



NHS Dumfries and Galloway

Equality Report

2015



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INTRODUCTION

In April 2013, NHS Dumfries and Galloway published a range of documents to inform our service users, their carers, visitors, staff and partner organisations, how we as an organisation were meeting the Public Sector Equality Duty, and how equality was being mainstreamed into the functions and activities of our organisation. More specifically, these reports also contained our staff monitoring figures, our equal pay figures and a set of equality outcomes.

The Equalities agenda continues to be an area of ongoing improvement and development for NHS Dumfries and Galloway. The purpose of this report is to provide a two yearly update on how we are progressing and continuing to demonstrate our commitment to embed equality, diversity and person-centred care throughout our services, highlight areas where progress has been made and identify areas where further development is required.

At NHS Dumfries and Galloway we believe that Equality and Diversity is the responsibility of everyone within the organisation. We are continually trying to make this a reality.

ABOUT US

NHS Dumfries and Galloway is here to help you stay healthy and to provide care if you become ill, providing care that is designed to meet the needs of our service users and their carers and families. Our purpose is:

‘To deliver excellent care that is person centred, safe, efficient, reliable and to reduce health inequalities across Dumfries and Galloway’

In 2013, NHS Dumfries and Galloway developed a set of ‘Core Values’ which underpin our purpose. These were approved by the NHS Dumfries and Galloway Board in May 2014. Our Core Values are:

Compassion

Openness

Respect

Excellence

We believe that these values offer the opportunity to formally articulate a set of expectations of behaviour at all levels within the organisation.

NHS Dumfries and Galloway provides a comprehensive health service to a population of around 151,324 living in Dumfries and Galloway, but within a large geographical area of about 2,400 square miles.



There is one main hospital for the region which provides a wide range of health services - Dumfries and Galloway Royal Infirmary, which is based in Dumfries.

Galloway Community Hospital serves Stranraer and the West of the region, and is an intermediate unit providing maternity services, and medical & surgical beds. There are eight cottage hospitals which are bedded units, with some providing care services such as minor injuries units. Midpark Hospital based in Dumfries provides inpatient facilities for mental health patients.

NHS Dumfries and Galloway manages an annual budget of around £300million, employs approximately 4,774 staff and is responsible for providing health services for and improving the health of the population of Dumfries and Galloway. We are committed to ensuring that every patient, carer, their families and our staff are treated with dignity and respect, regardless of their protected characteristic. We strive to provide the best care and treatment we can, within the resources available to us, while ensuring everyone working in the NHS has the right training and skills for their job within a safe and clean environment.



MAINSTREAMING REPORT

Mainstreaming equality and diversity is a specific requirement for public bodies implementing the Equality Act 2010. Mainstreaming is defined as integrating equality into the day to day working of NHS Dumfries and Galloway, and taking equality into consideration as part of everything we do.

NHS Dumfries and Galloway recognise the benefits of mainstreaming equality which includes:

- Equality becomes part of the structures, behaviours and culture of an organisation
- An organisation knows, and can demonstrate how, in carrying out its functions it is promoting equality
- Mainstreaming equality contributes to continuous improvement and better performance.

By mainstreaming equality, health boards will experience improved quality of service design and delivery i.e. equitable access and equity of informed, person-centred care. This leads to improved outcomes for patients and service users, as well as staff.

Since our first mainstreaming report which was published in 2013, NHS Dumfries and Galloway have continued to embed equalities into our functions. The report will provide some examples as to how we are achieving this.

Organisational Commitment

NHS Dumfries and Galloway has continued its commitment to 'mainstreaming' equality since the 2013 report, trying to ensure that all staff take responsibility for equality and diversity issues, and that it is not the responsibility of the Equality lead alone.

We recognise that equality means treating everyone as an individual with equal dignity and respect, taking account of protected characteristics. Achieving equality requires removal of the discriminatory barriers that limit what people can do and achieve.

We are continuing to adopt an incremental approach, setting realistic goals which recognise that mainstreaming is not an overnight process of change. This may appear to be a slow process, but it allows managers and staff to take time to build their knowledge and skills and then to put this into practice.

NHS Dumfries and Galloway have an Equality and Diversity Steering group. The membership of this group is made up from at least one representative from each directorate and meets every two months. Some scoping work has been undertaken over the past six months to try and find resources which we can make use of to further develop the confidence and ability of the steering group reps, allowing them to become a source of knowledge within their own areas, for day to day issues as well as being able to advise on Equality Impact Assessments. Over the next year, we will set out to implement some further training specifically for this group to enhance their knowledge on equality and diversity, supporting their development as an Equality Champion.

In our 2013 Mainstreaming report, reference was made to the NHS Dumfries and Galloway Spiritual Care Committee. This group has now evolved into the 'Person Centred Health and Care Committee'. This group continues to have responsibility for the implementation of the Spiritual Care Policy, ensuring that spiritual care is available to patients, carers and staff in ways that are responsive to their needs. In addition however, this group oversees various programmes of work which includes measuring and improving both patient and staff experience, from a person centred approach, at which equality and diversity is at the heart.

In 2014, NHS Dumfries and Galloway developed a poster which details the General Equality Duty and all of the Protected Characteristics. This poster was developed in



conjunction with the local Community Planning Partnership using the local Community Planning 'I believe in Equality' branding. Over the next year, this poster will be on display across a range of our buildings in both staff and public areas. It is hoped that these will

act as a reminder to all staff of our obligation to equalities as a public body, and also to our service users in terms of what they can expect from us.

Case Study: LGBT Charter of Rights

The LGBT Charter of Rights was designed by a group of young people to increase understanding and awareness of the barriers LGBT people face. The Charter Mark is a programme which supports and guides groups and organisations on their journey to LGBT equality and inclusion. By raising awareness and increasing visibility of LGBT people, LGBT Youth Scotland is dedicated to ensuring that all LGBT people are valued, included and supported.

NHS Dumfries and Galloway have fully embraced the LGBT Youth Scotland Charter Mark process. Over the past approximately three years, NHS Dumfries and Galloway have provided funding to LGBT Youth which allows departments to be able to undertake the Charter Mark without having to 'find' the budget within their own areas. This funding pays for training for staff and ongoing support which has been crucial throughout this process.

We have had a number of achievements over the past 18 months. In particular, our Operations team were awarded one of the first of the new 'Foundations' awards, and our Public Health team were the first team in Scotland to be awarded 'Gold' standard.



We are only able to display the Charter of Rights when we can evidence that we have adequate mechanisms in place to validate and support it, such as training and information available on LGBT issues. We have a large number of staff trained across the organisation and those members of staff are required to share the learning from the training to spread good practice and signpost fellow colleagues towards LGBT organisations if required. We have also been required to look at our policies and practices, including legislative obligations in the context of LGBT

equality. For example, we are currently developing our Board Transgender policy, in conjunction with our local council, and are also looking at ways in which we can update our systems to make sure that they are up to standard in terms of the correct use of titles and a person's gender identity.

As a board, we will continue to support the LGBT Youth Scotland Charter Mark award, and hope to develop this style of 'award' and 'Charter of Rights' framework in relation to a number of the other Protected Characteristics.



Case Study: Board member recruitment

Public bodies are encouraged to consider how they can best attract a diverse range of suitably skilled and able people to their boards. NHS Lanarkshire carried out a pilot recruitment campaign for new board members in 2014. This identified a number of lessons offering further opportunities to promote equality and diversity from the very outset of the recruitment process. A number of the recommendations were then tested in NHS Dumfries and Galloway 2014/15.

It was acknowledged that in the past the Board was not representative of the local population. A poster was developed which encouraged people to apply from a diverse range of backgrounds and in particular underrepresented groups including young people, women, disabled people and carers, with any potential applicants being offered the opportunity to have an informal chat with the Board Chairman. These posters were distributed as widely as possible, to all of our contractors, local libraries, community councils and displayed on our website. It was also promoted through all of our partnerships and networks, including those groups from the voluntary sector and across the whole of Dumfries and Galloway, and to a wider audience.

It was recognised previously that community public information events were poorly attended so NHS Dumfries and Galloway contacted as many local organisations as possible, offering an information session or further information if required.

The application documentation was revised to simplify the process and to ensure “plain English” terminology was used throughout. The interviews were also held locally in Dumfries, making this part of the process more accessible.

This exercise has proved to be successful. The number of candidates standing for the pilot elected board increased from 70 in 2010 to 106 applicants in the appointments process in 2014, which is a record number of applicants. If we look to the equalities monitoring data, we can evidence that the board is becoming more diverse. In June 2010, 75% of the elected non- executive board members were male and 87.5% were over 50. This has decreased to 42% and 60% respectively in March 2015 after the most recent appointments round.

NHS Dumfries and Galloway have also invested time looking at the development of our board members. As well as the corporate induction (which includes Equality and Diversity training) there are continuous board workshops on offer to allow new and existing board members the opportunity to meet a range of key staff and to develop their knowledge on a range of key areas for the board, for example, health and social care integration, tackling inequalities and the Putting You First programme. Plans are currently underway to carry out a session on Equalities Impact Assessment in summer 2015.

Equality Impact Assessment

An Equality Impact Assessment (EQIA) is a careful examination of a proposed policy, guideline, strategy, service or function to see if it may affect some groups unfavourably, especially minority groups who may experience inequality, discrimination, social exclusion or disadvantage. It applies equally to internal and external policy, strategy, functions and services.

Where barriers are identified, a plan should be developed to ensure that any negative consequences are minimised and opportunities for promoting equality maximised.

In the 2013 report, NHS Dumfries and Galloway set out to ‘re-launch’ the assessment tool with the aim of developing and enhancing the expertise and understanding around EQIA’s within the board.

In 2014, we refreshed our Equality Impact Assessment Policy and template. The policy was re-designed to be more helpful for those people carrying out EQIA's with little or no experience. This meant clearer, step by step guidance which would in turn lead to higher quality equality impact assessments being carried out.

In addition to this, there were also articles posted on our internal intranet page and our workforce paper (a brief which goes out to all staff for discussion on any Workforce issues), reminding all staff of the requirement carry out EQIA's as part of any policy/service change development.

The Board's Equality Lead held an awareness session with Equality and Diversity Steering group members to provide some refresher training, which they could then use to provide support within their own directorates. There have also been some one to one, bespoke sessions delivered to members of staff when they are required to carry out an Equality Impact Assessment, often for the first time. By providing this one to one support with their first EQIA, it builds confidence and capacity when they are required to carry these out in future.

If we consider the approximate number of EQIA's being carried out in comparison with the previous year, there is an increase. In 2013, 4 equality impact assessments were published on our external website. In 2014, there were 8 equality impact assessments published. As at March 2015, there were 5 impact assessments being worked on in the year so far.

Despite some of the good work being carried out regarding EQIA's, there is still further work to be done.

At present, there is only the option of one to one training for staff, which is not, in every case, the best use of resources in this area. It is hoped that over the next two years, we will be able to implement regular 'drop in' training sessions for a larger number of key staff. There will still be the option of one to one sessions, but a larger group would be useful in terms of being able to share ideas and good practice, and to 'refresh' awareness for those that simply require an update.

There are also plans to carry out some work with our Board members on the EQIA process, providing an up to date refresher session for some and perhaps more in depth awareness raising for some of our new members. By reiterating the importance of EQIA from the top, it is hoped that gradually all of our committees will be vigilant in ensuring that all papers have an EQIA completed where required.

The area of EQIA is one which requires continuous promotion in order to fully embed the process within all of our decision making processes.

Case Study: EQIA

A recent example of good EQIA practice was the assessment carried out on the New District Hospital for Dumfries and Galloway. From the outset of the project engagement with staff and service users was a priority in terms of both the building and the associated changes to services. Over 40 information/involvement events took places across the region, and two in particular were aimed at representatives from some of our local equality groups, with a third specifically aimed at the local LGBT community.

