



# Equality Mainstreaming report



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## Foreword

Welcome to the Golden Jubilee National Hospital's report on meeting the requirements of the Scottish Public Sector Equality Duty for the period 2012-2014. During this time we have taken some large steps to improve awareness of our responsibilities and to support all staff in achieving these.

Our report contains information on how we ensure participation and equalities are embedded into our services, functions and policies. It also provides information on our protected characteristics, gender pay and progress in implementing our equality outcomes.

Our work on equality, diversity and inclusion is an important part of how we demonstrate our organisational values, especially of valuing dignity and respect. We have worked hard to make these values even more visible and appreciate how they influence how we behave each and every day. This helps us provide a quality safe, effective and person centred service for our patients, visitors and guests.

As we move forward in 2015, we will continue to invest in new and innovative ways to make sure that all of our staff are getting the opportunities and have the facilities, resources and support they need to get the most out of their roles at the Golden Jubilee.

We firmly believe that we provide the highest possible standard of care and service for every patient, visitor, delegate and guest who comes here. This can only happen because we are committed to creating an inclusive work environment that not only welcomes individuals of all backgrounds, but actively highlights and celebrates our unique mix of people.

Jill Young  
Chief Executive  
April 2015

## **1. NWTC – What we do**

### **What we do**

The Golden Jubilee National Hospital's vision is to lead quality, research and innovation for health.

As Scotland's flagship health facility, we specialise in cardiothoracic, orthopaedic and ophthalmic surgery as well as interventional and diagnostic cardiology and diagnostic imaging. We also manage national heart transplantation, congenital cardiac and pulmonary vascular services and have one of the largest intensive care facilities in the UK.

We have a strong track record in the delivery of safe, effective and efficient health care and work in partnership with all NHS Boards to provide essential services to patients:

- Home to regional and national heart and lung services, we are the only site in Scotland to undertake heart transplantation. From 2012 to 2013, the number of heart transplantations carried out increased from eight to 24.
- The largest single-site elective orthopaedic centre in Scotland, we perform more than 25% of all Scottish hip and knee replacements.
- Following recent expansion in Ophthalmology, we will perform at least 12% of all cataracts in NHS Scotland.

Our campus also includes our four-star residential training and our on-site research arm, which hosts a significant number of commercial and non-commercial research trials and studies.

### **Values Statement**

What we do or deliver in our roles within the NWTC is important, but the way we behave is equally important to our patients, customers, visitors and colleagues. We know this from feedback we get from patients and customers, for example in "thank you" letters and the complaints we receive. We have worked with a range of staff, patient representatives and managers to discuss and promote our shared values which help us all to deliver the highest quality of care and service across the organisation. These values are closely linked to our responsibilities around Equality.

Our values are

Valuing dignity and respect;  
A 'can do' attitude;  
Leading commitment to quality;  
Understanding our responsibilities; and  
Effectively working together

## **2. Participation and Equalities**

### **Our Governance Structure**

- **Person Centred Committee**

Our Person Centred Committee (PCC) provides assurance to the Board that appropriate structures and processes are in place to address issues of diversity, equality and human rights as well as the governance requirements of Patient Focus Public Involvement (PFPI).

Our PCC is chaired by one of our Non Executive Board Members and is attended by representatives of our Executive Team and Partnership Forum. The Executive Lead is our Director of Human Resources.

- **Involving People Group**

We believe that in the planning and delivery of (their) care and services, and in activities which promote improved care and well being, people have a right to be involved irrespective of any of their defining characteristics and in a way that respects diversity and promotes equality respecting the wish of the individual. The central concept is simple – by involving people, everyone will benefit. Our Involving People Group coordinates the delivery of this strategy. The Executive Leads are our Director of Nursing and our Director of Human Resources.

- **Equalities Group**

Our Equalities Group's aim is to embed equalities across our organisation. Our Equalities Group is comprised of senior managers, Staff Side representatives, the Leads for each protected characteristic and our Diversity Champions. The Executive Lead is our Director of Human Resources.

- **Senior Management Team and Partnership Forum**

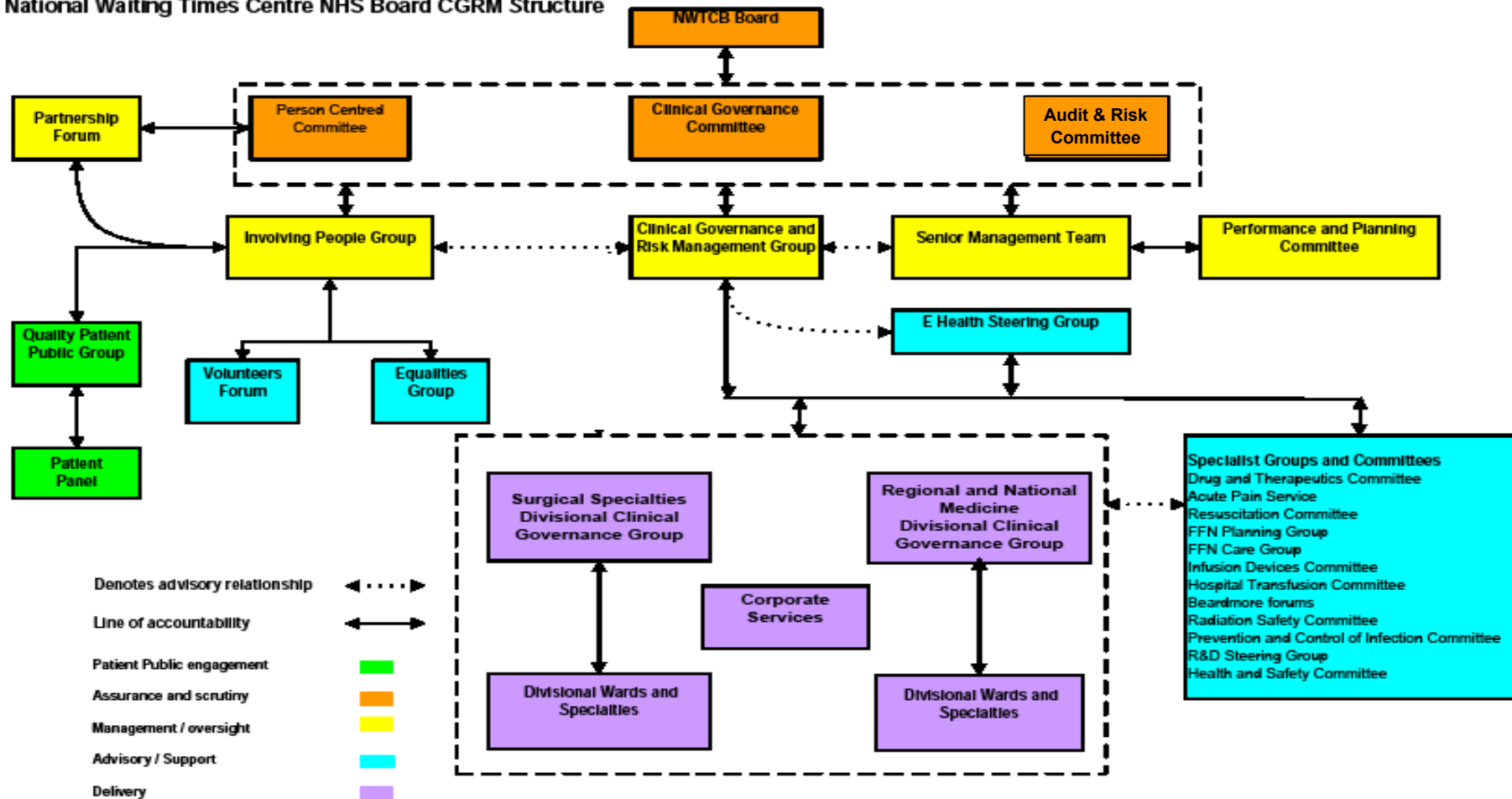
Our Senior Management Team and Partnership Forum provide visible leadership on participation and equalities, as reflected in our Corporate Balance Scorecard and Local Delivery Plan. Both groups approve all staff policies prior to publication and approve any recommendations arising from equality impact assessments.

- **Planning and Project Management Approach**

Our project management process ensures that consideration is given at an early stage to any potential impacts on people with protected characteristics. This, in turn, allows us to consider any requirements to involve patients, carers, voluntary organisations and other stakeholders in the design and delivery of any new services or service improvement programmes.

## Governance Structure

National Waiting Times Centre NHS Board CGRM Structure



### **3. Mainstreaming – our approach**

#### **Patient Focus and Public Involvement**

We believe that people have a right to be involved in the planning and delivery of care and services, and in activities which promote improved care and well being, irrespective of any of their defining characteristics, and in a way that respects diversity and promotes equality and respects the wish of the individual. Our Involving People Strategy is our commitment to ensure this.

Our Communication Strategy (2012-2015) outlines the process and mechanisms to communicate across the Board, including external communications with patients and key stakeholders. The Communications and Corporate Affairs Department disseminate information through a range of communication channels, including posters, leaflets, bulletins, magazine, website and social media.

We ensure patients, carers, staff, members of the public and external stakeholders are involved and engaged in the delivery of our key services:

- We implement national guidance, including the national Participation Standard, to ensure that we have a robust framework in place to support engagement.
- We engage and collaborate with other NHS Boards, the third sector and other public sector organisations to help inform our own services, share good practice and, where appropriate, inform and support the national integration agenda.
- We have a robust volunteer framework so that members of the public and former patients can help us enhance the patient experience and improve the quality of our services.
- We have appropriate patient groups and forums that will help deliver our Involving People Strategy and broader quality improvements.
- We have processes in place to ensure that staff have the opportunity to be involved and engaged, through strong partnership arrangements underpinned by the Staff Governance Standard.

We have a long established record in placing the patient at the centre of their care. This is reflected in feedback from the national patient experience survey and through our own programmes, such as our Speak Easy comments and suggestions scheme and feedback from our Volunteer Walk Rounds.

Our Quality Patient Public Group (QPPG):

- provides appropriate support towards the development, implementation and review of Board policies functions to support quality service improvement;
- review and comment on the Board's performance information, identifying gaps and suggesting areas of improving patient journey;
- work with the Board to remove any kind of discrimination that may impact on people who use our services or work within it;

- be part of the review of the Involving People Strategy, ensuring it supports delivery of the general and specific duties related to the single equality scheme;
- recruit members from patient, equality and volunteer forums for relevant projects/activities needing lay involvement and receive feedback from these; and
- share good practice and act as a sounding board for the Board's new ideas and innovations.

Further work is now ongoing to redesign the QPPG to ensure it captures the 'voice' of patients and service users and that is used to improve services and evidence the quality of the service provided.

## **Equality Impact Assessment (EQIA)**

The main purpose of equality and diversity impact assessments is to help us take into account, in advance, the possibility that our functions, policies and practices may adversely affect some people who use our services, and if this is the case, to help us take steps to address this.

The EQIA process enables us to promote equality and supports us in our efforts to ensure it is mainstreamed, i.e. built into our thinking, policy development, practices and performance measurement of our Board. It also enables us to ensure we maximise opportunities for enhancing equality.

Aside from being a legal requirement, conducting an EQIA has wider benefits for our Board. Policies and functions that have been subject to EQIA will ensure best value is considered and as a result, we will have better policies. The process also increases public and patient confidence in our services as there is greater transparency, accountability and user involvement in the planning and delivery of services.

Our approach to EQIA ensures that we consider impact across all of the protected characteristics. Where appropriate, we also consider cross-cutting themes, such as homelessness, poverty, mental ill-health, involvement in the criminal justice system, literacy, language, social origins and class, as these may mean people have different levels of access to opportunities, information, employment and services.

## **Training**

We recognise the importance of treating our staff, patients, visitors and guests with dignity and respect; "Valuing Dignity and Respect" is the first of our organisational values.

That is why Equality and Diversity training is mandatory for all staff and volunteers. The training consists of two parts: an online training module which provides an understanding of the Equality Act 2010, and a classroom session which challenges behaviours and bias, ensuring staff and volunteers are clear about acceptable behaviours.

All staff also have access to the following equalities focused online learning modules, including public protection modules:



- Foundation Child Protection;
- Adult Support and Protection; and
- Human Trafficking.

During 2013/14, sessions were also provided for staff on:

- Dementia;
- Transgender Awareness; and
- Hate Crime.

## **Public Protection**

The Nurse Director role includes supporting Board staff with their public protection practices, including:

- developing and delivering training for all front-line staff;
- developing policies and processes, such as our Child Protection and Protection of Vulnerable Adults policies, to safeguard those who come into contact with our services; and
- engaging with external partners to promote collaborative working practices.

## **Staff Policies**

Our staff policies achieve the standards set out by the Partnership Information Network (PIN) policies, which form part of the terms and conditions of employment for all NHSScotland staff.

All PIN policies:

- provide up-to-date guidance on issues relating to people management within NHSScotland;
- are researched and prepared on a partnership basis, involving NHSScotland employers, trade unions, professional organisations and the Scottish Government; and
- support the delivery of the Human Resources Strategy, forming a solid foundation on which to build local people management strategies.

We have a range of local policies which are based on PIN policies or have been developed specifically for our staff, including:

- Embracing Equality and Diversity;
- Prevention of Bullying and Harassment;
- Gender-Based Violence; and
- Supporting Work-Life Balance (policies that provide qualifying staff with additional leave or flexible working arrangements).

## **Positive about Disability**

Since our last mainstreaming report was published, we have maintained the status which allows us to display the Positive about Disability 'two ticks' symbol. This recognition is given to employers who have made commitments to employ, retain and develop the abilities of disabled staff. In order to retain the right to use this symbol, we provide evidence on an annual basis of how we meet the criteria for this.

- Interview all disabled applicants who meet the minimum criteria for a job vacancy and consider them on their abilities.
- Discuss with disabled employees, at least once a year, what we can do to develop and use their abilities.
- Make every effort, when employees become disabled, to make sure they stay in employment.
- Take action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work.
- Review these commitments every year: assess what has been achieved, plan ways to improve them, and let employers and Job Centre Plus know about progress and future plans.

We continue to apply the Job Interview Guarantee for all disabled candidates who meet the minimum criteria for the job vacancy and monitor the numbers of disabled applicants, shortlisted candidates and employees. We provide advice and training to recruiting managers to improve disability awareness and support their disabled employees. We continue to link with Job Centre Plus to advertise our jobs and to help people move from being on benefits into work.

## **Procurement**

Our Board complies with nationally-negotiated supplier contracts managed by NHS National Services Scotland (covering 63% of Board spending on contracts).

Our local contract spend is higher than some other NHS Boards due to the range of our specialist services and our management of the Beardmore Hotel and Conference Centre.

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

- Ensure that they purchase goods, services and facilities in line with public sector equalities and diversity commitments.
- They will not use agencies or companies who do not share our NHS values on equality of opportunity and diversity
- Their procedures will make sure that businesses from diverse communities have an equal opportunity of competing for NHSScotland contracts.

