



# Equality and Diversity Mainstreaming Report 2017

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## **INTRODUCTION**

Over the last 7 years, NHS Dumfries and Galloway (NHS D&G) has demonstrated its commitment to addressing discrimination and delivering services that are fair and equitable to all. The Board has continually met its responsibilities as required by the Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012.

Since the 2015 Mainstreaming Report, Dumfries and Galloway Integration Joint Board Partnership (IJB) is responsible for a wide range of Health and Social Care Integration (HSCI) services provided by NHS D&G, Dumfries and Galloway Local Authority, Third and Independent Sector Partners and for ensuring that these are delivered in a way that best achieves the aims set out in the Dumfries and Galloway Strategic Plan.

This programme of work has been supported by an Equality and Diversity Lead in both the NHS and the Local Authority and for the past nine months by the IJB Equality and Diversity Lead.

The Equalities agenda continues to be an area of ongoing improvement and development for NHS D&G and its partners under the IJB. The purpose of this report is to provide a two yearly update on progress and continuing commitment to embed equality, diversity and person-centred care throughout NHS D&G services, highlighting progress and identify areas for further development.

## **LEGISLATIVE BACKGROUND**

All health boards across NHS Scotland are required to comply with the three needs of the public sector General Duty (Equality Act 2010) and the (Specific Duties) (Scotland) Regulations 2012.

The implementation of the legislation is monitored by the Equality and Human Rights Commission (EHRC) in Scotland.

### **Public Sector General Equality Duty**

The Equality Act 2010 cites 9 'Protected Characteristics'. These are **age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.**

The three aims of the Act's Public Sector General Equality Duty are as follows:

1. Eliminate discrimination, harassment, victimisation and any other conduct which is prohibited under this Act
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not.
3. Foster good relations between people who share a protected characteristic and those who do not

### **Purpose of the Public Sector Duty**

The purpose of the public sector duty is to ensure that all public bodies , including health boards, mainstream equality into their day to day business by proactively advancing equality, encouraging good community relations and addressing discrimination. The current duty requires equality to be considered in relation to key health board functions including the development of internal and external policies, decision making processes, procurement, workforce support, service delivery and improving outcomes for the diverse needs of the population of Dumfries and Galloway.

### **Specific Duties**

In Scotland, an additional set of specific duties were created by secondary legislation: the Equality Act (2010) (Specific Duties) (Scotland) Regulations 2012, which came into force in May 2012.

The specific duties listed below are intended to support public bodies, including health boards, in their delivery of the general equality duty:

- Report progress on mainstreaming the public sector equality duty
- Publish equality outcomes and report progress
- Assess and review policies and practices (impact assessment)
- Gather and use employee information
- Publish statements on equal pay
- Consider award criteria and conditions in relation to public procurement
- Publish in a manner which is accessible

All public sector partners have a legal duty to publish a report on the review of the current equality outcomes, development of a new set of equality outcomes, an up to date mainstreaming report, an equal pay statement and gender pay gap information and an employee equality data report by April 2017.

There is a legal expectation that there will be a progress report published in 2019.

## **MAINSTREAMING REPORT**

Mainstreaming equality and diversity is a specific requirement defined as integrating equality into the day to day working of NHS D&G, taking equality into consideration as part of everything the organisation does

The benefits of mainstreaming equality include:

- 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, the health board will experience improved quality of service design and delivery i.e. equitable access and equity of informed, person-centred care that can cope with the diverse needs of the Dumfries and Galloway population. This leads to improved outcomes for patients and service users, as well as staff.

### **Organisational Commitment**

NHS D&G has continued its commitment to 'mainstreaming' equality since the 2015 report, promoting equality and diversity with the aim of ensuring it is at the heart of carrying out its functions effectively and fairly. Mainstreaming is the only way to ensure that equality and diversity becomes a part of the functions of the organisation, and is not seen as a separate project that sits alongside existing work.

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 through the services they need.

Mainstreaming also means that all staff have a legal responsibility for understanding and taking account of equality and diversity issues, and that their knowledge is

implemented across all skill levels and service delivery. This agenda is a shared responsibility between all staff and managers.