These events gave the representatives the opportunity to come and view the plans for the new build hospital, and to feedback thoughts, opinions and concerns which could then be considered by the team when carrying out the overall impact assessment.

With a project of this size, consideration of equality impact will be ongoing throughout the project, until completion, as plans move along and service users communicated with on an ongoing basis.



Employment and Employee Information

Embedding good equality and diversity practice in all we do is not only core part to being a good employer but also provides a strong foundation from which to begin the journey of improvement. NHS Dumfries and Galloway values the contribution of our employees in the delivery of health services to our local communities. As an employer, we are committed to equality and to treat our staff with dignity and respect, helping them to reach their full potential at work. We also recognise that a diverse organisation with a range of abilities, experience and skills is more likely to be sensitive to the needs of the diverse community which we serve.

Staff Awareness and Understanding

The requirement to mainstream equality and diversity provides NHS Dumfries and Galloway with an opportunity to build the knowledge and understanding all our staff to consider and promote equality within their own roles. We recognise that the success of our organisation in providing high quality, patient centred services and patient experience depends on us valuing, supporting and developing our workforce, recognising the importance of staff learning and development. Equality and Diversity awareness training continues to be mandatory for all new staff to the organisation and for all current staff, including Senior Managers and Board members, every two years.

All new staff to the organisation continue to be given Equality and Diversity awareness training as part of their induction programme on their first day. From the outset, they are aware that equality and diversity is an integral part of our organisation and the responsibility of everyone within it.

In our 2013 mainstreaming report, we had proposed a number of changes to staff training, involving a more specific approach, with the idea of giving more in-depth, detailed training on specific characteristics to relevant departments, especially where issues have been raised in relation to a protected characteristic. We can evidence that this is already starting to take place.

For example, we have an area within the Board which received a complaint from a Transgender person in relation to their Gender Identity. Face to face discussions

were carried out with the complainant and this issue was resolved satisfactorily. However, an action which was agreed as a result of this complaint was that the area in question would undertake to work towards the LGBT Charter Mark, which involves a percentage of the staff taking part in specific LGBT awareness training, with a particular focus on Transgender issues.

In October 2014, we held a Religion and Belief awareness session which focused on Sectarianism and was which was open for all staff to attend.

It is hoped that in addition to our corporate equality and diversity training, we will continue to look at specific training where required and to increase awareness amongst all of our staff.

Equality and Diversity continues to be a core requirement of the professional development of our staff as part of the NHS Knowledge Skills Framework. Staff are expected to demonstrate to their line manager, as part of their Annual Development Record, that they have promoted and acted in ways which support equality and diversity. They must provide examples of how they have done this, or are working towards this in their role.

We continue to use our 'RESPECT' Code of Positive Behaviour and have access to the 'Give Respect, Get Respect' toolkit.

NHS Dumfries and Galloway also continues to remain committed to following the 'two ticks' scheme. This includes an obligation to interview all disabled applicants who meet the minimum criteria for a job vacancy and consider the applicant on their abilities, and to make sure that when an employee becomes disabled, every effort is made to ensure that they stay in employment by making any reasonable adjustments required. We were reviewed in March 2014 to ensure that we are still compliant



Employment Monitoring

NHS Dumfries and Galloway have established equalities monitoring and reporting systems in terms of our staff, but acknowledge that gaps still exist.

Recognising the gaps and following the release of the Equality and Human Rights Commission (EHRC) Report Measuring Up? Report 2, the NHS Human Resources Directors and NHS Equality and Diversity Lead Network jointly established a short life working group to assess current practice and recommend improvements which would increase the quality and consistency of staff equality data collection, use and reporting across NHS Scotland.

The group carried out a scoping exercise which identified both cultural and practical barriers to data collection and analysis. The group is developing an improvement plan to support joint action across NHS Scotland to increase disclosure rates, facilitate consistent reporting through established standard metrics and reporting processes and use the capabilities of a new Human Resources Management system to support data analysis at individual board and national NHS level. The short life working group will submit their proposed action plan in 2015.

Our most up to date equality and diversity employee data can be found in **Appendix 1**. The data within this report relates to staff in post in April 2014. This is the most up to date figures which we have gathered at present, and we will gather data again April 2015. The reporting timescale and internal governance arrangements mean that we are unable to publish 2015 data as part of this report. This will be collected in April 2015 and published as soon as possible. Going forward it is hoped that future employment monitoring data will form part of the annual workforce plan in order to mainstream publication.

It is also anticipated that the implementation of the new national Human Resources management system will assist in addressing gaps in the equality and diversity dataset where equality is unknown/undisclosed for some of the workforce

Use of Equality and Diversity Workforce Data

Equality and Diversity workforce data is routinely used to support both workforce planning and Human Resources activities. The protected characteristics of age and gender have a particular focus within workforce planning and are routinely used and reported within workforce plans and intelligence.

Changes to the local population and labour market require us to plan our future workforce now. The current population of Dumfries and Galloway is substantially different from the Scottish population profile. There is a larger proportion of older people and a markedly smaller proportion of young people. It is predicted that the working age population of Dumfries and Galloway will decline by 10.8% by 2033.

The NHS Dumfries and Galloway 2013-2017 Workforce Plan uses equality data to provide some key statistics, particularly in relation to age:

18% of Nursing and Midwifery staff are 55+

36% of nurses in Band 5-8 are 55+

33% of Support Staff are 55+

Given that we have an aging population locally, and in turn, an aging workforce, the need to attract and keep young people in all our services is becoming more apparent. Our Modern Apprenticeship programme addresses the issue of youth unemployment, as well as developing a pool of young people with the skills, knowledge and experience to go on and gain permanent employment. Knowledge is lost with the retirement of experienced staff and this is an opportunity to 'grow our own'.

NHS Dumfries and Galloway's Learning and Development Strategy and Framework talks about "the key to NHS Dumfries and Galloway achieving its aims by having an engaged and motivated workforce and developing leaders at all levels within the organisation who have the knowledge, skills and flexibility to provide the services needed today, and those for tomorrow".

The workforce plan states that we will maintain our commitment to working with young people, with a focus on further development of the range of opportunities provided under our Modern Apprenticeship scheme, as well as the development of other access and training initiatives that enable young people leaving school or further education in our region to make informed choices about the diversity of careers and opportunities within the NHS. We have also agreed to "optimise synergies with the Local Authority with respect to the planning of our services, sharing our resources and promoting our region as a positive work/life destination"

More specifically, our Acute and Diagnostics Directorate are undergoing a succession planning exercise in relation to our ageing workforce.

Whilst we can evidence that we are using some of the data gathered on our workforce, particularly with regards to age, there is further work required in terms of using more of data which we have gathered on all of the protected characteristics.

Equality of Access to NHS Dumfries and Galloway Services

NHS Dumfries and Galloway is aware that many people face difficulties either in accessing healthcare services, getting information or communication due to language, literacy or disability barriers.

All of our public buildings have disabled parking and toilet facilities and hearing loop systems. Annually, NHS Dumfries and Galloway submit a 'Property and Asset Management Strategy' which goes to Board for approval, and which highlights any issues which require to be addressed.

Every five years, all of our properties are re-surveyed in relation to a range of maintenance issues but which also take into account compliance regarding physical access. Considering equality has become mainstreamed into this process, both in terms of new developments and any refurbishments.

We continue to have in place our Patient Information Policy which ensures that all written information for patients, carers and people who access our services is of a high standard and easily understood. This policy makes it clear that written information is not always the best form of communication for some people as not everyone can read, see or understand English.

NHS Dumfries and Galloway also have in place our Interpreting and Translation Policy. This ensures that communication is not a barrier for people who cannot communicate in English, in spoken word or those who have a sensory impairment that prevents them from using standard methods of communication. The policy is there for staff to refer to if the use of an interpreter is necessary, and gives clear guidance on how to access translation and/or interpretation services. In 2014, we

have promoted this policy amongst our staff so try and ensure that everyone is well aware of what action to take if communication support is required.

Our internal Patient Information Services are able to arrange for translation of information in most languages, as well as other formats such as easy read.

Case Study: Easy Read Leaflets

Our Patient Services team are in the process of developing a set of leaflets in Easy Read format about some of the services provided at NHS Dumfries and Galloway. Easy Read makes information more accessible for people with learning disabilities. This involves using clear and simple text, short sentences and simple punctuation. Often bullet points are used, along with story boxes and pictures to make the main points clear.



The first leaflet which has been developed is on dental surgery and is for patients coming into our Day Surgery Unit. This was put together with the involvement of service users from the local branch of Enable Scotland, a charity

which campaigns for people with a learning disability to live the life they want and to be able to actively participate in their communities. The service users from Enable looked at the existing leaflets and made suggestions about what should be included and what would make the information easier to understand. There was also input from User and Carer Involvement, a representative from our Speech and Language department and members of the public who provide care for a relative with a learning disability.

The leaflet on dental surgery is currently being finalised and approved. It is hoped that this leaflet is the first in a set of leaflets which will be developed in Easy Read format, for various key services across NHS Dumfries and Galloway.

Service User Data and Monitoring

Monitoring service user data continues to be an important aspect of NHS Dumfries and Galloway's commitment to equality, diversity and inclusion.

NHS Dumfries and Galloway continue to use two systems to collect patient data – Emergency Department Information System (EDIS) and TOPAS, the Patient Administration System.

The characteristics of age and sex are routinely collected and recorded, and we continue to regularly report on ethnicity monitoring above our target of 80%.

An equalities monitoring form has also been developed and agreed for use locally, when consulting and engaging with service users across all of the public bodies. This will allow systematic collection and analysis on engagement by protected characteristic. This form is still being rolled out across NHS Dumfries and Galloway but it is hoped that this will support us to build a clearer picture of engagement, and will give staff and service users the opportunity to become familiar with the correct language and terminology.

As an NHS Board, we are aware that we must continue to work towards gathering service user data, by protected characteristic, so that we can then use that data to ensure that our services are used and accessed in a fair and equitable way, and that our services are designed to meet the needs of service users.

Partnership Working

Partnership working and engagement are at the heart of how we operate, allowing us to respond more effectively to opinions of local communities and stakeholders around what our priorities should be.

The Public Bodies (joint working) (Scotland) Act 2014 has meant that NHS Dumfries and Galloway are working more closely than ever with our partner organisations. Integration of health and social care is the Scottish Government's ambitious programme of reform to improve services for people who use health and social care services. Integration will ensure that health and social care provision across

Scotland is joined up and seamless, especially for people with long term conditions and disabilities, many of whom are older people. The Act requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. In Dumfries and Galloway, the Health Board and the Local Authority plan to delegate this to a third body called the Dumfries and Galloway Integration Joint Board (IJB). The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex.

NHS Dumfries and Galloway continue to have representation on the Community Planning Equality and Diversity Working Group. The membership of this group



includes both statutory sector and local community diversity groups. The Diversity Working Group is chaired by a member of one of the local groups and

work has been ongoing over the past year to try and ensure that all of the Protected Characteristics are represented on this group.

Locally there is also the Public Sector Diversity Officers group which is a peer support group of diversity leads from NHS, Council, Police, Fire and Rescue Service, Scottish Prison Service and Colleges which meet on a quarterly basis to share thinking and updates on equality issues.

In 2011, NHS Dumfries and Galloway played a key role in the Dumfries and Galloway Community Survey. This survey was led by the Public Sector Diversity Officers Group and the aim was to assess general satisfaction with the wide range of public services provided, to identify negatives and gaps to aid service planning. The goal was to develop an understanding of whether there were different outcomes for different groups of people, defined by their Protected Characteristics, which contribute towards the areas on which we would base our equality outcomes. The responses to the survey were then analysed by the NHS Dumfries and Galloway Health Intelligence Team.