In awarding our contracts, the Board will seek suppliers who can demonstrate that they understand their responsibilities and operate with due regard to equality legislation. We have a policy that ensures that suppliers have no history of discrimination or unfair policies or practices (or if they have, that they have rectified this) and for higher value contracts we shall request detailed information from

suppliers to ensure they have the policies and procedures in place to meet the equality standards (across all areas of equality).

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

We have asked all of our main suppliers to attend regular Key Supplier Meetings, at which we will share good equalities practice. As a first step, we have begun a dialogue with suppliers about their equality and diversity policies, practices and training. We also offer places on our bespoke in-house Diversity Awareness training course to selected staff from our key suppliers. Equality and Diversity is included as a standing agenda item at all Key Supplier Meetings to ensure appropriate focus on this area is maintained.

### **Youth Employment/ Glasgow Centre for Inclusive Living**

The number of youth employment opportunities we offer has increased year-on-year since 2013. We have provided 152 opportunities between April 2013 and December 2014, covering a range of positions across support services and administration. We are currently considering introducing Modern Apprenticeships in partnership with West Dunbartonshire Council.

We have built a relationship with the Glasgow Centre for Inclusive Living (GCIL), GCIL provide and support a trainee to support our equalities and engagement work through their Professional Careers programme, which provides trainees by:

- providing a suitable placement opportunity that utilises their skills, experience and knowledge;
- agreeing and funding a suitable academic qualification to further career options;
- addressing any access requirements (equipment, adaptations and/or arrangements) to allow them to access the job fully;
- providing ongoing in-work support to identify and address any support needs;
- providing ongoing support that will lead to further employment; and
- offering training and support to core staff, for example, equality and disability equality training.

#### **4. Mainstreaming Equality Case Study: Hospital Volunteers**

Whilst the legislation and policies that govern what we are required to do may be complex and numerous, we believe the central concept is simple – by involving people, everyone will benefit.

A key element in how we deliver this strategy is our volunteer service. We have had volunteers in place for over 10 years and currently have more than 70 active volunteers - over half of these are patient-facing with others working in an advisory capacity, e.g. as lay representatives on governance groups or contributing to policy reviews.

In 2014, our volunteers provided just under 600 sessions, contributing over 1,500 hours of support to patient focussed services. Our Volunteer Forum, which meets quarterly and is chaired by one of our Non-Executive Directors, acts as a consultative group for support, development and expansion of the service. The Head of West Dunbartonshire Community Volunteering Service attends this group to provide advice on aspects of volunteer recruitment, selection and training.

This case study describes a number of ways in which our volunteers help improve the experience of both patients and visitors to the hospital.

##### **Sensory Volunteers**

We have a small number of volunteers who provide support to patients with hearing loss and give advice to patients with other sensory impairments. These roles have been developed in partnership with Action on Hearing Loss and the Royal National Institute for the Blind, with both organisations providing training and materials for use by our volunteers.

Our sensory volunteers conduct regular ward visits, where they may be asked to:

- undertake basic maintenance on hearing aids such as re-tubing and battery replacement;
- provide advice and support to patients with a sensory need; and
- provide advice to help people communicate more effectively with patients who have a hearing impairment.

As we increase the number of sight-related procedures (cataract removals, etc) our sensory volunteers will also occasionally assist in carrying out environmental audits, in both the hospital and the hotel, to support people with sensory needs. This may involve reviews of technical facilities, such as loop systems, as well as signage and way finding for visually impaired patients and visitors.

##### **Walk Rounds**

A group of volunteers have been trained to visit wards and departments to discuss the quality of care from both a patient and staff perspective. Using volunteers reduces the formality of the process, allowing staff and patients to speak more freely.

The walk rounds utilise a variety of questionnaires to ensure that we receive feedback on a variety of areas, such as basic care, food, environmental needs, protection of mealtimes, etc.

Between 2013 and 2014, our volunteers carried out more than 60 ward visits, with a minimum of five people interviewed during each visit. Feedback from these questionnaires is reported back to the ward/department manager and the team. The information gathered is used to track the impact of improvement initiatives and also forms part of the evidence on the impact of the Person Centred Quality Indicators (PCQI) that each area has identified as part of the Caring Behaviours Assurance System (CBAS) programme.

### **Younger People**

Many of our volunteers are over 50 years old. As a significant number of our patients are below this age, it is important to look at ways of engaging younger people in both volunteering and providing feedback about how our services are delivered.

Our Young People Group was setup as a pilot group in early 2014 and consisted of 16-25 year olds from the local Y Sort-It youth group, who were thinking about taking up careers in healthcare. They met each month with our Nurse Director as an advisory group, hearing about developments in how care and services were delivered. This also gave a forum to bring in partners from the local community who provide support to young carers.

As a follow up to this, it was agreed that we should seek to build stronger links with local secondary schools. One of our local schools, St Peter the Apostle High School, heard about the pilot and asked for help with volunteer placements for pupils involved with a sixth-year community building programme. Working with the school and West Dunbartonshire Council, we arranged a 10-week schedule of volunteering where seven pupils shadowed existing volunteers for one and a half hours each week.

Initial feedback from the school, pupils, volunteers and patients has been positive. We will carry out a formal review of this programme and, if sustainable, hope to work with more schools on a similar programme in 2015/16.

## **5. Mainstreaming Equality Case Study: Equality Week**

### **Background**

Our Equality Group introduced the concept of an Equality Celebration in 2011.

The first event was used as an opportunity to highlight changes to equality legislation following introduction of the Equality Act in 2010 and to raise awareness of the protected characteristics. The resulting full-day festival included information stalls supported by members of the Equalities Group and external partners. This initial event was well attended by staff, visitors and patients and everyone left with a greater understanding of equality.

The 2012 event was attended by Alistair Pringle, Head of Equalities at the Scottish Government, and continued embedding knowledge of the protected characteristics. It was also used to introduce the role of Diversity Champion and showcase our film 'It's People That Matter' which featured managers and staff talking about our Board values and work on equalities, particularly "Valuing Dignity and Respect".

The 2013 event was used to promote how we meet our obligations under the Public Sector Equality Duties, with ongoing work directly linked to deliver our Equality Outcomes. Another change to that year's format was the introduction of short plays which showcased discrimination scenarios and left staff to consider what should have been done better; these short, but powerful, scenarios helped staff to deepen their understanding of equality issues in a non-threatening and non-preaching manner, and encouraged follow up discussions and debate in a more dynamic way than information stalls on their own could have achieved.

### **2014 Equalities Week**

In 2014, the Equalities Group again reviewed the previous year's events and it was agreed that the event required a change in format.

During 2014, we increased our focus on the Knowledge and Skills Framework (KSF), the personal development planning and review system that the majority of staff participates in. As staff have to provide evidence on KSF Core Dimension 6 – Equality and Diversity – it was decided to include more training sessions during the event, which staff could use as evidence.

The event took place over a week with the overall theme of 'Engaging with Our Communities'. This also supported the delivery of our Equality Outcomes, which outline our actions to develop excellence in community involvement and inclusion.

A wide variety of community organisations participated in our event, providing drop-in information sessions at stalls for staff and visitors:

- Y-Sort It – an innovative youth project that provides information and support to young people aged 12-25 in West Dunbartonshire

- Nil By Mouth – a charity which is trying to achieve a society free from sectarianism, where cultural and religious diversity is respected and celebrated by everyone
- Glasgow Centre For Inclusive Living – a user-led organisation for disabled people which is committed to promoting inclusive living by assisting disabled people to challenge barriers and make informed choices
- NHS Credit Union – information on the extensive range of services including current account life savings insurance etc that are provided
- Community Links – a voluntary organisation established by the Forum of Registered Social Landlords, which provides regeneration consultancy services.

World Food Day took place during the event, this gave us the opportunity to raise awareness of this day and collections were made for West Dunbartonshire Foodshare, a project which has a donation point at our hospital reception.

During the week, we provided a range of interactive training sessions for our staff on topics designed to support our community engagement objectives:

- Transgender Training - An awareness raising session delivered by the Scottish Transgender Alliance.
- Hate Crime Session - A workshop led by the National Safer Communities team from Police Scotland. This interactive workshop covered hate crime and the law, the impact of hate crime and how to report it and the links to the Equality Act.
- Gender Based Violence Session – Clydebank Women's Aid provided a session on the services and support they provide and the issue of gender based violence.

All sessions were well attended with staff who participated stating it had increased their knowledge and given them a better understanding of our role in supporting our local community.

## 6. Mainstreaming Equality Case Study: Values Based Workforce

We introduced Values Based Recruitment tools in 2013 to measure our values and ensure that they are being demonstrated from the first step of our recruitment process through to interview, commencement of employment and attending our Corporate Induction programme.

Our values are also measured at each stage of the Senior Manager Recruitment Process with particular focus during the various assessment centre activities. This enables the selection panel to ensure that anyone hired into a senior management role not only has the right skills, knowledge and experience for the role, but they also demonstrate behaviour aligned to our values.

Having strong and clear values helps our workforce when it comes to recruiting highly skilled individuals and teams, particularly when areas are challenged by skill shortage. Values allow the workforce to recognise appropriate conduct and behaviour.

Our values are closely linked to NHSScotland's Values and the overarching Scottish Government 2020 Workforce vision.



Our Board values are:

- Valuing dignity and respect
- A 'can do' attitude
- Leading commitment to quality
- Understanding our responsibilities
- Effectively working together

We are committed to delivering person centred, safe and effective services for our patients, staff and customers alike. We want to instil a positive culture which reflects our values and create a values based workforce to ensure that everyone can 'See it, Feel it, Believe it.'



Our annual staff survey seeks views on how these values are lived within the organisation, with particular focus on working with their line manager, team and hospital/hotel.

Team effectiveness sessions have taken place in a number of departments; this measures people's actions against our values and looks for teams to demonstrate ways in which our values are at the core of the tasks being completed. These sessions also allow best practice to be shared. Other less formal examples would be staff being able to easily provide day-to-day examples or telling stories of how they are personally living our values.

We are currently rolling out the iMatter staff experience project and will have implemented this to every team by the end of 2015. In its simplest form, iMatter is a short questionnaire for staff to complete as part of their own team. The results are collated, analysed and submitted back to the Team Leader / Manager to share with the team and develop an action plan where any areas of improvement may be appropriate. The results will calculate an Employee Engagement Score, which will help us to further improve employee engagement and develop dashboard information about our staff, their engagement and our values.

Having values at the core of our workforce will create a positive approach and positive outcomes which will lead to improvements in quality and innovation, as well as positively challenging our workforce to continually instil our values in all elements of their job role.

Our values can and will mean different things to different people, so 'living' these may be different in clinical and non-clinical areas.

Internally, our weekly e-Digest, staff bulletins and staff magazine provide updates from various departments or individuals across the site to ensure the values are part of our everyday workforce culture and behaviours.

Externally, to ensure that all external contacts see a clear description of our key organisational values, our Values logo appears on our headed paper/compliment slips, is available as an email signatures and included on our hospital website home page.

## **7. Mainstreaming Equality Case Study: Interpretation and Translation Services**

We recognise the diverse population we serve and are fully committed to meeting the needs of people whose first language is not English. Our unique status means that anyone, living anywhere in Scotland, can be referred to us by their local NHS Board for a range of procedures.

In order to ensure that everyone can access our services fairly and equally, where any language/communication barriers exist, we will act to address the needs of the individual, ensuring that their care is the priority.

We are dedicated to developing culturally sensitive services that meet the needs of people from different groups. We believe that this is vital to achieve the person-centred services envisioned in the Healthcare Quality Strategy for NHSScotland, the Patients Rights Act 2010 and the Equality Act 2010. The latter states that there is a statutory duty “for all public bodies to provide... interpreting and translation services and communication support to enable people access to services and have a positive experience of our care”.

### **Our Policy**

Our Interpretation and Translation Services Policy ensures that patients, families and staff can access a professional Translation, Interpretation and Sign Language Interpreting Service.

Our Interpretation and Translation Services Manager coordinates requests and manages a bank of over 30 Interpreters and Translators. We also have access to the NHS 24 British Sign Language online service.

### **Our Interpretation Service**

The term ‘interpretation’ emphasises the exchange of meaning between languages so that both affect and meaning are conveyed. The interpreter is someone who translates what has been said by one person in his/her language or dialect into a form – a second language – which is readily understood by another person. Interpreters interact directly with the different parties involved. It is clearly a much quicker and less scrutinised process than translation, and it is therefore essential to have an experienced, impartial and totally trustworthy interpreter. Interpreters are regularly required at clinics, assessment sessions, ward rounds and patient/family reviews.

Sign Language is an unspoken language and has evolved wherever communities of deaf people have come together. Each country has its own sign language, as in the same way as spoken languages. British Sign Language (BSL) is the first or preferred language of nearly 70,000 deaf people in the UK, and is our fourth indigenous language. BSL is recognised as a language in its own right, with thousands of hearing people also using it. BSL signs do not match each English word and it has its own grammatical structure. It is a very visual language which is constantly developing and changing, as does every living language. There are other non-BSL

forms of sign language, e.g. some deaf people will lip read, others don't sign but can read.

Between 2012 and 2014, Interpretation services were requested on more than 2,500 occasions for 25 different languages, totalling over 7,000 hours.

## Our Translation Services

Translators work with the written or printed word, converting documents originated in one language into the language of those who need to read them. This requires a different skill set to interpretation. It also demands knowledge of specialist terms (such as legal, business or medical) in both languages.

Providing patients with translated documents, instructions, leaflets, etc in their own language is appreciated by patients and families who feel that their individual needs are cared for. Providing patients and families with written medical instructions in their preferred language keeps them safe as it reduces the risk of misinterpretation and confusion usually associated with verbal instructions.

All of our publications are available in different languages and a format of choice (larger print, Braille (English only) and in audio format). Our aim is to provide written information in 12 core languages but others may be required as needed: Arabic, Cantonese, Czech, Farsi, French, Gaelic, Hindi, Mandarin, Polish, Punjabi, Russian, and Urdu.

### **All of our publications are available in different languages, larger print, braille (English only), audio tape or another format of your choice.**

我們所有的印刷品均有不同語言版本、大字體版本、盲文（僅有英文）、錄音帶版本或你想要的另外形式供選擇。

كافة مطبوعاتنا متاحة بلغات مختلفة و بالأحرف الطباعة الكبيرة و بطريقة بريل الخاصة بالمكفوفين (باللغة الإنكليزية فقط) و على شريط كاسيت سمعي أو بصيغة بديلة حسب خيارك.

Tha gach sgrìobhainn againn rim faotainn ann an diofar chànanan, clò nas motha, Braille (Beurla a-mhàin), teip clàistinn no riochd eile a tha sibh airson a thaghadh.

