for young people aged 13 upward and adults.
- Targeted campaigns for young people and older people.
- Older people are aware of sexual health risk and how to access services.
- Evaluate if services and information is accessible to people with disabilities.
- Services need to be accessible to people with physical and learning disabilities.
- Transgender people are involved in discussions about how to enhance sexual health services.
- Staff area aware of the individual needs of our diverse communities.
- Group education completed with identified ‘seldom heard’ community groups.
- Regular equality impact assessment for all sexual health services and functions.

### Measures
- Survey completed with service users to identify if they feel empowered to make individual choices about their sexual health. This may range for information on relationships, contraception, STIs, HIV and consent to accessing local services.
- Services can demonstrate that they and the information they provide are accessible to people with disabilities.
- NHS Forth Valley can demonstrate that services, including outreach, are accessible to all protected characteristics.
- NHS Forth Valley can evidence education and support provided to seldom heard communities and positive action taken with community groups.
- Enhanced recording of peoples protected characteristics including ‘prefer not to answer’.

### Partners
- Forth Valley LGBTI Steering Group
- Terrance Higgins Trust
- Rainbow Muslim Woman
- Al Maasar Group
- Joint Work completed within local schools, colleges etc
Outcome 6:
Within NHS Forth Valley Transgender and gender variant people experience a care and work environment free from discrimination.

Lead Area: Equality and Diversity & Human Resource Directorate

Meets the General Duty
- Advance equality of opportunity between groups of people with different ‘protected characteristics’;
- Eliminate unlawful discrimination, harassment and victimization and other prohibited conduct.

Protected Characteristic: age, gender & gender reassignment

What is the issue?
- People who have reassigned their gender experience high levels of discrimination in society and this is reflected in their experience of the NHS. In this study, for nearly 30% of respondents a healthcare professional had refused to discuss a gender reassignment-related health concern
- Only 35% of patients in the Trans Mental Health study 2012 ‘had not’ experienced some form of discrimination from a general health professional
- A Royal College of Nursing survey of more than 1200 nursing staff has found only 13% of those surveyed said they had felt prepared to meet the needs of trans patients they cared for, with only 14% of nursing staff saying their current service is equipped to meet the needs of children who identify as transgender or non binary
- One in eight (12 per cent) practitioners with direct responsibility for patient care are not confident in their ability to understand and meet the specific needs of lesbian, gay or bisexual patients and service users. Whilst more than one in five (22 per cent) are not confident in their ability to respond to the specific care needs of Trans patients and service users.
- 9% of health and social care staff would not feel ‘comfortable’ working alongside a trans colleague

We will do this by:
- Ensuring people who have reassigned their gender are addressed by their preferred name and letters are received with the appropriate pronoun.
- Through training and awareness raising staff are aware of their responsibility in ensuring access to services are barrier free for people who are/have transitioned
- Assessment completed of Children’s Services regarding young people accessing it who have/are transitioning ensuring that wherever possible their needs are respected and actioned.
- Enhance Partnership working with Transgender Alliance Scotland and Stonewall Scotland as part of Workplace Equality Index framework 2017.
- Support school nurses to meet the needs of young people transitioning
- Targeted training for staff regarding the implementation of the NHSFV Transitioning in the Workplace Protocol
- Through the NHSFV Transitioning at Work Protocol staff are supported throughout the transitioning process. NHS Forth Valley Patient Relations Team to deliver awareness session to Forth Valley LGBTI and local Transgender Group on how to raise a concern or complaint

Measurement
- Improved patient satisfaction.
- Percentage of ‘Adverse Incidence’ reports where transphobia is highlighted and actions taken by NHSFV.
- Numbers of staff trained on barriers faced and actions taken (Review of training completed six months after same).
- Actions in place from review of children services.
- Access to resources in place to support people.
- No of staff supported through transitioning process
- Increased disclosure of transgender/gender variant staff via employee recording.

Partners:
- Directorates,
- Forth Valley LGBTI Steering Group,
- Stonewall Scotland,
- LGBT Youth Scotland
**Outcome 7**

NHS Forth Valley will submit to the Stonewall Scotland Workplace Equality Index in 2017 and improve their score year on year

**Lead Area:** Human Resource Directorate

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**Meets the General Duty**
- Advance equality of opportunity between groups of people with different ‘protected characteristics’;
- Eliminate unlawful discrimination, harassment and victimization and other prohibited conduct.

**Protected Characteristic:** gender & gender reassignment

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**What is the issue?**
- The Workplace Equality Index is a tool designed to help measure organisations performance and progress. By using this framework, we are actively demonstrating our commitment to Lesbian, Gay, Bisexual, Transgender and Intersex equality (LGBTI).
- The Workplace Index will assess NHS Forth Valley’s achievements and progress on LGBTI
- The Scottish Government is committed to further the development of a culture which promotes equality, values and diversity.
- To help support Health Boards in their approaches to LGBTI discrimination, Stonewall will provide dedicated support to enable Boards to meet the specific duties of the Equality Act (2010) and to officially submit to the 2017 Workplace Index.

1. Employee Policy
2. Training
3. Employee Network Group
4. All Staff Engagement
5. Career Development
6. Line Managers
7. Monitoring
8. Procurement
9. Community Engagement
10. Additional Work.
- Once all submission to the Index have been received they are marked, ranked and the list of Stonewall’s Top 100 employers is released.

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**We will do this by:**
NHS Forth Valley will do this by:
- Developing the information and infrastructure to complete our submission for the Stonewall Workforce Equality Index. Through significant involvement by staff, the NHS Forth Valley’s Equality & Diversity Manager and HR Manager and Staff Governance we will be able to evidence range of work completed to date as well as actions to be taken forward.
- Evidence will demonstrate consultation with the wider HR Team, Organisation & Development, Procurement, local LGBT network, Staff Side representative.

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**Measurement:**
- The Workplace Equality Index is Stonewall’s leading benchmarking tool for LGBT inclusion in the workplace.
- NHS Forth Valley’s submission will demonstrate our performance against a set of best practice criteria accompanied by supporting evidence. The criteria will explore ten areas of employment policy and practice:

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**Partners:**
- Forth Valley Directorates,
- Forth Valley LGBTI Steering Group,
- Stonewall Scotland,
- LGBT Youth Scotland
1.4 Meeting the Equality Act (2010) Specific Duties

‘What the Duties Say’
Mainstreaming the equality simply means integrating equality into the day-to-day working of an authority. This means taking equality into account in the way the authority exercises its functions. In other words, equality should be a component of everything an authority does.

Mainstreaming the equality duty has a number of benefits including:
- equality becomes part of the structures, behaviours and culture of an authority
- an authority knows and can demonstrate how, in carrying out its functions, it is promoting equality
- Mainstreaming equality contributes to continuous improvement and better performance.

The following sets out our continual commitment and direction of travel for the organisation and the framework we will use to embed equality.

The following sections provide details on ‘Meeting our Public Sector Duties’:

i. Our Commitment to Mainstreaming Equality and Diversity,
ii. Our leadership and governance arrangements for equality and diversity,
iii. Implementation and monitoring arrangements in place
iv. Embedding equality into what we do
v. Mainstreaming Equality into Public Involvement, Engagement and Experience
vi. Learning from complaints, comments, concerns and compliments
vii. Measuring performance and improving data collection
viii. Summary of actions to enhance Equality Impact Assessments and analysis,
ix. Procurement processes in place
x. Financial decision making
xi. Actions in place to support collection of information on board members gathered by the Scottish Ministers and enhance diversity of membership
xii. Publishing in a manner that is accessible

Additional information

xiii. Showcasing examples of case studies and activity being completed to embed Equality, Diversity and Human Rights

(i) Mainstreaming Equality and Diversity - Our Commitment

Where are we now?

We are and will continue to be committed to fairness and in particular the promotion of equality of opportunity for all. Taking equality considerations into account in our work is an important and integral part of our approach as both a service provider and as an employer.

To date Equality and Diversity as well as actions to address inequalities are mainstreamed within our Strategic and Local Plans including:
Key activities for 2017-21

The NHS Forth Valley Equality Mainstreaming Report 2017-21 supported by the Equality Outcomes will be reviewed and published annually.

(ii) Leadership and Governance

Where are we now?

The overall responsibility for leading the work to deliver the requirements of Equality Legislation remains with the Executive Nurse Director supported by the Equality & Diversity Manager. However, all our staff has a responsibility in meeting equality legislation, the requirements of the communities we serve and in supporting their colleagues.

Positive action has been taken to ensure visible leadership in meeting the equality legislation as well as the needs of our communities and staff. This includes ensuring equality is reflected in corporate reporting and by adopting and promoting a zero tolerance approach to discriminatory behaviour.

Equality features appropriately in business planning templates, committee or other decision-making reports and policy development mechanisms. Papers that come before the Board and other major Committees identify equality related impacts including risks, and if identified say how these risks are to be managed.

By 2021 we will:

- Have systems in place to audit and monitor reports submitted to the Board to ensure evidence of Equality Analysis has been completed and is accurate in its findings.
- Enhance the skills of middle managers and other line managers to support their staff to work in culturally competent ways within a work environment free from discrimination.

(iii) Implementation and Monitoring Process

Where are we now?

Responsibilities

The Progress report for 2015 - 2017 and the Mainstreaming Activities for 2017-21 belong collectively to all NHS Forth Valley Directorates and staff. Each team, function, committee and individual has a responsibility to honour and further its aims, objectives and outcomes.

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7 NHS Forth Valley Annual Plan 2016-17 Incorporating the Local Delivery Plan (LDP) 2016-17
8 Corporate Communications Strategy 2015-17
9 Person Centred Healthcare Strategy 2015-17
10 Quality Improvement Strategy 2016-19
11 NHS Forth Valley Workforce Plan 2016
Implementation

Implementation of the Equality Duty requirements remains with the Director of Nursing supported by the Equality & Diversity Manager. This includes performance monitoring, planning and supporting the organisation to deliver the actions identified within the equality reports.

Monitoring

The NHS Forth Valley Fair for All Development group continues to support the organisation in meeting our equality duties in:

- monitoring our progress,
- identifying issues and
- advising on changes to enhance equality

Reports on progress or actions completed will continue to be submitted to the Operational and Corporate Management Teams prior to submission to the Board for final approval and publication.

The success the implementation of our Equality Actions relies on various aspects of leadership and governance, systems, training, data, communication and engagement. We will ensure all aspects of the plan are managed to ensure effective implementation of the Mainstreaming Report and outcomes.

Taking this approach continues to ensure that:

- Our commitment to mainstreaming equality and our respective outcomes and actions remains fit for purpose.
- we take account of any changes in legislation, equality data/information,
- any changes in health equality outcomes will be addressed and all consultation feedback will be built into future activities as and when appropriate
- Continued efforts are made to ensure that services are more flexible and responsive to people’s needs.
NHS Forth Valley Fair for All Group – Monitoring progress

Working in partnership with staff, third sector organisations and other health and public organisations, the Fair for All group aims to develop, promote and implement best Equality, Diversity and Human Rights practice within NHS Forth Valley.

The purpose of the group is to provide a facilitative forum for the implementation of NHS Forth Valley’s Equality & Diversity agenda.

The focus of the group will be to provide a steer for:

- Compliance in line with the Equality Act 2010 including requirements outlined in the Public Sector Equality Duty (PSED)
- Monitoring developments / progress with regards to the Actions identified within the mainstreaming Report and Equality Outcomes
- Ensure that that organisation is transparent in its reporting of actions taken to meet the Public Sector Duties

A key focus over the past four years of the group has been to ensure that we deliver high standard services to the community we serve.

Key Activities for 2017-21

- Monitor the 2017-21 progress reports
- Inform future actions to enhance diverse community needs and involvement
- Widen our scope of obtaining feedback from communities
- Support embedding equality into all person centred care activities
- Improvements made regarding quality of data across protected characteristics, especially around addressing the cultural issues and barriers to disclosure.
- Equality information will be published NHS Forth Valley’s website and an Annual Report on progress against the Action Plan will be made public by the end of April each year.
(iv) Embedding Equality

Where are we now?

Equality and Diversity is integral to achieving better outcomes for our population. The promotion of equality is fundamental to the way we sustain an accessible and inclusive environment for all staff and service users as well as those who we engage with. To evidence how we have embedded equality into our work plans we have used Mc Kinsey 7S model\textsuperscript{12}

<table>
<thead>
<tr>
<th>McKinsey’s 7 ‘S’ Elements</th>
<th>Equality Perspective &amp; Mainstreaming</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Shared Values</strong></td>
<td>Culture of Dignity and Respect; staff take responsibility for delivering on equality outcomes and positive work ethics; Human Rights based approach is embedded in the organisation; positive staff morale; patient experience, people have accessible information to enable them to make informed choices; Person Centred Care is a priority.</td>
</tr>
<tr>
<td><strong>Strategy</strong></td>
<td>Equality outcomes where possible will be linked with the NHSFV Local Delivery Plan, Healthcare Strategy; E&amp;D is embedded within policy development and review; risk management; Equality Outcomes progress reports (6 monthly reviews), Reports in place to inform actions to deliver on mainstreaming equality into service delivery and organisational accountability.</td>
</tr>
<tr>
<td><strong>Skills</strong></td>
<td>NHS 20:20 vision and strategy, staff learning and development; awareness; analysis; service improvement; identification of barriers to accessing services and putting actions in place to address same; learn from patient experience, comments and concerns.</td>
</tr>
<tr>
<td><strong>Systems</strong></td>
<td>Key Performance Indicators (KPI); Service Level Agreements (SLA) Equality Leads work plans; Equality analysis (EQIA’s), Learning and Development); Equality PDP’s of all grades of staff including senior managers and clinicians. Identification of how E&amp;D &amp; Person Centred Care is mainstreamed into all service delivery and workplace support. Identify via Adverse Incident Reporting if staff or others have been subjected to Hate Incidents.</td>
</tr>
<tr>
<td><strong>Style</strong></td>
<td>Organisational development; collaboration support, advice and guidance; listening to people from representatives regarding protected characteristics, equitable health care; values; open and transparent.</td>
</tr>
<tr>
<td><strong>Structure</strong></td>
<td>Human Resources; Governance &amp; Reporting structures; competency; capacity and public and staff networks.</td>
</tr>
<tr>
<td><strong>Staff</strong></td>
<td>Dignity at Work Advisors; leadership; partners and partnership working; engagement; and staff empowerment, Whistle blowing policies.</td>
</tr>
</tbody>
</table>

During 2016 a review was completed with NHSFV Directorates to enable them to demonstrate how equality is mainstreamed within service delivery and employment practices, as well as identify actions to be taken forward during 2017-21.

\textsuperscript{12} McKinsey 7’S’ Model
Evaluation of results has identified areas of best practice as well as where further work is still required. These will be discussed during 2017-18 and actions completed will be reflected in the Equality and Diversity Annual Report 2018.

**Key Activities for 2017-21**

To enable Directorates to evidence how they are embedding Equality into their working practice the following four equality priorities have been identified. Each directorate will develop their own implementation plan setting out specific actions for their services and report on a biannual basis.

These priorities however are subject to the respective service provided. For example some areas may only be required to complete 2 out of 4 actions due to the nature of their services.

Our Corporate Management Team has supported this development. A baseline will be completed during 2017-18.

The four priority areas are:

1. To improve the collection, analysis and use of equality data and monitoring for protected groups.
   a. Within Acute environments it is proposed for the first 2 years that areas to be focused on are in relation to Scottish Morbidity Returns (SMR) Returns from Information Services Scotland.
   b. Additional areas could evidence as part of patient/staff consultations
   c. Staff equality monitoring
2. Services are accessible to individuals and community groups and those who share relevant protected characteristics to ensure they are not denied access on unreasonable grounds.
3. Service and policy changes explicitly take account of protected characteristics through existing EQIA process.
4. NHS Forth Valley staff can evidence that they have completed relevant equality and diversity awareness training (within 3 year period) appropriate to their level of responsibility; this includes those who are Agenda for Change Graded and those who are not.

By taking this approach services can:

- Provide assurance of compliance with the Equality Act 2010.
- Provide disaggregated data and analysis of the impact of their services on protected and vulnerable groups.
- Report against equality performance measures.
- Demonstrate how directorates are improving their equality performance year-on-year.
- Ensure our staff are trained on Equality, Diversity and meet the Human Rights of patients and colleagues.
By 2021 we will:

- Equality and Diversity Annual Report will reflect actions taken regarding four priority areas
- Continue to report our progress against the Equality Act 2010 Specific Duties and produce new outcomes in 2021.
- Evidence that an Equality Analysis has been completed on papers prior to submission to the Board for approval.

(v) Mainstreaming Equality into Public Involvement, Engagement and Experience

Where we are now?

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

NHS Forth Valley with the support of the Patient Relations Team use a wide range of communication methods to promote access to information such as; how to raise a concern, how to actively involve communities in the work that we do. They continue to ensure that our engagement process is open and accessible to all.

The NHS Forth Valley Person Centred Care Strategy\(^\text{13}\) sets that every patient will:

- Receive a person centred experience in NHS Forth Valley
- Be treated with care, compassion, dignity and respect
- With their families and unpaid carers be able to say what and who matters to them and this will be used in all care and treatment
- Receive care from staff who can demonstrate knowledge, skills and competencies necessary within their roles for the delivery of safe and effective care

The strategy also encourages the mechanisms to be used to:

- Engage with, and listen to, patients, carers, diverse groups and other stakeholders.
- Ensuring that patients’ experiences are taken into account when decisions are made.
- Communicate with stakeholders to ensure that people are kept informed of developments and have access to information they need, when they need it.

We continue to be committed to fully involving all sections of the community in the development and monitoring of our outcomes, objectives and associated action plans as well as the ongoing work of the organisation.

We endeavour to give every opportunity to our key stakeholders to comment on health services in particular in relation to our Clinical Services Review implementation and Local Delivery Plans.

In previous reviews completed and in the development of our outcomes this has included:

- Finding out what barriers people face and taking steps to remove them.
- Asking if people are satisfied with health services e.g. through surveys, focus groups and findings from comments and concerns.
- Setting priorities and planning changes.

\(^{13}\) NHS Forth Valley Person Centred Care Strategy 2015-17
• Monitoring and reviewing current data and provision.
• Reviewing and revising this Plan.
• Providing feedback on how people’s views have influenced our decisions and actions

This has been particularly evident in the development of our NHS Forth Valley Healthcare Strategy 2015-21\(^4\) and respective actions plans.

a) Patient and Public Involvement

Where we are now?

NHS Forth Valley has processes in place to support the rights of the public to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services. We continue to be fully committed to working with patient’s, unpaid carers and the public regardless of protected characteristic to:-

• Monitor Services
• Inform how we develop current and new service provision
• Improve the quality and safety of services
• Identify future service requirements
• Transform and redesign services
• Active involvement from diverse communities in NHS Forth Valley’s Annual Review’s.

The Person Centred Care Annual Report evidences actions completed to date and actions to be taken forward in the forthcoming years.

Public Involvement

Giving people the right information, at the right time, in the right way is central to how we deliver services. We ensure that our staff are fully informed about what matters to patients through joint discussion, reasonable adjustments, valuing diversity, respecting equality needs and shared responsibility. This can range from their individual care, treatment, continuing care etc.