The survey was repeated at the end of 2014 and our Equality lead is starting to receive some of the 'early findings' at the moment. The initial results suggest that people are feeling safer, but are less happy about their care and support needs. The

top priorities for people include public transport, road maintenance, employment opportunities and isolation, but overall the responses are slightly more positive in 2014 than in 2011.

The feedback from this survey will be made public once finalised and will again be used to review our equality outcomes and where the focus should be when setting new ones in 2017.

Nationally, NHS Dumfries and Galloway continue to be represented on the NHS Equality and Diversity Lead Network. This is a peer support network for equalities officers from all Scottish Health Boards. This is a group which allows information sharing and discussion particularly around the implementation of the Equality Act 2010. There are also opportunities to engage with national bodies including Scottish Government and the Equality and Human Right Commission.

The 2013 mainstreaming report made reference to the NHS Public Partnership Forum. This group was a network of local people with an interest in improving NHS services. In 2014, this group was disbanded and work has been ongoing to replace this group with a more effective group which would involve representatives from a wider range of statutory sectors, as well as a more diverse membership from across the region. The purpose of this group will be to keep local people engaged and involved and a range of local services. Part of the ongoing work will be to equality monitor membership of the new group to try and work towards a group with membership which reflects that of the local population more closely. It is hoped that the new format of this group will allow us to reach a wider range of people from our local communities, and to become more person centred.

Case Study: Gender Equality Group

In 2014, a group of staff from both NHS and Local Council met to look at the issue of gender equality. This started as a discussion on a blog discussing the term 'feminism', amongst a group of staff with an interest in this area. Following this discussion, as well as a film screening on the sexual exploitation of children, group members were in agreement that it would make sense to consider gender inequality further as a group and start to look at implementing some actions.

An event took place in March 2015, which brought together staff from both organisations with an interest in this area from both a work and personal perspective. Participants were shown some film clips and statistics on gender inequality which led to discussion among the group. Everyone involved stated some actions which they were going to take personally, however small, within both their work and personal lives.

This event was the first of many and the outcome will be to develop action plans to keep the issue of gender equality 'live' through a variety of events, campaigns, discussions and reports.

Procurement

The NHS Dumfries and Galloway procurement handbook contains a section on equality which states that where a contractor is carrying out a public function on behalf of NHS Dumfries and Galloway, the legal liability for the duties in relation to that function remains with NHS Dumfries and Galloway as the contracting organisation for the function. The degree to which equality and diversity requirements are specified and incorporated within procurement documentation will vary according to the goods, services or works being purchased and are assessed on a case by case basis. We have also added a section to the Competitive Quotations and Tenders Procedure on Equality and Diversity as well as a link to the Equality and Human Rights Commission Procurement Guidance.

EQUAL PAY DATA

NHS Dumfries and Galloway is committed to the principles of equality of opportunity in employment and believe 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 protected characteristics. To achieve this, pay systems are required to be transparent, based on objective criteria and free from unlawful bias. Our equal pay statement and gender pay gap from 2013 can be found at **Appendix 2.10**

Data definitions

The data presented covers all substantively employed staff and the average hourly rate for basic pay, i.e. excluding overtime.

Where data relates to five or less individuals, detail on pay has been asterisked (*) out given that individuals can potentially be identified. The data is presented in the following format:

- Employment count by gender and the proportional percentage of gender split within the job family. This is a change from the 2013 equal pay data which used headcount as opposed to employment. Headcount is derived from the count of national staff Ids which are unique across NHS Scotland. Headcount is therefore the number of active employees within the Board. Employment count is the number of contracts (pay numbers) an employee (one headcount) holds. When reporting on employment specific data (such as hourly rate of pay), in our analysis we need to facilitate for the possibility that employees may hold multiple contracts at different grades – by analysing data by employment we get a more accurate picture of our organisation.
- The average hourly basic rate pay by both genders and the total (for both males and females) represented in £s.
- The monetary variance when comparing male to female average hourly pay rates.
- The percentage variance when comparing male to female average hourly pay rates.

- The medical staff group includes medical employments at all levels, including junior doctors.

Analysis of the gender pay gap in NHS Dumfries and Galloway as at 27 January 2015

Table 1 below shows the overall gender pay for the whole organisation. As at 27 January 2015, men in NHS Dumfries and Galloway were paid £4.72 per hour, or 18% more than women. It is important to note the skewing impact that the senior manager and medical and dental cohorts have upon the overall organisational position. A re-categorisation of Job Family for some of our Senior Managers has resulted in most of these employments being absorbed into the Agenda for Change category. This has resulted in a high male average hourly rate, which in turn had had a significant impact on our monetary % variance between male and female workers, due to the nature of how these calculations are carried out, i.e. based on averages.

Table 1

	Female			Male			Monetary Variance Male to Female £	Monetary Variance Male to Female %	Total Gender Count	Total Average of Basic Hourly Rate
	Gender Count	Gender Count as % of JF	Average of Basic Hourly Rate	Gender Count	Gender Count as % of JF	Average of Basic Hourly Rate				
Medical Staff	165	36.91%	23.57	282	63.09%	26.53	2.96	12%	447	25.44
Senior Managers	5	83.33%	*	1	16.67%	*	11.13	30%	6	37.19
Agenda for Change Staff	4094	86.68%	12.75	629	13.32%	12.83	0.08	1%	4723	12.76
Totals	4264	82.38%	23.89	912	17.62%	28.61	4.72	18%	5176	26.25

Table 2 below shows that as at 27 January 2015, if we exclude the 6 Senior Managers from the calculation, men at NHS Dumfries and Galloway were paid £1.52 per hour, or 8% more than women. This is still a 2% increase compared with 2013 but it should be noted that we have used employment as opposed to headcount this

year. This will give a more accurate picture of what the overall pay gap for the organisation is, as employment and this may have altered the figures slightly. The gender pay gap within medical staffing as a single job family has increased by 2% compared with 2013, but the gap within Agenda for Change staff has actually reduced from 4% to 1%.

Table 2

	Female			Male			Monetary Variance Male to Female £	Monetary Variance Male to Female %	Total Gender Count	Total Average of Basic Hourly Rate
	Gender Count	Gender Count as % of JF	Average of Basic Hourly Rate	Gender Count	Gender Count as % of JF	Average of Basic Hourly Rate				
Medical Staff	165	36.91%	23.57	282	63.09%	26.53	2.96	12%	447	25.44
Agenda for Change Staff	4094	86.68%	12.75	629	13.32%	12.83	0.08	1%	4723	12.76
Totals	4259	82.38%	18.16	911	17.62%	19.68	1.52	8%	5170	18.92

The reduction in the Agenda for Change pay gap is positive and is evidence that Agenda for Change is a fair and equal pay system which is now well embedded.

In terms of the medical staff pay gap, further work is planned over the coming months to break this data down into more detail, looking specifically at the age of staff within this category, as well as gender.

EQUALITY OUTCOMES

In April 2013, NHS Dumfries and Galloway published five equality outcomes, with related actions which would be undertaken to allow us to work towards the overall outcomes. The five outcomes were as follows:

- NHS Dumfries and Galloway is more equitable in the way in which it employs its workforce, which reflects more closely the diversity of the population it serves.
- Employees at NHS Dumfries and Galloway experience a safe and more supportive workplace environment that contributes to their positive health and wellbeing.
- Healthcare Services, developments and policies are better able to meet the diverse health needs of local communities, promote well being and reduce health inequalities, and those who require health services will have more equal access to them.
- NHS Dumfries and Galloway delivers person centred care and meets best practice standards in relation to equality and diversity, where patients can be confident that health services delivered and staff will respect their dignity and identity.
- The people of Dumfries and Galloway, including those with protected characteristics experience an improved sense of community cohesion, supported by the contribution of NHS Dumfries, working in partnership with other local, public and third sector organisations.

Below is a summary of the work undertaken and progress made over the last two years towards achievement of our equality outcomes.

Please see the full action plan in **Appendix 3**.

Equality Outcome 1 - NHS Dumfries and Galloway is more equitable in the way in which it employs its workforce, which reflects more closely the diversity of the population it serves.

It was envisaged through some of the actions under this outcome that NHS Dumfries and Galloway would be able to establish a programme which would promote and

encourage our workforce to complete equalities monitoring across all of the Protected Characteristics, and in turn establish some accurate baseline data which would allow us to see more clearly where there are perhaps issues which need to be addressed. However, the Workforce Directorate is in the process of implementing a new, national HR system. There have been delays with the roll-out of this system since the equality outcomes were agreed. Asking staff to complete/update their monitoring data at present using the old HR system, which will be decommissioned on implementation of the new HR system, would be of little value.

In the meantime, NHS Dumfries and Galloway has been inputting into a national short life working group which is looking at current practice and recommending improvements to increase the quality and consistency of staff equality data collection, use and reporting across NHS Scotland. The introduction of the national HR system will support this process.

We have been making significant progress in the collection of our equality monitoring data with regards to recruitment. Previously, we were unable to get any useable outputs from our recruitment system but are now able to report on applicants, shortlisted applicants and successful applicants by seven of the protected characteristics.

We also set out to carry out an Equality Impact Assessment on our recruitment process, and encourage applications from underrepresented groups. This Equality Impact Assessment is going to be carried out as part of the Workforce Directorate LGBT Charter Mark, and will be taking place around May 2015. NHS Dumfries and Galloway had a stall at a local equality job fair in May 2014 which allowed us to show our policies, vacancies and training opportunities, and start to encourage applications from underrepresented groups. It is hoped that the equality impact assessment process will highlight where further work is required. We are also currently exploring the options regarding specific work experience posts for people with a disability.

The corporate Equality and Diversity training has been refreshed and further, more specific training is currently being researched and considered, especially in respect of the Equality Impact Assessment process.

One of the actions under this outcome was to promote the LGBT Charter Mark process amongst directorates and increase the number of awards being worked towards. In 2014, our Public Health department were awarded the first Gold award in Scotland. Our Acute and Diagnostics Directorate signed up to undertake the Charter Mark in 2014, which was seen as a key area to be targeted from some of the feedback we had received from service users. We currently have 17 areas signed up and committed to the LGBT Charter of Rights.

Equality Outcome 2 - Employees at NHS Dumfries and Galloway experience a safe and more supportive workplace environment that contributes to their positive health and wellbeing.

In 2014, the Board Employee Gender Based Violence policy was approved and is available for all staff to view on our Intranet site. An accompanying e-learning module is currently in the process of being developed. Further work is required in this area to raise awareness of this policy and to ensure that managers have the confidence to implement some of the content. We also need to consider the development of a safe, confidential monitoring system.

Within the equality outcomes published in 2013, we also set out to promote staff dignity at work, using our Code of Positive Behaviour and National Dignity at Work Materials. This action has been mainstreamed into directorate action plans and will be ongoing but there is still work required around the most effective way to promote these policies as well as measuring the effectiveness of them. As part of the workforce data gathering in 2014, we included figures on grievance and disciplinary against 8 of the Protected Characteristics. The numbers are small which makes it difficult to draw any conclusions. We will continue to gather this data, and perhaps look to see if the number of cases overall start to reduce.

The Exit Interview Policy has been revised since the Equality Outcomes were published in 2013. This policy now asks a wider range of questions, allowing staff leaving the organisation to provide their thoughts on a wider range of issues within the organisation, including a question on how ethical the organisation is, which may be a good opportunity to raise any issues relating to equality and diversity. The policy also highlights that staff have the option to speak to someone in the Workforce

Directorate if they do not want to speak with their Line Manager. It is hoped that the implementation of the new HR system will allow us to monitor the uptake of exit interviews more closely.

Over the next 12 months, there will be some work to extend our current reporting, and to begin to look at levels of staff absence, with specific reference to protected characteristics, in order to gauge if there are any patterns emerging.

Equality Outcome 3 - Healthcare Services, developments and policies are better able to meet the diverse health needs of local communities, promote well being and reduce health inequalities, and those who require health services will have more equal access to them.