हमारे सब प्रकाशन अनेक भाषाओं, बड़े अक्षरों की छपाई, ब्रेल (केवल अंग्रेज़ी), सुनने वाली कसेट या आपकी पसंदनुसार किसी अन्य फॉरमेट (आरूप) में भी उपलब्ध हैं।

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ਸਾਡੇ ਸਾਰੇ ਪਰਚੇ ਅਤੇ ਕਿਤਾਬਚੇ ਵਗੈਰਾ ਵੱਖ ਵੱਖ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਅਤੇ ਬ੍ਰੇਲ (ਸਿਰਫ਼ ਅੰਗਰੇਜ਼ੀ) ਵਿਚ, ਆਡੀਓ ਟੇਪ 'ਤੇ ਜਾਂ ਤੁਹਾਡੀ ਮਰਜ਼ੀ ਅਨੁਸਾਰ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ ਵੀ ਮਿਲ ਸਕਦੇ ਹਨ।

ہماری تمام مطبوعات مختلف زبانوں، بڑے حروف کی چھپائی، بریل (صرف انگریزی)، سننے والی کسٹ یا آپ کی پسند کے مطابق کسی دیگر صورت (فارمیٹ) میں بھی دستیاب ہیں۔

## 8. Equality Profiling: NWTC Approach

### Patients and Service Users

As a national resource for NHSScotland, we continuously strive to improve our standard of care for every person that comes through our doors.

To do this, we need to collect a range of information about our patients and service users, such as gender, age, religion, ethnicity and any disability. This monitoring tells us where to direct our services and where improvements need to be made.

The following tables demonstrate the data held on our inpatient and day case admissions for 2013/14. In line with data protection laws, we have withheld any figure where the number of admissions is fewer than five – these are marked with an asterix (\*).

Ethnic Origin	% of Admissions
African, African Scottish or African British	0.08%
Any mixed Background	*
Arab, Arab Scottish or Arab British	0.03%
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	*
Black, Black Scottish or Black British	0
Caribbean, Caribbean Scottish or Caribbean British	*
Chinese, Chinese Scottish or Chinese British	0.10%
Gypsy/Traveller	*
Indian, Indian Scottish or Indian British	0.26%
Not Known	1.15%
Other African	*
Other Asian	0.06%
Other Caribbean or black	*
Other ethnic group	0.12%
Pakistani, Pakistani Scottish or Pakistani British	0.70%
Polish	0.27%
Refused/Not provided by patient	25.05%
White Any other ethnic group	0.54%
White Irish	0.53%
White other British	4.55%

White Scottish	66.48%
Not Recorded	*

Religion	% of Admissions
Agnostic	*
Atheist	0.03%
Baptist	0.12%
Buddhist	0.06%
Christadelphian	*
Christian Scientist	*
Church of England	0.54%
Church of Ireland	0.03%
Church of Scotland	32.74%
Church of Wales	0.03%
Greek Orthodox	0.00%
Hindu	0.07%
Hindu Sikh	0.06%
Humanist	*
Islamic	0.06%
Jehovah's Witness	0.11%
Jewish	0.16%
Methodist	0.07%
Mormon	*
Muslim	1.03%
Non-Conformist	*
None	17.08%
Not Known	6.68%
Orthodox Christian	0.16%

Other Christians	3.20%
Other Free Church	*
Other Sects/Religions	0.05%
Pentecostal	*
Plymouth Bretheren	0.00%
Presbyterian	0.03%
Protestant	1.46%
Quaker	*
Rastafarian	*
Roman Catholic	15.81%
Salvation Army	0.06%
Scottish Episcopal	0.07%
Seventh Day Adventist	*
Sikh	0.10%
Unitarian	0.00%
Taoism	0.00%
United Reformed	*
Withheld Religion	1.91%
Not Recorded	18.11%

<b>Gender</b>	<b>% of Admissions</b>
Female	45.85%
Male	54.15%

<b>Age Group</b>	<b>% of Admissions</b>
Under 20	0.82%
20-29	3.14%
30-39	3.94%

40-49	9.72%
50-59	19.03%
60-69	27.63%
70-79	26.14%
80-89	9.18%
90-99	0.40%

Marital Status	% of Admissions
Divorced	5.22%
Married	51.46%
Not Known	17.34%
Other	3.48%
Single	10.86%
Registered Civil Partnership	0.18%
Dissolved Civil Partnership	*
Surviving Civil Partnership	0.03%
Separated, but still married	1.79%
Widowed	9.58%
Not Recorded	0.06%

### Disability patient data

We currently capture data on a small number of patients with declared disabilities, including those who are registered disabled.

We have commenced work as part of our new patient management system to improve the methods of gathering disability data, which will be followed by further training to staff who receive patient registration forms on admission.

### NHSScotland Working Together

Following the release of the Equality and Human Rights Commission (EHRC) report, 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 NHSScotland.

This 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 NHSScotland to increase disclosure rates, facilitate consistent reporting (through establishing standard metrics and reporting processes) and use the capabilities of a new HR 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.

### **How we use this data**

In line with the requirements in the Equality Act 2010, we must gather the following information on our staff in relation to the protected characteristics:

- Recruitment process
- Promotions
- Training Opportunities
- Number of Part Time versus Full Time Staff
- Number of staff with a current Personal Development Plan/Review
- Return to work of any disabled employee following sick leave, where this specifically relates to their disability
- Disciplinary/grievance hearings related to the protected characteristic(s) of the employee affected
- Reports on reasons for leaving related to any of the protected characteristics

This information helps us understand our workforce better and ensure that our plans, policies and processes are effective and fit for purpose. We can also tell if our recruitment practices are fair and if there is equal access to jobs and services.

### **9. Employee Information Analysis by Protected Characteristic**

All of our Employee data can be viewed in appendix one. We report Workforce Monitoring information bi-annually and these reports can be viewed on our website at <http://www.nhsgoldenjubilee.co.uk/publications/reports/workforce-monitoring/>

### **10. Equal Pay**

#### **Summary of NWTC pay gap analysis**

##### **Initial Assessment**

As an NHS employer, we have worked with our employees to ensure a fair and transparent system from recruitment, progression and pay that is easy to understand. Using a national template, we have carried out this pay audit to ensure that employees' pay and income are based on principles of equality, rather than historically systems which may not have been robustly checked for their fairness. Our analysis has shown that whilst there are some gaps these are caused by incremental drift which we will continue to monitor, update and report on.

##### **General Points**

- We publish bi-annual information on our gender split.



- We employ more females than males.
- We have proportionally more female employees than male in lower Agenda for Change (AfC) bands; this is consistent with our gender split.
- There are some hourly pay differentials between men and women.
- Female staff access flexible working and career breaks in a larger number than our male employees which has impacted on pay progression.
- The majority of our staff are employed on AfC terms and conditions, which have been legally tested to ensure that the system is fair and equitable for all staff. Once an employee has reached the top of the pay band, there is no further increase and, over time any pay differentials will reduce. We will continue to monitor and report on all AfC band variations.

### **Medical and Dental Staff – Key Points**

- 85% of our medical workforce is male.
- Male medical staff earn £2.60 per hour more on average than their female colleagues.
- We have established that the pay differential exists because of incremental drift, and also because we employ more male consultants than females at this time. We will continue to monitor this situation but over time we expect to note the differential decreasing as some male doctors retire.

### **Agenda for Change posts**

#### **Administration – key points**

- 83% of the administrative workforce is female.
- Female workers within this staff group earn £0.29 pence per hour more than their male counterparts.
- The differential appears to be due to the hourly rate paid due to incremental drift on Band 4-8 salary scales. This in itself does not make the differential unfair but this does require to be monitored to ensure the differential reduces over the next five years.

#### **Healthcare Sciences – key points**

- 60% of this staff group is female.
- There is a variance of £2.98 an hour between average hourly rates of male and female Healthcare Scientists, with male scientists being paid higher.
- The differential has occurred because of the difference in incremental pay and also because we currently have more males employed at senior bands in this sector. We will continue to monitor this and report on a regular basis.

#### **Nursing and Midwifery – key points**

- 17% of our nurses are male.
- There is a variance of £10.61 per hour between average hourly rates of male and

- female nurses, with female nurses being paid higher.
- We currently have more females employed at senior bands in this sector. We will continue to monitor this and report on a regular basis.

### **Support Services – key points**

- The Support Services staff group is made up of employees from Housekeeping, Portering, Estates, Maintenance and Security services.
- This staff group employs 8% more male than females.
- There is a variance of £5.30 per hour between average hourly rates of male and female support service staff, with male staff being paid higher. This has been caused by incremental drift and the fact that we have no females currently employed in senior bands in support services. This does require to be monitored and consideration given for any future appointments. Further work as above will be carried out in conjunction with our Equalities Group.

### **Conclusion**

Our Human Resources team will continue to work with Senior Managers, the Medical Director and the Equalities Group to monitor these issues and to help reduce pay differentials that exist.

We will also continue to enhance the information contained within our Workforce Monitoring Report in relation to the nine protected characteristics and how we present our data in the most meaningful way to ensure we meet and exceed our Public Sector Act Duty.

We will ensure that we continue to pay our staff fairly and in line with our Equal Pay Statement.

We will report an update on this position at the end of 2015/16 to our Senior Management Team, Partnership Forum and Board.

## **11. Equality Outcomes Case Study: Diversity Champions**

### **Background**

As part of our obligations under the Equality Act 2010, in January 2012 we launched a three-day enhanced Diversity Champion Training Programme to train 18 members of staff to support embedding the principles of equality and diversity, and to build capacity of equality and diversity activity across the Board.

This training was provided by the Equality and Inclusion Manager from NHS Tayside.

### **Recruitment, Launch and Training**

A recruitment drive was developed, working closely with the Communications Department and Senior Management to encourage staff to become Diversity Champions.

- Members of the group launched an initiative where they displayed a general awareness Powerpoint presentation, engaged with staff, encouraging them to consider applying for the role.
- Line managers were required to support candidates' applications and future involvement in the role.
- Applicants were invited to meet the selection panel to explore their interest in the role in a more formal way.

This resulted in 18 members of staff from various roles across the organisation (including Consultants, Board Directors, Admin and Nursing staff) being trained as Diversity Champions.

### **Role and Skills**

The role of a Diversity Champion is to:

- challenge negative and inappropriate behaviours, including bullying, harassment and discrimination, and to reinforce positive attitudes to equality and diversity;
- be proactive in raising awareness of equality and diversity within their own departments and will attend other group meetings to provide an overview as required;
- be familiar with our policies, particularly the Prevention of Bullying and Harassment/Dignity at Work Policy and will signpost individuals to formal support arrangements where appropriate, including local resources;
- fully support our Values, ensuring everyone is treated with dignity and respect. (A few Diversity Champions took part in a video to promote our values); and
- work alongside Confidential Contacts to provide signposting for staff who may be experiencing bullying or harassment.

## Network Meetings

Champions are committed to attend quarterly networking meetings - at the very least once a year. These meetings provide an opportunity to discuss issues experienced and develop learning; they also provides an opportunity to consider which external agencies could be invited to present to staff on useful issues within the equality and diversity agenda.

A few members of the group attended an Annual Diversity Champions Network Meeting at NHS Tayside which gave them a chance to network with colleagues from another board and to increase their learning.

An annual visit has been established to increase awareness of the equality and diversity agenda. To date, visits have been made to Glasgow Central Mosque, Glasgow Gurdwara, Glasgow Cathedral and St Mungo's Museum of Religious Life and Art.

## Awareness Raising

A communications campaign to recruit Diversity Champions and raise awareness of the role.under the heading 'Difference doesn't matter, Understanding does' was held. The campaign included frequent electronic and printed communications, such as email, staff magazine, posters, leaflets and screensavers.

Our Staff Intranet regularly displays screensavers on Diversity Champions in addition to a dedicated page with contact details and other useful information. They also wear colourful lanyards with Equality and Diversity Champion printed on them to allow staff, patients and visitors to recognise them.

**Difference doesn't matter.  
Understanding does.**



## **Additional Training – Challenging Conversations**

Champions may require to have challenging conversations with a more senior colleague, fellow team member, colleague from another team, patients or visitors. To support this, they attended a one-day workshop to provide them with the necessary skills to carry out such conversations.

## **Evaluation**

Before a second cohort of Diversity Champions were recruited and trained, we evaluated the impact of the role within the Champions' area / department.

A questionnaire was completed by 14 managers (78% response) and 15 Champions (83% response).

The key feedback below highlights that the Diversity Champions have made a significant impact across the organisation and that there is a need to continue to support this role.

- The role has benefit to both the teams and the organisation.
- Line managers are supportive of the role and encourage development, networking and raising awareness.
- There is a need to increase the number of Champions.
- There should be less focus on specific protected characteristics and more on supporting shared values around dignity and respect.
- There should be more publicity of the role and stories from the Champions.

## **Cohort Two**

The existing Diversity Champions supported the recruitment drive of a second cohort of 14 Champions, who were recruited and trained in April 2014.

The Champions take an active role in supporting different events, including the annual Equalities Festival, networking meetings, events and awareness-raising sessions with external agencies as mentioned above. This increases not just their own awareness but that of our staff, patients and visitors.

## **The Future**

The Equalities Group will continue to develop the role of Diversity Champions, making us an even better place to work with a happy and motivated workforce. This will allow us to continue our zero tolerance approach to discrimination, bullying and harassment in the workplace.

## **12. Equality Outcomes Case Study: LGBT Support**

In 2013, we developed Equality Outcomes designed to reduce discrimination, foster good relations and advance equality of opportunity for Lesbian, Gay, Bisexual and Transgender (LGBT) people.

- Stonewall, the lesbian, gay and bisexual (LGB) charity has published a range of health research that describes poor experiences of healthcare and poorer health outcomes in LGB people. Specifically they have found that:
  - levels of attempted suicide and self-harm amongst lesbian and bisexual women are much higher than in the wider population;
  - 52% of lesbian and bisexual women who had accessed healthcare services in the last year had a negative experience;
  - the health needs of gay and bisexual men were not being met, and mental health and drug use issues were being overlooked; and
  - 34% of gay and bisexual men who had accessed healthcare services in the last year had a negative experience.

We have been a member of the Stonewall Diversity Champions programme since 2008.

### **Stonewall Workplace Equality Index**

We have participated in the UK-wide Stonewall Workplace Equality Index (WEI) – a benchmarking index which promotes good practice in LGB equality work – since 2009.

Participating in the Index has enabled us to show areas of strength and identify areas of improvement for LGB staff and service users.

We have improved our position in the WEI each year since 2009; and for the past five years has been the top-performing NHS Scotland Board.

In January 2015, we were named in the WEI Top 100 Employers list at 70<sup>th</sup> place, an increase of 53 places from last year. We were also named as the fifth top Scottish employer in the Index and placed sixth in the list of UK Health entrants.

### **Supporting our LGBT staff**

#### **1. Staff wellbeing and support**

We have developed and published a number of information leaflets to enable our staff to understand how our work-life balance policies, such as special leave, maternity, paternity, adoption and fostering support LGBT staff and their families. This was showcased by Stonewall Scotland in a Good Practice case study in their Top 100 Employers publication in 2014.

No Bystanders

We were the first NHSScotland Board to have our Chief Executive and Chair sign the Stonewall 'No Bystanders' pledge in July 2014. The No Bystanders campaign raises awareness of bullying and harassing language and encourages individuals to commit to speak up and challenge these behaviours.