Involve: we provide a range of ways that people can get involved not only on personal care but also in the services we deliver through, Public Participation Forums, membership of NHSFV Steering Groups incl. Fair for All Equality Group, via Patient Opinion, discussions on service change and new builds – such as Stirling Care Village, patients experience questionnaires, 1:1 discussions with a wide range of community groups and diverse communities, face book twitter etc.


b) Patient Experience

Where we are now?

NHS Forth Valley is a values based customer focused organisation that puts patients and families first. Our Person Centred Care Strategy ensures that we meet the various needs of communities we serve.

We provide a diverse range of services across a wide geographical area. Therefore we recognise that there cannot be one effective tool for measuring patient experience or satisfaction.

Each of our services has their own unique Patient Experience and Involvement action plan detailing how they will measure and respond to patient and carer satisfaction.

There are a wide range of methods for seeking, receiving and proactively measuring patient experience; this section outlines the key processes the organisation will and has used.

Local Survey Programme

We have in place a wide programme of patient and public feedback exercises across all areas of the organisation and with partners, which ensures we listen to our communities.

We will continue to use a variety of methods to obtain patient feedback such as paper questionnaires, online and telephone surveys, one to one interviews and focus groups, patient opinion web site, patient stories and feedback cards.

Complaints, comments, concerns and compliments

The NHS Forth Valley Patient Feedback, Comments, Concerns and Compliments Report (2016) offers the organisation valuable information and understanding on how our services are performing.

The number of complaints should not be seen as a marker in itself as to how well or poor the service is perceived but repeated trends and issues are addressed to stop them from reoccurring. However, like compliments we can and do often learn how we can maintain or improve our practice.

NHS Patient Opinion is a rich source of qualitative patient experience data and the information is in the public domain so can significantly affect the public perception of the organisation.

The Patient Rights (Scotland) Act 2011 together with supporting legislation provides the right to give feedback, make comment, raise concerns and make a complaint about the NHS in Scotland. NHS Forth Valley has used these to drive continuous improvements to service delivery, ensuring that care is safe, effective and person centred.

\(^{15}\) NHS Forth Valley Patient Feedback, Comments, Concerns and Compliments Report (2016)
Highlights to date - includes:
- The Implementation of the Person Centred Health and Care Steering Group and Person Centred Operational Group
- Improved patient experience within the Out Patient setting following a focussed piece of work with First Impressions training for staff. This work was positively evaluated by the Scottish Health Council
- Further expansion of volunteering roles in the organisation to include new welcoming volunteers at Forth Valley Royal Hospital
- Development of “What Matters to Me?” and “Getting to Know Me” materials to enhance patient experience and assist the delivery of person centred care
- #Hello my name is campaign continues and is embedded in our teaching materials
- New Welcome Posters being introduced to inpatient wards
- Further roll out of the bereavement model which began in the Intensive Care Unit across inpatient areas
- A dedicated bereavement service with the Woman & Children’s Directorate
- A designated Patient Public Panel member assigned to an inpatient ward to collect patient feedback and experience
- An expansion of patient stories used now in the clinical areas
- Increased patient feedback to inform service improvements
- Focus groups for prisoners in health care
- Introduction of volunteers within the acute inpatient dementia ward
- Information directory to support staff of patients religious beliefs
- Personal care plan for end of life care
- Patient and family focus groups within the community hospital setting

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

- Identify any concerning themes within patient complaints regarding equality and diversity and engage directly with respective services to agree priority changes to be made to improve overall patient experience
- Engage more with young people, people with a learning disability and those with dementia to ensure that their views are better represented
- Establishing new and innovative ways to involve and reach out to seldom heard groups in which to provide feedback on concerns including. British Sign Language (BSL) video
- Work with our partners to join up our approach to gathering and sharing community intelligence.
- Ensure accessible and fit for purpose communication tools are used that reach as wide an audience as possible

Person Centred Care is an Equality Outcome for 2017-21. See Outcome: 4
(vi) Measuring performance and improving data collection

Where we are now?

a) Measuring Performance:

To successfully embed Equality & Diversity, it is important that we continue to demonstrate how we monitor and measure the improvements we are making. Some of these measures are mandated to us and others are local measures of progress and success.

We will continue to publish our progress against these measures to ensure visibility for patients, the public and our staff. Individual work programmes will have their own milestones and measures but collectively we will focus on:

- Information monitored and reported as part of the Public Sector Equality Monitoring Report
- Assessment and compliance with the Public Sector Equality Duty regarding Equality Analysis
- Progress made within NHS Forth Valley four equality priority areas in relation to mainstreaming equality
- The Local Delivery Plan where equality is a key component
- External best practice accreditations and standards including Stonewall Workforce Equality Index
- Recommendations from audits completed by Audit Scotland, Health Improvement Scotland etc.
- Patient Feedback through Surveys, Complaints, Comments & Compliments
- Response rate and results of Staff Surveys and Feedback
- Benchmarking data from NHS Health Scotland Scottish Morbidity Returns (SMR’s) as well as other NHS Boards.

Where we are now?

b) Data Collection:

Over the past four years we have highlighted the difficulties in collecting and using equality profile data to understand and tackle inequality. This is further compounded by a lack of disaggregated data in many NHS data collection systems on other protected characteristics covered by the Equality Act 2010 (disability, ethnicity, religion and belief and sexual orientation).

To inform the public why we ask questions about their protected characteristics we have produced patient information leaflets, which identify the importance and value of knowing the profile of the diverse population we serve not only in providing individual care but also in understanding the needs of our communities.

As identified in Section 1.4 (iv) To support our efforts we have developed a key priority area to enhance data collection and analysis.
Developing an evidence base and improving data collection

The importance of accurate information analysis from our available workforce, patient and local/national population data cannot be underestimated.

Collection of Ethnicity information continues to be problematic. We will continue to monitor the recording of Ethnicity via our NHS Information Services Division Scottish Morbidity Returns (SMR’s)\(^\text{16}\) submitted to the Information and Statistics Division (ISD) and put actions into place to enhance current recording both in the current IT structures in place as well as within Patient Care Planning etc.

**Percentage of hospital discharge episode records (SMR01) with a valid ethnic group by NHS Board of Treatment;**

<table>
<thead>
<tr>
<th></th>
<th>Published Feb ’13</th>
<th>Feb 2015</th>
<th>Feb 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scotland</td>
<td>74.9%</td>
<td>78.7%</td>
<td>82%</td>
</tr>
<tr>
<td>NHS Forth Valley</td>
<td>50.5%</td>
<td>68.1%</td>
<td>72%</td>
</tr>
</tbody>
</table>

**Percentage of new outpatient appointment records (SMR00) with a valid ethnic group by NHS Board of Treatment**

<table>
<thead>
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<th>Published Feb ’13</th>
<th>Feb 2015</th>
<th>Feb 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scotland</td>
<td>59.9%</td>
<td>67.8%</td>
<td>73%</td>
</tr>
<tr>
<td>NHS Forth Valley</td>
<td>52.5%</td>
<td>68.5%</td>
<td>72%</td>
</tr>
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</table>

The above demonstrates that there has been a slow but steady increase in data recording over the past three years in relation to ethnicity. Although we currently record age and gender, discussions are ongoing with NHS Forth Valley Information Services to develop reports for service areas to identify where the gaps currently are in ethnicity and religion and belief recording during 2017-19 with additional protected characteristics being built into process during 2018-21.

c)  **Data Recording**

**Where we are now?**

Good quality data underpins all equality and diversity work from identifying priorities to measuring the effectiveness of our actions. The quality of data collection and analysis will improve in order that we may effectively understand our local population and who is using local services. The information collated will also inform our implementation and monitoring processes. The following case study demonstrates the benefits of collecting data and using the information to inform service delivery.

**(vii) Examples: How data collection can inform and enhance service delivery**

**Disability Data Collection** - NHS Forth Valley Disability Service are undertaking several pieces of work relating to demographic profile collection, specific to people who have a communication or access requirement. This assists in our collection of ethnicity figures per population of Forth Valley.

As part of our Interpreting and Translation provision patient details are captured at time of first interaction with interpreter services.

\(^{16}\) NHS Information Services Division Scottish Morbidity Returns (SMR’s)
The patient, supported by the interpreter, will be asked to complete a data form requesting the following details: name, date of birth, gender, ethnicity, address, contact telephone/mobile number, language spoken, email and to provide a signature giving agreement for this information to be utilised to aid future health appointments. Presently patients can opt in or out of this process.

The information then enables the Disability Service to identify regional language splits, age differentials and gender mix of users, which communities are accessing services and where as well as identify those who are not. This would allow more targeted work to take place in areas identified.

The diagram below shows statistics of new users in April 2015 to April 2016, the languages utilised and the areas where service users live. This detail could be broken down further into area of home address or type of appointment being undertaken and we are considering how to make best use of this information in the future. During this same period there were 2654 people on our register (including the 994) and 10,452 appointments were undertaken across Forth Valley.

<table>
<thead>
<tr>
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<th>Balfron</th>
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<th>Clacks</th>
<th>Denny</th>
<th>Drymen</th>
<th>Falkirk</th>
<th>Glasgow</th>
<th>Grangemouth</th>
<th>Larbert</th>
<th>Stirling</th>
<th>Totals</th>
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<td>2</td>
<td>0.20%</td>
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</table>

| % of total spread by Area | 0.40% | 4.33% | 1.21% | 8.95% | 0.20% | 32.39% | 0.00% | 18.11% | 2.21% | 32.39% |

The collection of data for each new patients requiring interpretation or translation is also being entered, by the Disability Equality and Access team and TOPAS data collection system. By working closely with the Health Records Team we have been able to identify opportunities to capture more information than was historically possible, therefore enabling a focused person centred process of appointment booking.
This shared approach allows the need for communication support to be identified each time the patient requires a health interaction, making best use of our resources by ensuring that the most suitable communication support is in place, enabling health interactions to be clear and staff to be culturally sensitive to the communities they engage with.

Linked to the above work the Disability Equality and Access team undertake appointment reminder calls, in the patient’s native language, for appointments where an interpreter has been arranged. This allows patients who may not have been able to contact NHS Forth Valley directly due to language barriers, to identify if they are able or not to attend their appointment. This work has reduced the number of “Do Not Attends” as services can be notified by the team of a cancellation or a request for appointments to be rescheduled, therefore reducing the no show ratio.

**Key Activities for 2017-21**

- Staff are confident in asking patients about their equality profile
- Improve data collection and analysis of patients across the nine protected characteristics to enable effective monitoring and identification of patterns and trends
- Develop an NHS Forth Valley Equality Profile questionnaire to be used when conducting service user surveys: easy read version to be developed
- Ensure that new data systems or migrated data systems include fields to collect equality data and undertake an improvement programme to update existing data systems.
- Put in place data collection and performance measures to track progress on the mainstreaming and equality outcomes for the Board for 2017-21.
- Seek to influence national systems to include equalities data.

**Case Study: Data Collection Review – Emergency Department Forth Valley Royal Hospital**

A project was completed by the Emergency Department (ED) and NHS Forth Valley Data Analysts’ to identify the attendance at the ED during Jan ‘15- Dec ‘16 based on ethnicity.

The data collection system plotted for each ethnicity show that while there is variation (due to variable numbers) there is no obvious difference for any one ethnicity from the mean. That means no evidence of discrimination.

Information demonstrated that Gypsy travellers were low in attendance at the Emergency Department with people only attending from the Clackmannanshire area.

Figures regarding ethnicity did appear to reflect the percentage of population based on the recent local census for the three local authority areas.

The additional two data sets showed the average times from arrival to discharge in the ED for patients of different declared religion and within different localities.

The average treatment times show variability, however are generally close to the average waiting time of 135 minutes.

Information collated demonstrated that the overall average treatment time was 135 minutes from attendance to discharge in the Emergency Department.

No discrimination or differences were shown in relation to patient’s ethnicity or religion or belief receiving care.
Review of Religion and Belief recording

Where we are now?

Through evidence from discussions within the NHS Forth Valley Spiritual Care Group during 2015-16 and from comments and concerns raised by service users a targeted approach was identified to enhance staffs skills and knowledge on patients Religion and Belief. This protected characteristic is already included within Equality and Diversity Training but it was recognised that more work was required to enhance service delivery and Person Centred Care. DRAFT guidance & tool was developed based on NHS Multi-Faith Resource for Healthcare Staff\(^\text{17}\).

This resource will support staff to meet the practical needs of patients and encourage staff where appropriate to ask questions about the patient’s Spiritual needs and identity. The resource was seen as an example of best practice by the Fair for All Group and was presented to the NHS Forth Valley Dementia Champions in January for their comments; in particular focusing on people with additional needs.

Further to additional comments from our Spiritual Care Team, Dementia Champions and lay advisors from the various faith and belief groups this resource will be trialled during 2017-18.

Key activities for 2017-21

- During 2017-18 a review will be completed on our Data Collections systems to identify fields available to record people’s religion & belief or spiritual care needs.
- Specific actions will be put in place to enable where appropriate to record patient’s religion and belief within their base line assessment.
- Develop tools and resources to support the delivery of person centred care in relation to Religion and Belief.
- Ensure actions also support work completed by end of life care and bereavement services.

Further considerations on protected characteristics data collection:

We continue to recognise that there is a need for better data to demonstrate how people with protected characteristics fare compared to the general population.

Although ‘some’ national equality data is available we recognise that further work is required to enhance local information on the protected characteristics of employees or patients which are currently not routinely or consistently recorded. Some of these issues relate to national systems issues but there are improvements to be made locally so data is available to tell us about any inequalities that exist – access and experience of services as well as the experience of employees.

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

Key Activities for 2017-21

- Data recording to be an equality priority for care areas. In particular for the first two years focusing on those areas that are required to complete SMR data returns.

\(^{17}\) NHS Multi-Faith Resource for Healthcare Staff [NHS Multi-Faith Resource for Healthcare Staff](NHS Multi-Faith Resource for Healthcare Staff)
• Mainstream data collection, where relevant into existing structures and thereby improve the capture of data. Especially with regards to protected characteristics, where the profile is incomplete or requires more impetus.

• Partnership working with Stonewall Scotland to enhance recording of sexual orientation, gender variance both from a service delivery and employment perspective.

(viii) Partnership Working

Our communities

We are committed to ensuring that the people who use our services, our staff, partner agencies and the wider public are fully engaged and involved in all aspects of the planning, shaping and delivery of our services; and that individuals are fully involved in their own care and support.

Effective involvement requires the building of relationships and the development of different creative ways to include people so that they are properly informed and supported to talk, be listened to and work together as equals.

It is also about giving opportunities for people to work alongside us through volunteering contributing their skills, knowledge and expertise.

Furthermore, it is also about learning from people’s feedback to improve their experience of our services. There is a wealth of insight that we can learn from including information from people’s personal stories ‘which we use at the opening of each board meeting’, surveys, complaints and compliments, listening events, focus groups and through social media.

Our partners

To fully embed our equality work we will continue to work in partnership with the three Integrated Joint Boards in Clackmannanshire, Falkirk and Stirling, our Local Authority partners, Scottish Health Council, Police Scotland, Stirling University, Falkirk College, trade unions and staff networks, amongst other in taking forward the equality and diversity agenda.

This will ensure that all staff and patients in NHS Forth Valley are empowered to communicate issues and ways of working that support effective delivery of the strategy and its action plans.

We will also ensure through further development and use of identified voluntary sector/community organisations in the Forth Valley area, that we reach out and establish creative and mutually respectful relationships across protected characteristics.

By working in partnership with our three local authorities, police, other health boards, third sector organisations, and others who deliver health services we can continue to support the diverse communities we serve.
a) **Review of Services for Lesbian, Gay, Bisexual, Transgender and Intersex Communities within Forth Valley**

A Forth Valley wide survey was completed in October – November 2016 focusing on lesbian, gay, bisexual, transgender or intersex (LGBTI) people living, working or studying in the NHS Forth Valley area (Clackmannanshire, Falkirk and Stirling Council areas) or interested in LGBTI issues locally.

The report was prepared by the Forth Valley LGBTI Development Group – which is made up of public bodies, agencies and community representatives working in and across the Forth Valley area. The group has an active interest in LGBTI issues and seeking to improve the lives and experiences of lesbian, gay, bisexual, transgender and intersex people living, working or studying here.

One hundred and twenty seven (127) responses were received.

<table>
<thead>
<tr>
<th>Local Authority area</th>
<th>%</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clackmannanshire</td>
<td>12.60</td>
<td>16</td>
</tr>
<tr>
<td>Falkirk</td>
<td>30.71</td>
<td>39</td>
</tr>
<tr>
<td>Stirling</td>
<td>56.69</td>
<td>72</td>
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</tbody>
</table>

A range of questions were asked about how safe they feel where they live, health services provision, education, discrimination etc.

The healthcare specific responses identified:

**Q:** Do you feel supported by the NHS in terms of your sexual orientation and/or gender identity? Answered: 98 Skipped: 29

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Responses %</th>
<th>Amount</th>
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<tbody>
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**Q:** Would you feel comfortable coming out to your doctor/GP
Answered 99 skipped 28

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**Q:** Do you feel comfortable talking about sexual health issues with your doctor/GP?
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Q: Do you know where to get information and help with.........?
Answered 99 skipped 28

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Although the above results were encouraging we do realise that this is just a ‘snap shot’ of our local community. Further actions will be completed with community groups and partners to enhance current service provision. The above results as well as those identified by partners were used to inform our Equality Outcomes for 2017-21. The report summary is available in NHS Forth Valley ‘Equality Evidence’ Publication (link to be added)

Key Activities for 2017-21

- Continued partnership working with voluntary groups, third sector and statutory bodies
- Deliver on achieving our equality outcomes through partnership working with our communities and partners
- Greater evidence of actions taken in partnership with seldom heard communities.

(ix) Equality Impact Assessments

What the duties say

The requirement to assess impact means that you must consider how a policy will impact on the needs of the general equality duty. In making the assessment you must consider relevant evidence, including evidence received from equality groups. Having considered all of these elements, you must take account of the results of such assessments.

This requires you to consider taking action to address any issues identified, such as removing or mitigating any negative impacts, where possible, and exploiting any potential for positive impact. If any adverse impact amounts to unlawful discrimination, the policy must be amended to avert this.

N.B: ‘policy’ should be understood broadly to embrace the full range of your policies, provisions, criteria, functions, practices and activities including the delivery of services – essentially everything you do  

Where we are now?

NHS Forth Valley is responsible for making a wide range of decisions. Equality Impact Assessments are completed to ensure that we consider and address:

- If there are any unintended consequences for some groups and to ensure that the ‘policy’ will be fully effective for everyone. This can involve using equality information, and the results of engagement with protected groups and others, to understand the potential effects of the decisions that are made.
- Any practical solutions to tackle negative impacts, to advance equality and foster good relations.
This EQIA review process has been included within reports etc presented to the Board either for information purposes only or for approval to ensure that equality is mainstreamed within all aspects of the organisation.

Examples to date have included:

- NHS Forth Valley Nursing Strategy
- NHS Forth Valley Workforce Plan
- NHS Forth Valley Quality Improvement Strategy


Evidence has shown that one of the main barriers in ensuring and assessing the impact of our services and policies etc is the lack of consistent demographic data both internal and external. This lack of data can hinder our ability to assess the accessibility of services and future planning. Therefore data collection and equality analysis are key areas to be taken forward during 2017-21.

Our current EQIA tool is under review and it is proposed that a more robust online method is put in place. The new tool will continue to meets the nine protected characteristics, identify inequalities in health and will also take a human rights based approach.