Equality Outcome 3 is around making sure that our services are able to meet the diverse health needs of local communities, reducing health inequalities and make access to services more equitable.

The first action was to become involved in the development of a local evidence base and this is happening through the Dumfries and Galloway Community Survey mentioned previously. This survey was originally carried out in 2011 and has been repeated in 2014. It is envisaged that this will become ongoing and will assist us with the development of equality outcomes and progress towards them, as well as other specific pieces of work as required.

In order to identify where there are access issues, we must work towards being able to increase the data which we have on our systems about our service users and their protected characteristics. This would allow us to build a clearer picture of where there may be barriers, for example we could compare this to the number of patients that do not attend appointments and look further into what the reasons may be for this. There is further work to be done in this area over the next two years.

In 2014, we revised our Equality Impact Assessment process and template to attempt to make this more 'user friendly' and work has been ongoing to roll this out to all staff. The number of Equality Impact Assessments has increased in 2014 in

comparison with 2013, and further training and awareness sessions are being planned for 2015.

This outcome also contains some actions around providing outreach clinics, flexible models of service provision as well as developing inclusive and targeted preventative healthcare messages for hard to reach groups.

In terms of developing specific health promotion activities, the Board Equality Lead has been making links with our Public Health Directorate to gain more of an insight into what we are already doing and where further work is required, and again, this will help shape our future equality outcomes.

The Directorate of Public Health integrates the 9 protected characteristics within its core programme of activity. A core function of the Directorate is to deliver work which is focussed on tackling health inequalities. This means that where programmes are targeted, they are generally targeted at vulnerable groups or individuals.

Examples of such programmes of work include:

- Building Health Communities - this programme is designed to improve the health and wellbeing and quality of life for all individuals, particularly those who are encountering difficult circumstances and personal issues
- Keep Well - aims to reduce health inequalities by targeting individuals aged 40 to 64 years old (or from 35 years old in vulnerable groups, including prisoners, homeless groups and gypsy travelling groups) in order to address the issue of cardiovascular disease and its main risk factors
- Welfare Reform and Financial Inclusion Work

A number of projects have specifically targeted individuals under the protected strands of sexual orientation, sex and pregnancy and maternity. Examples of projects include:

Men who have sex with Men (MSM)

Public Health, in partnership with Sexual Health D&G and LGBT Youth Scotland, have provided funding to the Terrence Higgins Trust Scotland to employ a Health Improvement Officer to work with MSM to improve their sexual health and wellbeing and prevent the transmission of infections including HIV.

Teenage Pregnancy

Teenage pregnancy continues to be a national and local focus, with pregnancy in under 16s prioritised. Public Health leads on local work to prevent and respond to teenage pregnancy. Currently this includes the development of multi-agency guidance for responding to teenage pregnancy and improving Relationships, Sexual Health and Parenthood Education for all young people, for example.

Maternity

The local implementation of the Maternal and Infant Nutrition Framework is led by Public Health and delivered in partnership. This focuses on improving the nutrition of mothers during pregnancy and breastfeeding, and improving the nutrition of babies and young children through schemes such as Health Start and Breast Feeding Peer Support.

On reflection since these were published in 2013, it is felt that these actions are not specific enough. While it can be argued that there is good work being done, these areas could be an outcome on their own, with actions underneath. Work will be undertaken to review these actions, as part of a new/amended set of outcomes over the next twelve to eighteen months.

Equality Outcome 4 - NHS Dumfries and Galloway delivers person centred care and meets best practice standards in relation to equality and diversity, where patients can be confident that health services delivered and staff will respect their dignity and identity.

This outcome is intended to ensure that we are providing person centred care which respects the dignity and identity of our service users.

Work has been ongoing to increase staff awareness of person centred approaches. The mandatory equality and diversity training for all staff has been refreshed, and research is being carried out to find out if there are further, more in depth modules available on some of the specific protected characteristics. There is also some research being undertaken to explore what training is available to equip our equality and diversity steering group with increased knowledge and confidence to provide advice and support within their own areas.

We also set out to look review and enhance arrangements to encourage feedback from service users and to begin equalities monitoring as part of patient complaints. The Board Equality Lead became part of the Patient Experience Group (which looks at improving services and sharing learning from complaints) which will influence some of the work on patient experience from an equalities perspective. There is also further work to be undertaken in respect of monitoring complaints by Protected Characteristic as this has been trialled in the past and was met with opposition.

There has been some promotion recently of our Interpreting and Translation policy, within our workforce paper and on our Intranet page for staff reminding them of their legal duty to provide communication support.

Over the past eighteen months there has been a project called 'Equality for All' which focuses on men who have sex with men and their experience when accessing primary care. The result is that a poster has been developed and will be piloted in GP Surgeries in the region, which includes all of the protected characteristics to increase awareness of equalities within primary care. An online module on equalities is being considered for training for primary care staff, along with some tips for clinicians and managers about how to ask about a service user's sexual orientation and why this is important.

NHS Dumfries and Galloway have also been developing a joint Transgender Policy for staff and service users. This has been drafted and is still being consulted on. It is hoped that once this policy is in place, it will raise staff awareness and will provide support for both our staff and our service users.

Again, on reflection, it is felt that this outcome is perhaps too broad and work will be undertaken to refresh this outcome over the next twelve to eighteen months.

Equality Outcome 5 - The people of Dumfries and Galloway, including those with protected characteristics, experience an improved sense of community cohesion, supported by the contribution of NHS Dumfries, working in partnership with other local, public and third sector organisations.

Equality outcome 5 is focused on working in partnership with other local statutory and third sector organisations. NHS Dumfries and Galloway continue to be represented on the local Community Planning Diversity Working group. There has been ongoing work over the past 12-18 months to review and implement a clearer remit for this group, as well as its membership. Further work is still required to try to ensure that all of the Protected Characteristics are represented. There has also been an increase in the number of occasions that the Diversity Working Group have been invited to participate in NHS Dumfries and Galloway Equality Impact Assessments.

NHS Dumfries and Galloway have fully supported the work on Hate Crime and Third Party reporting. We have had various posters and leaflets on display across a range of our service areas, and some of the LGBT Charter Mark groups have focused on Hate Crime and Third Party Reporting as part of the requirements to achieve their award. We have also worked alongside colleague within Police Scotland to develop two Third Party reporting Centres, one within our Child and Adolescent Mental Health Service (CAMHS) and one within our Drugs and Alcohol Service.

As a board, we are also looking at developing a staff training e-learning module on Gender Based Violence which will further support the policy which has been implemented. There is already a standard e-learning module and this is currently being considered by the Board's Equality Lead to ensure that it is fit for purpose for our staff. This will involve input from the local Domestic Abuse and Violence Against Women team, and perhaps some of other local groups, such as Rape Crisis and Women's Aid.

One of the actions under this outcome was to work together with the Diversity Working Group in the development of the new build District Hospital. This action has been met and can be evidenced through two meetings which were specifically held for representatives from local equality groups in April 2013 and in November 2014 to give any feedback or comments on the plans. There was also a specific event held for members of the LGBT community. Aside from these specific equality events, there has been a wide range of consultation carried out in the community which will continue as the project moves forward.

APPENDIX 1 - Workforce Data Report – April 2014

Introduction

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force in May 2012. One of the specific duties is the requirement for organisations to gather and publish an annual report, breaking down their workforce by each of the 9 'protected characteristics' which are:

- Age
- Disability
- Gender
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion and Belief
- Sexual Orientation

Each organisation is required to take steps to gather information annually on the composition of its employees, and information on the recruitment, development and retention of people as employees.

In 2013, NHS Dumfries and Galloway published a breakdown of the employee data which was available to use in an appropriate format. The report highlighted the data which was available for employment monitoring and acknowledged that there were gaps in intelligence.

Consideration was given to the protected characteristics of age, gender, ethnicity, religion, sexual orientation and disability in relation to staff in post, training, discipline and grievance. Analysis of the remaining protected characteristics was not undertaken i.e. gender reassignment; pregnancy and maternity and marriage and civil partnership.

We were also unable to provide any data on recruitment at this time but it was hoped that as we started to work through the development of the new workforce system (e:ESS), this would be data which we have in an accessible and useful format.

As new staff are recruited to NHS Dumfries and Galloway, they are asked during their induction training to complete our online equalities monitoring form (the data from which is only available to the Equality Lead), although they can decline to provide specific details. With a current turnover of around 8.2% of staff per annum, it was anticipated that through the induction process NHS Dumfries and Galloway data on protected characteristics of our staff would increase but it would take some time to establish a complete data set for all staff.

Position as at April 2014

This data has been gathered in April 2014 at which time the Workforce Directorate within NHS Dumfries and Galloway were (and still are) in the process of migrating data from the previous Human Resources system (HR.Net) to the new national Employee Support System (e:ESS). It is envisaged that when the national Employee Support System is fully rolled out, this data will be much more easily accessible and will give some continuity across the various Boards within NHS Scotland. The data within this report has been gathered from both of these systems.

Since the 2013 report, we are now able to report on some of our recruitment figures.

Data definitions

This report contains data, where possible on recruitment, staff in post, non-mandatory training attended, grievances and discipline cases broken down by eight of the protected characteristics. At present, we are unable to report on pregnancy and maternity.

Recruitment – Each table under ‘recruitment’ shows, number of applications received, the % of the total applications received, those applications which were shortlisted for interview, offered and accepted between April 2013 and March 2014.

Staff In Post – Each table under ‘staff in post’ shows the numbers of staff in post as at 31 March 2014, and also shown as a percentage of our overall workforce. This table also shows the numbers of staff in post as at 31st March 2013 to allow for comparisons to be made.

Non-mandatory training received – This section shows, through use of a graph, the numbers of staff who have attended non-mandatory training between 1 April 2013 and 31 March 2014, broken down by protected characteristic.

Grievance and Discipline Cases – Each table under ‘grievance and discipline cases’ shows the numbers of grievance and discipline cases between 1 April 2013 and 31 March 2014, also broken down by protected characteristic and with the 2012/2013 figures to allow for comparison.

As reflected within the charts for each of the protected characteristics, there is a proportion of employees for which there is no detail recorded for specific characteristics. This appears in the charts as blank.

Where there are numbers less than five, this data has not been shown.