Mainstreaming is not an overnight process of change. Progress may appear to be slow, yet it is recognised that it takes time to build the knowledge and skills of managers and staff to put this into practice. Ultimately, the demographic shift in the diversity of our population requires a cultural shift in the way people are involved in their own care, respected and have a say in how they wish to be treated.

The purpose of NHS D&G is to “deliver care that is person centred, safe, efficient, reliable and to reduce health inequalities across Dumfries and Galloway”. This would not be achievable without consideration of equality and diversity and the protected characteristics.

### **Leadership and Responsibilities**

Mainstreaming the equality duty is an organisational responsibility, and leadership and staff awareness are central to its success. Leadership must be demonstrated at all levels, providing a top down approach for the workforce to integrate equality into all board functions.

The Chief Executive of NHS D&G is ultimately accountable for ensuring that equality legislation is upheld and that services are designed and delivered in a way that meets the Equality Act 2010. Within NHS D&G, this responsibility is delegated to the Workforce Director.

NHS D&G has an internal 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. This group is currently being reviewed to incorporate the IJB functions, as well as ensuring that each of the four localities are represented on this group. Responsibility for this group will be shared between the Director for Public Health and the Deputy Director for HR. This will continue to widen the focus of this group, and link it with the strategic work on inequalities being led by the Public Health Directorate.



Each directorate within NHS Dumfries and Galloway is responsible for developing and overseeing its own action plan on equality and diversity. The leads for each of the Directorates are expected to demonstrate how they have met their equality and diversity responsibilities at their annual review. Each directorate and locality has a role to play in meeting the 2017-2021 equality outcomes and coordinate how these outcomes and associated actions are aligned with measures and indicators of their local delivery plans.

The 'Person Centred Health and Care Committee' 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, 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.



NHS D&G have 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.



The poster is displayed across a range of NHS and IJB venues, in both staff and public areas. The poster is seen as a reminder to 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.

This poster template design is also used to celebrate particular months/days/campaigns relating to one or more protected characteristics.

## **Case Study: NHS 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 over 2014 - 15. It was therefore acknowledged that in the past the Board was not representative of the local population.**

**The Chairman, in partnership with Colin Brown, Deputy Chief Executive of Scottish Government, and the Public Appointments Team, adopted an approach to recruitment that secured applications from a wider group of individuals throughout Dumfries and Galloway who were able to demonstrate a broader experience of both the health service and community services within the region, in addition to the core competencies required of a Non-Executive appointment.**

**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 proved successful and was commended by the Equalities Commissioner. 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. This approach applied to Non-Executive appointments only, Executive appointments being recruited to using the standard approach adopted by NHS Scotland

The equalities monitoring data shows that the board is becoming more diverse. In June 2010, 75% of the elected non- executive board members were male. This decreased to 42% of the appointed Non-Executive Board members in March 2015. 88% of the elected Non-Executive board members were over 50 in June 2010 decreasing to 60% of the appointed Non-Executive Board members in March 2015.

The gender breakdown of the NHS D&G Board between April 2015 and February 2017 is set out below. This includes both Executive Directors and Non – Executive Members who are noted as Board Members.

<b>Time Period</b>	<b>No. of Female Board Members</b>	<b>No. of Male Board Members</b>
<b>April 2015 – March 2016</b>	<b>8</b>	<b>6</b>
<b>April 2016 – February 2017</b>	<b>7</b>	<b>7</b>

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 approaches for the board, for example, health and social care integration and tackling inequalities.

Consideration has also been given to the personal commitments of the Board Members when arranging Board and Committee meetings. All meetings have been moved to a specific day in the week and although the solution may seem inflexible, the idea was put forward by the Non-Executive members as this allowed them to plan their personal and business commitments more effectively.

NHS D&G is fully supportive of the work the Scottish Government is undertaking to collect further diversity data of its Board members over the course of 2017.

### **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 accessing services and in employment. 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 D&G has had a number of achievements over the last two years. Both the Sexual Health Team and the Drugs and Alcohol team achieved the Gold standard LGBT Youth Charter Mark award in 2016.