Once this was achieved, our Chair asked the Chief Executive of NHSScotland to sign the pledge, which he did when he visited us on 18 July 2014.

We have also advised on an amended letter to be sent from the Director of Stonewall Scotland to all NHS Board Chairs to promote the No Bystanders campaign. This sends a powerful message to NHS Scotland, which is Scotland's largest public sector employer that hate speech will not be tolerated and it is hoped that the "cascade" effect will see a range of NHS Chief Executives and Senior teams sign up to the campaign.

## 2. Training for supervisors and line managers

As part of our Stonewall WEI submission, we are required to ask our LGBT staff about their experiences at work. From their feedback, we have learned that there was a need for supervisors and line managers to better understand the needs and experiences of LGBT staff in the workplace.

In response to this we have reviewed the content of our Diversity awareness training, ensuring that all line managers are up-to-date with their training on Equality legislation.

Our new People Management programme for supervisors and line managers reinforces equality and diversity within the context of helping managers to tackle prejudice, stereotyping and bullying and harassment.

## 3. Engaging with our LGBT staff

In order to improve our engagement with our LGBT staff, we have developed a Board LGBT Network, which will meet formally twice a year the first instance.

Members will be able to interact via a network Facebook page on a regular basis. This Facebook page operates as a closed, secure group to protect the identity of members and posts from non members.

LGBT members of staff who do not have a Facebook account can sign up to join the confidential email distribution list to receive network information by contacting the network coordinators. This enables staff that work varying shift patterns to be engaged and supported.

The functions of the LGBT network group are as follows:

- sharing relevant information for LGBT staff;
- championing LGBT issues for employees;
- encouraging engagement with and inclusion of LGBT staff;
- contributing to the Board equality and diversity agenda;

- raising awareness of the impact of relevant legislation;
- advising on policy development from LGBT perspective;
- improving the work environment for LGBT employees;
- supporting LGBT employees and enabling them to develop their careers; and
- ensuring LGBT staff can be open about their sexual orientation if they want to be.

#### 4. Support for Transgender staff and service users

In August 2012, we developed a Transgender policy to set out our expectations of our general health service provision to Trans patients and fulfil our responsibilities as an employer of Trans people.

In developing our policy, we sought advice from the Scottish Transgender Alliance and consulted with a number of Trans members of our community networks.

Our policy sets out our commitment to Trans equality by:

- ensuring trans people using or visiting our services can do so without fear of prejudice, discrimination or harassment;
- providing management and staff with guidance on the appropriate care for trans people and the legal context for this;
- providing information to trans people regarding their rights to equality of access of service and employment opportunities;
- ensuring that employees who intend to undergo, are undergoing, or have undergone gender reassignment are treated with fairness and support in their recruitment and development; and
- supporting staff to contribute to culture change within this organisation

#### **Supporting our LGBT service users**

##### 1. Developing a good practice guide for staff caring for LGBT patients

In 2013, we launched “Getting It Right for our LGBT patients”. This good practice leaflet is a short practical guide containing accessible information on providing care for LGBT patients in a respectful and equal manner so that their treatment is as stress-free as possible.

This guide has proven to be a cost effective way of reaching a large volume of staff and improving knowledge on specific issues surrounding sexual orientation and gender identity.

The leaflet is deliberately designed to be an easy read to help frontline staff understand that respectful care doesn't have to be complicated. This leaflet has also been supported by our work to roll out our Board values, one of which is valuing dignity and respect, which supports both staff and service users.



One of our Board Sexual Orientation leads presented this leaflet at a Stonewall Good Practice seminar in September 2013 on “low cost, high impact” improvements for LGBT staff and service users.

We have provided training on the content of the leaflet within our nursing teams and are rolling out this training to all frontline staff on a phased basis.

## 2. Board level support for LGBT equality work

We have strong Board-level support and commitment for all of our Equality and Diversity work, with three of our Board members trained as Diversity Champions.

Each year, we have specifically used International Day Against Homophobia and Transphobia (IDAHOT) in May, to raise awareness of the devastating impact of homophobia and transphobia, and our work to improve the quality of the experience of our LGBT service users.

In 2013, we launched our “Getting It Right” leaflet with support from our Nurse Director and in 2014, our full Board supported our IDAHOT awareness campaign.



## Wider engagement and promoting best practice

One of our Sexual Orientation leads is Chair of the Scottish Workplace Networking for LGBT People (SWAN) - Scotland's largest LGBT network with over 600 members.

Our Board has hosted SWAN LGBT networking events each year, enabling our LGBT staff to meet and network with others across the public, private and third sector.

Our SWAN events since 2013 have:

- how we use our equality outcomes to improve services for LGBT people;
- how we use the Stonewall WEI to improve our staff experience; and
- our Diversity Champions programme and promoting dignity and respect in the workplace.

Following the publication of a Stonewall Scotland report “Your Services, Your Say” on the experiences of LGBT people using public services, we participated in a round table event attended by public sector representatives to inform areas of development work going forward and share good practice.

One of our Board Sexual Orientation leads, who has completed the Stonewall Role Models programme, was invited to be part of a panel of role models, which included the Scottish Conservative Party leader, Ruth Davidson, at the Stonewall Scotland Workplace Conference in November 2014.

### **13. Equality Outcomes Case Study: Older People in Acute Care**

Service users and staff cover all adult age groups within our Board.

#### **Dementia**

Following a successful quality bid in 2014, we appointed a part time Lead Nurse for Dementia to oversee all aspects of dementia care and education in the Board.

An action plan has been developed to take forward this work, building on past achievements and integrating the National 10 Key Actions for Dementia – the initial emphasis is on ‘Work as equal partners with families, friends and carers’ and ‘Minimise and respond appropriately to stress and distress’.

Use of the ‘Getting to know me’ document has commenced at pre-assessment/outpatient appointment when a patient has a confirmed diagnosis of dementia or cognitive impairment, and patient and carer agree to its use.

We have a small number of dementia-friendly inpatient rooms and plan to create additional rooms as part of planned ward upgrades in 2015. These rooms have features which will aid the person to settle within the hospital environment. Patients with a known diagnosis of dementia can be allocated to these inpatient rooms on admission.

#### **Dementia Education for staff**

We have been working to deliver ‘Promoting Excellence’ dementia education; by December 2014, 49 members of staff have been trained to skilled and enhanced level.

A ‘Best Practice in Dementia Care’ course has been implemented; 28 health care support workers have already completed the course with a further 10 commencing the course in November 2014.

Dementia training days and other sessions help staff to identify and recognise behavioural and psychological symptoms associated with dementia and how to deal with these in an acute care setting.

Eight health care practitioners have completed the NHS Education for Scotland (NES) Dementia Champions programme with a further two candidates put forward for the 2015 cohort. A revised action plan for dementia champions will be put in place, with the Lead Nurse overseeing this.

An Inpatient Boarding protocol has been developed to ensure that patients with dementia are not considered for boarding.

#### **Wider aspects**

Older people are involved in a number of forums, e.g. lay representation on the Food, Fluid and Nutrition Group, Quality Patient Public Group, Equalities Group, Research and Development Steering Group and the Bereavement Care Group.

## **Policies to support age equality:**

- The Adult Support and Protection
- Child Protection
- Chaperoning and Intimate Personal Care

Staff demographics are monitored and patterns of recruitment are also reviewed by Human Resources and the Age Equality Lead with scrutiny around possible age related bias at interview stage and to ensure no patterns of this are emerging.

## **Younger people**

We have no children receiving treatment but some children/young adults access services when visiting with family members.

We support school work placements and young volunteers. Members of our Young People Group assist at our annual Open Day for young congenital cardiac patients, who will transition to our adult service when they turn 16.

Many of our clinical students are younger people. We evaluate experiences of student nurses using Emotional Touch Point interviews, led by the Practice Education Facilitator (who is also a Diversity Champion). Within this process, there is opportunity to gain information from the student about their experience in working here and if there are any concerns highlighted related to age discrimination.

## **Skill Seekers**

Skills Seekers is a training programme run by Skills Development Scotland for young people who want to develop skills and equip themselves for the world of work.

We actively engage with this programme through our Human Resources department and we have had opportunities for 16 and 17 year olds to gain valuable work skills and experience on this programme. Many of our Skill Seekers have gone on to gain permanent posts here.

## **Training materials**

Several e-learning modules are available for staff to increase their knowledge on care of vulnerable groups. Whilst these modules are not mandatory for our staff to complete we encourage them to complete these and staff are signposted to these in a booklet which is given to staff at mandatory training days. We monitor update of these modules on a quarterly basis.

- Falls
- Delirium
- Foundation Child protection
- Adult support and protection.

## **14. Summary of Progress**

We continue to work towards achieving our Equality Outcomes, which set out what we wished to achieve in this area from 2013-2015.

We have established a partnership with Investors in Diversity and aim to achieve 'Leaders in Diversity' status.

We carried out an external access audit at the end of 2014 – the outcomes of this, will be important for us as we move through 2015/16.

We have reviewed our volunteering service and have created a part-time Volunteer Manager post to coordinate and develop this service in conjunction with our partners in West Dunbartonshire Community Volunteer Service.

We have also introduced the National Volunteer Information System, which will become a central tool in developing volunteering roles alongside our continued expansion.

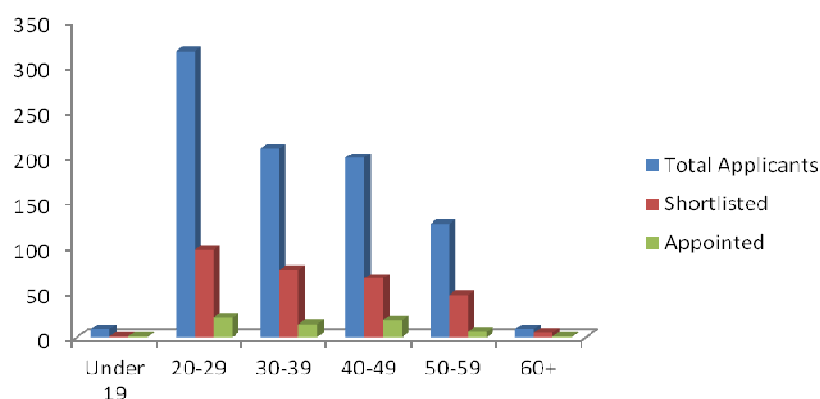
We remain committed to creating an inclusive work environment that welcomes individuals of all backgrounds and actively highlights and celebrates our unique mix of staff, patients and visitors.

## Appendix One

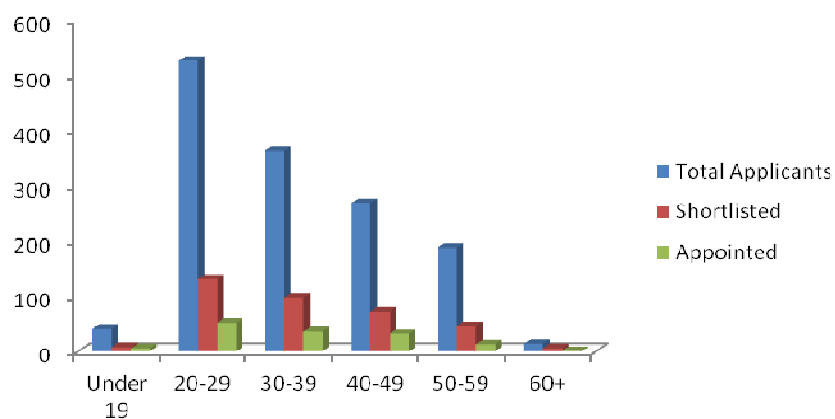
**For the purpose of reporting employment information, 1448 staff were in post at 31 March 2013 and 1583 at 31 March 2014. This does not include seconded staff or those brought in on short term agency contracts.**

### 1 Age

**Chart 1: Recruitment by Age 1 April 2012 to 31 March 2013**



**Chart 2: Recruitment by Age 1 April 2013 to 31 March 2014**



**Chart 3: Staff in Post by Age 2012/13 and 2013/14. This does not include staff employed from agencies or seconded from other Boards.**

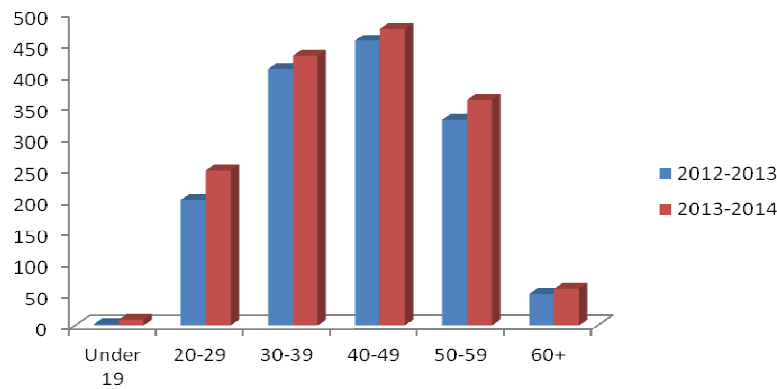


Chart 4 - Staff who attended and/or completed training by Age 2012/13 and 2013/14.