Gender

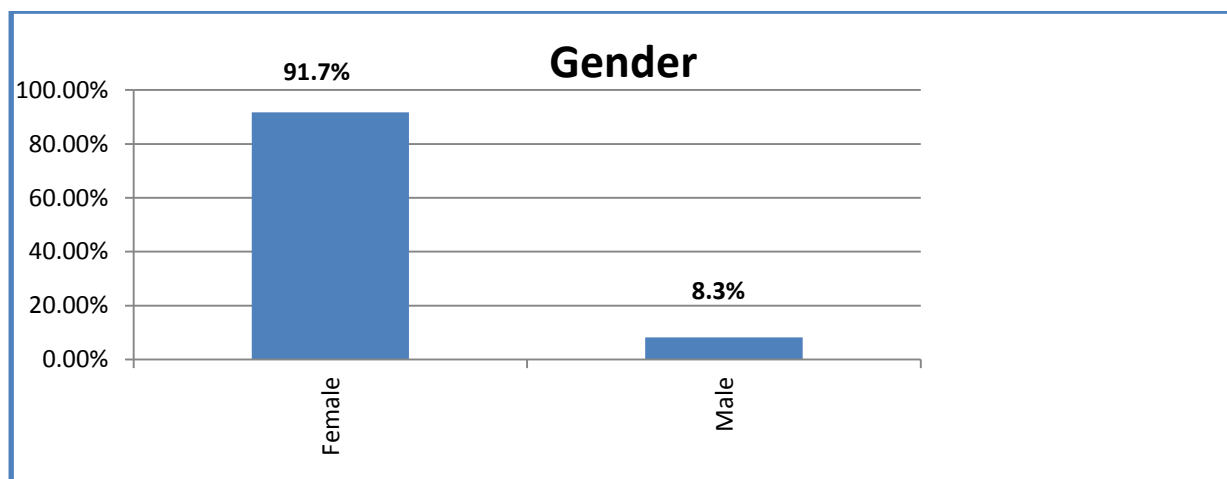
Recruitment

Gender	No. Of Applications	% of Applications	Shortlisted	Offered	Accepted
Male	2137	25.08%	530	106	104
Female	5977	70.14%	1974	424	406
Not Specified	407	4.78%	19	<5	<5
Total	8521	100%	2523	535	514

Staff in post

Gender	Staff in post (2014)	% (2014)	Staff in Post (2013)	% (2013)
Female	3920	82.12%	3759	82.16%
Male	854	17.89%	816	17.84%
Total	4774	100%	4575	100%

Non-mandatory training received



Grievance and Discipline Cases

Gender	Case Type			
	Grievance (2013/14)	Disciplinary (2013/14)	Grievance (2012/13)	Disciplinary (2012/13)
Male	<5	13	8	18
Female	15	33	14	22
Total	17	46	22	40

Age

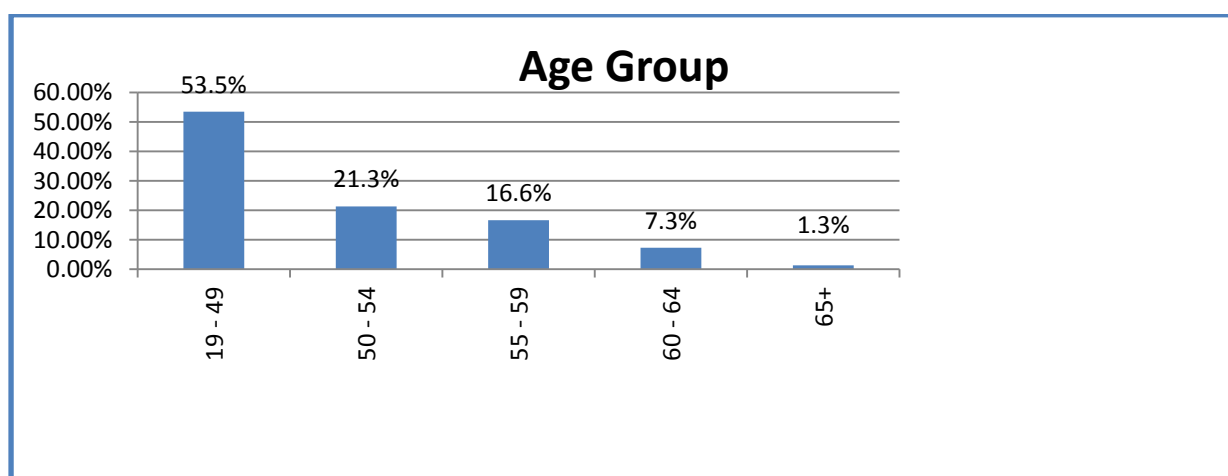
Recruitment

	No. Of Applications	% of Applications	Shortlisted	Offered	Accepted
Age					
16-20	895	10.50%	174	43	43
21-30	2737	32.12%	856	172	168
31-40	1430	16.78%	498	106	99
41-50	1516	17.79%	517	117	113
51-60	826	9.69%	283	58	56
60+	1117	13.11%	195	39	35
Total	8521	100%	2523	535	514

Staff in post

Age	Staff in post (2014)	% (2014)	Staff in Post (2013)	% (2013)
16-20	31	0.65%	53	1.16%
21-30	628	13.16%	634	13.86%
31-40	875	18.33%	848	18.54%
41-50	1358	28.45%	1461	31.93%
51-60	1471	30.82%	1319	28.83%
60+	411	8.61%	260	5.68%
Total	4774	100%	4575	100%

Non-mandatory training received



Grievance and discipline cases

Age	Case Type			
	Grievance (2013/14)	Disciplinary (2013/14)	Grievance (2012/13)	Disciplinary (2012/13)
16 -20	<5	<5	<5	<5
21-30	<5	<5	<5	5
31-40	<5	<5	6	11
41-50	<5	11	8	9
51-60	7	20	6	12
60+	<5	5	<5	<5
Total	17	46	22	40

Ethnicity

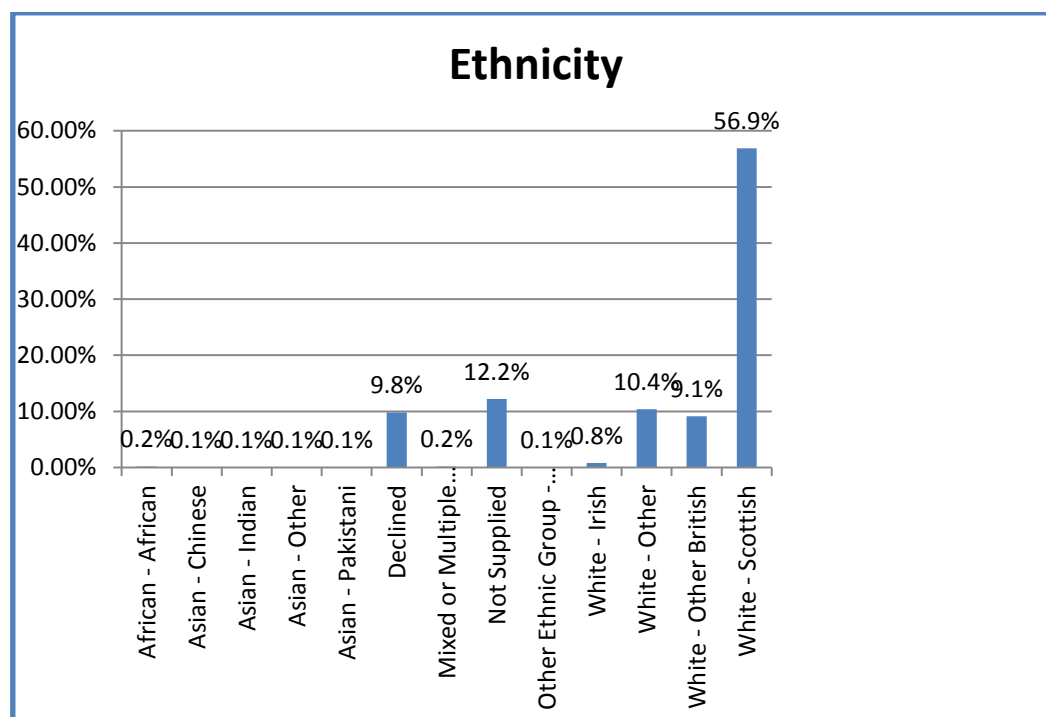
Recruitment

Ethnicity	No. Of Applications	% of Applications	Shortlisted	Offered	Accepted
Asian, Asian Scottish, Asian British - Chinese	13	0.15%	4	1	1
Asian, Asian Scottish, Asian British - Indian	64	0.75%	12	2	2
Asian, Asian Scottish, Asian British - Other Asian	71	0.83%	11	1	1
Asian, Asian Scottish, Asian British - Pakistani	48	0.56%	11	0	0
Bangladeshi	1	0.01%	0	0	0
Black, Black Scottish, Black British - African	69	0.81%	16	0	0
Blank	465	5.46%	28	6	5
Prefer not to answer	258	3.03%	72	17	16
Mixed - Any Mixed Background	30	0.35%	9	3	2
Other Ethnic Background - any other background	25	0.29%	4	0	0
White - Any Other White Background	250	2.93%	60	10	10
White - Other British	896	10.52%	327	59	55
White - White Irish	89	1.04%	38	6	6
White - White Scottish	6242	73.25%	1931	430	416
Total	8521	100%	2523	535	514

Staff in post

Ethnicity	Staff in Post (2014)	% (2014)	Staff in Post (2013)	% (2013)
Asian, Asian Scottish, Asian British - Chinese	-	-	<5	*
Asian, Asian Scottish, Asian British - Indian	<5	*	29	0.63%
Asian, Asian Scottish, Asian British - Other Asian	15	0.31%	8	0.17%
Asian, Asian Scottish, Asian British - Pakistani	-	-	9	0.20%
Bangladeshi	-	-	6	0.13%
Black, Black Scottish, Black British - African	<5	*	12	0.26%
Black, Black Scottish, Black British - Caribbean	<5	*	<5	*
Blank	310	6.49%	777	16.98%
Prefer not to answer	755	15.81%	489	10.69%
Mixed - Any Mixed Background	15	0.31%	12	0.26%
Other Ethnic Background - any other background	16	0.34%	15	0.33%
White - Any Other White Background	462	9.68%	433	9.46%
White - Other British	465	9.74%	404	8.83%
White – Polish	<5	*	-	-
White - White Irish	55	1.15%	39	0.85%
White - White Scottish	2676	56.05%	2344	51.23%
Total	4774	100%	4575	100%

Non- mandatory training received



Grievance and discipline cases

Ethnicity	Case Type			
	Grievance (2013/14)	Disciplinary (2013/14)	Grievance (2012/13)	Disciplinary (2012/13)
Black, Black Scottish, Black British - African	<5	-	<5	-
Blank	<5	9	5	15
Declined	<5	7	<5	8
Other Ethnic Background	-	<5	-	-
White - Any Other White Background	<5	<5	<5	<5
White - Other British	<5	<5	<5	<5
White - White Scottish	7	25	8	12
Total	17	46	22	40

Disability

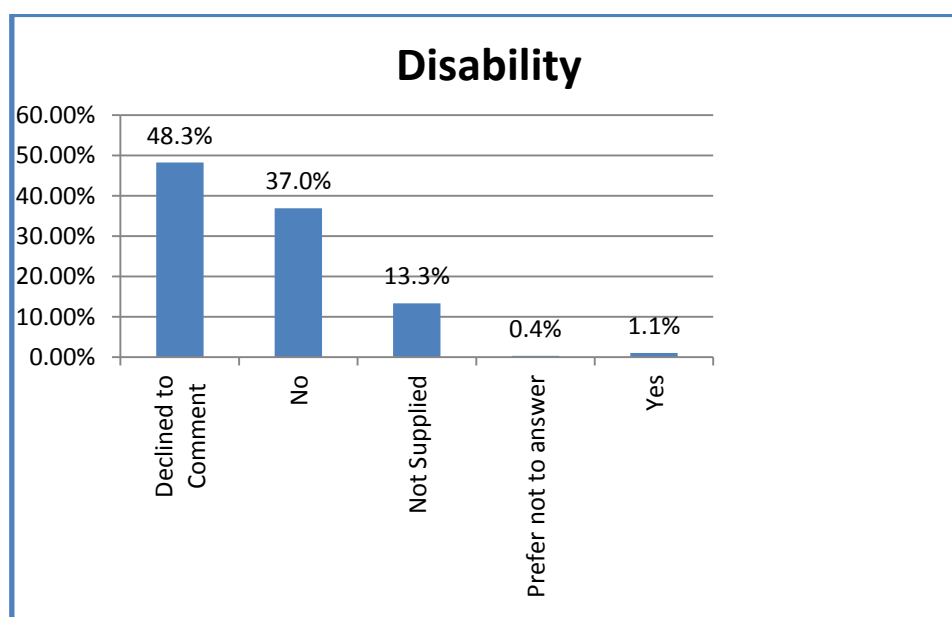
Recruitment

Disability	No. Of Applications	% of Applications	Shortlisted	Offered	Accepted
Declared a Disability	242	2.84%	81	10	10
No	8279	97.16%	2442	525	504
Total	8521	100%	2523	535	514

Staff in post

Disability	Staff in post (2014)	% (2014)	Staff in post (2013)	% (2013)
Blank	1016	21.28%	808	17.66%
Declared a Disability	57	1.19%	49	1.07%
No	1843	38.6%	1776	38.82%
Prefer not to answer	1858	38.92%	1942	42.45%
Total	4774	100%	4575	100%