Organisations are only able to display the Charter of Rights when they can evidence that they have adequate mechanisms in place to validate and support it, such as training and information available on LGBT issues. NHS D&G 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. The Board has also

been required to look at our policies and practices, including legislative obligations in the context of LGBT equality. NHS D&G and the Integration Joint Board each published a Transgender and Gender Neutral Policy in December 2016, covering both the NHS Workforce and the people using all of the IJB Services. Further work is required to continue to promote and raise awareness of these policies across the public and the workforce.



The NHS and IJB will continue the focus on LGBT equality demonstrated through the new LGBT equality outcome and associated actions.

### **Equality Impact Assessment**

An Equality Impact Assessment (EQIA) is a detailed examination of a proposed policy, guideline, strategy, service or function to check if it may impact unfavourably on anyone, particularly groups who may experience inequality, discrimination, social exclusion or disadvantage. It applies equally to internal and external policy, strategy, functions and services.

It is vital tool for identifying any barriers to ensure that any negative consequences are minimised and opportunities to promote equality maximised.

In 2016, NHS D&G and Dumfries and Galloway Local Authority adopted a joint Impact Assessment toolkit so that both organisations utilise a consistent approach. The toolkit now includes assessment on the aims of the Equality Act 2010 in greater detail, the Human Rights Act 1998 and questions on health and wellbeing and health inequalities.

The guidance to accompany the toolkit has been developed to provide a clear, step by step process which will lead to higher quality equality impact assessments being carried out. This more streamlined process should allow third sector partners to enhance their understanding of the impact assessment process as their input is crucial in carrying out meaningful assessments.

All of NHS D&G Board and Committee papers require the author to confirm if an impact assessment has been carried out.

There are plans to carry out some work with all 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. A quality control process for impact assessment must also be considered and developed.

The use of the impact assessment tool is fundamental to the continuous promotion to fully embed the practice within all of our decision making processes.

### **Employment and Employee Information**

Embedding good equality and diversity practice in all we do is not only a core part of being a good employer, but also provides a strong foundation from which to begin the journey of service improvement.

NHS D&G values the contribution of its employees in the delivery of health services to our local communities. All employers should be committed to equality and to treat its staff with dignity and respect, helping them to reach their full potential at work. A diverse organisation with a range of abilities, experience and skills is more likely to be skilled and sensitive to the needs of the diverse community which it serves.

#### *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 of its staff to consider and promote equality within their own roles. The success of the organisation in providing high quality, patient centred services and patient experience depends on valuing, supporting and developing its 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.

From the outset, staff are aware that equality and diversity is an integral part of the organisation and the responsibility of everyone within it.

It is hoped that in addition to the corporate equality and diversity training, further specific training will be considered where required to increase awareness amongst the workforce.

### **Case Study: Staff Awareness and Training**

**The Interventions for Dementia, Education, Assessment and Support (IDEAS) team within NHS Dumfries and Galloway have developed a series of training opportunities open to staff to allow them to develop their understanding of what it is like to live with some of the sensory and physical health conditions that people living with dementia can face.**

**The training sessions include (amongst a range of other topics): an overview of dementia, the different type of dementia and the impact dementia can have on an individual and their families. In addition to this, a session involving simulation training allows participants to have some of their senses and movements impaired and then asked to complete a series of tasks in a controlled environment. Participants then take part in a guided reflection on their experience in order to relate learning to practice and identify any changes to the way in which they support people with dementia in their care. Over 1000 training places were offered in 2016.**

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.

NHS D&G have previously demonstrated a commitment to following the 'two ticks' scheme which was replaced in November 2016 with the Disability Confident Scheme. This continues with the 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. The Disability Confident scheme now includes an increased number of actions which the Board must meet to maintain their recognition as a 'Disability Confident' employer, and this has been included as an action within the 2017 equality outcomes.