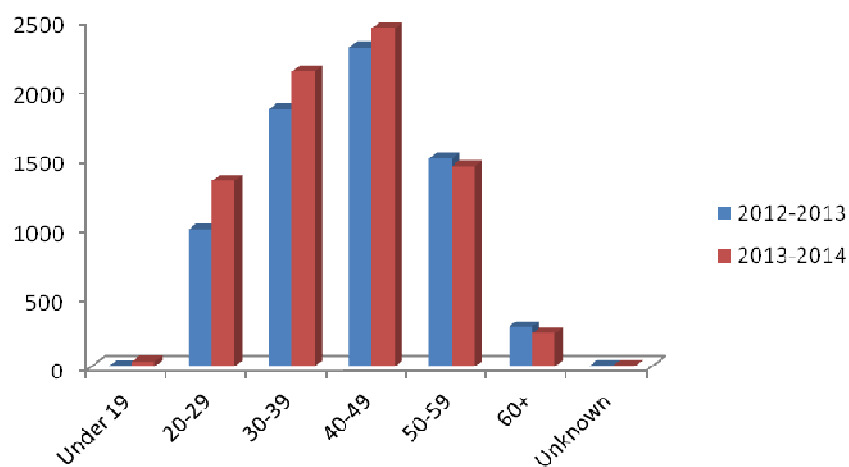
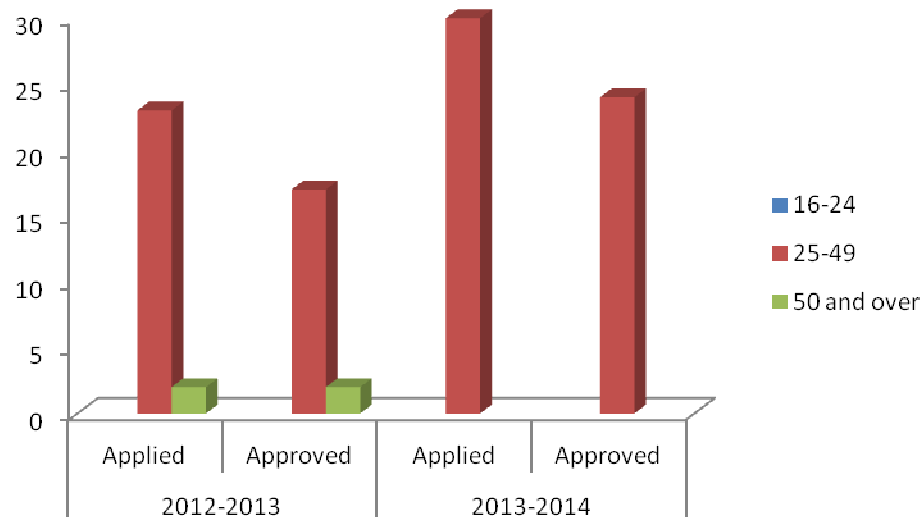
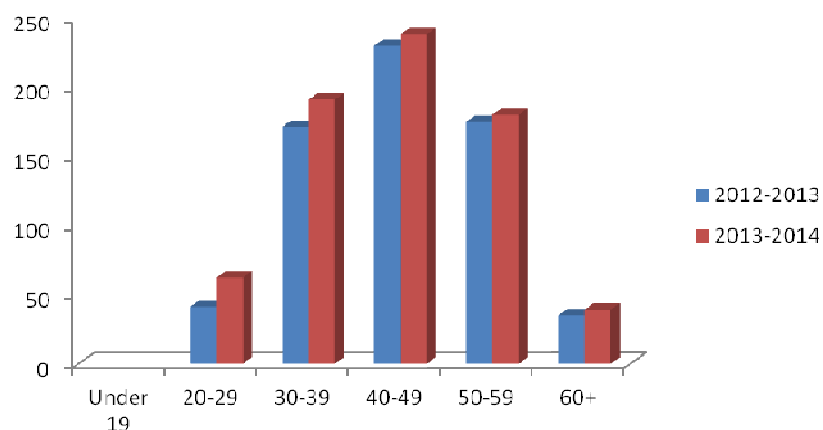


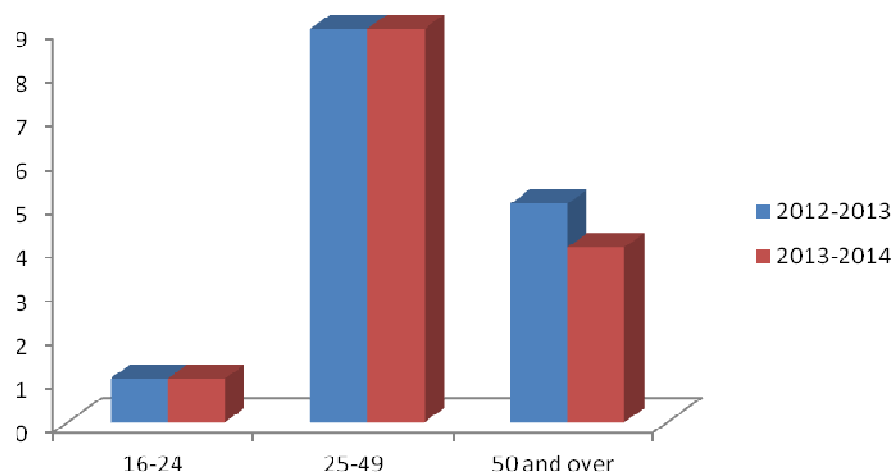
Chart 5 - Staff who applied for/received a bursary by Age 2012/13 and 2013/14



**Chart 6 - Staff with performance review recorded in eKSF by Age 2012/13 and 2013/14**



**Chart 7: Disciplinary Procedure by Age 2012/13 and 2013/14**

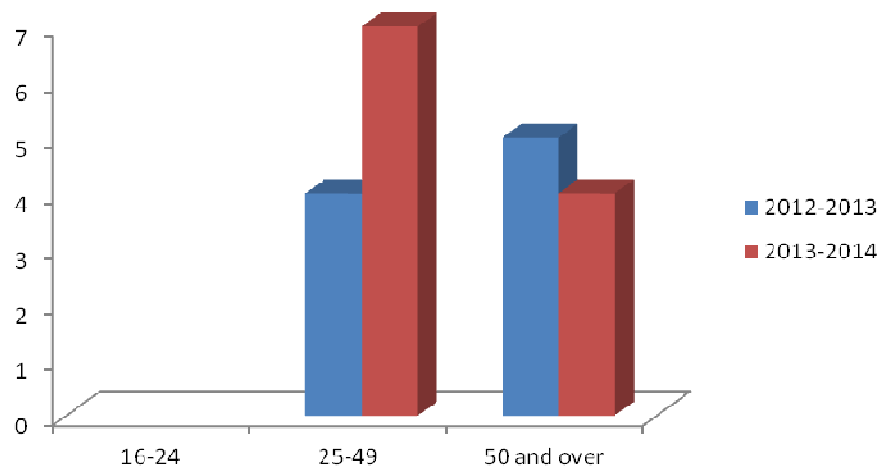


**Table 1: Grievance Procedure by Age 2012/13 and 2013/14**

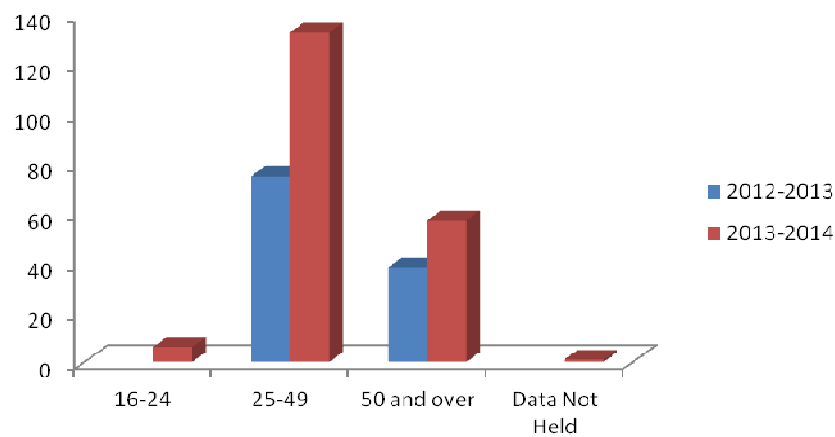
Age	2012/13	2013/14
16-24	1	
25-49	5	4
50 and over		1
Data not held		3
<b>Total</b>	<b>6</b>	<b>8</b>



**Chart 8: Capability Procedure by Age 2012/13 and 2013/14**

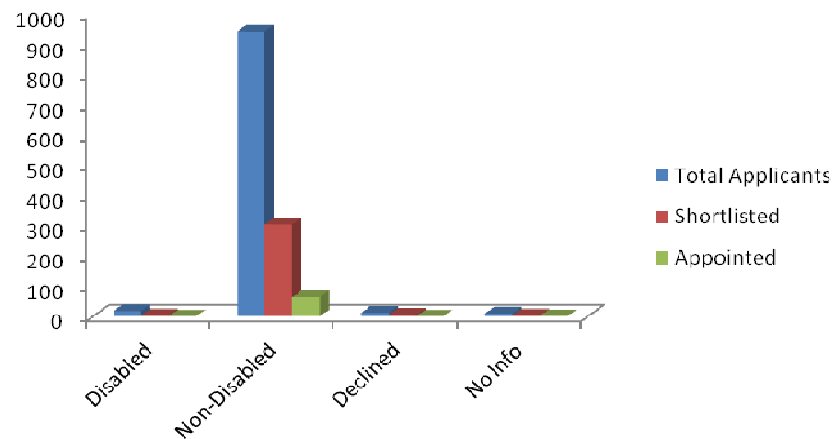


**Chart 9: Leavers by Age 2012/13 and 2013/14**

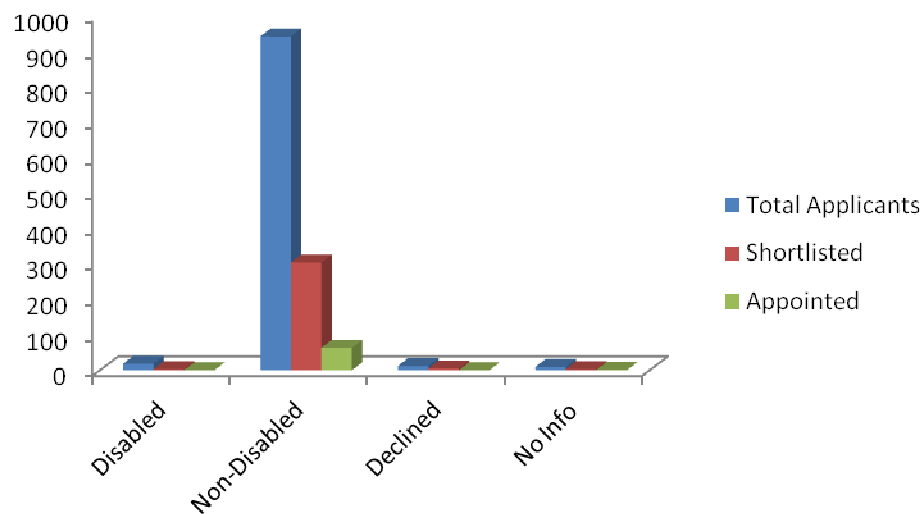


## 2 Disability

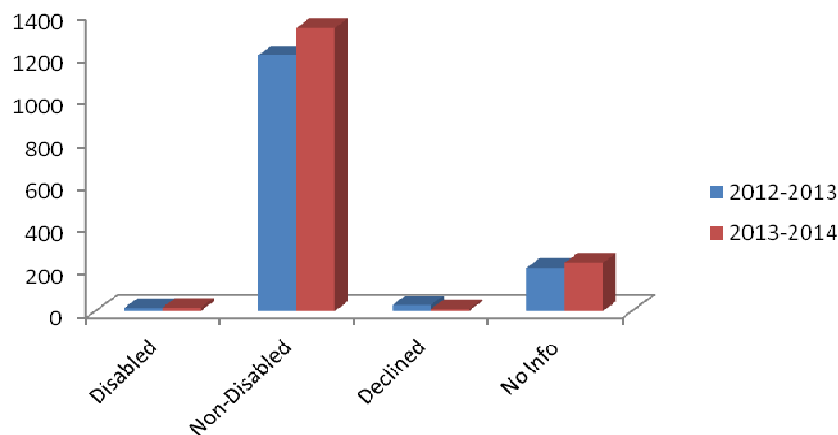
**Chart 10: Recruitment by Disability 2012/13**



**Chart 11: Recruitment by Disability 2013/14**

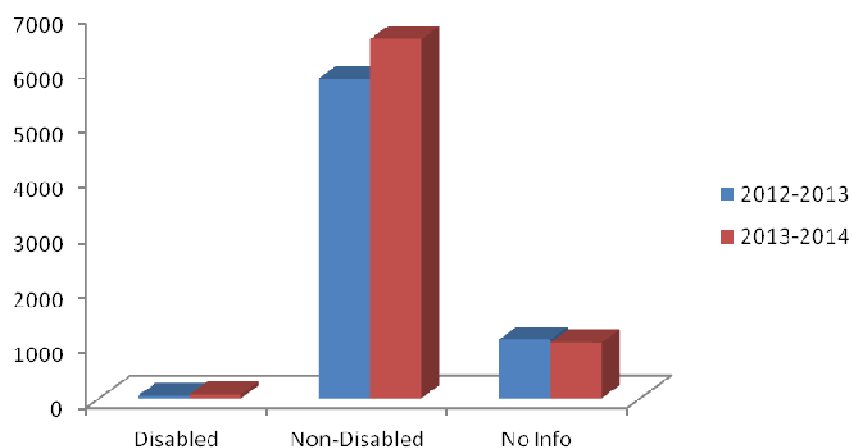


**Chart 12: Staff in Post by Disability 2012/13 and 2013/14**

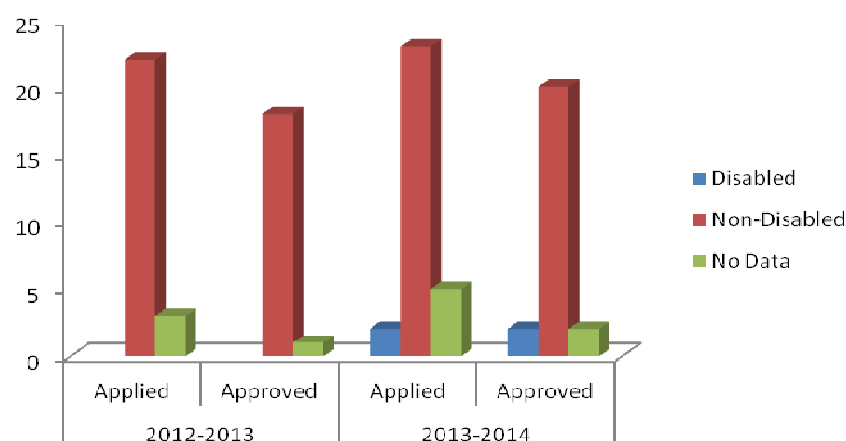


\*

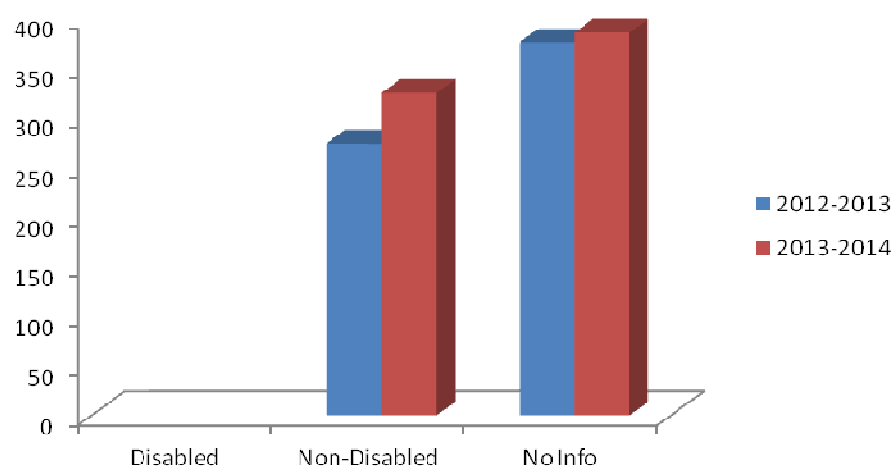
**Chart 13: Staff who attended and/or completed training by Disability 2012/13 and 2013/14**



**Chart 14: Staff who applied for/received a bursary by Disability 2012/13 and 2013/14**



**Chart 15 – Staff with performance review recorded in eKSF by Disability 2012/13 and 2013/14**



**Table 2: Disciplinary Procedure by Disability 2012/13 and 2013/14**

Disability	2012-2013	2013-2014
Disabled		
Non-Disabled	13	14
Data not held	2	
<b>Total</b>	<b>15</b>	<b>14</b>