Non- mandatory training received



Grievance and discipline

	Case Type			
Disability	Grievance (2013/14)	Disciplinary (2013/14)	Grievance (2012/13)	Disciplinary (2012/13)
Blank	<5	9	7	16
No	<5	15	5	8
Prefer not to answer	10	22	9	16
Yes	<5	-	<5	<5
Total	17	46	22	40

Religion and Belief

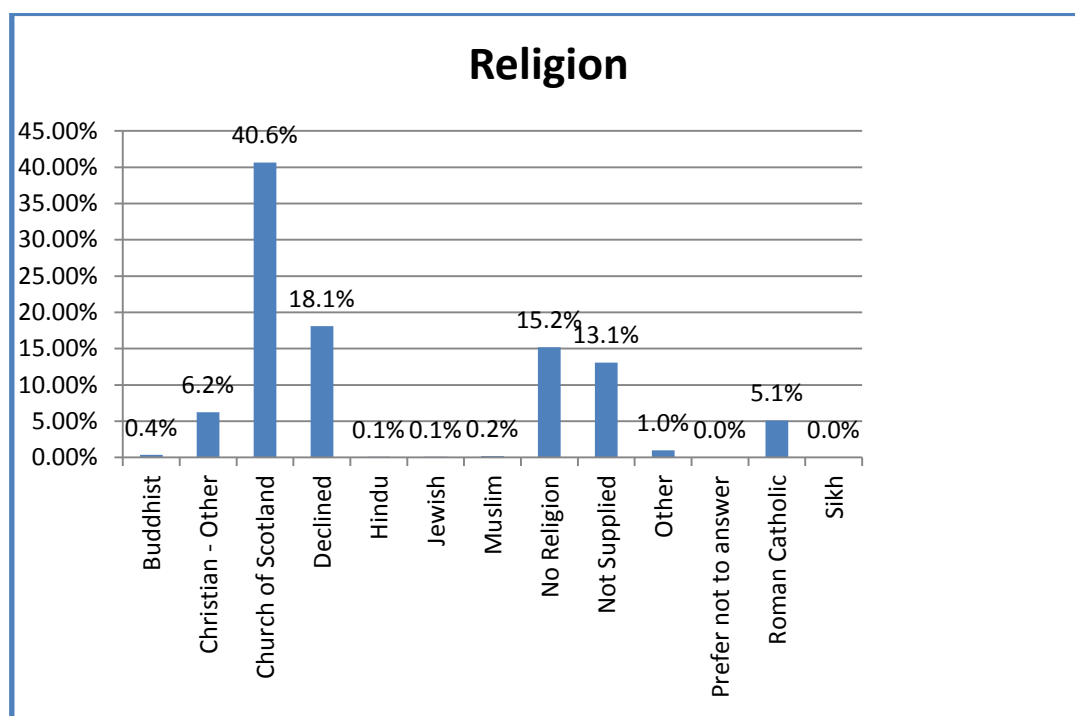
Recruitment

Religion	No. Of Applications	% of Applications	Shortlisted	Offered	Accepted
Blank	765	8.98%	100	25	23
Buddhist	37	0.43%	13	1	1
Christian - Other	532	6.24%	179	28	25
Church of Scotland	2240	26.29%	833	212	208
Prefer not to answer	419	4.92%	96	19	19
Hindu	43	0.50%	8	2	2
Jewish	4	0.55%	0	0	0
Muslim	123	1.44%	27	1	1
No Religion	3650	42.84%	1052	213	201
Other	67	0.79%	18	3	3
Roman Catholic	630	7.39%	195	31	31
Sikh	11	0.13%	2	0	0
Total	8521	100%	2523	535	514

Staff in post

Religion	Staff in post (2014)	% (2014)	Staff in post (2013)	% (2013)
Blank	313	6.56%	823	17.99%
Buddhist	14	0.30%	12	0.26%
Christian - Other	322	6.75%	266	5.81%
Church of Scotland	1593	33.37%	1420	31.04%
Prefer not to answer	1219	25.54%	940	20.55%
Hindu	21	0.44%	16	0.35%
Jewish	<5	*	<5	*
Muslim	30	0.63%	24	0.52%
No Religion	914	19.15%	777	16.98%
Other	62	1.30%	51	1.11%
Roman Catholic	283	5.93%	243	5.31%
Sikh	<5	*	<5	*
Total	4774	100%	4575	100%

Non-mandatory training received



Grievance and disciplinary cases

Religion	Case Type			
	Grievance (2013/14)	Disciplinary (2013/14)	Grievance (2012/13)	Disciplinary (2012/13)
Blank	<5	9	6	16
Christian - Other	<5	<5	<5	<5
Church of Scotland	<5	12	<5	9
Declined	5	12	<5	9
No Religion	<5	6	<5	<5
Roman Catholic	<5	<5	<5	<5
Total	17	46	22	40

Sexual Orientation

Recruitment

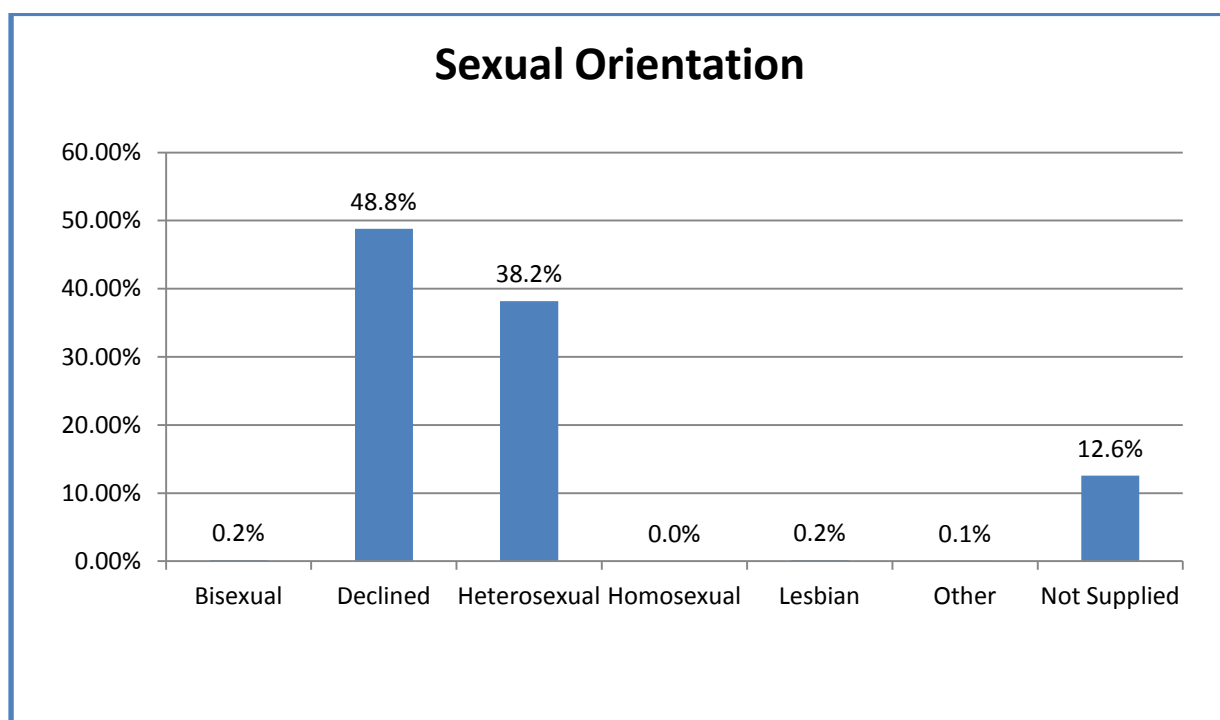
Sexual Orientation	No. Of Applications	% of Applications	Shortlisted	Offered	Accepted
Blank	418	4.91%	25	5	4
Bisexual	30	0.35%	9	3	3
Prefer not to answer	184	2.16%	47	9	7
Gay	43	0.50%	13	3	3
Heterosexual	7357	86.34%	2315	485	468
Lesbian	37	0.43%	9	3	3
Other	52	0.61%	6	0	0
Unknown*	400	4.69%	99	27	26
Total	8521	100%	2523	535	514

** there are 400 records for which we are unable to report on in terms of sexual orientation. This is not to say that these records are blank or where the applicant has chosen not to answer, instead it appears to be an issue with the system. It is unlikely that any resources will be spent rectifying this issue given that we are moving towards a new national recruitment system.*

Staff in post

Sexual Orientation	Staff in post (2014)	% (2014)	Staff in post (2013)	% (2013)
Blank	373	7.82%	798	17.44%
Bisexual	12	0.26%	10	0.22%
Prefer not to answer	2259	47.32%	2010	43.93%
Gay	6	0.13%	<5	*
Heterosexual	2116	44.33%	1747	38.19%
Lesbian	6	0.13%	<5	*
Other	<5	*	<5	*
Total	4774	100%	4575	100%

Non-mandatory training received



Grievance and disciplinary cases

Sexual Orientation	Case Type			
	Grievance (2013/14)	Disciplinary (2013/14)	Grievance (2012/13)	Disciplinary (2012/13)
Blank	<5	9	6	16
Declined	9	22	10	17
Heterosexual	5	15	6	7
Total	17	46	22	40

Marriage and Civil Partnership

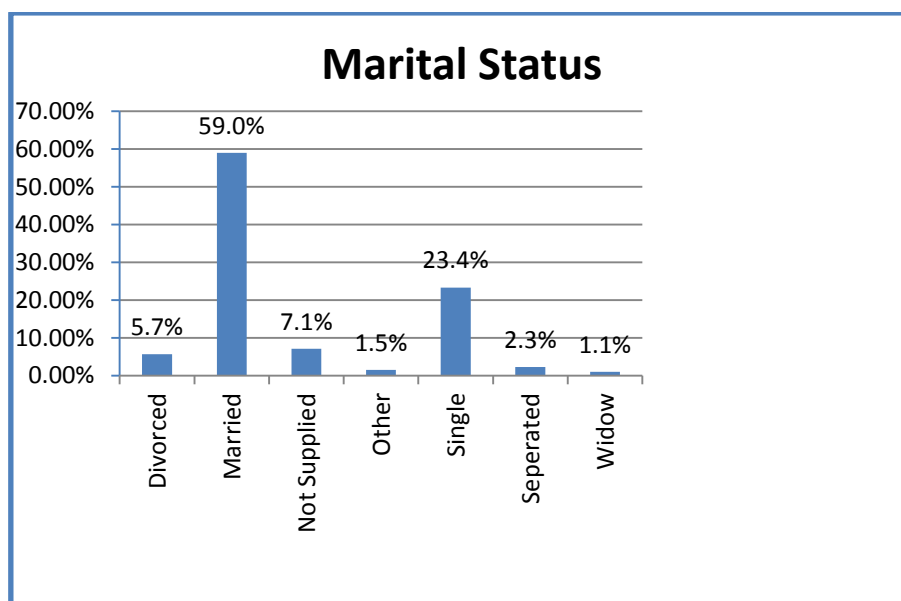
Recruitment

We have currently not been able to collect recruitment data on marriage and civil partnership.