### **Case Study: Carer Positive 'Engaged' Status**

The 2011 Census revealed that the total number of unpaid Carers in Dumfries and Galloway was 14,995 which represented 9% of the Dumfries and Galloway population. NHS Dumfries and Galloway recognise that the number of Carers will grow considerably in future years as demographic and social trends forecast an increasing demand in the requirement for caring for another person. This in turn means that there will be a need to place more acknowledgement and value on the contribution of carers in supporting our Health and Social Care infrastructure, including members of the workforce. NHS Dumfries and Galloway recognise the need to ensure its status as a responsible and supportive employer in ensuring that staff who may be Carers are supported to continue in their Caring role while retaining a fulfilling role and career in the workplace.



Carer Positive is a Scottish Government funded initiative which has been developed with the support of public, private and voluntary organisations in Scotland. It is based around three levels: Engaged, Established and Exemplary. NHS Dumfries and Galloway were awarded Engaged status in January 2016 through delivery of a Carer Positive Action Plan. A number of the activities highlighted as good practice included:

- Carer Aware NHS Board Workshop



- **Carers Week 2016 – Carer Friendly Communities**
- **Adult Carers Support Plan – supporting carers in workplace**
- **Introduction of EPiC (Equal Partners in Care) e-learning module**
- **Delivery of ‘face to face’ Carer Aware training to staff groups**
- **Carer Strategy Survey – information to inform future Carer Positive developments**

**The next phase of the work will continue the implementation of the Carer Positive Action Plan, leading to achievement of Carer Positive Established status.**

### *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 developed 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 submitted their initial proposed action plan in 2015.

In 2016, this group reconvened again to develop national NHS Scotland guidance on gender pay and occupational segregation reporting. This approach aims to ensure that there is support and consistent reporting nationally across NHS Scotland on the workforce reporting elements of the Specific Duties.

Our most up to date equality and diversity employee data can be found at the following link:

[http://www.nhsdg.scot.nhs.uk/About\\_Us/Equality\\_Diversity/ED\\_Files/Workforce\\_Data\\_Report\\_2016.pdf](http://www.nhsdg.scot.nhs.uk/About_Us/Equality_Diversity/ED_Files/Workforce_Data_Report_2016.pdf). The data within this report relates to staff in post as at 1<sup>st</sup> April 2016. These are the most up to date figures which have been gathered at present, and the next set of data will be gathered again in April 2017.

### *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. NHS Dumfries and Galloway is currently in the process of drafting and implementing their 'Developing the Young Workforce Strategy' to address the issue of an aging workforce. Knowledge is lost with the retirement of experienced staff and this is an opportunity to 'grow our own'.

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 the data which we have gathered on all of the protected characteristics and this is covered within the 2017 set of equality outcomes.

### *Gender Pay Gap and Occupational Segregation Information*

The full gender pay gap report can be found at the following link:

[http://www.nhsdg.scot.nhs.uk/About\\_Us/Equality\\_Diversity/Key\\_Documents](http://www.nhsdg.scot.nhs.uk/About_Us/Equality_Diversity/Key_Documents)

## **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.

### *Physical Access*

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.

### *Information*

NHS Dumfries and Galloway continue to have in place a 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, this policy was promoted amongst staff so try and ensure that everyone is aware of what action to take if communication support is required. A review of the NHS Interpreting and Translation Policy was started in 2016 and this review continues to be ongoing. There is also a national piece of work ongoing between all of the Health Boards in Scotland to consider what is being provided in each board, and if there are ways that boards can learn from each other's approaches and consider if there are opportunities for joined up working.

### **Case Study: Communication Support Training**

**The Speech and Language Team within NHS Dumfries and Galloway have developed a training session for staff which focuses on Communication Support for patients. This course gives some background in terms of the legislation and then focuses on some of the techniques which can be implemented to support/improve communication with patients, including hearing impairment, cognitive issues, body language and the use of aids and adaptations. All of the feedback from this course has rated it as excellent/good. Participants were asked to identify one thing that they would change as a result of the training with many opting to review/revise literature provided by their service to make it more accessible and to order materials and download apps to keep in clinics and wards to make assessment of people with communication support needs easier. There was also specific feedback from staff that trialled some of the techniques confirming that it has improved communication with patients in some cases allowing them to access treatment which they may not have done previously due to barriers in communication. This course was primarily aimed at clinical staff but the option of delivering this to a wider range of staff is being considered at present.**

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. Both NHS and IJB services also have access to Languageline.