Having an online system in place would give further ownership to services and departments. It will enable them to: embed EQIA within their current evaluation and processes; enhance recording of actions taken to mitigate impacts found; as well as enable Directorates to report on actions required as identified in the 4 priority areas for the organisation.

This will enable senior management teams to consider the results of the EQIA analysis during the decision making process. Therefore actions are identified to ensure it does not impact disproportionately on any of our population and in particular those with protected characteristics.

Key Activities for 2017-21

- Review completed on current EQIA tool and process during 2017-18
- Include Human Right Based approach to completing EQIA’s 2017-21
- Develop an online EQIA process to enhance current recording methodology
- Audit a range of EQIA’s completed on reports submitted to the Board
- Ensure data is available to inform actions within EQIA’s
- Publish EQIA’s completed on NHS Forth Valley website on a quarterly basis
Public procurement

What the duties say
Duty to consider award criteria and conditions in relation to public procurement

Where a listed authority is a contracting authority and proposes to enter into a relevant agreement on the basis of an offer which is the most economically advantageous, it must have due regard to whether the award criteria should include considerations to enable it to better perform the equality duty. Where a listed authority is a contracting authority and proposes to stipulate conditions relating to the performance of a relevant agreement, it must have due regard to whether the conditions should include considerations to enable it to better perform the equality duty. Nothing in this regulation imposes any requirement on a listed authority where it would not be proportionate to the subject matter of the proposed agreement. (EHRC 2016)

Procurement

Where we are now

Our Board currently complies with National tendered contracts managed by NHS National Services Scotland (covering 83% of Board spending on contracts).

These national contracts are awarded by National Procurement who applies the following principles to contract awards:

- Ensure that they purchase goods, services and facilities in line with public sector equality and diversity commitments.
- They will not use agencies or companies who do not share our NHS values on equality of opportunity and diversity.
- Meet all the New Procurement (Scotland) Regulations 2016 effective from 18th April 2016.
- Use the European Single Procurement Document (ESPD) that suppliers can advise if they are Small Medium Enterprises (SME’s) or supported businesses as part of the Procurement Process\(^{18}\).

Their procedures will make sure that businesses from diverse communities have an equal opportunity of competing for NHSScotland contracts.

In awarding our contracts, the Board will seek suppliers who can demonstrate that they understand their responsibilities and operate with due regard to equality legislation.

We are keen to encourage all of our suppliers to introduce appropriate equal opportunities policies and procedures and to demonstrate that their practices eliminate unlawful discrimination and promote equality.

\(^{18}\) Procurement Process [www.nhsscotlandprocurement.scot.nhs.uk/](http://www.nhsscotlandprocurement.scot.nhs.uk/)
Key Activities for 2017-21

The NHSFV Procurement Strategy 2015 - 2018 published on the NHS Forth Valley website and has ‘12 Strategic Objectives,’ one of them is Ethical Trading Credentials. In this area we will be using the new Procurement Regulations 2016 to inform the market on our tenders due out in next two years via our Annual Report to comply with the act. This will be published on the NHSFV website by April 2017.

Procurement Case study - Interpretation Support for hard of hearing, Deaf and Deafblind people

During 2014/15 a Tender and Procurement exercise was undertaken to provide a high quality, cost effective Interpretation service for the above communities.

As NHSFV Disability Equality and Access service are based within Forth Valley Sensory Centre and both work with the same communities, it was decided to progress this work in a partnership way. Collaboration and engagement with the community was a main consideration and invites were given to each community to select a representative to be involved in the tendering work.

The group was agreed and configured to include the following: Deaf British Sign Language User, Deafblind User, Lip reading User, Procurement Manager, Disability Equality and Access Lead, Disability Administrative Coordinator, Forth Valley Sensory Centre Manager

The group discussed the current provision and how that had been evaluated, this led to the development of a specific criteria and need for Forth Valley. The service users were given details on how tendering and procurement is bound by legal obligations, the confidentiality required and how the details of this service would be advertised to interested parties.

The scoring sheet was explained in detail and the importance of this system highlighted regards fairness and transparency. This process was extremely successful with a very positive outcome. The partnership and collaboration approach, whilst challenging at times, was a real learning process for all involved. It is however, now the way in which we will approach our future procurement for this service.

(x) Financial Decision Making

NHS Forth Valley has a process in place to assess any risks in relation to the equality impact of costs savings.

An Equality Impact Assessment Screening is completed where appropriate to support a quick and effective risk assessment of proposed cost saving areas with regard to equality groups.

This is evidenced through the EQIA narrative section on papers going through CMT and the Board.

This does not replace the need for all service redesigns to go through the EQIA’d process but is an additional step to equality proof all cost savings.

Information on members or board members gathered by the Scottish Ministers

On 5 January 2017, the Scottish Government issued a consultation on the draft Gender Representation on Public Boards (Scotland) Bill (GRPB Bill)\(^9\).

The consultation document notes that women are under-represented in political, civic and public life at senior levels and in boardrooms (making up 24% of local government councillors in Scotland, for example).

As part of its drive to realise women's equality in Scotland, the Scottish government intends that the GRPB Bill will require positive action to be taken to redress gender imbalances on public sector boards. It is intended to apply to non-executive appointments to the boards of Scottish public authorities.

The consultation seeks views on the practical application of the GRPB Bill and how its effects might be strengthened. It invites comments, in particular, on:

- The Gender Representation Objective, by which a public board would aim to have an equal mix of males and females (or individuals who identify as each).
- The "Tie-Breaker Provision", by which a candidate of the under-represented sex would be appointed to a position for which there are two or more equally qualified candidates.

The Scottish Government intends to introduce the GRPB Bill to the Scottish Parliament in the summer of 2017, which is out with the publication date of this report. Progress on actions taken will be reflected in NHS Forth Valleys Annual Report in April 2018.

Our progress to date

In October/November 2016 NHS Forth Valley advertised for a new Non-Executive member to join its Board. It was identified within the advert that people applying did not need to be a health expert or have previous Board experience.

To ensure all members of our diverse community could apply and be aware of this vacancy the Equality and Diversity Manager distributed information to the local LGBTI Steering Group, Central Scotland Regional Equality Council and via the Fair for All Development Group members to enable them to inform the local community groups, asking them to disseminate this advert and contact details for further information across their networks.

Key Activities for 2017-21

- Await outcome from Scottish Government Consultation and take action accordingly.
- Hold information sessions about the work of the board specifically targeted at the diverse communities within NHS Forth Valley area during 2017-21.

As of 1st February 2017 the Gender Representation on our Board was: Nine men and eight women.

Publish in a manner that is accessible

As required by The Public Sector Equality Duty (2010) this report and the additional methods used by NHS Forth Valley’s existing public performance reporting systems as practicable will publish our:

• Report on mainstreaming the equality duty on the NHS Forth Valley Webpage
• Set of equality outcomes and report on progress made to achieve these outcomes
• Gender pay gap information
• Statement on equal pay and occupational segregation.

The Mainstreaming Report is accessible to the public via our internet site as well as produced in easy read format. This will be advertised using a range of existing methods including web, twitter, facebook, local networks and forums.

An executive summary can also be made available in alternative languages and accessible formats on request.

Key Activities for 2017-21

• Equality Mainstreaming Report 2017-21 Communication Strategy in place
• Ensure communities can access the Equality Report
• Publish Report by April 2017
• Biennial Report available in April 2019
• Summary version of Equality Report will be available in May 2017

Showcasing examples of case studies and activity being completed to embed Equality, Diversity and Human Rights

The following demonstrates some of the actions that services have undertaken within 2013-16 to make NHS Forth Valley a better and fairer place for patients and staff.

It builds on previous work and reports on-going work and new actions.

The following demonstrates how services have embedded Equality, Diversity and Human Rights’ and shows three examples of the work we have done to:

• Help all people, whoever they are; to receive high quality health care and provide an inclusive work environment—equality
• Recognise that every person is an individual - diversity.
• Make sure every person is treated with dignity and respect - human rights.

The report identifies some of the activities we have completed, why we did them, what the outcome of our activity was and what improvements we have achieved, for staff and patients as a result of that activity. It would be impossible to identify all the work that services and the organisation has completed but hopefully these case studies and examples from services will demonstrate our commitment and that of our staff are fully committed to ensuring people’s needs are met.
Disability Equality and Access Service

Within the organisation the Disability Equality and Access Service are an identified team/hub for both staff and patients to contact for assistance or advice in Forth Valley.

What this team set out to do:

- Tackle inequalities
- Increase opportunities for people with a disability
- Assist the organisation to achieve our Person Cantered Vision
- Assist the organisation to achieve equitable Patient Focus Public Involvement
- Support staff to provide appropriate communication support
- Support staff to provide accessible services
- Support staff members who have a disability in the workplace
- Assist managers to support their workforce equitably
- To engage with communities, partner organisations, third sector organisations and charities working with people with a disability
- To provide various training support

Some actions completed to date:

- Developed new Interpretation and Translation policy and information to support staff relating to Interpretation and Translation provision. Flow chart, staff handbook and language identification card.
- Updated “Assistance Dogs in Healthcare Policy” with engagement from local assistance dog users.
- Updated NHS Forth Valley’s webpage with information in British Sign Language Clips. This is an on-going process and clips will be increased in number. e.g. Know where to go to when you are ill\(^\text{20}\).
- Assisted community members to participate fully in NHS Forth Valley’s Annual Review process. Working in partnership with the Patient Relations Team and by providing communication support enabled individuals to express fully their opinions.
- Initiated a “data form” to support the interpretation and translation provision to collect ethnicity details for those utilising the service.
- Initiated an “appointment reminder” service for those utilising Interpretation and Translation. This has led to a reduction in DNA’s; in 2017 a report will be compiled to enable this information to be reviewed in more detail.
- Identified a one telephone number, 24/7 contact for Interpretation and Translation.
- Supported managers and staff relating to reasonable adjustments and equipment support provision.
- In partnership with our Health Records Team we have reviewed how to collect information relating to “language spoken” and if “interpreter is required” as well as any “communication” or “access” need for those who may have a disability within our TOPAS systems. This project will continue to be reviewed regularly and progress highlighted as part of our tackling inequalities work.
- Developing in partnership with Stirling University, a Deaf BSL Tutor, a Deafblind Tutor and an Interpretation specialist an intensive week long Sensory Impairment module. This will be trialled during 2017 with semester nine mental health students.

\(^{20}\) Know where to go to when you are ill ‘Know where to go to when you are ill’ (BSL Version)
Future Actions
Implementation of BSL Act 2015 (Scotland) and continued communication support to be 2017-21 outcomes to be developed.

Measure: BSL Plan will be implemented locally and action plan created.

Activity: NHSFV will work with BSL National Advisory Group and take advice from the network. Community engagement opportunities will be made available to Deaf BSL users and to Deafblind people who require communication support, enabling discussion on how the BSL Act (Scotland) will be implemented in Forth Valley.

Outcome: People will be able to access appropriate interpretation and communication support for all health journeys. The above will not be a separate outcome for NHS Forth Valley but will be mainstreamed into existing practice.

Case Study 1: Meeting the General Duty: meeting different needs includes (among other things) taking steps to take account of disabled people’s disabilities.

We offer dedicated support for patients with learning disabilities in hospital to ensure they receive high quality services, real choice and control over their care. The following demonstrates through our learning disability liaison nurse, acute services staff and service users and unpaid carers working together we can ensure that support and positive action can be put in place to ensure that people with a disabilities journey can be barrier free.

Young man (29) ADHD, Autism and Tourettes – SURGICAL Treatment at Forth Valley Royal Hospital - Mother contacted NHS Forth Valley Learning Disability Liaison Nurse when her son received an appointment for surgical investigation which required him to have an anaesthetic. Liaison Nurse able to alert pre-op who identified that they didn’t need to see the patient; his mother came in for the appointment and gave them the relevant information thereby saving any distress to the patient. Nurse liaised with consultant psychiatrist to identify if there were any bloods needed from the patient as he is on an atypical antipsychotic drug and he is very unwilling to have bloods taken normally. List identified of what was required and blood bottle labels printed.

Discussions held with the dental department who were able to arrange with the surgeon to have a look at patient’s teeth whilst he was under anaesthetic. Section 47 Adults with Incapacity Certificate signed for the procedures. As the patient knew the liaison nurse well but can be difficult to get in to the hospital at times the nurse collected him and his mother from home on the morning of his surgery. He was taken through the hospital using a quieter route to the day surgery unit. Nursing staff at 'Day Surgery' gave the patient, mother and nurse a place to sit away from everyone else in the department so that it was quiet and they were able to settle him easily.

When his bed was ready they went round to his room, the nurse brought the pre op medicine, which the patient took with no difficulty. The medication can take quite a while to work and because patient was in a single room it was easy to keep him entertained and settled until he became sleepy. Mum and liaison nurse were able to go with the patient to theatre and waited with him until he was anaesthetised. This also reassured Mum that he had not been distressed at any time.

During the surgery the liaison nurse and Mum went to the canteen, the dentist came round to them and stated that some dental issues had been identified and needed to be fixed and that they wanted to go ahead with this whilst he was sleeping. This was agreed to be a sensible plan. Mum waited back in the room for him, he was given plenty of time to recover in the Day Surgery Unit prior to being discharged. The bloods identified that the patient had an elevated blood sugar, which is now being controlled by diet

Outcome: Patient received treatment with reasonable adjustments made throughout the patient journey. The surgeon was been able to examine and treat the existing wound: None of this could have been undertaken without anaesthetic. Diabetes identified and managed by diet, patient’s teeth are in good order and not causing pain and the blood results also show that his atypical antipsychotics are not causing him harm.

Involved staff and departments – Learning Disability Liaison Nurse, Pre-Op staff, Consultant Surgeon, Anaesthetist, Day Surgery Nursing staff, Theatre staff, Dental Department staff, Consultant Psychiatrist.

NHS Forth Valley would like to thank the family for agreeing to the use of this case study.
Case Study 2: Meeting the General Duty: (advancing equality of opportunity) involves, in particular, having due regard to the need to: Remove or minimise disadvantage suffered by people due to their protected characteristics; Take steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people.

“Getting to know me” - Since January 2016 there are 3200 ‘Getting to Know Me’ documents in circulation. All staff are encouraged to transfer the completed document into a folder, along with photographs (and any other helpful information) and have this available at the individual’s bedside with their permission.

Since March 2015 approximately 800 staff has had education and awareness sessions on the use and benefit of this document. Staff include: housekeeping staff, Scottish Ambulance Service, Healthcare Assistants’, Staff Nurses and Allied Health Professional as well as if the patient is transferred to another area including long term care. Biannual visits to the carers centre allow open discussions and feedback.

On one occasion when a carer identified that they had found it difficult to know which information to include a home visit was provided. This meant the family were in their home surroundings and felt comfortable to have open discussions. The information was then compiled and returned to the family within 24hrs ready for them to utilise at next clinic/inpatient visit.

This publication highlights key information about the individual but also informs staff and others about whom and what is important to our patients, families and unpaid carers. This is encouraged to be kept at the patient’s bedside so that everyone who is in contact with the patient is aware of what is important to the person.

From an Equality and Diversity perspective this would give patients the option to highlight:

- **Indication of who knows them best** - could be same sex partner
- **What is important to them** – could be their cultural identity
- **Information on the individuals life so far** – would be free text and reflect what is important to them
- **I would like you to know** – that the person has a wig and doesn’t wish to go out their room or be seen without it.

From evaluations completed to date this publication for staff and families has proven to be a success. An initial training session with Dementia Champions on embedding Equality and Diversity and Human Rights into ‘Getting to Know Me’ was completed in January 2017, which proved to be a thought provoking session.

**Action 2017-21** - Enhance the use of ‘Getting to Know me’ in relation to equality and diversity via staff training and working with local diverse communities about the benefits of this resource.
Case Study 3 – Meeting the General Duty: meeting different needs includes (among other things) taking steps to take account of disabled people’s disabilities

‘Human Right Based Approach’

Healthcare Team in HMP Glenochil – Proving care for long term conditions

The Healthcare Team in HMP Glenochil provides outstanding care for patients with a wide range of long term conditions, including palliative care in a very busy, complex and challenging environment.

Further to a significant review they have worked with Scottish Prison Service (SPS) colleagues to review service provision and undertake joint training to ensure continuity of care. They have successfully adapted the services and support available to meet the changing needs of the prison population which is now made up of many older, physically frailer men. The healthcare team consist of nursing, allied health professional, addiction and medical staff, supported by the wider health team in NHS Forth Valley.

The key objective of the team is to ensure that prisoners have access to the same standard and range of healthcare as the wider community as it was evident that with the changing population within HMP Glenochil, healthcare staff were increasingly having to deal with health issues that they had not encountered before.

Example of actions taken:

- Forged close links with the NHS Forth Valley Palliative Care Team and Macmillan Cancer Care to access training resources and support. This ensures that prisoners/patients are cared for with dignity and compassion at the end of their lives and have access to the same high level of medical and nursing care as the rest of the general population.
- Evaluated and created appropriate accommodation for delivering high quality healthcare.
- Workforce structure & redesign of services evaluated and changes commenced.
- Development of a Rehabilitation Support Worker was introduced.
- Accommodation was transformed to meet the health needs of patients including: re-design a number of cells to allow prisoners to use hospital beds, hoists and wheelchairs; showers were adapted to allow those with a disability easier access with hand rails, ramps etc.
- A number of training initiatives were identified & provided for both NHS and SPS staff.
- Range of training put in place to enhance staffs skills and service delivery.
An example of the impact the results had:

Services for older people and those with long term conditions have been transformed.

- Staff developed new skills providing a wider range of services/ support.
- Range of training completed by staff including:
  - Non-medical prescribing advanced clinical examination, low intensity psychological therapies, palliative care and dementia training.
  - Dementia trainer in place for healthcare assistants
  - Sage and Thyme training provided to all grades of staff on how to listen and respond to patients who are distressed or concerned.
  - Training provided jointly to SPS and NHS staff: training is designed to prevent falls in older people and is led by both staff groups.
- Second Rehabilitation worker proposed

Patients at end of life now have the opportunity to complete advanced care plans in which their wishes are documented and respected. Weekly ward rounds take place in the halls where the older people reside with the GP and member of the primary care team reviewing all patients. SPS staff are involved in all the ward rounds to ensure a holistic care approach is taken.

The changes have made a huge difference to prisoners. In the past all prisoners who were dying were transferred to an acute hospital prior to death. Until recently, there had never been a “planned death” in a prison. Many of the patients in the healthcare teams care look upon the prison as their home, due to the length of their sentences.

Earlier this year a patient voiced a request to die in prison rather than being transferred out to hospital.

A great deal of planning took place by both NHS and SPS. This was a new concept for SPS staff and agreement had to be obtained from SPS staff at a senior level to allow this to occur. The patient completed an Anticipatory Care Plan and his wishes taken into consideration; this would include all aspects of individuals protected characteristics.

Support was provided to healthcare staff by the NHS Palliative Care Team and Macmillan Cancer Care. Arrangements were made to allow access for community staff overnight and agreement was provided by SPS to permit the use of a syringe driver pump, if required.

**Outcome:** These innovative developments have resulted in improvements in service provision to those patients presenting with long term conditions and complex care needs. Furthermore, where possible people have equity of access to services and care whether within a community environment of within prison services.