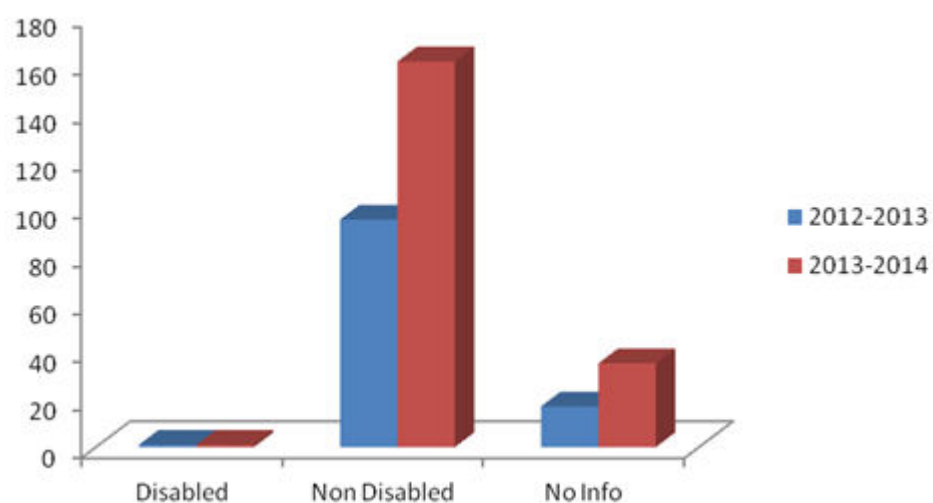
**Table 3: Grievance Procedure by Disability 2012/13 and 2013/14**

<b>Disability</b>	<b>2012-2013</b>	<b>2013-2014</b>
Disabled	0	
Non-Disabled	6	7
Data not held	0	1
<b>Total</b>	<b>6</b>	<b>8</b>

**Table 4: Capability Procedure by Disability 2012/13 and 2013/14**

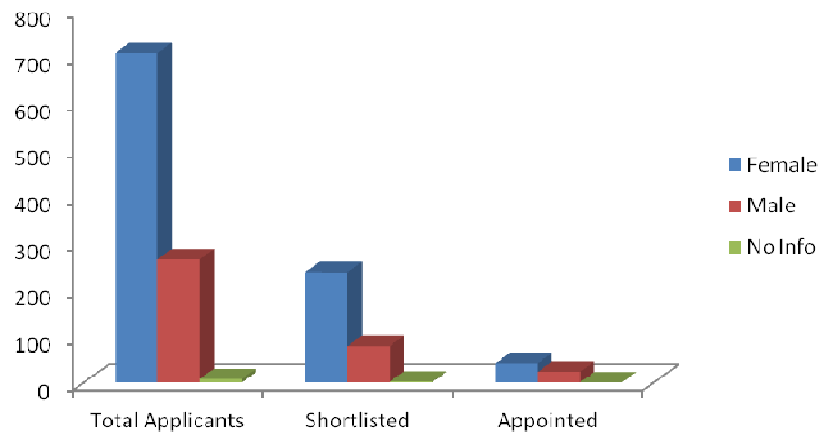
<b>Disability</b>	<b>2012-2013</b>	<b>2013-2014</b>
Disabled	1	0
Non-Disabled	8	11
<b>Total</b>	<b>9</b>	<b>11</b>

**Chart 16: Leavers by Disability 2012/13 and 2013/14**

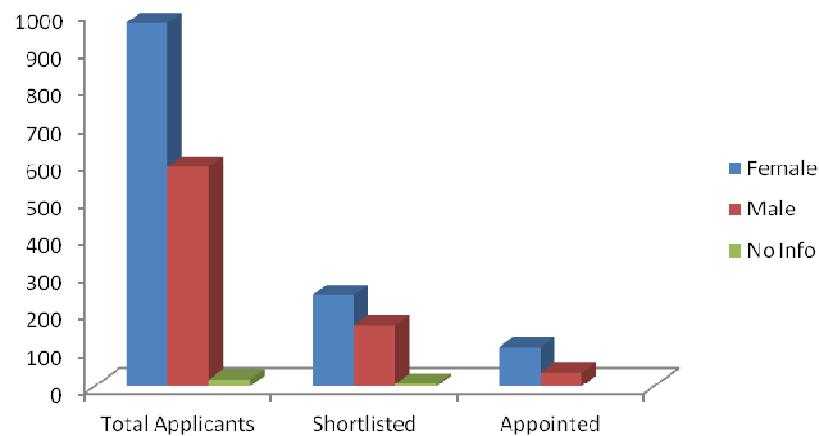


### 3 Gender

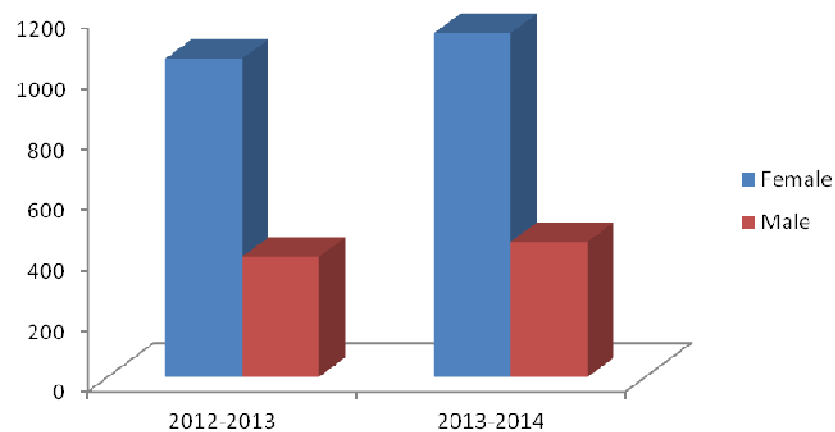
**Chart 17: Recruitment by Gender 2012/13**



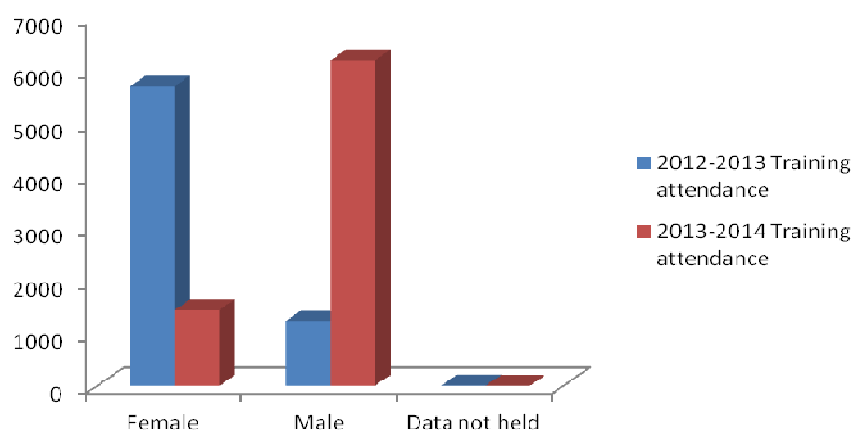
**Chart 18: Recruitment by Gender 2013/14**



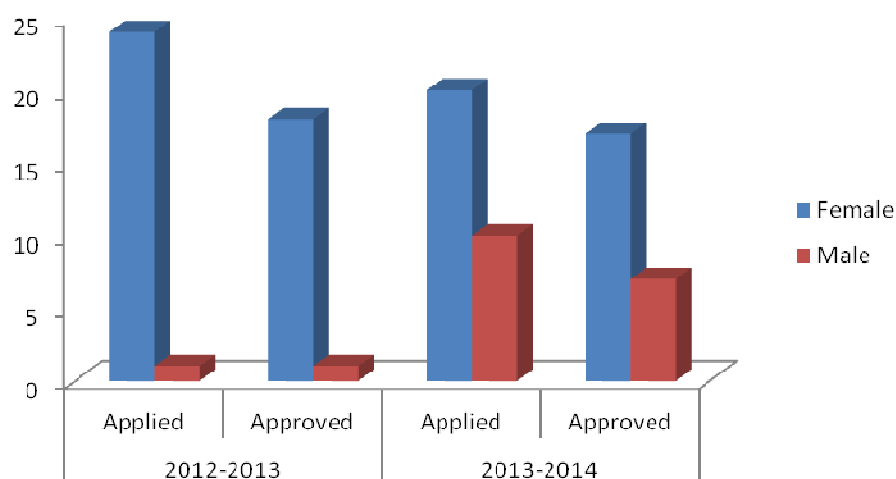
**Chart 19: Staff in Post and Number of Part Time Employees by Gender 2012/13 and 2013/14**



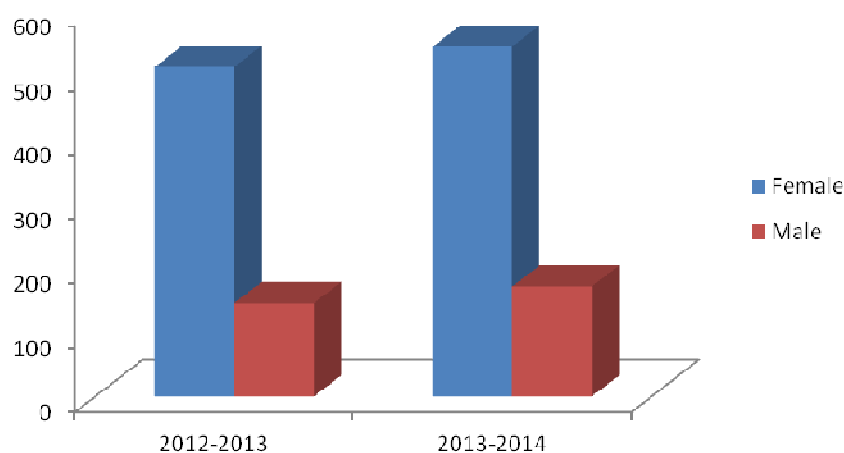
**Chart 20: Staff who attended and/or completed training by Gender 2012/13 and 2013/14**



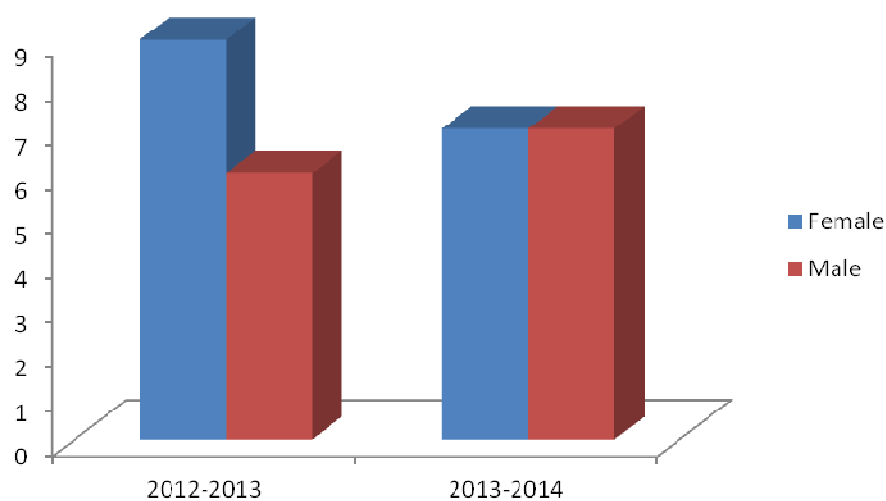
**Chart 21: Staff who applied for/received a bursary by Gender 2012/13 and 2013/14**



**Chart 22: Staff with performance review recorded in eKSF by Gender 2012/13 and 2013/14**



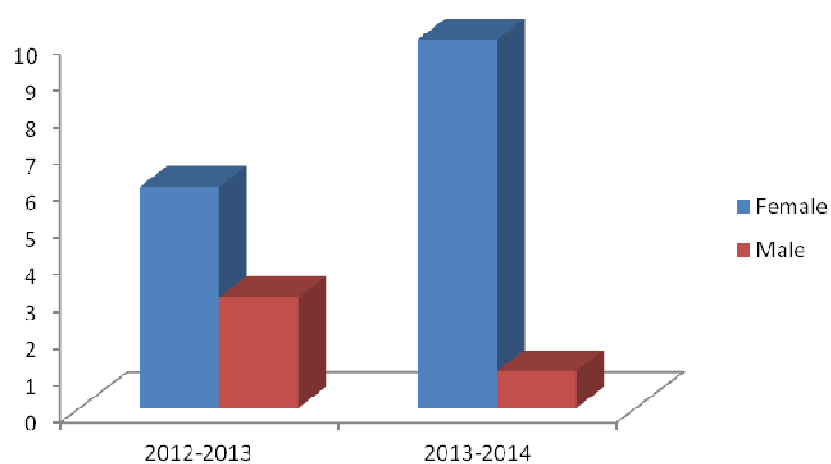
**Chart 23: Disciplinary Procedure by Gender 2012/13 and 2013/14**



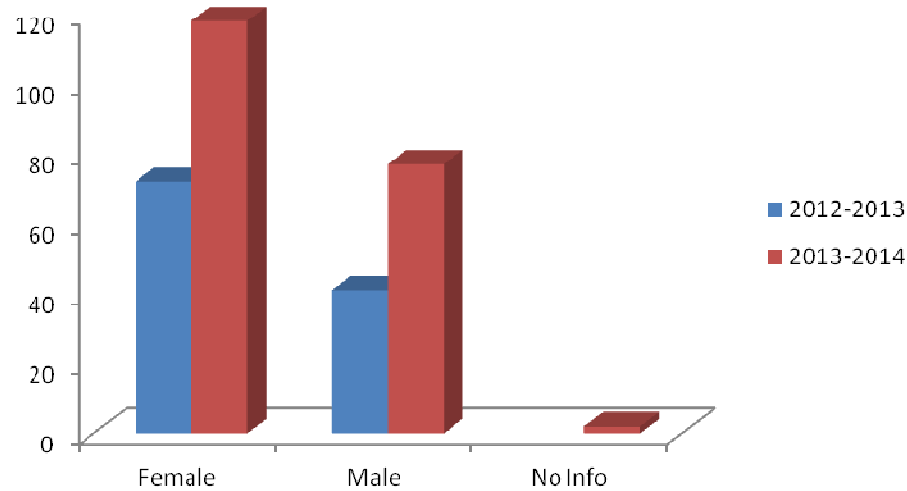
**Table 5: Grievance Procedure by Gender 2012/13 and 2013/14**