Guidance will be sought in all printed publication to ensure the use of positive images in terms of the diversity of the local communities and representative of the protected characteristics. Every effort is made to present information in ways that are accessible across the local population.

### **Case Study: Easy Read Leaflets**

**In the 2015 NHS Mainstreaming Report, it was noted that the Patient Services team were 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 was developed was for patients attending the 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. 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.**

**Following on from this exercise, there are now a number of easy read leaflets available for staff to download on a number of our services, including Accident and Emergency, Sexual Health and Maternity Services.**

## **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 TOPAS, the Patient Administration System to collect patient data –. 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%.

Previously, a local equality monitoring form was developed and agreed for use between the partners within the local Community Planning Partnership. The monitoring form was designed to be used when consulting and engaging with service users across all of the public bodies, to allow systematic collection and analysis on engagement by protected characteristic. This form has been reviewed in 2016 to ensure that it is inclusive of all of the protected characteristics and uses the most appropriate and up to date terminology. The new form has been tested at a number of consultation events and has been used consistently throughout all of the engagement activity on the 2017 equality outcomes.

Data collection and equality monitoring enable the Boards to inform service development and improvement and take action where differences exist between groups. Both the IJB and NHS D&G, recognise that improvement around data collection on electronic systems must be considered going forward. There has been initial engagement with other boards nationally to look at the systems being used by Boards and what information it is that Boards need to be collecting, particularly around additional supports needs.

Within the 2017 equality outcomes, there is an outcome around data and monitoring and it is hoped that this and the associated actions will lead to improvements within our systems to identify the specific needs of individual patients relating to their protected characteristics.

## 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.

Health and Social Care Integration has meant that NHS Dumfries and Galloway are working more closely than ever with partner organisations. Integration of health and social care is designed to ensure that health and social care provision across Scotland is joined up and seamless, particularly for people with long term conditions and disabilities, many of whom are older people.

NHS Dumfries and Galloway continue to be represented 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 equality groups and work has been ongoing to try to 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, Local Authority, Police, Fire and Rescue Service, Scottish Prison Service and Colleges which meet on a quarterly basis to share thinking and updates on equality issues.

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 (PPF). 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.

NHS Dumfries and Galloway greatly values public input and is keen to provide opportunities for local residents to participate in the development, design and delivery of its services. Working closely with a number of local partners, it has recently formed a Participation and Engagement Network (PEN) so that members of the public can 'sign up' to become more involved in local consultation and engagement activities.

Leaflets have been distributed to partners and local established groups in order to begin promoting the new network and members of the old PPF have been contacted and invited to join. There are plans for online promotion of the PEN and are working towards developing resources for that at the moment. The Board has received a number of registration forms in recent weeks, which has started the process of developing of a network of members.

### **Case Study: Dumfries and Galloway Community Survey**

**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, however the final feedback report was not made available until after publication of the 2015 mainstreaming report.**



Survey respondents were a reasonable representation of the local community, but the respondents were skewed towards older women and carers, who may be over-represented. There was also an issue with very low numbers of respondents in some protected characteristics. It is therefore crucial to see the Community Survey as one of a range of sources to inform decision making.

Despite small numbers in certain categories, discussions with the data analysis team have shown that there are statistically significant differences between people with certain protected characteristics compared with the overall respondents as a group. People with a disability in particular were regularly significantly less satisfied with public services across a range of issues, similar to the results in the previous survey carried out in 2011.

Differences between the 2011 survey and the 2014 results include the following highlights:

- Many people appear to feel safer in their communities
- Accessibility of services and being able to have a say in services has worsened
- Getting the care and support needed to be in good health has worsened
- Satisfaction with public services has worsened across all services mentioned, particularly education, library, Local Authority customer services, NHS and Police.

The results from the 2014 Community Survey have been analysed and used in the evidence gathering exercise to develop the 2017 equality outcomes.

### **Case Study: Gender Equality Group**

In 2014, a group of staff from both NHS and the Local Authority 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.