**In recognition for their work and benefits to patients needs staff won the Scottish Health Awards 2016 - Integrated Care for Older People Award.**
Improving Health of our Communities

Throughout the year, NHS Forth Valley continued to develop and improve a wide range of services for patients and their families. This section highlights a number of the key developments taken forward across the organisation during 2015/16 with several caring forward for years to come.


The following are some examples of work completed within NHS Forth Valley to not only improve the health of our diverse communities but also put in place to enable people to have control over their own health and well being.

**Social Network Analysis – HIV Prevention and Support Opportunities for Africans in Forth Valley Dec ‘15**

Africans living in Forth Valley are now getting help in a joint project between staff from NHS Forth Valley and Waverley Care, Scotland’s HIV and Hepatitis C charity which aims to raise awareness of HIV and reduce transmission of the virus.

The need for the new service comes in response to an assessment and report by NHS Forth Valley which identified improved engagement with African communities as a key aim of its HIV prevention strategy for the years ahead. Staff from Waverley Care travelled to the sexual health clinic at Falkirk Community Hospital for the launch.

NHS Forth Valley Consultant in Genito-Urinary Medicine and HIV, Dr Kirsty Abu-Rajab said: “Key issues for people from African countries include late diagnosis of HIV, and isolation.

A needs assessment by NHS Forth Valley, carried out in partnership with HIV Scotland, suggested that a coordinated response was required to engage with Africans living in Forth Valley, using culturally sensitive staff and engaging with organisations in touch or working with Africans.

Information from findings has been used to inform future service delivery and will be beneficial in the baseline being completed to meet **Outcome 5**
Fighting Flu

In September 2015, a new Immunisation Team was created to support the roll-out of the national flu vaccination programme. Continued efforts were made to encourage people to take up the offer of a number of key vaccinations during the year 2015/16.

Over the course of three months, the Team vaccinated around 24,000 primary school pupils across Forth Valley. The majority of clinics were carried out during school hours with all children being offered the vaccine in the form of a nasal spray. The programme was delivered in collaboration with the three local authority education departments. Around 8,700 pre-school children aged between two and five years of age were offered the nasal form of the vaccine by their local GP Practice.

The childhood flu immunisation programme is an extension to the existing annual flu vaccination which targets people aged over 65 or those under 65 with chronic illnesses which can make flu much more dangerous.

These include people with heart disease, chest complaints such as bronchitis, emphysema or asthma, chronic kidney failure, cystic fibrosis, lowered immunity due to disease or treatment, diabetes or liver problems.

Pregnant women and unpaid carers are also eligible for vaccination. Peoples diversity needs were taken into account during the vaccination programme. During the 2015/16 campaign NHS Forth Valley again achieved a higher uptake of the flu vaccine by over 65s (77%) and unpaid carers (60%) compared with Scotland as a whole.

Supporting People to Stop Smoking

Hundreds of people sought help from NHS Forth Valley’s Stop Smoking Service and local pharmacists during the ‘Stopathon Campaign’, which encouraged smokers to come forward and sign a pledge to quit by National No Smoking Day on the 9th March 2016.

The Campaign also saw local Stop Smoking advisers visit workplaces across Forth Valley to offer one-to-one support and free nicotine replacement products.

Specific work was completed with the Polish Community to encourage methods in which to ‘Stop Smoking’ by the smoking cessation service and the Disability Team with positive results. Many others also signed a smoke free home pledge to help protect their children and pets from the harmful effects of smoke.

Weight Management – Supporting BSL users & wider community

NHS Forth Valley Disability Service in partnership with Forth Valley Sensory Centre and Slimming World developed a weight management class which is fully accessible to all and held within the sensory centre on a weekly basis.

The class provides a BSL interpreter, information in large print or in audio and has team leaders who have received sensory impairment training. The class is open to the general public and very well attended, increasing opportunities for integration of sensory impaired and non-sensory impaired people. Passive learning takes place as those attending witness how alternative communication means are provided. This has been a successful test which will be continued on a more permanent basis.
The following section is a summary of the progress made in meeting our 2015 – 2017 Equality Outcomes. These reports reflect:

- Measures in place
- Activity completed
- Outcome achieved
- Future action if required.

Link to NHS Forth Valley Equality Annual Reports - during 2013-16
2.1 Balance Score Card Summary of NHS Forth Valley Equality Outcomes 2013-17

<table>
<thead>
<tr>
<th>Code</th>
<th>Detail</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>R</td>
<td>Red</td>
<td>Fail to progress</td>
</tr>
<tr>
<td>A</td>
<td>Amber</td>
<td>Slow to progress</td>
</tr>
<tr>
<td>G</td>
<td>Green</td>
<td>On target</td>
</tr>
<tr>
<td>P</td>
<td>Pending</td>
<td>Not yet started</td>
</tr>
<tr>
<td>C</td>
<td>Completed</td>
<td>Project complete</td>
</tr>
<tr>
<td>O</td>
<td>Ongoing</td>
<td>Ongoing development</td>
</tr>
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</table>

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

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.

1.1 G 1.2 G 1.3 C

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

EQUALITY OUTCOME 2a: NHS Forth Valley promotes and delivers on patient centred care and will meet best practice standards in relation to equality and diversity.

2.1a G 2.2a G 2.3a G 2.4a C 2.4a cont G 2.4a cont C 2.5a G 2.6a G 2.7a G 2.8a C

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

2.1b A 2.2b A 2.2b G

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

2.1c G 2.2c C 2.3c P – review 2017 2.4c C 2.5 G

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

3.1a G 3.1a cont C

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.

3.1b G 3.1b cont A 3.1b cont C 3.1cont G 3.1b cont G 3.1b cont A

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

3.1c G
## 2.2 Outcomes Report 2015-17

### 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

<table>
<thead>
<tr>
<th>No.</th>
<th>Actions taken</th>
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| 1.1 | **Measure:** All Agenda for Change graded staff will complete Equality and Diversity Training on a 3 year basis  

**Activity completed:**  
- Improved staff awareness on equality issues, patient needs & improvement in practice.  
- **5915** staff complete E&D e-learning module – this is monitored via Personal Development Plans 04/13 – 11/16  
- EQIA process in place which ensures that services are provided in where direct or indirect discrimination is assessed against the general duty and actions put in place to prevent same  
- National programme of PREVENT training in place for staff to support vulnerable people from being radicalised.  

**Outcome:** Staff have increased confidence in recognising & responding to the needs of people from the respective protected characteristic groups |

| 1.2 | **Measure:** Reports available on campaigns delivered; service users aware of their personal responsibility to have smear tests and those relating to their age/gender etc completed  

**Activity completed:**  
- Campaigns delivered, service data demonstrates increased uptake of screening i.e. Cervical testing of lesbian women  
- Developed inclusive & targeted preventative healthcare messages for LGB including why NHS ask about sexual orientation and information on screening services. Displayed in a range of areas including GP’s, Pharmacies and disseminated via local LGBTI Steering Group. (seen as best practice nationally)  
- NHSFV Health Promotion materials developed and in place to inform service users about their responsibility to have a range of screening completed. This includes information for people with a disability, whose first language not English, Sexual Orientation  
- Discussions held with NHS Health Scotland (September 2015) informed about meeting the needs of women regardless of sexual orientation to have smear testing completed, however national data sets do not collate information on profile of people having smears tests  
- NHSFV Disability Service & NHS Health Promotion - Smoking Cessation Team worked with local Polish community re stopping smoking. The project commenced in October of 2015 with communities engaged in process.  

**Outcome:** All national cervical screening reminder letters and booklets sent to women’s homes specifically highlighted the need and reasons for lesbian women to have a smear test completed thereby giving ownership to respective individuals to have their health care needs met.  

**Future actions:** Longer term plan is to widen the support for people with a Sensory Impairment that may require additional support to stop smoking to access an already established clinic or to attend a clinic that has been set up specifically in the Sensory Centre in Camelon |

| 1.2 cont... | **Measure:** Men’s Health Programme in place  

**Activity completed:**  
- Programme in place : report available on changes made  
- Staff delivering programme have completed training on Gender Based Violence, Harmful and Traditional Practices as well as ongoing gender and health specific training programmes |
Outcome: The Men’s Health Program is now mainstreamed into the Keep well programme.
  - Keep Well continues to provide a health improvement service that is gender sensitive. Men account for 50% of all users of this service with most of these men living in areas of relative deprivation.
  - During the period of the report 6,000 men have attended the service
  - From August 2015 risk assessment and if required testing for blood born virus was included within the Keepwell process – during this time 151 tests were completed with men aged below 40 being the highest risk group identified.
  - Staff confident in recognising and responding to Gender Based Violence

Activity completed: In 2015 a pilot project was completed aimed at enhancing the reach of Keepwell through partnership working with Healthy Working Lives. This project provided workplace Keep Well health assessments with the aim of recognising opportunities for health improvement as well as identifying those at risk of preventable ill health (including those with undetected chronic disease) and providing effective therapeutic engagement, goal setting and individual support which deliver on health outcomes.

Outcome: Results identified
  1. Twice as many men (59) than women were seen.
  2. Most were men in manual or lower income work
  3. Significant early health issues were identified particularly in the men who participated with health improvement interventions put in place for those at risk.

Keep Well and HWL working in partnership to provide the Keep Well model of primary anticipatory care within the workplace proved successful not only in terms of reach (particularly with men) but also in providing significant health gain for those employees that took part.

1.3 Measure: Transgender Protocol in place

Activity completed:
  - NHS Forth Valley follows NHS Scotland Adult Aesthetic Referral Protocol and NHS Scotland Gender Reassignment Protocol as per NHS Health Scotland Guidance.
  - Information on policies etc made available on NHS Board public website
  - Transgender Etiquette in place and reviewed
  - NHS Scotland Audit Protocol in place. Information also provided to the public about the arrangements in place within NHS Forth Valley as well as where to obtain additional support and advice:
  - Transgender Etiquette reviewed and amended with support from Scottish Transgender Alliance
  - NHS staff transgender e-learning training in place plus NHS NES Training developed and in place designed by NES and Stonewall with input from NHSFV in design etc. Face to face training delivered when required
  - Guidance developed by Sexual Health and Local Authority partners to support young people transitioning in schools (November 2016)
  - NHSFV HR Gender Reassignment Employee Protocol and Guidance in place. Training delivered to support same. Evaluation completed with positive outcome

Outcome:
  - Staff are confident in meeting the needs of service users or colleagues who have/are transitioning
- Guidance used to inform practice in NHS Forth Valley now used in several other NHS Boards
- Face to face training completed: 84% staff, said they would know where to go for further advice and support. 93.5% felt that as a result of the training they were aware of their moral and legal obligations in which transgender identity is set. 93.55% said they would recommend this training to others.

Future Action: Carry forward outcome to 2017-21 People who have reassigned their gender are not discriminated against in our services either as service users or as employees

1.4 Measure: NHS Forth Valley web site can be accessed as an App on mobile phones to ensure ease of access to information, advice and support

Activity completed:
- Further to active involvement with younger members of our community NHSFV web app now available and is accessible by members of the public and staff with smart phones
- System evaluated by a range of people including schools and young carers with positive outcomes.
- Media campaign completed to inform public about resource as well as information to specific equality groups
- 'App' can be accessed by people with a hearing impairment easily on their phone so no telephone calls required for information, contacts etc. People with visual impairments can use the system via existing technology available on their phones.

Outcome: Information is now available in a format which meets the social media preference of people. Young people have highlighted during discussions and workshops the benefits of this information in this format. It has supported them in not only contacting services but also in obtaining information regarding healthcare needs in their preferred format.

1.5 Measure: Information in place to support communities to make best use of current services available, thereby enhancing direct patient care and preventing inappropriate use services

Activity completed:
- Leaflets developed, available online both in English and nine other languages for members of the public. All people attending who have English as a Second and Other Language classes (ESOL) are offered and materials to support them to access appropriate services. These can also be downloaded at NHS Forth Valley Services. [http://nhsforthvalley.com/health-services/know-who-to-turn-to-when-you-are-ill/](http://nhsforthvalley.com/health-services/know-who-to-turn-to-when-you-are-ill/)
- Information sheet available for communities identifying correct use of existing NHSFV services incl Acute, GP, Pharmacy, Out of hours, dentists, emergency services and NHS24
- Information designed in plain English to ensure it meets communities needs
- Information available in nine languages
- Information cascaded through community groups including Muslim Women’s Groups and Disability Forums and is available on web site for download.

Outcome: People are aware of alternative services available to support their healthcare needs out with existing GP and A&E services. This will prevent delays in accessing support and ensure people can access services which meet their needs. Evaluation/Feedback from Public Partnership Forum members has been positive.
<table>
<thead>
<tr>
<th>No:</th>
<th>Action taken</th>
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<tbody>
<tr>
<td>2.1a</td>
<td><strong>Measures</strong> – Patients and unpaid carers can readily access services and report positive experiences. <strong>Activity completed</strong> – Review carried out to measure if there have been more of less complaints/concerns raised about access to services and if there has been an increase in the number of positive experiences received. <strong>Outcome</strong> - Increase in positive feedback relating to access to services and reduction in complaints. NHS Forth Valley Patient Feedback, Comments, Concerns and Compliments Report 2016</td>
</tr>
<tr>
<td>2.2a</td>
<td><strong>Measure</strong> – Feedback, comments, concerns and complaints from service users or others, reflects where possible specific actions taken to enhance people with protected characteristics care. <strong>Activity completed</strong> – Enhance theme work to capture gender and age group. New processes in place to track and pull this information. <strong>Outcome</strong> – Breakdown of themes being developed: Ongoing review to be completed on themes emerging from complaints as use these to inform practices.</td>
</tr>
<tr>
<td>2.3a</td>
<td><strong>Measure</strong> - Evidence in place which demonstrates that NHS Forth Valley involves and consults with the public by giving them the opportunity to inform or monitor our actions in an equitable way. <strong>Activity completed</strong> – We have a number of user groups to support patients/families/unpaid carers to inform services, this includes working with patients and families to support patient with Parkinson's to inform and improve services. Cancer Users Group, Maternity Users Group, Prisoners Health Group, Neurological Group <strong>Outcome</strong> – Meeting the needs of our patients and the implementation of the Patient Rights (Scotland) Act 2011. Reduction in complaints and increase in feedback.</td>
</tr>
</tbody>
</table>
| 2.4, 2.6 & 2.7a | **Measure:**  
- People will receive a safe, high quality interpreting and translation service  
- Systems in place to identify particular needs including community language and sensory impairment prior to appointment being sent out from NHSFV both acute and primary healthcare areas. Including ‘Sci Gateway’ and Topaz systems.  
- Statistical evidence of those utilising interpretation and translation and from which demographical areas of Forth Valley will be available  
**Activity completed:**  
- Review completed on interpreting, translation and communication support arrangements for languages other than English.  
- Put into operation a development plan including processes for booking appropriate interpreters and recording of generic translated materials.  
  - System now streamlined  
- Reviewed Interpretation, translation and communication support arrangements for hard of hearing, Deaf and Deafblind people.  
  - System now streamlined  
- Singular hub in place allows for better flexibility and governance to take place, with continual monitoring of all health appointments across Forth Valley within a live system.  
- Staff and patients have a direct telephone contact and email address for the service. All appointments for interpretation or translation are made via these routes.  
- Increased usage of interpreter services : Positive evaluation of services received |
NHS Forth Valley Disability Service has created a service user directory, this directory provides details of:
- Language required
- User address details
- User contact details
- Family connections
- Particular considerations required for appointment processing

Staff Training module in place and further work being progressed for on-line eLearning module for spring 2017

A Staff Handbook relating to Interpretation and Translation has been designed and distributed to support the use of this service and to give staff advice regarding appropriate service, usages etc

Interpreters trained in Gender Based Violence (GBV), Literacy issues, working with speech and language services

Patient’s records and referral systems identify people’s additional needs incl. communication.

Outcome’s:
- Robust and responsive Interpreter Service in place meeting both staff and service users’ needs and ensuring high quality service delivery
- NHS Forth Valley Disability Service has a ‘live’ visual picture of all interpretation appointments taking place across Health Provisions in Forth Valley. Staff or managers can check details on all bookings relating to their service via the hub telephone number. This system also details cancelled appointments, Do No Attends and over-running appointments. These details allow us to support staff and service users and ensure financial accountability.
- Increased usage has been identified with growing service user numbers, in 2013 there were 205 users registered; now in 2016 there are 2894 people registered. Assignments undertaken by Interpreters increased from 4012 in April 2014 - March 2015 up to 5272 for the same period 2015 - 16 for those requiring minority language translations.
- For British Sign Language, Deafblind Manual and Deafblind Guide Communication the number of service users remains similar across the last few years with 243 people registered and the average annual appointments undertaken being in the region of 2464.
- Interpretation Policy has been updated, booking Flow Charts and Staff Handbooks have been issued across the organisation
- Staff are more confident in requesting an interpreter to meet people’s needs and record when interpreter provisions are refused by a service user and the reason why.
- Interpreters are aware of the role they play in interpreting at GBV situations.

Future Actions

Implementation of BSL Act (Scotland) and continued communication support to be 2017-21 outcomes to be developed.
Measure: BSL Plan will be implemented locally and action plan created.
Activity completed: NHSFV will work with national NAG Group and take advice from the network. Community engagement opportunities will be made available to Deaf BSL users and to Deafblind people who require communication support, enabling discussion on how the BSL Act (Scotland) will be implemented in Forth Valley

Outcome: People will be able to access appropriate interpretation and communication support for all health journeys
<table>
<thead>
<tr>
<th><strong>Appropriate use of Telephone Interpreting Services</strong></th>
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<tbody>
<tr>
<td><strong>Measure</strong>: Language Line Telephone Interpreting 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.</td>
</tr>
<tr>
<td><strong>Activity completed</strong>: As part of the launch of the Interpretation and Translation Policy and Staff Handbook, information is included regarding how to access and utilise language line. Training will be made available on use of language line to services wishing support, all directorate areas now have an individual ID code linking to their specific area. This will allow targeted training to those utilising service and to make contact with those who are not and address any needs they may have.</td>
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<tr>
<td><strong>Outcome</strong>: People can get information in their preferred language at time of need. Prevents people from having to access other services when information or support from Pharmacy staff is suitable</td>
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<tr>
<td><strong>Future Actions</strong>: ongoing review completed</td>
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<thead>
<tr>
<th><strong>Measure</strong>: Evidence demonstrates the right of individuals and groups to hold religious and non religious beliefs without experiencing discrimination.</th>
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<tr>
<td><strong>Activity completed</strong>: Process in place to inform patients/families how to access spiritual services.</td>
</tr>
<tr>
<td><strong>Outcome</strong>: All patients have access to a spiritual care lead for the religion of their choice.</td>
</tr>
<tr>
<td><strong>Future Actions</strong>: Guidance developed for care areas to support individualised patients care needs and evaluate 2017/18</td>
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<tr>
<th><strong>2.5a</strong></th>
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<tr>
<td><strong>Measure</strong>: Gypsy traveller community are equally informed about NHSFV services.</td>
</tr>
<tr>
<td><strong>Activity completed</strong>: The Health Visitors at Meadowbank Health Centre liaise with the Travelling Persons Officer (TPO) on a regular basis. This relationship has proved invaluable to support travelling families with children under five years as TPO will direct the families to staff and will alert NHS to the children arriving on site.</td>
</tr>
<tr>
<td><strong>(i) Issue</strong>: Gypsy traveller community having problems registering with a GP</td>
</tr>
<tr>
<td><strong>Outcome</strong>: Health Visitors facilitates GP registration and support with the required documentation for families with pre-five children. System in place to liaise with the midwives when required and promote enrolment at the local nursery</td>
</tr>
<tr>
<td><strong>(ii) Issue</strong>: Missed health appointments for children due to the appointments being delivered to the wrong pitches on site was resolved by the TPO and the Post Office being made aware of the problem.</td>
</tr>
<tr>
<td><strong>Outcome</strong>: Health Visitors proactively contacted Travelling families to alert them to appointments as they may be out of the area and not received postal appointments.</td>
</tr>
<tr>
<td><strong>(iii) Issue</strong>: Travelling children can also miss out if referred to health services such as Occupational therapy as they may remain on waiting lists or be discharged as they are not in the area when appointments become available.</td>
</tr>
<tr>
<td><strong>Outcome</strong>: Health Visitors have alerted Allied Health Professionals and others to the issue and duplicate appointments can be sent to the Health Visitor.</td>
</tr>
</tbody>
</table>
(iv) **Issue:** Literacy issues arise often with Travelling families  
**Outcome:** Travelling families are given support by Health Visitors with Healthy Start applications and seek ways to promote health other than written information. Support also given via adult education in Stirling and Clackmannanshire. Approximately five referrals were also made via Keep Well programme.