Gender	2012-2013	2013-2014
Female	2	4
Male	4	4
<b>Total</b>	<b>6</b>	<b>8</b>

**Chart 24: Capability Procedure by Gender 2012/13 and 2013/14**

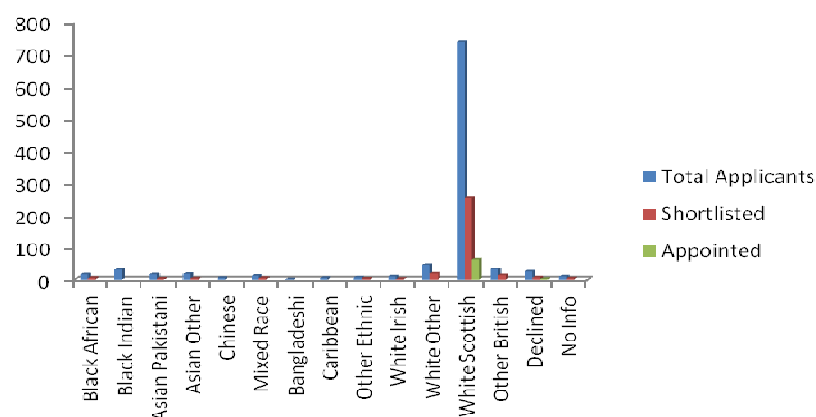


**Chart 25: Leavers by Gender 2012/13 and 2013/14**

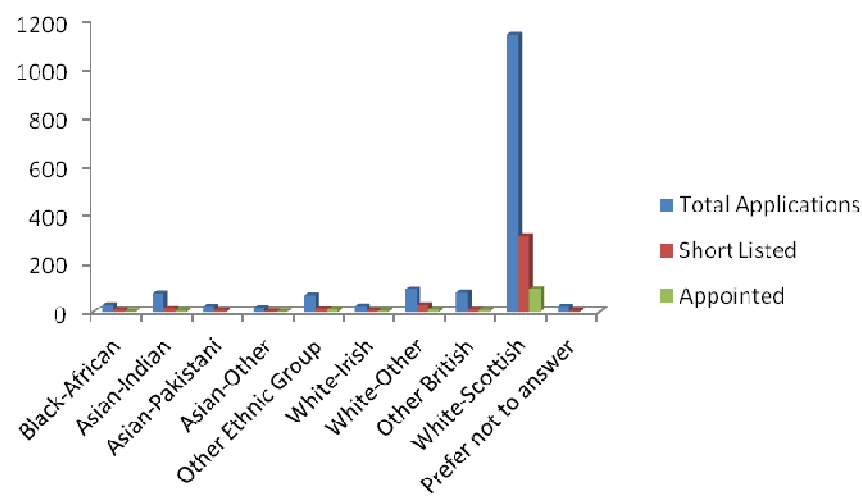


## 4 Race

**Chart 26: Applicants by race 2012/13**

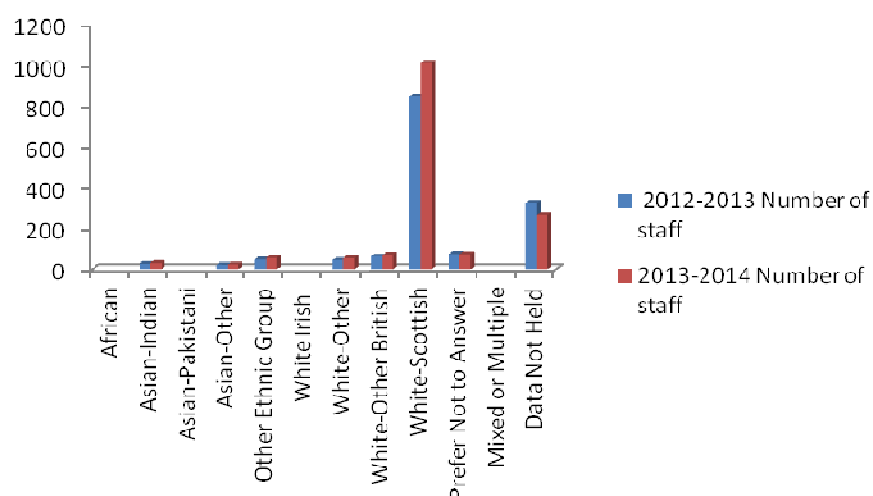


**Chart 27: Applicants by race 2013/14**

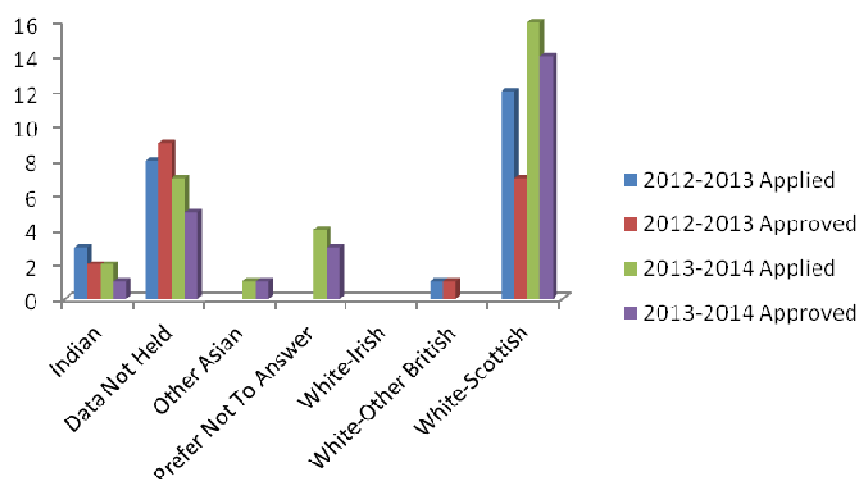




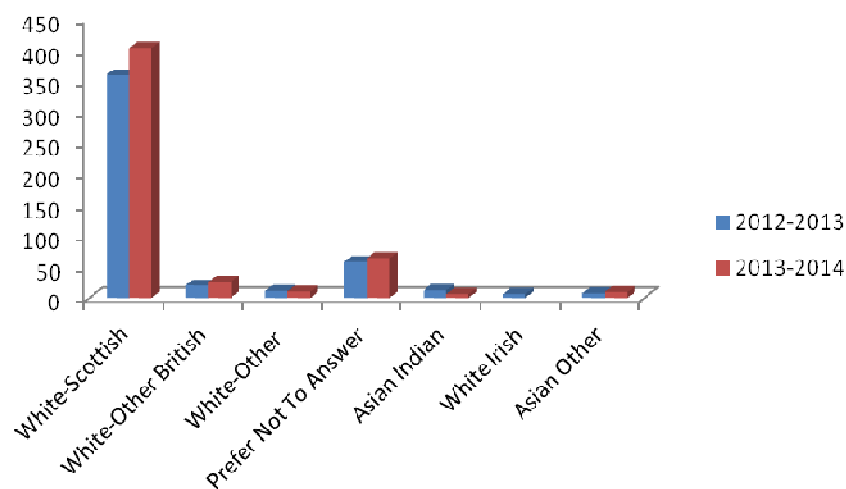
**Chart 28: Staff in Post by Race 2012/13 and 2013/14**



**Chart 29: Bursary by Race 2012/13 and 2013/14**



**Chart 30: Staff with performance review recorded in eKSF by Race 2012/13 and 2013/14,**



**Table 6: Disciplinary Procedure by Race 2012/13 and 2013/14**

<b>Race</b>	<b>2012-2013</b>	<b>2013-2014</b>
White-Scottish	11	8
Prefer Not To Answer	2	2
White-Other British		
Asian- Indian		1
Asian-Other	1	1
No Data	1	2
<b>Total</b>	<b>15</b>	<b>14</b>

**Table 7: Grievance Procedure by Race 2012/13 and 2013/14**

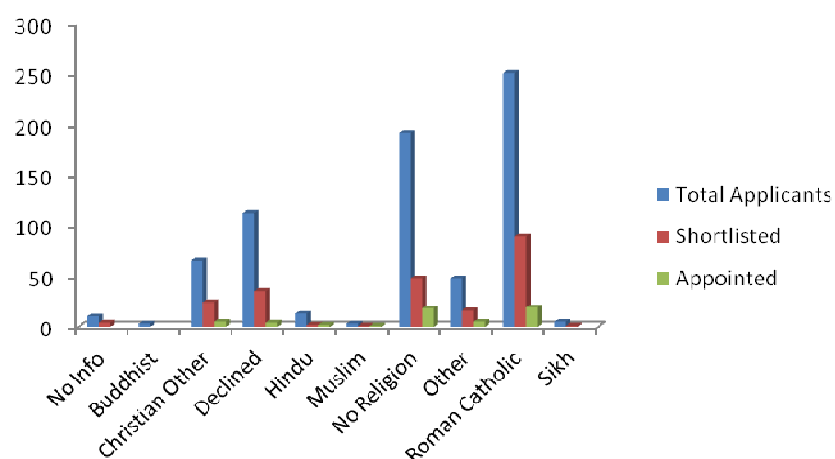
<b>Race</b>	<b>2012-2013</b>	<b>2013-2014</b>
White-Scottish	2	1
Other ethnic group	1	1
Prefer Not To Answer	2	2
White-Other	1	1
No info	0	3
<b>Total</b>	<b>6</b>	<b>8</b>

**Table 8: Capability Procedure by Race 2012/13 and 2013/14**

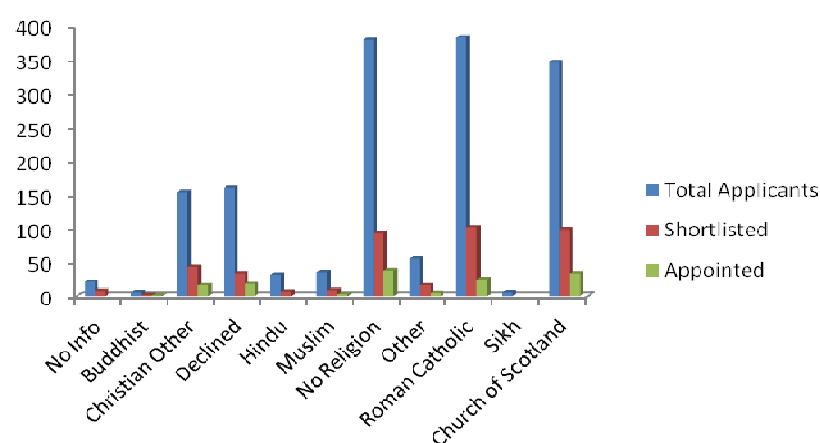
<b>Race</b>	<b>2012-2013</b>	<b>2013-2014</b>
White-Scottish	5	10
Prefer Not To Answer	1	
Asian Indian		1
African	1	
Other Asian	1	
Other British	1	
<b>Total</b>	<b>9</b>	<b>11</b>

## 5 Religion and Belief

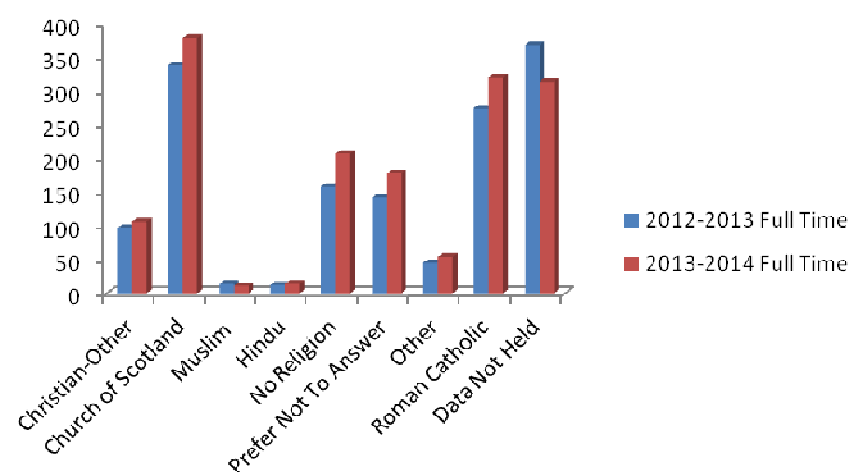
**Chart 31: Recruitment by Religion or Belief 2012/13**



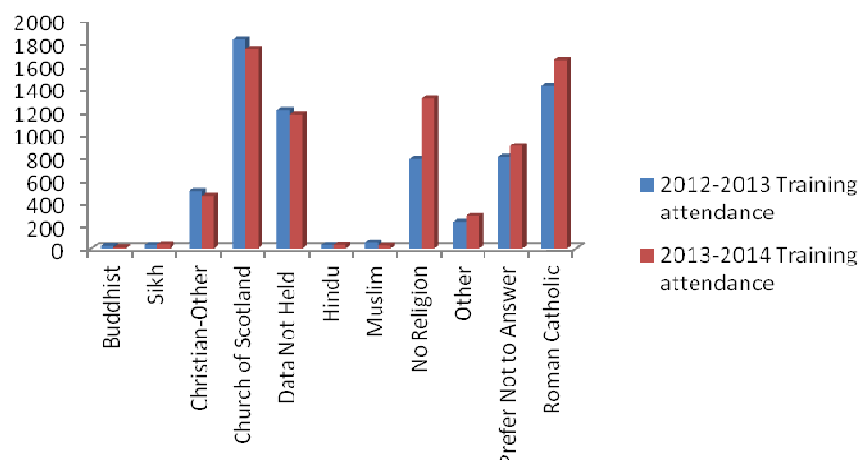
**Chart 32: Recruitment by Religion or Belief 2013/14**



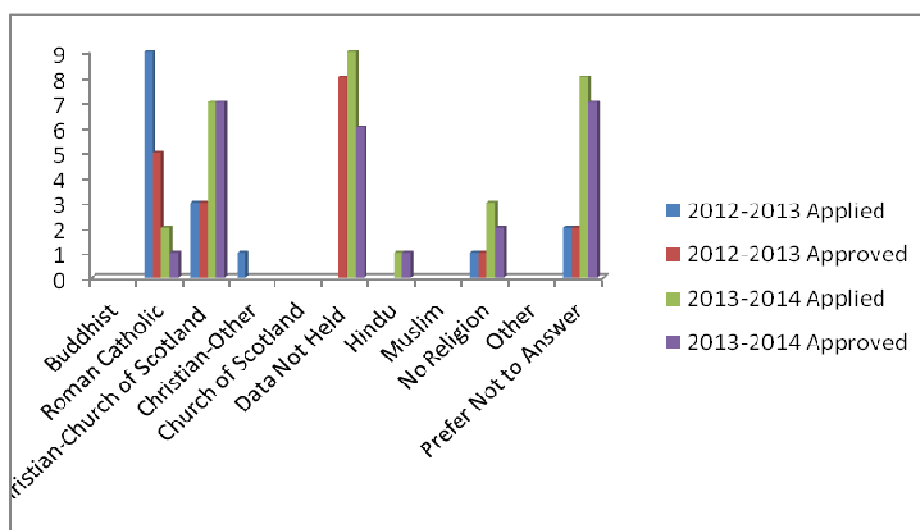
**Chart 33: Staff in Post by Religion or Belief 2012/13 and 2013/14**



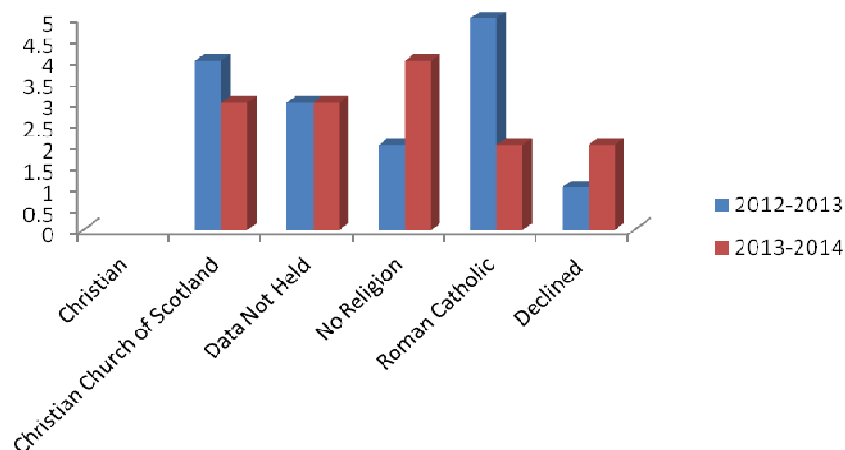
**Chart 34: Staff who attended and/or completed training by Religion or Belief 2012/13 and 2013/14**



**Chart 35: Staff who applied for and who received a bursary by Religion or Belief 2012/13 and 2013/14**



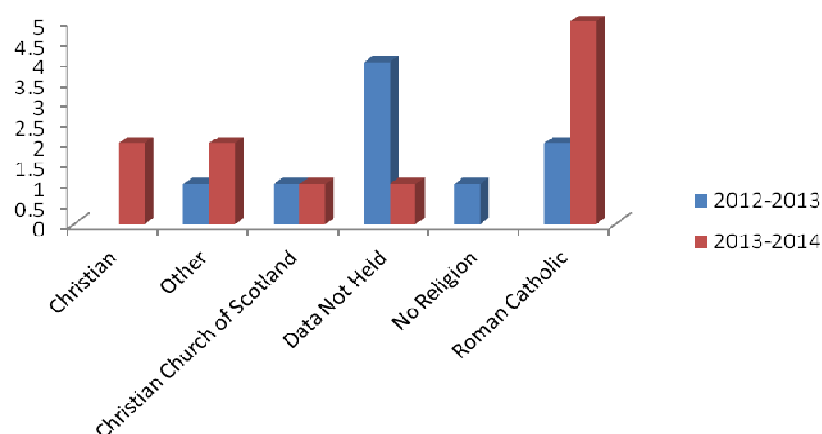
**Chart 36: Disciplinary Procedure by Religion or Belief 2012/13 and 2013/14**



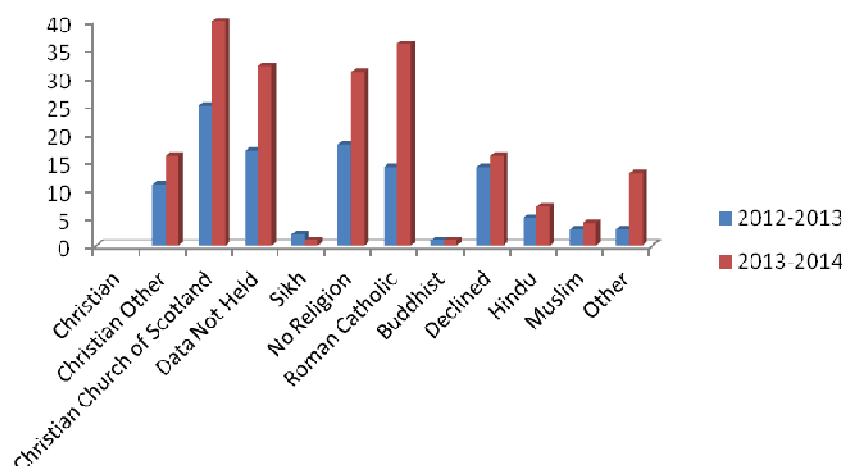
**Table 9: Grievance Procedure by Religion or Belief 2012/13 and 2013/14**

Religion or Belief	2012-2013	2013-2014
Christian		
Christian Church of Scotland	1	
Data Not Held		3
Declined	2	3
No Religion		1
Roman Catholic	3	1
<b>Total</b>	<b>6</b>	<b>8</b>

**Chart 37: Capability Procedure by Religion or Belief 2012/13 and 2013/14**

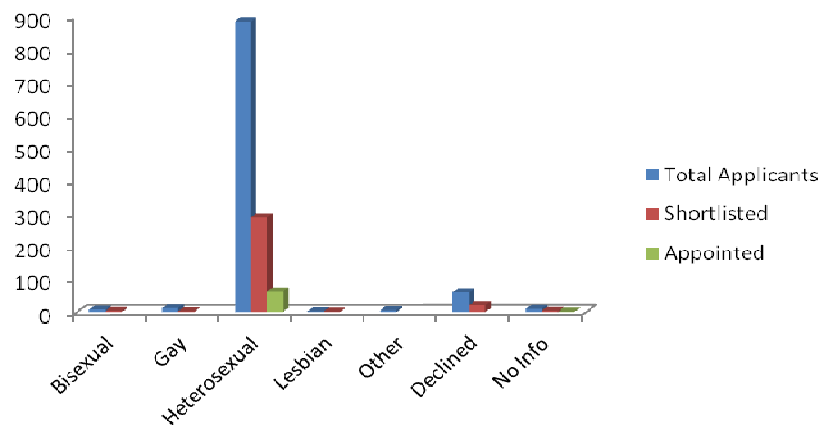


**Chart 38: Leavers by Religion or Belief 2012/13 and 2013/14**

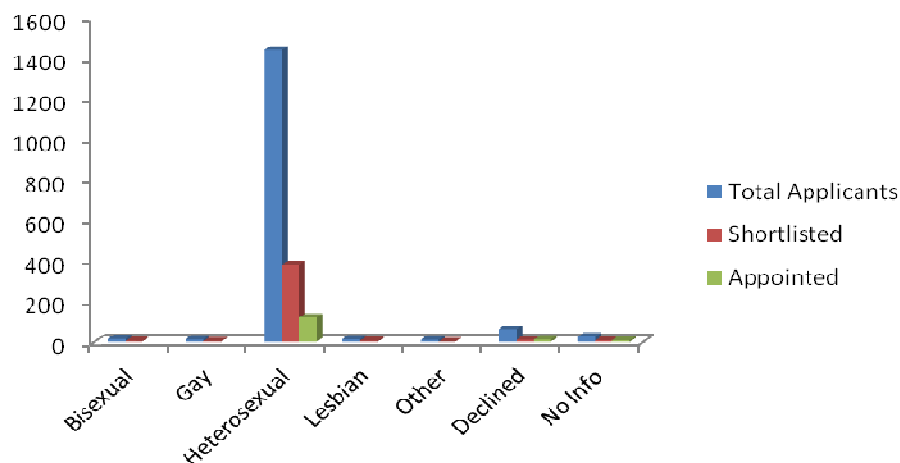


## 6 Sexual Orientation

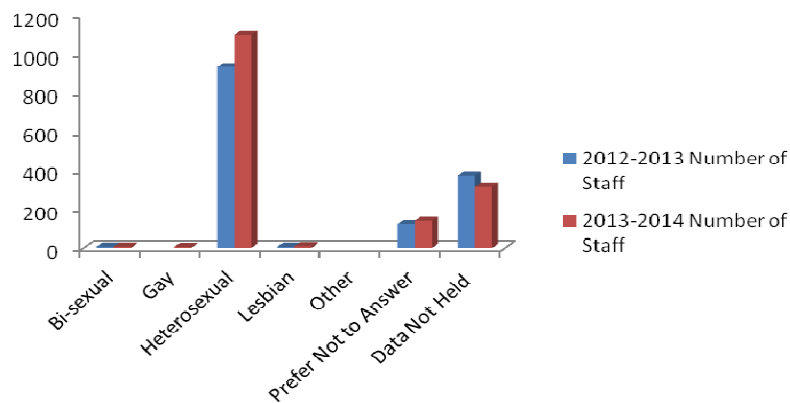
**Chart 39: Recruitment by Sexual Orientation 2012/13**



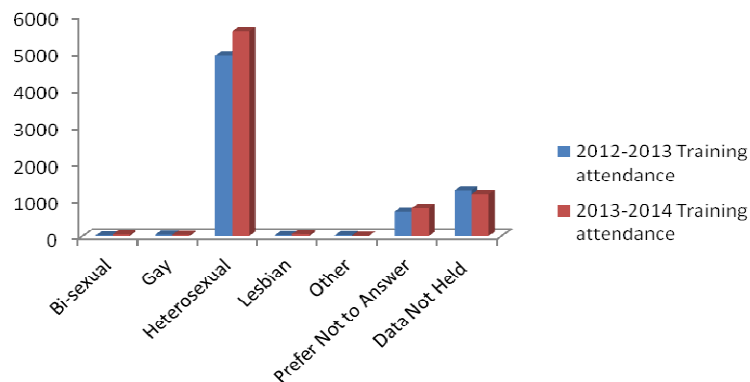
**Chart 40: Recruitment by Sexual Orientation 2013/14**



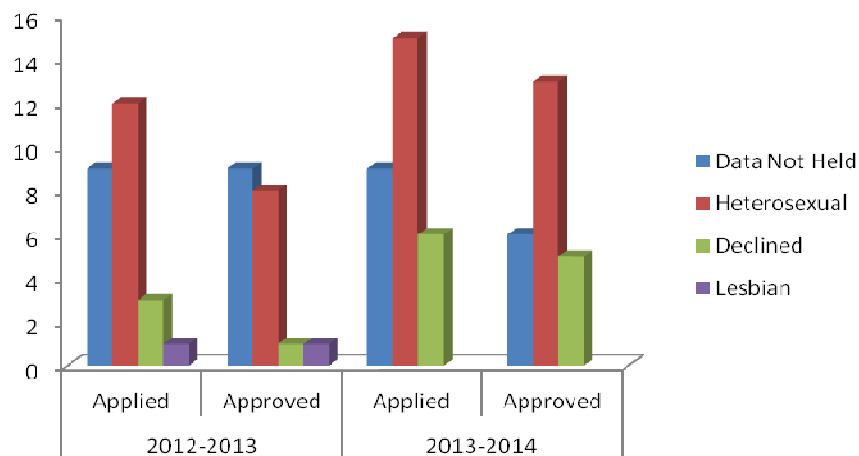
**Chart 41: Number of Staff in Post by Sexual Orientation 2012/13 and 2013/14**



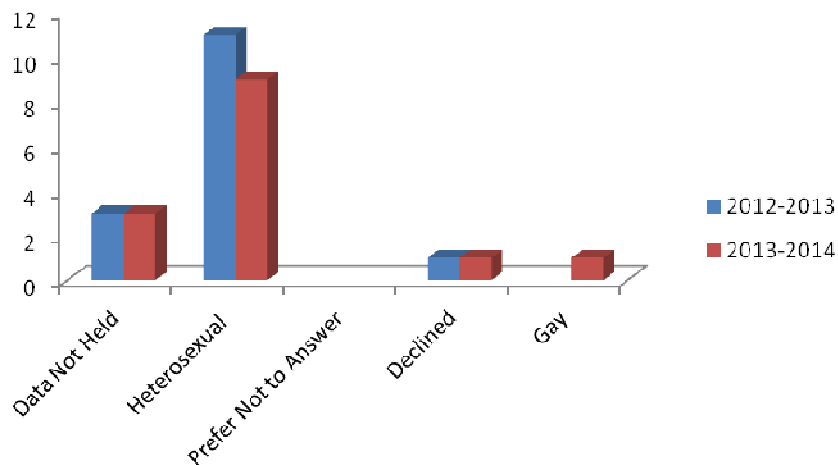
**Chart 42: Staff who attended and/or completed training by Sexual Orientation 2012/13 and 2013/14**



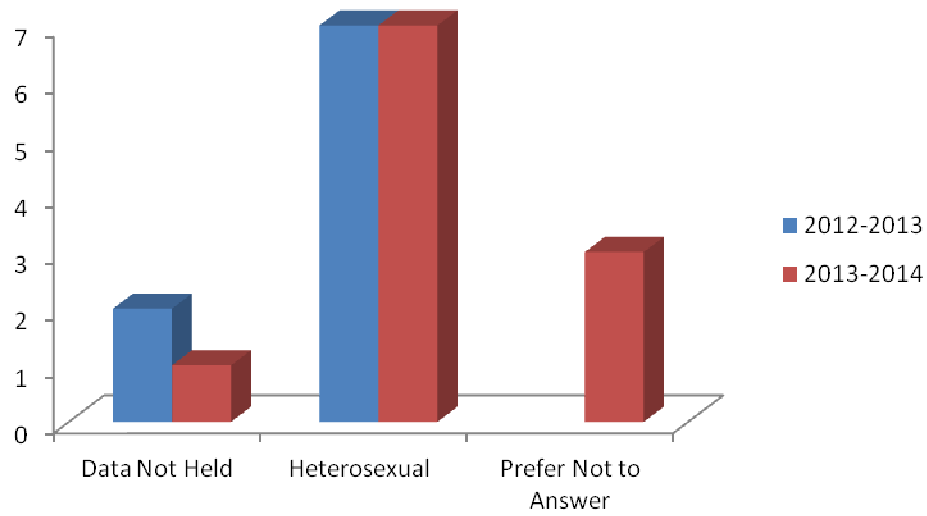
**Chart 43: Staff who applied for/received a bursary by Sexual Orientation 2012/13 and 2013/14**



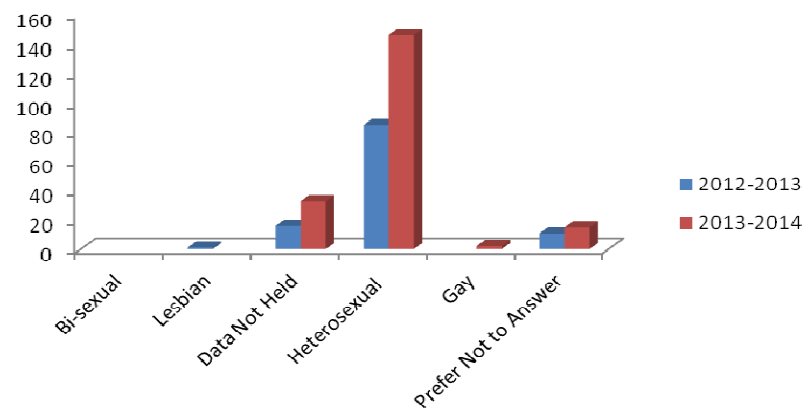
**Chart 44: Disciplinary Procedure by Sexual Orientation 2012/13 and 2013/14**



**Chart 45: Capability Procedure by Sexual Orientation 2012/13 and 2013/14**



**Chart 46: Leavers by Sexual Orientation 2012/13 and 2013/14**





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