The initial gender equality 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.

It was envisaged that this event would be the first of many considering the issue of gender equality. The aim of this group is to develop action plans to keep the issue of gender equality 'live' through a variety of events, campaigns, discussions and reports.

In September 2016 a larger scale event called 'Gender Matters' was organised in conjunction with the national organisation 'Engender'. This event was open to staff from both organisations as well as members of the public from across Scotland as this event was promoted through a number of national networks.

'Gender Matters' provided participants with the opportunity to discuss a range of topics, including flexible working, gender pay gap, stereotyping and the impact of the media. Participants were asked to come up with a number of actions at the end of the day, both within their work and personal capacity to try to take action to promote gender equality. There was interest in setting up a Dumfries and Galloway Women's Network and this is being followed up by members of staff with interested parties.

The most recent awareness event was held on 8<sup>th</sup> March to mark International Women's Day.

The approach of having individual organisational groups to concentrate on particular protected characteristics will be further explored over the next twelve months.

## **Procurement**

The NHS D&G procurement handbook contains a section on equality which states that where a contractor is carrying out a public function on behalf of NHS D&G, the legal liability for the duties in relation to that function remains with NHS D&G 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. NHS D&G 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.

## **EQUALITY OUTCOMES**

Outcomes are not what we do, but the beneficial change or effect which results from what we do. These changes may be for individuals (both staff and service users), groups, families, organisations or communities.

Specifically, an Equality Outcome should achieve one or more of the following:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations

An equality outcome is evidence to show that NHS Dumfries and Galloway intends to meet one or more of the three general duties. Equality outcomes have been proposed on the basis that they are short to medium term (1-4 years) and every protected characteristic has been covered by one or more of the outcomes. Equality outcomes are intended to produce results and achieve specific identifiable improvements in people's life chances, as well as improvements in staff experience. These changes may be for individuals, groups, families, services or communities, they can relate to changes in behaviour, decision-making, attitudes, or better awareness.

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:

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

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.
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.

**In 2016, responsibility for outcomes 3,4 and 5 was transferred over to the Dumfries and Galloway Integration Joint Board.**

**Review of the 2013 – 2017 Equality and Diversity Outcomes**

**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.

<b>Output</b>	<b>Action</b>	<b>Update</b>
The number of staff willing to share protected characteristics increases	Establish a programme which will promote and encourage our workforce to complete monitoring across all protected characteristics	Since October 2015, all new staff are being asked to complete their E&D data on the HR system during induction. There have been several articles on HIPPO encouraging existing staff to check and complete their equality and diversity information and the reasons why we need this information, as well as articles within the workforce paper. This will become a regular, ongoing exercise to try to increase the level of data that we have annually. When this output/action was established, the requirement at national level to move from our current HR system to EESS, and the timescale around this was not taken into account. Therefore our current records may not demonstrate an increase in the number of staff willing to share protected characteristics; however, through an ongoing campaign encouraging staff to update their records, there will be a long term impact and improvement on the level of data that we hold. This will be addressed in the 2017 outcome around monitoring
Baseline data established	Review monitoring of PCs to ensure that recruitment, workforce profile, progression and leaving employment are all fully monitored and reported	There has been significant progress with this and now have the ability able to report on numbers of applications, shortlisted candidates, posts offered and accepted by 7 out of the 9 PCs. This action will continue to be ongoing annually as the level of workforce data that can be reported is increased. A short life working group of NHS Equality Leads and HR Directors was established following publication of the EHRC 'Measuring Up' report 2. This working group has recommended a standard set of workforce equality data metrics for NHS Scotland. Further information is contained within