(v) **Issue:** Staff worked with community to identify ways to manage the increased risk to babies in the Travelling Community of cot deaths as infants commonly co-sleep with parents and siblings when their crib is outgrown.

**Activity to date:** Lack of space for a cot for an infant has led Health Visitors to suggest the use of Travel Cots in order to reduce the risk and the Travelling Community has responded well to this advice; travelling community supportive in development of this guidance. Health Visitors deliver advice to all new parents about the risk factors for the Sudden Unexplained Death of Infants but additional actions to be taken in relation to supporting/informing Gypsy traveller community.

**Future action:** Most detailed information is written; need to use other methods to deliver this information and advice effectively to support those with literacy issues; additional work required with communities to ensure publication/information meets their respective needs.

(vi) **Issue:** Integrated Mental health services from Clackmannanshire recognised that they were receiving a lot of referrals from the travelling community in their area and raised the issue with HP and Keep Well services.

It was decided to hold two sessions per month at the Clackmannanshire travellers' site for members to contact health professionals. Issues raised were of a social nature, benefits, court appearances, rent arrears, relationship problems education to name a few.

**Outcome:** NHS staff engages with travellers around identifying their health need and signposting to relevant services. This work continues on an ongoing basis and is part of the staff remit; the staff have also been effective in working across partnerships and NHS services for the benefit of the travelling population, who are now more aware about asking for services.

2.8a **Measure:** Gaps in service provision to BME communities in relation to sexual health identified and addressed  
**Activity completed:**
- Engagement 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.
- Deliver a one page leaflet (available in different languages on request) on sexual health services which will include:
  - Access to specific sexual health services and the services provided by primary care and pharmacy
  - Where to access BBV testing, condoms, contraception
  - Information on the cervical screening program

**Action completed:**
- Information leaflet on the services and support provided by the team have been made available in a range of local languages and disseminated via a range of channels. Main languages are Hungarian, Lithuanian, Mandarin, Urdu, Russian and Polish.
- NHS Forth Valley sexual health and BBV needs assessment completed to support the above including specific actions for BME Communities.
- Support workers from Waverley Care worked to identify and engage with the African Community in Forth Valley.
  - They attended a number of meetings/events, provided workshops on HIV, Sexual Health and stigma and utilised Sexual Health
Knowledge and attitude questionnaires prior to and after interventions to identify increased knowledge

- This input was extremely well received and produced some positive feedback. The full published report can be found at [www.waverleycare.org/about-us/publications-and.../reports/](http://www.waverleycare.org/about-us/publications-and.../reports/)
- Information submitted to Muslim Women’s Rainbow Group April 2016 & Gypsy traveller groups regarding access to sexual health services
- Barriers identified re access to services access and actions put in place to potentially prevent inappropriate contact with other services for example, the emergency department. – training undertaken within the general hospital and dental setting to raise awareness around stigma and patient experience

**Outcome**

- Communities' have information to enable them to make an informed choice about their health, and support required therefore the delivery of patient centred care. Interpreter services available
- Dry Blood Spot (DBS) testing has commenced in community groups reflecting in an increased numbers of at-risk individuals being able to access testing for Hepatitis B & C and HIV
- Increased usage of sexual health services from range of Minority groups
- Fast track referral process in place this includes access for Community Alcohol and Addictions Services and Looked After Children

**Future Actions**

- Equality outcome in regards to sexual health identified for 2017-21

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<tr>
<th>No:</th>
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<tr>
<td>2.1b</td>
<td><strong>Measure:</strong> SMR Returns regarding patient ethnicity are completed and increase in recording noted</td>
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**Activity completed:**

- Training delivered to over 50 staff Medical Records Team; staff now aware of importance of collating information
- Guidance designed by medical records team for staff usage
- Proforma in place to identify categories within Acute reception areas
- Leaflet developed informing people why we ask and benefits from same; [available in key languages](http://www.waverleycare.org/about-us/publications-and.../reports/)
- 2016 - 98% recording identified in Emergency Department
- 2016 - 98% noted in Women and Children’s services
- Acute services SMR01 Inpatient and day care recorded April 2013 was 50.5% August 2016 69.4%
- Acute services SMR00 Outpatients recorded April 2013 was 52.5% August 2016 68%
- GP’s requested to record at source but due to capacity issues felt this was not achievable; only completed on new patients

**Outcome:** Approx 17% increase in recording of patient's ethnicity

**Future Actions:** Continue to work with teams to identify methods in which to record patient's ethnicity. Identified as 1:4 priority areas for services during 2017-21
### 2.2b Measure:
Data recorded data on LGB &T and other protected characteristics to increase.

**Activity completed:**
- 100% recording on age and gender
- Actions to be taken forward to support staff in asking about other protected characteristics

**Outcome:** No significant change noted in increase in recording of sexual orientation. Main details held in patients' care plans rather than accessible from current IT systems. This is a national problem and one that is discussed at NHS E&D Forums

**Future Actions:**
- Identify if fields are in place within electronic systems to record patients' other protected characteristics
- Enhance methods in which we can support communities to understand the importance of disclosure and the confidentiality surrounding information

### 2.3b Measure:
National and local evidence available within EQIA on-line tool to support staff to complete EQIA's

**Activity completed:**
- Information online re profile and population
- SMR Return broken down to Age, Gender & Ethnicity available
- Disability Service can produce reports on Interpreter usage
- All reports to Board assessed by respective owners for equality prior to submission. No adverse impacts identified to date
- Discussions ongoing about placing individual EQIA's on web site as per legislative requirements rather than summary report
- Census data available for staff

**Outcome:** NHS staff have information available to contrast population profile from 2001 – 2011. This information to be used to inform current service provision, gaps and future direction of current work completed within NHS Forth Valley

**Future Actions:**
- Review information available on web site during 2017-19
  - EQIA tool to be reviewed June 2017
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<tr>
<th>No:</th>
<th>Action</th>
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| 2.1c | **Measure**  
- Impact assessments completed on recruitment pathway and actions addressed.  
- Recruitment panel staff have completed equality and diversity training either face to face or online  
- Staff surveys and iMatters programme in place  
**Activity completed:**  
- The 2015 Recruitment Training Pack provides E&D training for staff on recruitment panels.  
- All HR Policies are EQIA’d prior to publication ensuring that information contained is up to date and reflects current profile of staff as well as identification of gaps where relevant.  
- Workforce Strategy has had an EQIA completed on it; no discrimination noted.  
- **Electronic Employee Support System (eESS)** - NHSFV staff complete the eESS system therefore self identifying their protected characteristics. This information is held on a central data base and is used to inform profile of staff, EQIAs’ etc. This information is collated and not person identifiable  
- Roll out of iMatters continues, with a full roll out by June 2017.  
- Results from the most recent staff survey show that 62% of our staff thinks that NHS Forth Valley acts fairly and offers equality of opportunity with regard to career progression/promotion; this is an increase of 4% from the previous year.  
**Outcome:** NHS Forth Valley has fair, non discriminatory recruitment, selection and employment processes in place. |
| 2.2c | **Measure:** Equal Pay statement published  
**Activity completed:** Report available demonstrating any pay gap or gender imbalance  
**Outcome:** Statement in place with revised Equal Pay Statement published in April 2017. |
| 2.3c | **Measure ‘Blue Light’ LGBT staff network in place with partner organisations from police and fire brigade**  
**Activity:**  
- Guidance given from Stonewall Scotland  
- Information disseminated to staff via pay slips, posters web link etc re potential for LGBT staff network  
- No uptake from same  
**Outcome:** There was no uptake to the “Blue Light” LGBT network. To be reviewed during 2017-19  
**Future Actions:** Build on linkages with Stonewall and Transgender Alliance to develop submission for Stonewall Workforce Equality Index 2017 |
| 2.4c | **Measure:** Dignity at Work Policy embedded within the organisation  
**Activity completed:**  
- Dignity and Respect at Work Policy launched in May 2014 along with our organisational values.  
- 140 Managers attended Dealing with Difficult People, Avoiding Accusations of Bullying and Harassment and a  
- ‘Managers Toolkit’ for embedding values at team level has been piloted and is now in place.  
- Three staff supported via Dignity at Work Advisors during 2015-16 – there were no cases in relation to Equality & Diversity.  
**Outcome:** NHS Forth Valley has a culture that is inclusive and responsive to current and potential staffs needs.  
**Future Actions:** The Dignity and Respect at Work Policy will be reviewed in April 2017. |
**2.5c**

**Measure:** NHS Forth Valley culture is one of openness and promotes positive mental health and wellbeing for staff and reduces the stigma of mental ill health.

**Activity completed:**
- ‘See Me’ campaign completed with partners from public bodies.
- Support available to staff via Occupational Health and Human Resource along with employee counselling services. Staff self refer to counselling so we would not be aware of input or outcome from sessions.
- Mental health workplace e-learning package in place. 98 members of staff accessed this e-learning package during 2015/16.
- Manager e-learning package on managing work related stress risks was launched in September 2016.
- Analysis of sickness absence completed which showed managers fully complied with the Attendance Management policy.

**Outcome:** staff and community members have an increased awareness of See Me, with staff self identifying need to attend Stress Awareness sessions.

**Future actions:** Equality Outcome for 2017-21 is focussing on Mental Health and Stigma.
Equality outcome 3a People in Forth Valley are confident that diversity is respected; discrimination challenged and people are actively encouraged to report hate incidents motivated by malice or ill will based on racism, religious bigotry, homophobia, transphobia and disability related discrimination

Measure: NHS Forth Valley staff recognise and record incidents via ‘Adverse Incident Reporting Form’

Activity:

- NHS Forth Valley Hate Incident Protocol in place
- Hate Incidents reported and recorded within NHSFV services
  - 2013: 9
  - 2014: 14
  - 2015: 7
  - 2016: 8
- NHSFV has worked in partnership within the ‘local’ Multi Agency Hate Incident Reporting Steering Group to deliver an area wide partnership approach to addressing hate incidents.
- Social media policy in place regarding Business and Personal Use. 100% staff informed of policy via range of mediums
- 1000 school children and teachers taught about Equality and Hate Incidents 2015 and the impact on health and well being. Evaluation excellent
- Work completed with LGBT Youth Scotland in enhancing awareness of young people and communities.
- No Bystanders work completed in partnership with Police Scotland during festive season, focusing on hate incidents, sexual assault and trafficking.
- Training delivered to staff including NHS Prison staff on reporting and responding to hate incidents

Outcome completed: People better recognise hate crimes and incidents and feel confident reporting them. Staff are aware and can implement NHS Forth Valley Hate Incident Protocol as identified above.

Future actions: Hate incidents to remain as an NHSFV Equality Outcome for 2017-21.
Measure: Increased numbers of staff attending routine enquiry training

Activity completed:

- NHSFV GBV Steering group in place
- All health visitors to date have completed routine enquiry training (those off sick or on maternity leave etc will receive training as part of refresher programme)
- All Maternity staff have completed GBV awareness training and course currently ongoing in relation to Harmful and traditional practices including Female Genital Mutilation (FGM).
- Sexual Health staff have completed GBV training and update on harmful and traditional practices
- Programme of training ongoing within Mental Health and substance misuse services on GBV with 80 adult mental health staff and 30 Signpost Recovery staff trained in the last 6 months
- 12 staff completed Train the Trainers course.
- Approximately 16 staff trained within Emergency Department on GBV; however this requires to be expanded to cover other team members
- One hundred and two staff have completed GBV e-learning package between 1 April and 30 September 2016 with 63 of those trained being staff within the six key sites. As well as this, 80 adult mental health staff have undertaken one day face-to-face GBV training
- NHS staff piloted contributing to the MARAC Group
- Six key sites as identified by Scottish Government Health Department Chief Executive Letter 41 have care pathways in place for people experiencing GBV
- Infrastructure in place to provide effective advice and support at point of contact with individual – adult mental health services having undertaken 746 routine enquiries with service users and Signpost Recovery undertaking 65 routine enquiries with service users in the last 6 months
- NHSFV supported Christmas campaign with police Scotland on GBV and trafficking. Over 1000 stickers and cards disseminated to taxi drivers, pubs and individuals
- Guidance developed for staff and information for service users plus a new practice of police domestic abuse disclosure undertaken in antenatal clinics.
- Programme of work completed during festive season with both police and local women’s aid groups
- 2 seminars held by NHSFV in relation to GBV approx 200 people in total attended including partners and 3rd sector.

Outcome:

- Greater numbers of NHS Forth Valley service users within the key sites are now undergoing routine enquiry.
- In key sites where routine enquiry is regular practice, managers report an increase in staff confidence in asking routine enquiry questions.
- Mental Health Services, Women and Children Services, Community Nursing, Substance Abuse services have staff trained to deliver GBV Training to their peers, therefore sessions can be delivered or adapted to suit practice areas needs

Future actions: Development of a new NHS Forth Valley GBV action plan to address the NHS contribution to Equally Safe within the Forth Valley area.
Summary of evidence: Signpost Recovery

- Numbers of staff trained on routine enquiry – 30. Number of routine enquiries undertaken - 65
- All staff record monthly outcomes which captures the number of clients who have or are experiencing domestic abuse, commercial sex work. Within the update period, 65 individual service users have responded to routine enquiry.

Good practice: Since implementing routine enquiry, Signpost Recovery amended the initial assessment process. Prior to routine enquiry, letters inviting individuals to attend for initial assessment encouraged the person to bring family or a partner for support. Letters now specify that the initial assessment appointment must be attended by the individual on their own, though partners and family are welcome to wait in the reception area. This procedural change has allowed routine enquiry to be more person centred with individuals being assessed having a safe space to respond to questions relative to GBV. People’s additional needs or protected characteristics would be considered as part of the assessment.

Report on GBV roll out in Adult Mental Health Services - April to October 2016

Training: Since April 2016 Adult Mental Health (AMH) services have been rolling out a training programme on routine enquiry across in-patient acute and community mental health services. To date, there have been 80 staff from across these services trained, with a further 20 staff scheduled for the training in November 2016. There has also been a further member of staff supported and trained to deliver the GBV training programmes, bringing our current number of GBV trainers to four.

Routine enquiry - is monitored through AMH’s electronic care plan system, Care Partners. This system has been in the process of improvement to support better reporting on routine enquiry and actions associated with this. It is only in the last week that Care Partners has been improved to support this, and it is anticipated that the next report will give more detailed information. Therefore, this report still only provides minimal information regarding routine enquiry. Out of a possible 3861, only 746 service users had data collected.

Report on page 73 reflects actions taken.
**Measure: Policy in place which supports all staff experiencing abuse**

**Activity completed:**
- As assistance is completed confidentially/privately we are unable to give exact figures of staff receiving help in relation to GBV.
- Staff GBV policy in place: several staff directly supported during 2013 -16 including those affected by abuse via 3rd party
- HR Department, Occupational Health and Equality Manager provide practical advice and support to staff and managers if need arises.

**Outcome:** Staff who are/have experienced of gender-based violence are safer and are confident that NHS Forth Valley are responsive to their needs

**Future actions:** Awaiting update from National GBV Team on policy development and e-learning package for management

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**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.**
**Measure:** Reduction in health inequalities by providing health assessments and follow up sessions targeting those at particular risk of preventable serious ill health, predominantly heart disease, and offering appropriate interventions, services and follow-up

**Activity completed:** During the period 1st April 2013 to 28th October 2016 there have been 11,704 people who have attended Keep Well in various venues across Forth Valley including soup kitchens, the work place and health board clinics. The service provides appointments both during the day and in the evening.

The Keepwell intervention involves a one to one person centred health assessment with the purpose of

- Recognising opportunities for health improvement as well as identifying those at risk of preventable ill health (including those with undetected chronic disease)
- Providing effective therapeutic engagement, goal setting and individual support which deliver on health outcomes

If health issues are identified during the assessment follow up is also offered at three months to review and record individual outcomes.

**Outcome:** Of the 11,704 people who attended Keepwell during this period 7,375 or 63% were identified as living in areas of relative deprivation.

- Recognising that men have been less likely to attend NHS services, particularly those aimed at preventing ill health (and have poorer health outcomes generally than women). Specific measures were put in place to attract men to the service. This resulted in almost equal numbers of men and women attending. Unpaid carers were also targeted as potentially having unmet health needs – 1098 carers have attended.
- 2,592 people were followed up at three month to record health changes and to assess the effectiveness of interventions. The results from this group of people were:
  - 597 New conditions identified early as a result of the Keepwell assessment this included 48 diabetes, 182 hypertension, 7 cancers and 37 with diabetes.
  - 2,375 individual lifestyle/health behaviour improvements were reported including 110 quit smoking (167 reduced amounts they smoked), 863 lost weight, 280 reduced alcohol intake, 651 increased their physical activity, 235 improved mental wellbeing and 69 reported improvements to their social wellbeing e.g. improved employability, debt issues and improved support in caring role.

**Future actions:**

- Integrate Keepwell person centred approach within other services
- Mental Health – pilot underway using Keep Well approach as part of assessment process
- Addictions Services: As part of the Keep Well assessment process will be considered for people using addictions service
- Exploring Keepwell approach to those using A&E inappropriately to reduce dependence on acute services
- Review recently developed younger person’s assessment.
- Develop older person’s assessment, implement and review effectiveness
Section 3: Employment Duties

Section 3:
NHS Forth Valley

Meeting our Employment Duties
3.1 NHS Forth Valley - Creating and Supporting a Diverse Workforce

NHS Forth Valley believes in active involvement with our workforce. The collation of our workforce data forms part of the equality information that we use to help us meet our duty to eliminate discrimination and harassment, promote equality of opportunities and foster good relations between different groups within our workforce.

We believe that a supported inclusive workplace, where staff services users and partner agencies are treated with dignity and respect, is everyone’s responsibility: these and other values, such as fairness, guide the way we work.

The diversity of our staff as one of our key strengths, and we value the range of knowledge, skills and experience they bring to our work.

Respect for each other and recognition of our differences lie at the heart of our values.