Staff in Post

Marriage and Civil Partnership Status	Staff in post (2014)	% (2014)
Blank	21	0.44%
Civil Partnership	<5	*
Divorced	225	4.72%
Married	3054	63.98%
Single	1422	29.79%
Widowed	48	1.01%
Total	4774	100%

Non-mandatory training received



Grievance and disciplinary cases

Marriage and Civil Partnership Status	Case Type			
	Grievance (2013/14)	Disciplinary (2013/14)	Grievance (2012/13)	Disciplinary (2012/13)
Blank	<5	6	No Data	No Data
Divorced	<5	<5	No Data	No Data
Married	9	27	No Data	No Data
Single	<5	8	No Data	No Data
Widowed	<5	<5	No Data	No Data
Total	17	46	No Data	No Data

Gender Reassignment

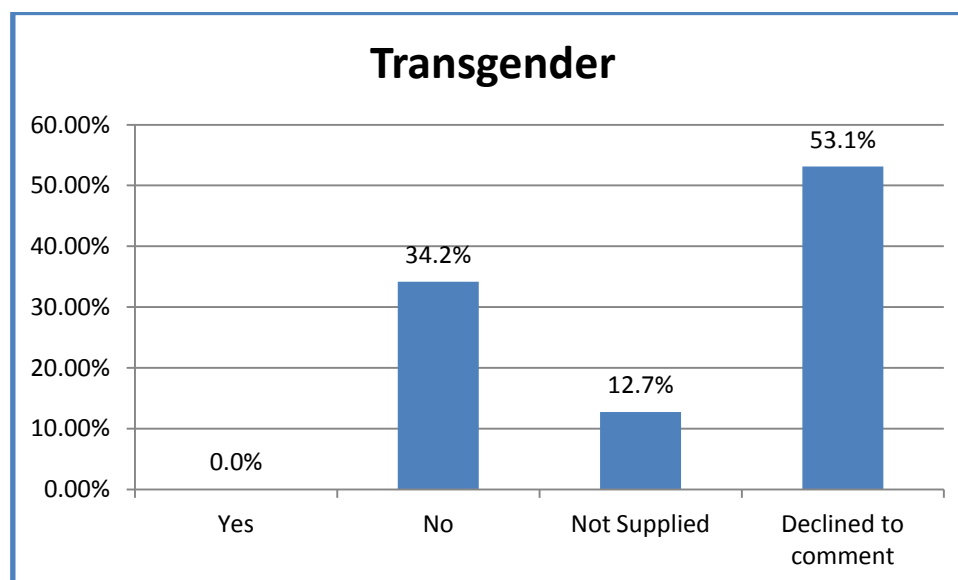
Recruitment

Transgender	No. Of Applications	% of Applications	Shortlisted	Offered	Accepted
Blank	968	11.36%	134	32	30
No	7528	88.35%	2383	502	483
Prefer not to say	19	0.22%	3	1	1
Yes	6	0.07%	3	0	0
Total	8521	100%	2523	535	514

Staff in Post

Transgender	Staff in post (2014)	% (2014)
Blank	2501	52.39%
No	1983	41.54%
Prefer not to say	290	6.08%
Total	4774	100%

Non-mandatory training received



Grievance and disciplinary cases

Transgender	Case Type			
	Grievance (2013/14)	Disciplinary (2013/14)	Grievance (2012/13)	Disciplinary (2012/13)
Blank	<5	9	No Data	No Data
No	6	14	No Data	No Data
Prefer not to say	8	23	No Data	No Data
Total	17	46	No Data	No Data

Conclusion

Data on the workforce within NHS Dumfries and Galloway is robust in terms of age and gender. This accurate data can assist the board to plan the workforce of the future and attempt to make sure that our workforce reflects the population within the local community.

Data on the protected characteristics of ethnicity, disability, religion and belief and sexual orientation is somewhat limited, due to staff leaving questions unanswered or stating that they would prefer not to answer. It is hoped that over time, staff will be more comfortable sharing this data, and have a greater understanding of why this is crucial in order to ensure that we are providing an equal service for all of our workforce. There is ongoing national work to support and encourage staff members to share this information with us.

Natural staff turnover will result in greater equality data building over time, but it could take a number of years to collect data for all staff. Current staff have the option to log into our HR system and complete their equality details at any time but this is something which we will be looking to promote once we have introduced the Electronic Employee Support System (EESS). This will hopefully allow us to report more accurately on some of the equality information, coupled with the work currently underway to derive all reports from the national workforce system.

The data collected within this report will now be used, and compared to work out if there are any patterns emerging. For example, whether the numbers of staff in post correlates with the number of staff attending mandatory training, and the number of staff involved in grievance and disciplinary cases. The recruitment data can now be compared with other sources, such as the Census to establish where there are, if any, gaps in the numbers of people applying from particular groups for example, and if the numbers applying correspond with the numbers being shortlisted and offered a job.

APPENDIX 2

NHS Dumfries and Galloway Equal Pay Statement 2013

This statement has been agreed in partnership and will be reviewed on a regular basis by the NHS Dumfries and Galloway Area Partnership Forum and the Staff Governance Committee.

NHS Dumfries and Galloway is committed to the principles of equality of opportunity 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 age, disability, ethnicity or race, gender reassignment, marital or civil partnership status, pregnancy, political beliefs, religion or belief, sex or sexual orientation.

NHS Dumfries and Galloway understand that the right to equal pay between women and men is a legal right under both domestic and European Law. In addition, the Equality Act 2010 (Specific Duties) (Scotland) Regulations require NHS Dumfries and Galloway to take the following steps:

- Publish gender pay gap information by 30 April 2013
- Publish a statement on equal pay between men and women by 30 April 2013, and to include the protected characteristics of race and disability in the second and subsequent statements from 2017 onwards.

It is good practice and reflects the values of NHS Dumfries and Galloway that pay is awarded fairly and equitably.

NHS Dumfries and Galloway 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.

In line with the General Duty of the Equality Act 2010, our objectives are to:

- Eliminate unfair, unjust or unlawful practices and other discrimination that impact on pay equality
- Promote equality of opportunity and the principles of equal pay throughout the workforce.
- Promote good relations between people sharing different protected characteristics in the implementation of equal pay

We will:

- Review this policy, statement and action points with trade unions and professional organisations as appropriate, every 2 years and provide a formal report within 4 years;
- Inform employees as to how pay practices work and how their own pay is determined;
- Provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions;
- Examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave;
- Undertake regular monitoring of the impact of our practices in line with the requirements of the Equality Act 2010;
- Consider, and where appropriate, undertake a planned programme of equal pay reviews in line with guidance to be developed in partnership with the workforce.

Responsibility for implementing this policy is held by the NHS Dumfries and Galloway Chief Executive.

If a member of staff wishes to raise a concern at a formal level within NHS Dumfries and Galloway relating to equal pay, the Grievance Procedure is available for their use.

Gender Pay Gap as at 22 January 2013

Table 1

	Total Organisation									
	Female			Male			Monetary Variance Male to Female £	Monetary Variance Male to Female %	Total Gender Count	Total Average of Basic Hourly Rate
	Gender Count	Gender Count as % of JF	Average of Basic Hourly Rate	Gender Count	Gender Count as % of JF	Average of Basic Hourly Rate				
Medical Staff	118	35.98%	26.57	210	64.02%	29.39	2.82	10%	328	27.98
Senior Managers	8	61.54%	32.83	5	38.46%	34.69	1.86	5%	13	33.76
Agenda for Change Staff	3437	87.54%	16.81	489	12.46%	17.60	0.79	4%	3926	17.21
Totals	3563	83.50%	25.40	704	16.50%	27.23	1.83	6%	4267	26.32

APPENDIX 3

NHS Dumfries and Galloway – Equality Outcomes:

Monitoring Report

Report Date: March 15

Long Term Outcome 1	NHS Dumfries and Galloway is more equitable in the way in which it employs its workforce, which reflects more closely the diversity of the population it serves.				
Red Not in place or not started yet	Amber On-going				Green In place
Outputs	Actions	R	A	G	Current position
The number of staff willing to share protected characteristics increases	<ul style="list-style-type: none"> Establish a programme which will promote and encourage our workforce to complete monitoring across all protected characteristics 	X			<p>The Workforce Directorate is currently in the process of implementing a new HR system. It was envisaged that the roll out of this system would begin towards the end of 2014, following which, consideration would be given as to how we can allow staff to update their personal details, in an appropriate and confidential manner. Since the publication of the equality outcomes in 2013, there have been some delays in the implementation date of the new system. Unfortunately, the value in asking staff to update their details at the moment would not be a good use of resources while NHS D&G is in the process of changing the system. In the meantime, NHS D&G has been inputting into a national working group which is looking at current practice and recommending improvements on the data which is being collected, to try and achieve consistency across all health boards. The introduction of the national HR system will certainly make this process easier, and will</p>

					allow the development of national reports.
Baseline data established	<ul style="list-style-type: none"> Review monitoring of PCs to ensure that recruitment, workforce profile, progression and leaving employment are all fully monitored and reported appropriately across all of the PCs 		X		Our Information Services have spent a considerable amount of time over the past 12 months looking at our current recruitment system (MARJE) in an attempt to make the equalities data useable and allow up to date data reports from the system. We have made significant progress with this and are now able to report on numbers of applications, shortlisted candidates, posts offered and accepted by 7 out of the 9 PCs. This action is ongoing as we continue to try to increase the amount of data we are able to collect.
Impact assessments complete and any actions addressed	<ul style="list-style-type: none"> Impact assess our recruitment process, monitor number of applicants willing to disclose, become seen as an employer of choice for underrepresented groups and encourage applications from underrepresented groups 	X			<p>The Workforce Directorate is in the process of working towards the Gold LGBT Charter Mark award, and one of the requirements is to do an equality impact assessment on the work or service area. The recruitment process will form part of this impact assessment and will allow us to see where more work is required in relation to this action. It is hoped that the EQIA will take place around May 2015, which will give us an insight into where there may be equality issues within the process.</p> <p>NHS D&G had a stall at an equality job fair in May 2014 which allowed us to show our policies, vacancies and training opportunities, and start to encourage applications from underrepresented groups.</p>
	<ul style="list-style-type: none"> Targeted equality and diversity training for members of staff that sit on interview panels 		X		The corporate face to face induction training (which includes our current face to face Equality and diversity training) has been refreshed since the publication of the equality outcomes in 2013. Further, more specific

Recruitment panel staff must have completed Equality and Diversity training, either online or face to face.					training is now being researched and considered. Within each directorate action plan, it has been specified that anyone taking part in interviews should have their equality and diversity training up to date but there is still a requirement to consider how we can measure and enforce this.
Increase in the number of work experience posts	<ul style="list-style-type: none"> Develop and promote work placement opportunities created for people with disabilities to give them an opportunity to gain some relevant work experience. 		X		This issue has initially been raised with the local diversity working group, however there has been some opposition to this approach, could be considered 'tokenism'. Further work required in conjunction with local equality groups and initial enquiries have been made around taking part in 'Project Search', a programme which helps young people with a disability to find and keep employment. Operations Directorate have four departments taking placements from Employability and Skills Service.
An increase in communication/staff awareness of flexible working options	<ul style="list-style-type: none"> Raise and maintain awareness of flexible working, at all levels, making sure staff are aware of their options, targeting carers as well as parents 		X		This action has been included within local E&D action plans. Future workforce paper will highlight this issue. Requirement to establish how we can begin to measure requests and uptake of flexible working by protected characteristic.
Increase in number of LGBT Charter Mark awards being worked towards	<ul style="list-style-type: none"> LGBT Charter Mark promoted amongst directorates 			X	<p>Since the publication of the Equality Outcomes, there have been further directorates awarded and undertaking the Charter Mark. Operations Directorate have achieved the Foundation award and our Public Health department were the first organisation in Scotland to achieve the Gold award. Acute and Diagnostics recently signed up to undertake the Foundations award which was seen as a key area to be targeted.</p> <p>At present, we have 17 areas working towards</p>

					this award, which is a fantastic achievement both locally and nationally when compared with other organisations and other areas across the country.
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Long Term Outcome 2		Employees at NHS Dumfries and Galloway experience a safe and more supportive workplace environment that contributes to their positive health and wellbeing.			
Red Not in place or not started yet		Amber On-going			Green In place
Outputs	Actions	R	A	G	Current Status
All staff will demonstrate high levels of appropriate behaviour	<ul style="list-style-type: none"> Promotion of staff dignity at work policy, Give Respect, Get Respect, Code of Positive Behaviour 		X		This activity has been mainstreamed into directorate action plans, however still work to do around the best way to promote these policies and measure the effectiveness of them.
Established baseline of staff complaints, grievances and issues leading up to tribunal stage in relation to PCs	<ul style="list-style-type: none"> Review of staff complaints, grievances and issues up to tribunal stage to look for patterns relating to PCs. Monitor reports of bullying and harassment cases, victimisation and discrimination 		X		As part of the Workforce Equality workforce data gathering in April 2014 we included grievance and disciplinary figures against 8 of the PCs. However, the small numbers and lack of data on our staff makes it very difficult to draw any conclusions. This information will continue to be published and it is hoped that over time, we build a more accurate picture of our staff in post against all of the protected characteristics. The introduction of EESS should make this process more straightforward and allow us to make better use of the data, and to see if the number of cases increase or decrease overall.
Established baseline of absenteeism against the protected characteristics	<ul style="list-style-type: none"> Look at levels of staff absence against the PCs 	X			This area has not been considered as yet but it is hoped that over the next 6-12 months, there will be some work which will look at staff absence to attempt to gauge if there are any patterns emerging in relation to the PCs of staff.

Long Term Outcome 3		Healthcare services, developments and policies are better able to meet the diverse health needs of local communities, promote well being and reduce health inequalities, and those who require health services will have more equal access to them.			
Red Not in place or not started yet		Amber On going			Green In place
Outputs	Actions	R	A	G	Current Status
Improved evidence base, including an increase in recorded data of the PCs	<ul style="list-style-type: none"> Become involved in the development of a local evidence base 		X		Equality Leads from local statutory organisations carried out an up to date Community Survey in 2014, similar to the one carried out in 2011, which informed our equality outcomes. We are currently awaiting detailed feedback from our Health Intelligence team. It is envisaged that this will be ongoing and carried out every two years, helping us to map progress with equality outcomes and consider which areas should be considered in future. This can then perhaps form the basis of further work to obtain evidence around local equality issues.
Increased patient data used to make services more appropriate and better able to meet the needs of patients	<ul style="list-style-type: none"> Develop and implement a system which will record protected characteristics of patients, and inform patients of the benefits of identifying protected characteristics. This will allow us to track issues such as 'Did not Attend' and look at where barriers lie 	X			Equality Lead has had initial chat with IT around this area around how we capture an increased amount of this data and make use of it however, more work to be done around our position on this, speak to other boards as we all face the same issues in relation to capturing this data. In order to identify where there are access issues for example, we need to increase the level of data which we have on our systems about our service users, to allow us to build a clearer picture of where barriers may lie.
New Impact Assessment process	<ul style="list-style-type: none"> Implement new Impact Assessment 		X		The revised Impact Assessment policy and template was approved at April APF. The

implemented	process with support from NHS Health Scotland to train staff and implement the new Impact Assessment tool across NHS Dumfries and Galloway				Equality Lead has since been looking at how best to roll this out to staff and begin to change the 'culture' around impact assessments within NHS D&G, for example, there will be training provided to key staff, and a tightening up of the approval process for policies in relation to Impact Assessments. A training/awareness session for Equality Steering groups reps took place in December 2014 and there has been information on HIPPO and in the workforce paper reminding staff of the legal requirement to undertake these assessments.
Campaigns delivered, increased uptake of local health services by vulnerable and hard to reach people. Increase in breastfeeding rates, uptake of immunisations	<ul style="list-style-type: none"> Provide outreach clinics to vulnerable individuals and communities eg. Gypsy travellers, Provision of onsite health checks within community based centres. Flexible models of service provision 	X			On reflection, following publication of the board's equality outcomes, and the chance to reflect over the first eighteen months, it is felt that this action and the following two actions are perhaps not specific enough. Whilst it can be argued that there is a lot of good work being done in relation to these action points, it is too wide an area to provide a brief update, as well as measure success, and these actions will be reviewed over the next 12 to 18 months. Work to be done within the individual areas where there are specific issues in relation to these points.
Campaigns delivered, analysis shows that we have reached out to those people with protected characteristics	<ul style="list-style-type: none"> Develop and implement specific health promotion activities to the protected characteristics 	X			In terms of developing specific health promotion activities, the Board Equality Lead has been making links with our Public Health Directorate to gain more of an insight into what we are already doing and where further work is required, and again, this will help shape our future equality outcomes. Examples of programmes of work include: Building Healthy Communities, Keep Well, Welfare Reform and Financial Inclusion, Teenage Pregnancy, Men who have sex with men project and Maternal

					and Infant Nutrition.
	<ul style="list-style-type: none"> Develop inclusive and targeted preventative healthcare messages for hard to reach groups for example, cervical screening for lesbian women 	X			See above

Long Term Outcome 4		NHS Dumfries and Galloway delivers person centred care and meets best practice standards in relation to equality and diversity, where patients can be confident that health services delivered and staff will respect their dignity and identity.			
Red Not in place or not started yet		Amber On going			Green In Place
Outputs	Actions	R	A	G	Current Status
Increased staff awareness and understanding of person centred approaches and how equality and health inequalities are integral to this	<ul style="list-style-type: none"> Review equality and diversity training to meet individual, team and service user requirements 		X		Equality and Diversity online mandatory training has recently been updated and moved onto our 'Learn Pro' system. The face to face training at induction has also been refreshed. The Equality Lead in conjunction with the Training Managers will now have to consider the introduction of some more specific modules, perhaps on each of the protected characteristics. There are also ongoing discussions amongst the Equality and Diversity Steering group about the most effective way to carry out training for staff, as they need for an element of face to face training has been raised by various staff members from within a range of directorates, and it is hoped that at some point, more specific, tailored training can be provided within individual areas, however, there would obviously be costs associated with this. Research currently being undertaken to find out what is out there that we can use most effectively.
Patient experience and levels of satisfaction recorded regularly and systematically and used to enhance services Reduction in patient and carer	<ul style="list-style-type: none"> Review/enhance arrangements to encourage feedback, comments, complaints so that patients have the opportunity to improve service development and learning within the 		X		Equality Lead now sits on Board Patient Experience Group which will hopefully influence some of the work on patient experience from an equalities perspective. Further work required in respect of monitoring

complaints around staff attitudes and behaviour	organisation. Patient experience to include equalities monitoring and reported as part of Board reports				complaints by protected characteristics. When this has been tried in the past, the public have been wary about sharing this information in terms of their complaint.
Clearer guidance for staff on how to access communication support and increased awareness amongst patients of the available options	<ul style="list-style-type: none"> Promotion of interpreting, translation and communication support arrangements for languages others than English and those who are hard of hearing, deaf and deaf blind people 		X		Mainstreamed into Directorate Action Plans. Work to be done here though. More than about staff being aware of how to book a translator but recognising in advance when this might be appropriate and aware of what is and is not appropriate, for example, using a family member to translate. There have been articles on both HIPPO and the workforce paper reminding staff of their obligation to provide this service.
Improved patient experience	<ul style="list-style-type: none"> Decisions about patient care/treatment plans must be developed with the patient at the centre and in conjunction with individuals and their families 	X			On reflection this should not be in the action plan as this is an activity which should be mainstreamed and being done anyway. The involvement of the Equality Lead within the Patient Experience group should help to make sure that this is happening.
<p>Increase in number of GPs and reception staff trained</p> <p>Patients report improved experience</p>	<ul style="list-style-type: none"> Develop and implement a programme of training and awareness raising with GP surgeries on registration policies, equality and diversity and communication 		X		Difficult to influence GP surgeries in relation to training and awareness raising, however there is some work being done by the West of Scotland Managed Clinical Network and some NHS D&G Staff. This is specifically related to men who have sex with men (MSM) but has an overall equalities focus. The group have developed an equalities poster which will be displayed in surgeries and have also linked in with Practice Nurses across the region to increase awareness, along with some tips for clinicians and managers about how to ask about someone's sexual orientation and why this is important. An online training module for

Transgender policy in place					healthcare staff is also being considered.
	<ul style="list-style-type: none"> Development of our Transgender Policy and process for Gender Reassignment treatment. 		X		<p>This policy has been drafted and is currently being consulted on. A copy of the policy was taken to the local Transgender group which meets monthly and the group members were asked to provide comments. The policy has also been sent to the Scottish Transgender Alliance who have also been asked to provide any comments or feedback which would help us to improve the policy and ensure that it is fit for purpose and meets the correct standards in terms of the Gender Recognition Act for example.</p>

Long Term Outcome 5	The people of Dumfries and Galloway, including those with Protected Characteristics experience an improved sense of community cohesion, supported by the contribution of NHS Dumfries and Galloway, and working in partnership with other local and public and third sector organisations.				
Red Not in place or not started yet	Amber On going	Green In place			
Outputs	Actions	R	A	G	Current Status
Increase in involvement of local people and contribution to decision making within NHS Dumfries and Galloway	<ul style="list-style-type: none"> Continue and develop local diversity working group which involves people from other statutory bodies as well as local representative groups through involvement events and the ongoing contribution to setting and reviewing of outcomes 		X		There has been ongoing work over the past twelve months to review the remit and membership of the local Community Planning Diversity Working Group, supported by NHS D&G. Further work is required with regards to Diversity Working Group to increase membership so that the group is representative of all of the PCs. Some good work has been done using the Council's performance management system to monitor performance of the group in a more coherent manner. There has also been an increase in the number of occasions where the local Diversity Working Group have been invited to take part in NHS D&G Equality Impact Assessments and involvement events, and this data will now start to monitored as evidence.
Increase in awareness and reporting of hate crime in the region	<ul style="list-style-type: none"> Work with partner agencies and stakeholders to promote third party reporting as an effective and safe way of reporting instances of hate crime 		X		NHS D&G have fully supported the ongoing work on Hate Crime. The Equality Lead has been involved in the Hate Crime Third Party Reporting working group, and those areas undertaking the Charter Mark process have been looking at Hate Crime and promoting Third Party Reporting Centres. Members of the internal E&D Steering group have been displaying posters on Hate Crime in their own areas to raise awareness of this issue. This

<p>At least one third party reporting centre developed within NHS Dumfries and Galloway</p> <p>E-learning module in place</p> <p>Staff have an increased understanding of Gender-based violence, shown and demonstrated in day to day interactions</p> <p>Increase in levels of gender based violence reported</p> <p>Representative involvement in stakeholder engagement for the new DGRI</p>					action is not marked as complete as this is currently an ongoing exercise.
	<ul style="list-style-type: none"> Work with partner agencies to identify where a third party reporting centre would be best placed within NHS D&G. Staff trained on hate crime and their role as a third party reporting centre. 			X	NHS Dumfries and Galloway Drugs and Alcohol Service and the CAHMS team have both completed their training and are now a recognised Hate Crime Third Party reporting Centres.
	<ul style="list-style-type: none"> Development of staff training e-learning module on Gender Based Violence which will raise awareness of gender-based violence, the impact this can have on health and the key principles of a sensitive and appropriate response 		X		There is a standard e-learning module available from learn pro. Equality Lead in the process of using this as a template and building on it to make it more relevant for staff and managers within NHS Dumfries and Galloway.
	<ul style="list-style-type: none"> Work together with the local diversity working group in the development of plans for the new DGRI 		X		This action has been met but will continue to be 'ongoing' as the new build project moves forward. To date there have been two specific meetings held to which members from various local equality groups were invited to, and comments/feedback given. There has been representation so far from DG VOICE, Dumfries and Galloway Multicultural Association, Dumfries and Galloway Interfaith group, as well as a range of people individually representing various faith groups. There was also a specific event held for members of the local LGBT community to view the most up to date plans and provide comments and feedback. Aside from the specific equality

					<p>events, there has been a wide range of consultation carried out in the community which will continue as the project moves forward.</p>
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