	appropriately across all of the PCs	the workforce data report
Impact assessments complete and any actions addressed	Impact assess recruitment process, monitor number of applicants willing to disclose, become seen as an employer of choice and encourage applications from underrepresented groups	The Recruitment and Selection policy was equality impact assessed in May 2015. Representatives from local equality groups were invited along to take part and also to give any feedback on how this policy could be more equitable. The most up to date workforce equality data has been analysed as a result, there is a specific outcome in 2017 on increasing the numbers of disabled people and young people employed by NHS D&G.
Recruitment panel staff must have completed Equality and Diversity training, either online or face to face.	Targeted equality and diversity training for members of staff that sit on interview panels	The corporate face to face induction training has been refreshed since the publication of the equality outcomes in 2013. Within the draft Equality and Diversity Policy published in 2015, it is mandatory that interview panel staff must have undertaken equality and diversity training, and that all members of an interview panel must have taken part in recruitment and selection training. The Workforce Directorate have updated the recruitment and selection training to include a section on 'unconscious bias' and stereotyping, particularly in relation to someone's protected characteristics. An information sheet on 'Interview Bias' is also now given to all attendees of this training. This is also included in the 'Competency Based Interview Skills' course and the 'Interview Skills Course' which is being piloted at present. Further awareness on unconscious bias has been identified as an action within the 2017 outcomes.
Increase in the number of work experience posts	Develop and promote work placement opportunities created for people with disabilities to give them an opportunity to gain some relevant work experience	NHS D&G are currently taking part in the Glasgow Centre for Inclusive Living Equality Academy Professional Careers Programme. This programme involves NHS D&G providing a two year employment opportunity for a disabled graduate. It is hoped that this national programme will increase the representation of disabled people in training positions within the NHS and will provide valuable work experience for those taking part. NHS D&G have recruited one individual as part of this programme. Scottish Government are also looking into developing guidance for NHS Boards on employing people with learning disabilities. NHS D&G have volunteered to be involved in the development of this guidance but there has been no further action at this time. This action will continue to be taken forward through the Disability Confident Award in 2017.
An increase in communication/ staff awareness of flexible working options	Raise and maintain awareness of flexible working, at all levels, making sure staff are aware of their options, targeting carers as well as parents	Flexible working has been highlighted through the workforce paper. NHS D&G has also been awarded the Carer Positive kite mark at Level 1: Engaged. For the organisation to receive this recognition, it had to evidence that the organisation has awareness of carers and has made a commitment to support carers through workplace policies/working practices and that systems and processes have been developed to support this. The work on the Carer Positive Standard and the promotion during Carers week has advanced awareness of flexible working options and policies. This action has been taken forward within the Equal Pay Statement/Gender Pay Gap Report.

Increase in number of LGBT Charter Mark awards being worked towards	LGBT Charter Mark promoted amongst directorates	Since the publication of the Equality Outcomes, there have been further 17 areas awarded or 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 in 2015. Sexual Health D&G and D&G Drugs and Alcohol Service both achieved Gold awards in 2016.
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**Outcome 2** - Employees at NHS Dumfries and Galloway experience a safe and more supportive workplace environment that contributes to their positive health and wellbeing.

<b>Output</b>	<b>Action</b>	<b>Update</b>
All staff will demonstrate high levels of appropriate behaviour	Promotion of staff dignity at work policy, Give Respect, Get Respect, Code of Positive Behaviour	This activity should be mainstreamed into directorate action plans. This action should be ongoing work to do around the best way to promote these policies across the organisation and measure the effectiveness of any promotion.
Established baseline of staff complaints, grievances and issues leading up to tribunal stage in relation to PCs	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	Workforce Equality data gathering includes grievance and disciplinary figures against 8 of the PCs. Small numbers and lack of data on staff makes it difficult to set a baseline. This information will continue to be monitored. The introduction of EESS will make this process more straightforward and with the option to run national reports which highlight the areas where discrimination is most likely to occur during these processes. The 2015/16 Workforce Equality Data report included questions from the staff survey broken down by PC, for example, whether a member of staff has experience discrimination or bullying and harassment from with colleagues of their manager, whether this was reported or not and whether or not they were satisfied with the response.
Established baseline of absenteeism against the protected characteristics	Look at levels of staff absence against the PCs	The sickness absence data has been considered by the Workforce Directorate to try to establish if there is any correlation between the sickness absence data and the protected characteristics, however there were no patterns or signs of discrimination occurring within the data. There may be some merit in looking at this data again in future once there is more complete data for staff and their protected characteristics.
Process review complete, data baseline established in relation to protected characteristics	Review exit interview process and link to PCs	This policy has been revised since the Equality Outcomes were published and despite not asking directly about discrimination, this policy now asks a wider range of questions which allows staff leaving the organisation to provide their thoughts on a wider range of issues within the organisation including how ethical the organisation is. The policy also states that a staff member can choose to speak directly with the Workforce Directorate as opposed to their Line Manager. Once the new HR system is fully implemented, it may give the Board the ability to report the uptake of exit interviews against all of the protected characteristics.
NHS Dumfries and Galloway employee gender-based violence policy	Implement national Gender Based Violence PIN Policy and work towards the	The NHS D&G Employee Gender Based Violence policy was approved in 2014 and is available to view on HIPPO. Workforce Directorate paper in April 2014. Public Health have established a group to look at routine enquiry in relation to gender-based violence and also to look at violence reduction in general. The development