Our staff are our most important asset and we want to continue to create an organisation where they can flourish. Furthermore, create a culture that enables and encourages them to make the best contribution they can – a culture in which they feel valued and supported.

The responsibility of meeting our Equality Employment Duties is led by The Associate Director of Human Resource.

Where we are now?
Through our workforce diversity monitoring we continue to demonstrate our commitment to understanding, valuing and incorporating differences, in order to ensure a workplace that is fair, equitable and inclusive for all.

The 2015 Staff Survey results show that:

- 62% of respondents felt NHS Forth Valley acts fairly and offers equality of opportunity with regard to career progression/promotion (on the basis of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation).

Outputs from the Staff Survey were used to form a Staff Survey Action Plan, and NHS Forth Valley is committed to:

- Ensure ‘Values and Behaviours’ are embedded in leadership and management competencies, recruitment processes, policies and procedures.
- Review and implement policies on Managing Health at Work and Secondary Employment.
- In terms of equality and diversity in relation to age, we will continue to support young people in gaining access to employment; whilst also ensuring the needs of the maturing workforce are supported.

Highlights to date:
iMatter Staff Experience Improvement Toolkit has been place since 2015 and NHS Forth Valley will achieve full roll out June 2017.

- 79% of respondents say they are treated with dignity and respect as an individual
- 77% of respondents say that they are treated fairly and consistently
- Local Action Plans are developed by departments
Key Activities 2017 – 21
The National Annual Staff Survey will be discontinued and future national staff experience will be measured using the iMatter Continuous Improvement Model (iMatter) supplemented by a short questionnaire.

Additional questions relating to the following areas will be included in the iMatter questionnaire which will include specific questions on discrimination including:

- Bullying and harassment
- Abuse and violence from patients and public
- Discrimination
- Whistleblowing
- Resourcing.

3.2 Gather and use employee information

Where we are now?
NHS Forth Valley is committed to equality and uses the data produced by our monitoring processes to enhance a culture of fairness and equality for all through continuous improvement in all areas.

A Workforce Diversity Monitoring Report is produced quarterly and submitted to the Area Partnership Forum and Staff Governance Committee. This report is used to analyse trends, highlight areas requiring attention and assess the impact of appropriate actions. These actions may include:

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

NHS Forth Valley’s workforce consists:
85% - Female
15% - Male
68% of the workforce are 40 years old or older.

Information of gender and age is available for all staff but limited information is known regarding the protected characteristics of:

unknown

Ethnicity 38%
Disability 59%
Religion 38%
Sexual Orientation 36%
Disabled 59%
Gender reassignment 59%

The above statistics in relation to Sexual Orientation and Gender Reassignment will be used as a basis to inform our actions regarding the Stonewall Workforce Equality Index submission for 2017. As per Outcome 7 2017-21

As new members of staff are recruited to NHS Forth Valley, they must complete an Equality Monitoring Form, although they can decline to provide specific details.

Key Activities 2017 – 21

- The implementation of eESS (Electronic Employee Support System) will improve the capture of equalities data at the point of recruitment and each interaction thereafter.
3.3 Gender Pay Information (N.B figures reflect quarter 3, this section will be updated in June to reflect Quarter 4 figures for April 2017)

The Gender Pay Gap Duty requires public authorities with 20 or more employees to publish a Gender Pay gap figure which is the percentage difference between men’s and women’s average hourly pay, excluding overtime. The new duties as of April 2017 require public bodies to include race and disability considerations alongside Gender in their equal pay statement and Occupational Segregation evidence.

Our evidence to date: Total employees 6437

<table>
<thead>
<tr>
<th>Organisational Segregation</th>
<th>Female Employments</th>
<th>Female Employments as %</th>
<th>Male Employments</th>
<th>Male Employments As %</th>
<th>Gender Pay Gap Male to Female %</th>
<th>Total Employments</th>
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| **ALLIED HEALTH PROFESSION** | | | |
| Band 2 | 14 | 9.44 | 24.42% |
| Band 3 | 31 | 10.11 | 5.35% |
| Band 4 | 39 | 11.57 | 5.96% |
| Band 5 | 100 | 13.32 | 17.27% |
| Band 6 | 179 | 17.54 | 30.92% |
| Band 7 | 131 | 21.12 | 26.62% |
| Band 8A | 30 | 24.68 | 5.70% |
| Band 8B | 30 | 30.71 | 0.52% |
| Band 8D | 2 | 29.77 | 1.00% |
| Band 8C | 1 | 9.52 | 0.50% |
| **ALLIED HEALTH PROFESSION Total** | 529 | 17.07 | 81.36% |

| **HEALTHCARE SCIENCES** | | | |
| Band 2 | 25 | 9.36 | 12.44% |
| Band 3 | 21 | 10.26 | 10.45% |
| Band 4 | 12 | 11.35 | 11.49% |
| Band 5 | 4 | 12.32 | 1.99% |
| Band 6 | 65 | 17.82 | 32.34% |
| Band 7 | 3 | 21.21 | 7.96% |
| Band 8A | 5 | 23.08 | 2.49% |
| Band 8B | 2 | 29.77 | 1.00% |
| Band 8D | 1 | 9.52 | 0.50% |
| Band 8C | 1 | 25.30 | 0.54% |
| Band 9 | 1 | 25.30 | 0.54% |
| **HEALTHCARE SCIENCES Total** | 154 | 16.30 | 76.92% |

| **MEDICAL AND DENTAL SUPPORT** | | | |
| Band 2 | 9 | 9.02 | 9.09% |
| Band 3 | 7 | 10.04 | 7.07% |
| Band 4 | 40 | 11.36 | 40.40% |
| Band 5 | 28 | 14.17 | 28.28% |
| Band 6 | 5 | 15.79 | 5.05% |
| Band 7 | 4 | 20.27 | 5.98% |
| Band 8A | 1 | 14.17 | 1.51% |
| Band 8B | 5 | 25.25 | 0.53% |
| Band 8D | 1 | 25.25 | 0.53% |
| Band 8C | 1 | 25.25 | 0.53% |
| Band 9 | 1 | 25.25 | 0.53% |
| **MEDICAL AND DENTAL SUPPORT Total** | 95 | 12.69 | 95.96% |

| **NURSING/MIDWIFERY** | | | |
| Band 2 | 665 | 9.19 | 21.64% |
| Band 3 | 131 | 10.35 | 4.14% |
| Band 4 | 31 | 11.51 | 0.98% |
| Band 5 | 1158 | 12.99 | 36.59% |
| Band 6 | 572 | 17.59 | 18.05% |
| Band 7 | 253 | 20.90 | 7.99% |
| Band 8A | 40 | 24.21 | 1.26% |
| Band 8B | 4 | 22.17 | 0.47% |
| Band 8D | 1 | 20.56 | 0.53% |
| Band 8C | 1 | 25.25 | 0.53% |
| Band 9 | 1 | 25.25 | 0.53% |
| **NURSING/MIDWIFERY Total** | 2500 | 16.12 | 81.49% |

| **OTHER THERAPEUTIC** | | | |
| Band 2 | 13 | 9.07 | 7.58% |
| Band 3 | 7 | 9.40 | 3.11% |
| Band 4 | 7 | 11.06 | 4.44% |
| Band 5 | 36 | 14.13 | 13.33% |
| Band 6 | 22 | 14.96 | 9.78% |
| Band 7 | 20 | 19.20 | 14.67% |
| Band 8A | 24 | 23.67 | 20.44% |
| Band 8B | 11 | 29.10 | 4.89% |
| Band 8D | 2 | 35.37 | 0.89% |
| Band 8C | 1 | 49.50 | 0.44% |
| Band 9 | 1 | 40.00 | 0.44% |
| **OTHER THERAPEUTIC Total** | 187 | 10.66 | 83.03% |

| **PERSONAL AND SOCIAL CARE** | | | |
| Band 2 | 12 | 10.00 | 20.00% |
| Band 3 | 3 | 17.18 | 30.00% |
| Band 4 | 1 | 25.31 | 10.00% |
| Band 5 | 1 | 24.81 | 10.00% |
| **PERSONAL AND SOCIAL CARE Total** | 7 | 17.68 | 70.00% |

| **SUPPORT SERVICES** | | | |
| Band 2 | 256 | 8.80 | 62.59% |
| Band 3 | 27 | 10.17 | 6.60% |
| Band 4 | 2 | 13.21 | 0.98% |
| Band 5 | 16 | 4.00 | 4.89% |
| Band 6 | 2 | 20.68 | 0.04% |
| Band 7 | 1 | 4.00 | 4.89% |
| **SUPPORT SERVICES Total** | 295 | 11.11 | 72.13% |

| **Grand Total** | 5143 | 10.96 | 68.73% |

N.B. Staff described as being in "Not assimilated" Pay Bands are Prison staff, directly managed GP Practice staff or joint appointments with the Council.
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### Hourly Rate Comparisons by Job Family & Disability

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</tr>
<tr>
<td>No</td>
<td>4</td>
<td>-19.63%</td>
<td></td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>1</td>
<td>3.78%</td>
<td></td>
</tr>
<tr>
<td><strong>PERSONAL AND SOCIAL CARE Total</strong></td>
<td>10</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td><strong>SENIOR MANAGERS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't Know</td>
<td>25</td>
<td>9.94%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>12</td>
<td>-20.70%</td>
<td></td>
</tr>
<tr>
<td><strong>SENIOR MANAGERS Total</strong></td>
<td>37</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td><strong>SUPPORT SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't Know</td>
<td>265</td>
<td>2.40%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>138</td>
<td>-4.44%</td>
<td></td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>4</td>
<td>-1.46%</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
<td>-8.57%</td>
<td></td>
</tr>
<tr>
<td><strong>SUPPORT SERVICES Total</strong></td>
<td>409</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>6437</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3.4 Equal Pay Statement 2017

NHS Forth Valley’s Equal Pay Statement is agreed in partnership and reviewed on a regular basis by NHS Forth Valley and the Staff Governance Committee. Its objective is to eliminate unfair, unjust or unlawful practices that impact on pay equality.

NHS Forth Valley supports the principle of equal opportunities in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their gender, race, colour, nationality, ethnic and national origin, sexual orientation, age, marital status, religion or belief, or whether or not they have a disability.

NHS Forth Valley understands that the right to equal pay between women and men is a legal right under both domestic and European law, and that other legislation is in place in the UK, concerning race, colour, nationality, ethnic and national origin, disability, sexual orientation, religion or belief, age, and part time and fixed term employees. This legislation includes provisions relating to pay.

NHS Forth Valley recognises that in order to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent, or work of equal value, it should operate pay systems which are transparent, based on objective criteria and free from unlawful bias.

3.5 Improving equality outcomes for our employees

Where we are now?

Equality and Diversity

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

NHS Forth Valley Equality, Diversity and Human Rights Policy was developed from national PIN in 2015. This policy sets out the aims of NHS Forth Valley to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010 and less favourable treatment of other categories of worker as set out within relevant legislation.
- Advance equality of opportunity between people who share a protected characteristic (i.e. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation) and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.
A range of additional Policies and Protocols have been developed to support our workforce including:

**Transgender Protocol** - The Transgender Protocol was developed in 2015, and we will review the implementation of this Protocol in 2017.

NHS Forth Valley recognises that transgender people are entitled to fair and equal access to all NHS services. A person’s gender status will not exclude them from the high standards of employment expected from NHS Forth Valley.

**Dignity and Respect at Work Policy** - The Dignity and Respect at Work Policy has been in place since 2010 will be reviewed in April 2017.

The aim of this policy is to ensure that a constructive process is in place to enable dignity and respect at work issues to be dealt with in a fair and consistent manner, to develop a working environment in which bullying and/or harassment is known to be unacceptable and where individuals can be confident in raising concerns or complaints without fear of ridicule or reprisal.

The policy provides assistance to employees in addressing bullying and/or harassment issues and a fair and consistent means of resolving bullying and/or harassment issues.

**Policy on Flexible Working** - All NHS Forth Valley employees have an entitlement under this policy to request flexible working arrangements. It recognises that NHS Forth Valley wishes to retain the knowledge, skills and experience of its maturing workforce.

**Shared Parental Leave** - This policy has been in place since 2016. Shared Parental leave is a form of leave available to working parents following the birth or adoption of a child; it allows leave to be shared between both parents. Since its implementation there have been four employees who have applied to use this policy.

**Recruitment & Selection Policy** - The Recruitment and Selection policy ensures that no applicant or employee received less favourable treatment on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

**Key Activities 2017-21**
- Continuation of the Modern Apprentice programme extending into Trades and Healthcare support Apprenticeships.
- NHS Forth Valley will go forward for Assessment of Investors in Young People during 2017/18.
- Continue to support Career’s Event within schools and colleges.
- Work with Stonewall Scotland to meet the specific duties of the Equality Act which will enable NHS Forth Valley to submit to the 2017 Workplace Index.

HR Policy Group will review policies on:
- Equality, Diversity and Human Rights Policy
- Transgender Protocol
- Dignity and Respect at Policy on Flexible Working
- Policy on Flexible Working
- Shared Parental Leave
- Recruitment & Selection Policy
3.6 Equality Impact Assessment – Human Resources Policies

As a public sector organisation, NHS Forth Valley has a duty to analyse the effects of its Human Resource policies and practices on equality across all of the protected characteristics. This helps us to identify any practical steps to tackle any negative effects of discrimination, and to promote equality and foster good relations between different groups.

As an organisation we will continue to undertake equality analysis (equality impact assessment) on all Human Resource policies and practices on equality across all of the protected characteristics. This helps us to identify any practical steps to tackle any negative effects or discrimination, and to promote equality and foster good relations between different groups.

Equality impact assessments are embedded as part of NHS Forth Valley’s Policy Guidelines and no policies are approved unless a completed equality impact assessment is undertaken.

3.7 Examples of Best Practice Completed during 2015-17

Working with Young People

Scottish Government has committed to the creation of 500 Modern Apprentices by 31 July 2017, we recruited 14 in 2016 (11 of those have been retained in employment in NHS Forth Valley) and 15 so far in 2017, therefore exceeding our target.

A Maturing Workforce.

The multigenerational workforce of NHS Forth Valley is maturing and with that poses the risk of losing valuable skills and experience form the workforce, particularly with some employee groups able to retire as young as 55. As such, from the evidence we have on the age profile of our workforce NHS Forth Valley has considered how best to support and encourage mature workers to remain as an important part of the workforce.

A key action of the NHS Scotland 2020 Workforce Vision is to ensure that all Health Boards have the right people available to deliver the right care, in the right place, at the right time.

Of significant importance in ensuring that NHS Forth Valley can do this is to take account of the role and value of our maturing workforce and the organisation will do this by adopting recommendations from the Working Longer Review.
In order to gain a better understanding of this from the mature workers’ perspective and what is important to them an open invitation was given from the Staff Matters Group to mature workers to attend two world café style workshops.

Feedback from participants to date has been:

The main topics captured mirrored the themes contained in the Working Longer Review and can be summarized under the heading of:

- Flexible working
- Job Opportunities
- Keep Well
- Pension Information
- Links to Training
- Talking with your Manager
- Working Longer Review information
- Workforce Demographic Information
- Flexible working

To support our staff particular actions are in place to retain our maturing workforce. This includes:

- Flexible Working – **NHSFV Flexible Working Policy** makes specific reference to the need to support Flexible Working for the Experienced Worker.
- Job Opportunities - As an equal opportunities employer NHSFV encourages applications for vacancies from all its employees irrespective of age.
- Keep Well - Keeping Well is important at any age and particularly so as we mature. NHSFV provides a comprehensive Occupational Health Service for all employees with access to Staff Physiotherapy, Staff Podiatry and Counseling Services.
- Training and Development - NHSFV encourages and support all staff to undertake lifelong learning and development. Training and development opportunities are available to all and mature workers are no exception.
3.8 NHS Forth Valley Workforce Diversity Monitoring Report Quarter 3 2016/2017

1. Introduction

This is the NHS Forth Valley Workforce Diversity Monitoring Report for the period of October – December 2016.

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

These actions may include;

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

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

2. Legislative Framework

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

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

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

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

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

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

Section 5

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

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

3.0 Classifications of Ethnic Origin

For the purpose of consistency NHS Forth Valley had used the classifications of ethnic origin as defined in the 2001 Census however; new descriptors were introduced during Q1 of 2012/13 to match the 2011 national census categories. It was not possible to match some of the previous categories to the new descriptors on the basis of available information. They are now defined in Scotland as:

**White**
- White Scottish
- White - Other British
- White Irish
- White - Other
- White - Gypsy Traveller
- White - Polish

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

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

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

**Other**

**Mixed or Multiple Ethnic Group**

**Other Ethnic Group - Arab, Arab Scottish or Arab British**

**Other Ethnic Group – Other**
4. Staff in Post (31st December 2016)

4.1 Table 1 and Chart 1 below detail the number of staff in post at 31st December 2016 by ethnic group. This data has been collected via diversity questionnaires and staff appointment forms. The information is held securely in the national eESS system (electronic Employee Support System) from where it is transferred into the national workforce database (SWISS) which was used for reporting purposes until March 2015. As a result of a continuing issue with the SWISS data which appears to have arisen since March 2015, this information is now being taken largely from eESS with any new staff not yet on the system being recorded as “Not Known” for this purpose. We have now completed the roll out the Self Service functionality of eESS for staff across the organisation and, although we continue to input information direct into eESS centrally at present until, in due course, we are able to collect it via direct entry by applicants for posts at the time of recruitment using the recruitment module of eESS.

At 31st December, we have information on 90.50% of our employees, an increase on 89.14% in December 2015. However, as stated above as a problem has arisen with the SWISS data since March 2015 and now, this information is being taken from our eESS data with any new staff not yet on the system being recorded as “Not Known” for this purpose, affecting the “known” percentage slightly at this time as the Equality information is no longer part of a shared table with other Boards as it was in SWISS.

4.2 In terms of the diversity of its workforce, this table demonstrates a positive picture of the workforce demographic of NHSFV compared to the local demographic. However, the 10 fields identified with (*) highlight the following:

*NHSFV’s White Scottish workforce is 13.00% lower than that of the local population
*NHSFV’s White - Polish workforce is 0.71% lower than that of the local population
*NHSFV’s White – Other British workforce is 0.27% lower than that of the local population
*NHSFV’s White – Gypsy Traveller workforce is 0.09% lower than that of the local population
*NHSFV’s Other Ethnic Group – Arab, Arab Scottish or Arab British workforce is 0.07% lower than that of the local population
*NHSFV’s Asian – Chinese, Chinese Scottish or Chinese British workforce is 0.25% lower than that of the local population
*NHSFV’s Asian – Other workforce is 0.07% lower than that of the local population
*NHSFV’s Asian - Pakistani, Pakistani Scottish or Pakistani British workforce is 0.34% lower than that of the local population
*NHSFV’s *Caribbean or Black - Black, Black Scottish or Black British workforce is 0.02% lower than that of the local population
*NHSFV’s Caribbean or Black – Other workforce is 0.01% lower than that of the local population

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

NB: The census data is newly published and reflects the 2011 census results whilst SWISS data (which is published annually) shows the national 31st March 2016 position and the NHSFV in-post data is contemporary at December 2016. Of note, and in line with other areas in Scotland, is that there has been a growing Eastern European demographic.
NHSFV has prioritised work to compare and better understand population information from our Local Authority and Central Scotland Police colleagues. We hope that this will further inform our information base and assist in service planning and employment monitoring.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Dec-15</th>
<th>Dec-16</th>
<th>Diff</th>
<th>Diff</th>
<th>Diff</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>African - African, African Scottish or African British</td>
<td>0.19%</td>
<td>0.20%</td>
<td>0.02%</td>
<td>0.16%</td>
<td>0.05%</td>
<td>0.4%</td>
</tr>
<tr>
<td>African - Other</td>
<td>0.03%</td>
<td>0.08%</td>
<td>0.05%</td>
<td>0.00%</td>
<td>0.08%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British</td>
<td>0.03%</td>
<td>0.03%</td>
<td>0.00%</td>
<td>0.01%</td>
<td>0.02%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Asian - Chinese, Chinese Scottish or Chinese British*</td>
<td>0.14%</td>
<td>0.19%</td>
<td>0.05%</td>
<td>0.44%</td>
<td>-0.25%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Asian - Indian, Indian Scottish or Indian British</td>
<td>0.46%</td>
<td>0.58%</td>
<td>0.12%</td>
<td>0.28%</td>
<td>0.30%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Asian – Other*</td>
<td>0.15%</td>
<td>0.17%</td>
<td>0.02%</td>
<td>0.24%</td>
<td>-0.07%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Asian - Pakistani, Pakistani Scottish or Pakistani British*</td>
<td>0.28%</td>
<td>0.25%</td>
<td>-</td>
<td>0.03%</td>
<td>0.59%</td>
<td>-0.34%</td>
</tr>
<tr>
<td>Caribbean or Black - Black, Black Scottish or Black British*</td>
<td>0%</td>
<td>0.00%</td>
<td>0.02%</td>
<td>0.0%</td>
<td>-0.02%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British</td>
<td>0.05%</td>
<td>0.06%</td>
<td>0.02%</td>
<td>0.05%</td>
<td>0.01%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Caribbean or Black – Other*</td>
<td>4.03%</td>
<td>3.80%</td>
<td>-</td>
<td>0.23%</td>
<td>0.00%</td>
<td>3.80%</td>
</tr>
<tr>
<td>Mixed or Multiple Ethnic Group</td>
<td>0.42%</td>
<td>0.47%</td>
<td>0.05%</td>
<td>0.26%</td>
<td>0.21%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Other Ethnic Group - Arab, Arab Scottish or Arab British*</td>
<td>0.05%</td>
<td>-</td>
<td>0.07%</td>
<td>-0.07%</td>
<td>0.0%</td>
<td>-0.02%</td>
</tr>
<tr>
<td>Other Ethnic Group - Other</td>
<td>0.14%</td>
<td>0.14%</td>
<td>0.00%</td>
<td>0.08%</td>
<td>0.06%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Questionnaire</td>
<td>-</td>
<td>-</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Unknown</td>
<td>10.86%</td>
<td>9.50%</td>
<td>1.36%</td>
<td>0.00%</td>
<td>9.50%</td>
<td>17.9%</td>
</tr>
<tr>
<td>White - Gypsy Traveller*</td>
<td>-</td>
<td>-</td>
<td>0.00%</td>
<td>0.09%</td>
<td>-0.09%</td>
<td>0.0%</td>
</tr>
<tr>
<td>White - Irish</td>
<td>1.12%</td>
<td>1.17%</td>
<td>0.05%</td>
<td>0.68%</td>
<td>0.49%</td>
<td>1.0%</td>
</tr>
<tr>
<td>White – Other</td>
<td>1.74%</td>
<td>1.73%</td>
<td>0.00%</td>
<td>1.42%</td>
<td>0.31%</td>
<td>3.1%</td>
</tr>
<tr>
<td>White - Other British*</td>
<td>6.60%</td>
<td>6.65%</td>
<td>0.05%</td>
<td>6.92%</td>
<td>-0.27%</td>
<td>8.4%</td>
</tr>
<tr>
<td>White – Polish*</td>
<td>0.02%</td>
<td>0.02%</td>
<td>0.02%</td>
<td>0.72%</td>
<td>-0.71%</td>
<td>0.0%</td>
</tr>
<tr>
<td>White – Scottish*</td>
<td>73.72%</td>
<td>74.95%</td>
<td>1.24%</td>
<td>87.95%</td>
<td>-</td>
<td>52.4%</td>
</tr>
<tr>
<td>Known: %</td>
<td>89.14%</td>
<td>90.50%</td>
<td>1.36%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 1
4.3 Table 1 shows the comparative demographic of the staff employed in NHS Scotland as a whole as at 31st March 2016 using data sourced from the SWISS system which is published annually by the Information and Statistics Department (ISD) of National Services Scotland (NSS).

Again the figures demonstrate a positive picture of the workforce demographic of NHSFV compared to the national demographic, particularly in relation to the percentage of the workforce for whom ethnicity has been recorded.

From this table it appears that:

- NHS Forth Valley’s African - African, African Scottish or African British workforce is 0.16% lower than the NHS Scotland overall workforce
- NHS Forth Valley’s African - Other workforce is 0.03% lower than the NHS Scotland overall workforce
- NHS Forth Asian – Bangladeshis, Bangladeshis Scottish or Bangladeshis British workforce is 0.01% lower than the NHS Scotland overall workforce
- NHS Forth Asian – Chinese, Chinese Scottish or Chinese British workforce is 0.08% lower than the NHS Scotland overall workforce
- NHS Forth Asian – Indian, Indian Scottish or Indian British workforce is 0.26% lower than the NHS Scotland overall workforce
- NHS Forth Valley’s Asian - Other workforce is 0.25% lower than the NHS Scotland overall workforce
- NHS Forth Valley’s Asian - Pakistani, Pakistani Scottish or Pakistani British workforce is 0.10% lower than the NHS Scotland overall workforce
- NHS Forth Valley’s Caribbean or Black - Black, Black Scottish or Black British workforce is 0.02% lower than the NHS Scotland overall workforce
- NHS Forth Valley’s Declined - workforce is 13.56% lower than the NHS Scotland overall workforce
- NHS Forth Valley’s Other Ethnic Group – Arab, Arab Scottish or Arab British workforce is 0.02% lower than the NHS Scotland overall workforce
- NHS Forth Valley’s Other Ethnic Group – Other workforce is 0.10% lower than the NHS Scotland overall workforce
- NHS Forth Valley’s Unknown workforce is 8.38% lower than the NHS Scotland overall workforce
- NHS Forth Valley’s White - Other workforce is 1.37% lower than the NHS Scotland overall workforce
- NHS Forth Valley’s White – Other British workforce is 1.74% lower than the NHS Scotland overall workforce
- NHS Forth Valley’s White – Polish workforce is 0.03% lower than the NHS Scotland overall workforce

Although the information in SWISS has been updated via the link to eESS, the local data has been taken from eESS because of an issue with the SWISS data. However, the eESS data is not yet fully complete which means that these comparisons should be treated with caution. The differences can be less marked when compared to the published percentages for the other individual Boards, although some values have been suppressed even in the national statistics (which include headcounts as well as percentage values) because the numbers were so low as to make the information personally identifiable either by actual declaration or by calculated difference values.
Table 2 shows gender of staff in post compared to December 2015 (all data taken from SWISS). There was a decrease of 0.04% in the female workforce in this period of time.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Dec-15</th>
<th>Dec-16</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>85.17%</td>
<td>85.13%</td>
<td>-0.04%</td>
</tr>
<tr>
<td>Male</td>
<td>14.83%</td>
<td>14.87%</td>
<td>0.04%</td>
</tr>
<tr>
<td>% known:</td>
<td>100.00%</td>
<td>100.00%</td>
<td></td>
</tr>
</tbody>
</table>

With tables 3 -6 in this section, data was not captured in Scotland’s Census 2011; therefore we can only give comparisons within NHSFV.

There is a high percentage of “unknown” amongst existing employees, mainly because of an amendment which was made to SWISS nationally some years ago which over-wrote then existing data in the definite “No” category with “Unknown” but this data is now being collected via equality and diversity questionnaires, as Good Practice, with staff appointment forms. The information is held securely in the national workforce databases SWISS and its replacement eESS (electronic Employee Support System) and thereafter collected primarily via direct entry by applicants for posts at the time of recruitment.
Table 3 shows transgender of staff in post compared to December 2015.

<table>
<thead>
<tr>
<th>Transgender</th>
<th>Dec-15</th>
<th>Dec-16</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>34.29%</td>
<td>39.65%</td>
<td>5.36%</td>
</tr>
<tr>
<td>Declined to Comment</td>
<td>2.08%</td>
<td>2.11%</td>
<td>0.03%</td>
</tr>
<tr>
<td>Yes</td>
<td>0.48%</td>
<td>0.03%</td>
<td>-0.45%</td>
</tr>
<tr>
<td>Unknown</td>
<td>63.15%</td>
<td>58.21%</td>
<td>-4.94%</td>
</tr>
<tr>
<td>% known:</td>
<td>36.85%</td>
<td>41.79%</td>
<td>4.94%</td>
</tr>
</tbody>
</table>

Table 3

4.6 Table 4 shows the sexual orientation of staff in post compared to December 2015. During this period of time, the number of staff who declined to give their sexual orientation has decreased by 0.38%, and the number of unknown has decreased by 3.14%. This may be a reflection of the request to complete the questionnaires on appointment and the switch on of the link to eESS allowing automatic updating of the SWISS data. The remaining numbers, other than “Heterosexual”, show little change only.

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Dec-15</th>
<th>Dec-16</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bisexual</td>
<td>0.39%</td>
<td>0.41%</td>
<td>0.02%</td>
</tr>
<tr>
<td>Declined</td>
<td>6.26%</td>
<td>5.88%</td>
<td>-0.38%</td>
</tr>
<tr>
<td>Gay</td>
<td>0.42%</td>
<td>0.50%</td>
<td>0.09%</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>53.66%</td>
<td>57.10%</td>
<td>3.44%</td>
</tr>
<tr>
<td>Lesbian</td>
<td>0.31%</td>
<td>0.32%</td>
<td>0.01%</td>
</tr>
<tr>
<td>Other</td>
<td>0.19%</td>
<td>0.16%</td>
<td>-0.03%</td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>% known:</td>
<td>38.77%</td>
<td>35.63%</td>
<td>-3.14%</td>
</tr>
</tbody>
</table>

Table 4

4.7 Table 5 shows the disability of staff in post compared to December 2015. The number of staff known to have a disability has increased by 0.04% from the previous year. However, overall there was a decrease of 4.48% in the unknown group (largely attributable to an increase in the number of definite “no” responses – data in this field was also affected by the national SWISS change some years ago which over-wrote the then existing definite “no” responses with “unknown”). This may be a reflection of the request to complete the questionnaires on appointment and the switch on of the link to eESS allowing automatic updating of the SWISS data.

<table>
<thead>
<tr>
<th>Disabled</th>
<th>Dec-15</th>
<th>Dec-16</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>63.15%</td>
<td>58.66%</td>
<td>4.48%</td>
</tr>
<tr>
<td>No</td>
<td>34.29%</td>
<td>38.94%</td>
<td>4.65%</td>
</tr>
<tr>
<td>Declined to Comment</td>
<td>2.08%</td>
<td>1.87%</td>
<td>-0.20%</td>
</tr>
<tr>
<td>Yes</td>
<td>0.48%</td>
<td>0.52%</td>
<td>0.04%</td>
</tr>
<tr>
<td>% known:</td>
<td>36.85%</td>
<td>41.34%</td>
<td>4.48%</td>
</tr>
</tbody>
</table>

Table 5
4.8 Table 6 shows the age profile of staff in post compared to December 2015. There has been a decrease in the staff in post aged between 16 – 24 and 30 – 54 and an increase in the staff in post aged 25 – 29 and 55+.

<table>
<thead>
<tr>
<th>Age Band</th>
<th>Sep-15</th>
<th>Sep-16</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-19</td>
<td>0.19%</td>
<td>0.09%</td>
<td>-0.09%</td>
</tr>
<tr>
<td>20-24</td>
<td>4.42%</td>
<td>4.11%</td>
<td>-0.31%</td>
</tr>
<tr>
<td>25-29</td>
<td>7.95%</td>
<td>8.32%</td>
<td>0.38%</td>
</tr>
<tr>
<td>30-34</td>
<td>9.06%</td>
<td>8.95%</td>
<td>-0.11%</td>
</tr>
<tr>
<td>35-39</td>
<td>10.53%</td>
<td>10.48%</td>
<td>-0.05%</td>
</tr>
<tr>
<td>40-44</td>
<td>12.77%</td>
<td>12.25%</td>
<td>-0.52%</td>
</tr>
<tr>
<td>45-49</td>
<td>17.18%</td>
<td>16.22%</td>
<td>-0.96%</td>
</tr>
<tr>
<td>50-54</td>
<td>18.84%</td>
<td>18.82%</td>
<td>-0.02%</td>
</tr>
<tr>
<td>55-59</td>
<td>12.65%</td>
<td>13.55%</td>
<td>0.90%</td>
</tr>
<tr>
<td>60-64</td>
<td>5.08%</td>
<td>5.78%</td>
<td>0.70%</td>
</tr>
<tr>
<td>65+</td>
<td>1.35%</td>
<td>1.42%</td>
<td>0.07%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>100.00%</td>
<td>100.00%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Table 6

4.9 Table 7 shows the religion of staff in post compared to December 2015 and the Forth Valley Health Board 2011 Census results. There was a decrease of 0.87% in those who “Declined” to give their religion, and a decrease of overall unknown of 3.14% between the two reporting periods in the local data. This also may be a reflection of the request to complete the questionnaires on appointment and the switch on of the link to eESS allowing automatic updating of the SWISS data. Meaningful comparison with the census data is impossible because of the high percentage of “unknown” religious beliefs in the local data.

<table>
<thead>
<tr>
<th>Religion</th>
<th>Dec-15</th>
<th>Dec-16</th>
<th>Diff</th>
<th>2011 Census</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buddhist</td>
<td>0.39%</td>
<td>0.38%</td>
<td>-0.01%</td>
<td>0.18%</td>
<td>0.20%</td>
</tr>
<tr>
<td>Christian - other</td>
<td>5.10%</td>
<td>5.20%</td>
<td>0.10%</td>
<td>4.87%</td>
<td>0.33%</td>
</tr>
<tr>
<td>Church of Scotland</td>
<td>17.82%</td>
<td>18.23%</td>
<td>0.41%</td>
<td>35.70%</td>
<td>-17.47%</td>
</tr>
<tr>
<td>Declined</td>
<td>6.03%</td>
<td>5.86%</td>
<td>-0.17%</td>
<td>6.73%</td>
<td>-0.87%</td>
</tr>
<tr>
<td>Hindu</td>
<td>0.36%</td>
<td>0.41%</td>
<td>0.05%</td>
<td>0.13%</td>
<td>0.28%</td>
</tr>
<tr>
<td>Jewish</td>
<td>0.12%</td>
<td>0.11%</td>
<td>-0.01%</td>
<td>0.04%</td>
<td>0.07%</td>
</tr>
<tr>
<td>Muslim</td>
<td>0.62%</td>
<td>0.49%</td>
<td>-0.13%</td>
<td>0.78%</td>
<td>-0.29%</td>
</tr>
<tr>
<td>No religion</td>
<td>20.15%</td>
<td>22.61%</td>
<td>2.46%</td>
<td>39.41%</td>
<td>-16.80%</td>
</tr>
<tr>
<td>Other</td>
<td>0.90%</td>
<td>0.87%</td>
<td>-0.03%</td>
<td>0.27%</td>
<td>0.60%</td>
</tr>
<tr>
<td>Roman Catholic</td>
<td>7.66%</td>
<td>8.11%</td>
<td>0.46%</td>
<td>11.80%</td>
<td>-3.69%</td>
</tr>
<tr>
<td>Sikh</td>
<td>0.09%</td>
<td>0.11%</td>
<td>0.02%</td>
<td>0.08%</td>
<td>0.03%</td>
</tr>
<tr>
<td>Unknown</td>
<td>40.77%</td>
<td>37.63%</td>
<td>-3.14%</td>
<td>0.00%</td>
<td>37.63%</td>
</tr>
<tr>
<td>% known:</td>
<td>59.23%</td>
<td>62.37%</td>
<td>3.14%</td>
<td>100.00%</td>
<td>-37.63%</td>
</tr>
</tbody>
</table>

Table 7
5. Applicants for Employment and Promotion

5.1 All NHS Forth Valley vacancies are advertised internally and, where appropriate externally, in line with our Recruitment and Selection Procedures. This ensures that staff have equal access to promotional opportunities and all candidates, both internal and external, are treated consistently. There were a total of 188 posts advertised during this period, and 5 posts were considered suitable through the redeployment process.

The NHS Forth Valley recruitment system *E-recruit* ensures the capture of diversity information provided by applicants for all posts. The following table shows the comparative ethnicity of individuals at the application, shortlisting and offer of employment stages of the recruitment process between 1st October – 31st December 2016.

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

5.3 Approximately 50.96% of those who applied for posts were shortlisted for interview and approximately 13.29% of those who applied for posts were offered employment during the reporting period. The largest numbers of those who applied, were shortlisted or offered employment were of White Scottish background, which is to be expected given the demographics of Forth Valley.

**NOTE:** 3.01% of applicants declined to disclose their ethnicity. NB: this is lower than the September 2016 position of 3.79%.

<table>
<thead>
<tr>
<th>Ethnic Desc</th>
<th>Applied</th>
<th>Shortlisted</th>
<th>Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>African</td>
<td>1.30%</td>
<td>1.08%</td>
<td>1.55%</td>
</tr>
<tr>
<td>Any Mixed Background</td>
<td>0.82%</td>
<td>0.27%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>0.14%</td>
<td>0.13%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Caribbean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chinese</td>
<td>0.07%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Indian</td>
<td>1.44%</td>
<td>1.34%</td>
<td>1.03%</td>
</tr>
<tr>
<td>Other Asian</td>
<td>0.41%</td>
<td>0.54%</td>
<td>0.52%</td>
</tr>
<tr>
<td>Other Black</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Ethnic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Background</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pakistani</td>
<td>1.10%</td>
<td>0.54%</td>
<td>0.52%</td>
</tr>
<tr>
<td>Prefer Not To Answer</td>
<td>3.01%</td>
<td>3.76%</td>
<td>4.64%</td>
</tr>
<tr>
<td>White British</td>
<td>6.16%</td>
<td>6.85%</td>
<td>4.64%</td>
</tr>
<tr>
<td>White Irish</td>
<td>2.40%</td>
<td>2.28%</td>
<td>4.12%</td>
</tr>
<tr>
<td>Other White</td>
<td>4.86%</td>
<td>2.69%</td>
<td>3.09%</td>
</tr>
<tr>
<td>White Scottish</td>
<td>78.29%</td>
<td>80.51%</td>
<td>79.90%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>100.00%</strong></td>
<td><strong>100.00%</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

Table 8
Tables 9-13 show information on the gender, sexual orientation, disability status and religion of those applying for posts between 1st October and 31st December 2016 compared to the previous quarter.