<p>and monitoring system in place</p> <p>Managers trained on implementation of GBV policy</p>	<p>development of a monitoring system</p>	<p>of a safe, confidential monitoring system must still be considered as part of this group. Routine Enquiry training has been delivered to NHS staff within Sexual Health, Maternity Services, Health Visitors as well as Nursing Students within UWS. Opportunities to deliver training to managers are currently being explored.</p>
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## 2017 – 2021 Equality and Diversity Outcomes (EDO)

The following new outcomes have been developed after a period of evidence review, public consultation and targeted focus group discussions to ensure the new outcomes were based on previous progress, regional trends, barriers and priorities. These outcomes and associated actions have been developed jointly with the IJB.

The 2017 joint equality outcomes are as follows:

**EDO1** – Integrated services are better at using the equality monitoring information they collect to provide services that meet individual needs

**EDO2** – Integrated services will help to make sure that all different kinds of people feel safe, respected and supported; including staff, patients and visitors

**EDO3** – All people, no matter their sexuality, gender or sexual expression will experience less unfair treatment

**EDO4** – More young people and disabled people will be successfully supported to access work place opportunities, reducing barriers, so they feel part of the working community.

**Further action to address inequality in terms of the protected characteristics of gender and pregnancy and maternity is included within the Equal Pay Statement and Gender Pay Gap Report.**

To effectively mainstream the equality and diversity outcomes there must be acknowledgement of the requirement for continuation of the IJB Equality and Diversity Lead to ensure quality and consistency of implementation across all health



and social care services. This will ensure implementation, monitoring and evaluation will take place to evidence progress around meeting the Legal Duties.

**For a full update on progress towards the 2013 – 2017 equality outcomes, as well as the new 2017 – 2021 outcomes report please go to the following link:**

**<http://www.nhs.uk/about-us/equality-diversity/key-documents>**

## **CONCLUSION**

Despite the progress in mainstreaming equality and diversity and the revised set of equality outcomes for 2017 – 2021, there is still much more to be done. The evidence gathering exercise in developing the latest set of equality outcomes highlighted the need for improvement to embed equality and diversity.

The implementation of the latest set of outcomes will require commitment from the directorates and localities in implementing these into their local delivery plans. This work has already started with the mapping of the key measures and indicators for the Strategic Plan against the new equality and diversity outcomes.

It is acknowledged that mainstreaming the equality duty is an organisational responsibility, and that leadership and staff awareness are central to its success. However, this is an area that could be greatly improved through greater ownership by the Service Leads alongside specific training.

Continuation of the IJB Equality and Diversity Lead post is crucial to the implementation of mainstreaming equality and diversity across all health and social care services.

Promoting and training in the use of impact assessment tools is fundamental to fully embed and understand the equality and diversity impact within all of our decision making processes.

## **RECOMMENDATIONS**

- 1. Continue to gather evidence from all health and social care services that inform developments**
- 2. Supporting directorates and localities to embed the outcomes into their daily functions**
- 3. There is a commitment from leadership to implement the key actions from the outcomes report relating to their legal obligations**
- 4. Continuation of the IJB Equality and Diversity Lead post**
- 5. Further promotion and training in the use of impact assessment tools and quality control process**