### Gender Description

<table>
<thead>
<tr>
<th>Description</th>
<th>Sep-16</th>
<th>Dec-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>85.62%</td>
<td>79.86%</td>
</tr>
<tr>
<td>Male</td>
<td>11.24%</td>
<td>17.81%</td>
</tr>
<tr>
<td>Declined to Comment</td>
<td>3.14%</td>
<td>2.33%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

**Table 9**

### Transgender Status Description

<table>
<thead>
<tr>
<th>Description</th>
<th>Sep-16</th>
<th>Dec-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>95.92%</td>
<td>96.64%</td>
</tr>
<tr>
<td>Yes</td>
<td>0.24%</td>
<td>0.27%</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>0.59%</td>
<td>0.07%</td>
</tr>
<tr>
<td>No Info Provided</td>
<td>3.25%</td>
<td>3.01%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

**Table 10**

### Sexual Orientation Description

<table>
<thead>
<tr>
<th>Description</th>
<th>Sep-16</th>
<th>Dec-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bisexual</td>
<td>0.71%</td>
<td>0.82%</td>
</tr>
<tr>
<td>Gay</td>
<td>3.08%</td>
<td>3.29%</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>87.81%</td>
<td>88.22%</td>
</tr>
<tr>
<td>Info Not Provided</td>
<td>4.62%</td>
<td>5.00%</td>
</tr>
<tr>
<td>Lesbian</td>
<td>0.71%</td>
<td>0.41%</td>
</tr>
<tr>
<td>Other</td>
<td>0.12%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Prefer Not To Answer</td>
<td>2.96%</td>
<td>2.26%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

**Table 11**

### Disabled

<table>
<thead>
<tr>
<th>Description</th>
<th>Sep-16</th>
<th>Dec-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Yes</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

**Table 12**
<table>
<thead>
<tr>
<th>Religion Descriptor</th>
<th>Sep-16</th>
<th>Dec-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buddhist</td>
<td>0.06%</td>
<td>0.27%</td>
</tr>
<tr>
<td>Christian - Other</td>
<td>4.50%</td>
<td>6.99%</td>
</tr>
<tr>
<td>Church of Scotland</td>
<td>23.08%</td>
<td>19.18%</td>
</tr>
<tr>
<td>Hindu</td>
<td>0.30%</td>
<td>0.41%</td>
</tr>
<tr>
<td>Jewish</td>
<td>0.65%</td>
<td>0.14%</td>
</tr>
<tr>
<td>Muslim</td>
<td>0.65%</td>
<td>1.44%</td>
</tr>
<tr>
<td>No Religion</td>
<td>51.36%</td>
<td>50.75%</td>
</tr>
<tr>
<td>Other</td>
<td>1.18%</td>
<td>0.82%</td>
</tr>
<tr>
<td>Roman Catholic</td>
<td>11.12%</td>
<td>13.22%</td>
</tr>
<tr>
<td>Sikh</td>
<td>0.00%</td>
<td>0.14%</td>
</tr>
<tr>
<td>Prefer not to Answer</td>
<td>3.08%</td>
<td>2.40%</td>
</tr>
<tr>
<td>No info provided</td>
<td>4.02%</td>
<td>4.25%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>100.00%</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

*Table 13*
6. Staff who applied for and received training

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

Chart 2

It is now also possible to report on staff who undertook eLearning. Table 14 overleaf shows the Ethnicity of staff who completed one or more eLearning modules between 1st October and 31st December 2016.
<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>African - African, African Scottish or African British</td>
<td>0.29%</td>
</tr>
<tr>
<td>African - Other</td>
<td>0.06%</td>
</tr>
<tr>
<td>Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British</td>
<td>0.04%</td>
</tr>
<tr>
<td>Asian - Chinese, Chinese Scottish or Chinese British</td>
<td>0.18%</td>
</tr>
<tr>
<td>Asian - Indian, Indian Scottish or Indian British</td>
<td>0.93%</td>
</tr>
<tr>
<td>Asian - Other</td>
<td>0.28%</td>
</tr>
<tr>
<td>Asian - Pakistani, Pakistani Scottish or Pakistani British</td>
<td>0.15%</td>
</tr>
<tr>
<td>Caribbean or Black - Black, Black Scottish or Black British</td>
<td>0.00%</td>
</tr>
<tr>
<td>Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British</td>
<td>0.05%</td>
</tr>
<tr>
<td>Caribbean or Black - Other</td>
<td>0.02%</td>
</tr>
<tr>
<td>Declined</td>
<td>3.80%</td>
</tr>
<tr>
<td>Mixed or Multiple Ethnic Group</td>
<td>0.69%</td>
</tr>
<tr>
<td>Other Ethnic Group - Arab, Arab Scottish or Arab British</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other Ethnic Group - Other</td>
<td>0.13%</td>
</tr>
<tr>
<td>Unknown</td>
<td>8.53%</td>
</tr>
<tr>
<td>White - Gypsy Traveller</td>
<td>0.00%</td>
</tr>
<tr>
<td>White - Irish</td>
<td>1.29%</td>
</tr>
<tr>
<td>White - Other</td>
<td>2.00%</td>
</tr>
<tr>
<td>White - Other British</td>
<td>7.45%</td>
</tr>
<tr>
<td>White - Polish</td>
<td>0.02%</td>
</tr>
<tr>
<td>White - Scottish</td>
<td>74.11%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

Table 14

7. **Staff who benefit or suffer from Performance Assessment Procedures**

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

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

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

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

8. **Staff who are involved in Grievance Procedures**

NHS Forth Valley monitors the ethnicity of those staff who are involved in grievance procedures. 100% of staff who raised informal or formal grievances or had these resolved during this time period were White Scottish.
9. Staff who are the subject of Disciplinary Actions

NHS Forth Valley monitors the ethnicity of those staff who are the subject of disciplinary actions. 100% of staff who were recorded as being the subject of disciplinary action during the period between October and December 2016 were White Scottish.

10. Staff who Ceased Employment with the Board

Table 15 identifies the number of staff who left the organisation between October and December 2016 by ethnic group.

- The total number of leavers during this period was 147
- Of these, 66, approximately 44.90%, were Nursing & Midwifery staff (all grades), which regularly show turnover due to promotional activity
- Of these, 24, approximately 16.33% were Admin Services and Managers
- Of these, 19, approximately 12.93% were Medical and Dental staff (marking the absence of a major changeover of training grade doctors)
- Of these, 15, approximately 10.20% were Allied Health Professionals
- Of these, 10, approximately 6.80% were Other Therapeutic staff
- Of these, 7, approximately 4.76% were Support Services
- Of these, 3, approximately 2.04% were Healthcare Science staff
- Of these, 3, approximately 2.04% were Medical and Dental Support
- Of these, 0, were Personal and Social Care staff
- Of these, 0, were Senior Managers

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>% of Total Leavers</th>
<th>Leavers as % of In-post staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>African - African, African Scottish or African British</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>African - Other</td>
<td>0.68%</td>
<td>20.00%</td>
</tr>
<tr>
<td>Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Asian - Chinese, Chinese Scottish or Chinese British</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Asian - Indian, Indian Scottish or Indian British</td>
<td>0.68%</td>
<td>2.70%</td>
</tr>
<tr>
<td>Asian - Other</td>
<td>1.36%</td>
<td>18.18%</td>
</tr>
<tr>
<td>Asian - Pakistani, Pakistani Scottish or Pakistani British</td>
<td>0.68%</td>
<td>6.25%</td>
</tr>
<tr>
<td>Caribbean or Black - Black, Black Scottish or Black British</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Caribbean or Black - Other</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mixed or Multiple Ethnic Group</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other Ethnic Group - Arab, Arab Scottish or Arab British</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other Ethnic Group - Other</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>White - Gypsy Traveller</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>White - Irish</td>
<td>3.40%</td>
<td>6.76%</td>
</tr>
<tr>
<td>White - Other</td>
<td>1.36%</td>
<td>1.82%</td>
</tr>
<tr>
<td>White - Other British</td>
<td>10.20%</td>
<td>3.55%</td>
</tr>
<tr>
<td>White - Polish</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>White - Scottish</td>
<td>66.67%</td>
<td>2.06%</td>
</tr>
<tr>
<td>Declined to Comment</td>
<td>2.04%</td>
<td>1.24%</td>
</tr>
<tr>
<td>Unknown</td>
<td>12.93%</td>
<td>3.15%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>100.00%</td>
<td>2.32%</td>
</tr>
</tbody>
</table>
- Seasonal variations in relation to medical and dental staff occur particularly at the end of July/early August and early February due to the changeover of the training grades.
- Such seasonal variations of this type mean that comparisons over time should be treated with caution as the number of leavers can vary quite markedly between reporting periods.

**Chart 3**

**11. Conclusion**

The workforce diversity information presented above in chart 3 indicates a relatively stable situation in NHS Forth Valley.
Appendix A: Census Figures 2011 for NHS Forth Valley and within Scotland:

<table>
<thead>
<tr>
<th>Facts Age and Gender</th>
<th>NHS Forth Valley area 2011</th>
<th>Scotland 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>All People</td>
<td>297636</td>
<td>5295403</td>
</tr>
<tr>
<td>% Females</td>
<td>51.5</td>
<td>51.5</td>
</tr>
<tr>
<td>% Males</td>
<td>48.5</td>
<td>48.5</td>
</tr>
<tr>
<td>Median Age - females</td>
<td>42</td>
<td>42</td>
</tr>
<tr>
<td>Median Age - Males</td>
<td>40</td>
<td>40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facts Disability</th>
<th>NHS Forth Valley area 2011</th>
<th>Scotland 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>All People</td>
<td>297636</td>
<td>5295403</td>
</tr>
<tr>
<td>% Limited a lot</td>
<td>9.2</td>
<td>9.6</td>
</tr>
<tr>
<td>% Limited a little</td>
<td>10.1</td>
<td>10.1</td>
</tr>
<tr>
<td>% Not Limited</td>
<td>80.7</td>
<td>80.4</td>
</tr>
<tr>
<td>% with no condition</td>
<td>70.3</td>
<td>70.1</td>
</tr>
<tr>
<td>% with 1 or more long term condition</td>
<td>29.7</td>
<td>29.9</td>
</tr>
<tr>
<td>% with deafness or partial hearing loss</td>
<td>6.5</td>
<td>6.6</td>
</tr>
<tr>
<td>% with blindness or partial sight loss</td>
<td>2.2</td>
<td>2.4</td>
</tr>
<tr>
<td>% with a learning disability (e.g. Down’s Syndrome)</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>% with a learning difficulty (e.g. Dyslexia)</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>% with developmental disorder (e.g. Autistic Spectrum Disorder etc)</td>
<td>0.6</td>
<td>0.6</td>
</tr>
<tr>
<td>% with a physical disability</td>
<td>6.8</td>
<td>6.7</td>
</tr>
<tr>
<td>% with mental Health condition</td>
<td>4.1</td>
<td>4.4</td>
</tr>
<tr>
<td>% with other condition</td>
<td>18.6</td>
<td>18.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>NHS Forth Valley area 2011</th>
<th>Scotland 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>All people</td>
<td>297636</td>
<td>5295403</td>
</tr>
<tr>
<td>% White - Scottish</td>
<td>88.0</td>
<td>84.0</td>
</tr>
<tr>
<td>% White - Other British</td>
<td>6.9</td>
<td>7.9</td>
</tr>
<tr>
<td>% White - Irish</td>
<td>0.7</td>
<td>1.0</td>
</tr>
<tr>
<td>% White - Polish</td>
<td>0.7</td>
<td>1.2</td>
</tr>
<tr>
<td>% White - Other</td>
<td>1.5</td>
<td>2.0</td>
</tr>
<tr>
<td>% Asian, Asian Scottish or Asian British</td>
<td>1.6</td>
<td>2.7</td>
</tr>
<tr>
<td>% Other ethnic groups</td>
<td>0.6</td>
<td>1.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facts – Marital Status</th>
<th>NHS Forth Valley area 2011</th>
<th>Scotland 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>All people</td>
<td>297636</td>
<td>5295403</td>
</tr>
<tr>
<td>% single</td>
<td>31.1</td>
<td>35.4</td>
</tr>
<tr>
<td>% married or registered in a same sex partnership</td>
<td>48.8</td>
<td>45.4</td>
</tr>
<tr>
<td>% separated but still legally married/same sex civil partnership</td>
<td>3.3</td>
<td>3.2</td>
</tr>
<tr>
<td>Divorced/same sex civil partnership</td>
<td>8.3</td>
<td>8.2</td>
</tr>
<tr>
<td>% widowed or surviving partner from a same sex civil partnership</td>
<td>7.5</td>
<td>7.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Religion &amp; belief</th>
<th>NHS Forth Valley area 2011</th>
<th>Scotland 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>All people</td>
<td>297636</td>
<td>5295403</td>
</tr>
<tr>
<td>% Church of Scotland</td>
<td>35.7</td>
<td>32.4</td>
</tr>
<tr>
<td>% Roman Catholic</td>
<td>11.8%</td>
<td>15.9</td>
</tr>
<tr>
<td>% Other Christian</td>
<td>4.9</td>
<td>5.5</td>
</tr>
<tr>
<td>% Muslim</td>
<td>0.8</td>
<td>1.4</td>
</tr>
<tr>
<td>% Other religions</td>
<td>0.7</td>
<td>1.1</td>
</tr>
<tr>
<td>% No religion</td>
<td>39.4</td>
<td>36.7</td>
</tr>
<tr>
<td>% Not stated</td>
<td>6.7</td>
<td>7.0</td>
</tr>
</tbody>
</table>
Appendix B: Health and Social Care Integration

The Scottish Government initiated a major programme of reform through the Public Bodies (Joint Working) (Scotland) Act 2014. This was set up to support the 2020 Vision. NHS Boards and Local Authorities are legally required to establish local Health and Social Care Partnerships, led by an Integration Joint Board.

These Partnerships work in an integrated way to deliver the nine National Health and Wellbeing Outcomes described in Table 1. Adult health and social care services are planned by the integration partnerships. The Partnership’s continue to work closely with a number of stakeholders, including the voluntary sector and the independent sector.

| Outcome 1 | People are able to look after and improve their own health and wellbeing and live in good health for longer |
| Outcome 2 | People including those with disabilities, long term conditions, or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community |
| Outcome 3 | People who use health and social care services have positive experiences of those services, and have their dignity respected |
| Outcome 4 | Health and social care services are centred on helping to maintain or improve the quality of life of service users |
| Outcome 5 | Health and social care services contribute to reducing health inequalities |
| Outcome 6 | People who provide unpaid care are supported to reduce the potential impact of their own health and wellbeing |
| Outcome 7 | People who use health and social care services are safe from harm |
| Outcome 8 | People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do |
| Outcome 9 | Resources are used effectively in the provision of health and social care |

Table 1: National Health and Wellbeing Outcomes

NHS Forth Valley covers three council areas who have agreed on two health and social care partnerships (Figure 1). One partnership is Clackmannanshire Council and Stirling Council with NHS Forth Valley. The other partnership is Falkirk Council with NHS Forth Valley. For both partnerships an Integration Joint Board has been set up consisting of Council and NHS members, led by a Chief Officer. With effect from 1st April 2016, the two Integration Joint Boards became operational and have responsibility for the planning and delivery of health and social care services for adults within the boundaries of the agreed areas.

The Scottish Public Health Observatory (ScotPHO) health and wellbeing profiles provide detailed information at Local Authority level. It is important to remember that when looking at statistics for small populations the differences are not always statistically significant; therefore it is useful to remember that longer term trends can better demonstrate the true position.
Appendix C: Summary of Involvement activities used to inform our Equality Outcomes

Involvement in Clinical Services Review & Equality Outcomes:

- Crainlarich Community Council
- Community Council, PPF Falkirk
- Supports MLSC
- Public Health Practitioners
- Maddiston Community Council
- Parliamentary Officer and Senior Caseworker, Bruce Crawford MSP
- Braveheart
- Cancer Network
- WASP People First Alloa
- Programme Manager Social & Health
- CTSI Change Plan Manager
- Service Carer Involvement Coordinator
- PPF Service users
- Parkinson’s UK
- Action in Mind Stirling
- Falkirk and District Mental Health Council Staff
- Loretto Care
- Scottish Health Council
- Make it Happen over 50’s organisation
- Larbert & Torwood Community Council
- CVS Falkirk and District
- Older peoples Forum
- Outside the box
- LGBTI Survey
- Fair for All Members
- Session at Sensory centre
- Rainbow Muslim Women’s Group
- Al Maasar Group
- Member of the public and patient at Buchlyvie Medical Centre
- MAHRS Group

There were also sessions held for people to attend at a range of areas across the Forth Valley area.
### Appendix D: Mainstreaming Report References


8. NHS Forth Valley Annual Plan 2016-17 Incorporating the Local Delivery Plan (LDP) 2016-17 [https://www.google.co.uk/#q=7.%09NHS+Forth+Valley+Annual+Plan+2016-17+Incorporating+the+Local+Delivery+Plan+(LDP)+2016-17](https://www.google.co.uk/#q=7.%09NHS+Forth+Valley+Annual+Plan+2016-17+Incorporating+the+Local+Delivery+Plan+(LDP)+2016-17)


21. NHS Forth Valley’s information in British Sign Language Clips ‘Know where to go to when you are ill’, [http://nhsforthvalley.com/health-services/know-who-to-turn-to-when-you-are-ill/#bsl](http://nhsforthvalley.com/health-services/know-who-to-turn-to-when-you-are-ill/#bsl)

Appendix E: NHS Forth Valley Equality Outcomes References & Link to Local & National Priorities

**Outcome 1:**

NHS Forth Valley staff and service users can identify hate crimes & incidents and feel confident in reporting them.

**Lead Area:** Equality Manager, Risk Management & Human Resource Directorate

**References**


**Outcome 2:**

Within NHS Forth Valley people from the ‘LGBT’ community will not experience barriers to accessing or receiving end of life care support

**Lead Area:** NHSFV Cancer Care Services, Health & Social Care Partnerships and Third sector bereavement services

**References**

Outcome 3:

Within NHS Forth Valley people who experience mental health problems and/or learning disabilities are supported to live fulfilled lives without stigma

Lead area: NHS Forth Valley Mental Health Services

9. Public Bodies (Joint Working) Scotland Act 2014

Outcome 4:

NHS Forth Valley Service users are equal partners in planning, developing and monitoring their care through informed choice and personal responsibility

Lead Area: Directorate of Nursing, Person Centred Care Team

Link to Local and/or National Priorities

- Scottish Governments 20:20 vision
- [The Charter of Patient Rights and Responsibilities 2012](http://tinyurl.com/EhRcCharterOfPatientRightsAndResponsibilities)
- Carers Act 2016
- Public Bodies (Joint Working) Scotland Act 2014
Outcome 5:
Within NHS Forth Valley there is a reduction in the sexual health inequalities experienced by communities through fostering a culture of positive sexual health which encompasses age, disability, gender, gender reassignment, race/ethnicity, religion and sexual orientation.

1. NHS Forth Valley Health Care Strategy
2. www.gov.scot/Publications/2014/11/1876/0

Link to Local and/or National Priorities
- Supports delivery of NHSFV Health Care Strategy 2016-21 Women & Children Services
- Scottish Governments 20:20 vision

The Scottish Sexual Health and BBV Framework (2015 - 2020)

Outcome 6:
Within NHS Forth Valley Transgender and gender variant people experience a care and work environment free from discrimination.

2. Fair care for trans patients RCN 2016 https://www.rcn.org.uk/professional-development/publications/pub-005575

Outcome 7:
NHS Forth Valley will submit to the Stonewall Scotland Workplace Equality Index in 2017 and improve their score year on year

Scottish Government: