Equality and Diversity Mainstreaming Report 2019

Accessibility

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INTRODUCTION

Since 2010, NHS Dumfries and Galloway (NHS D&G) have been demonstrating a 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.

The Dumfries and Galloway Integration Joint Board Partnership (IJB) has been responsible for a wide range of Health and Social Care services, provided by NHS D&G, Dumfries and Galloway Local Authority and Third and Independent Sector partners since 2016. The IJB must ensure that these services are delivered in a way that best achieves the aims set out in the Dumfries and Galloway Strategic Plan.

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 IJB services, highlighting progress and areas for improvement.

This mainstreaming report is a joint report on behalf of NHS D&G and the IJB. Dumfries and Galloway Local Authority also have a responsibility under the Specific Duties to publish an equality mainstreaming report. This report can be found at https://dumgal.gov.uk/article/15138/Equality-and-diversity.

LEGISLATIVE BACKGROUND

The purpose of this mainstreaming report is to set out the progress made by NHS D&G and the IJB to integrate the General Equality Duty into board functions.

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

The implementation of the legislation will be 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, religion or belief, pregnancy and maternity, race, sex and 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 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 board functions including the development of internal and external policies, decision making processes, procurement, workforce support, service delivery and improving outcomes for individuals.

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 bodies are required to publish an updated mainstreaming report, an update on progress towards meeting the equality outcomes and an up to date gender pay gap figure by April 2019.

MAINSTREAMING REPORT

Mainstreaming equality and diversity is a specific requirement for public bodies implementing the Equality Act 2010. Mainstreaming is defined as integrating equality into the day to day working of both the IJB and NHS D&G, taking equality into consideration as part of everything the organisations do.

Both organisations recognise the benefits of mainstreaming equality:

- 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 and the IJB will experience improved quality of service design and delivery i.e. equitable access and equity of informed, person-centred care. This leads to improved outcomes for patients and staff.

Since the previous mainstreaming report which was published in 2017, NHS D&G and the IJB have continued to embed equalities into their functions. This report will provide some examples as to how both organisations are continuing to achieve and improve on mainstreaming equality and diversity.

Organisational Commitment

Both NHS D&G and the IJB continue their commitment to 'mainstreaming' equality, promoting equality and diversity and working to ensure it is at the heart of carrying out their functions effectively and fairly.

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

Mainstreaming also means trying to ensure that all staff take responsibility for equality and diversity issues, and that this work is not solely the remit of the Equality Leads but a shared responsibility.

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

NHS D&G purpose - "to deliver care that is person centred, safe, efficient, reliable and to reduce health inequalities across Dumfries and Galloway".

IJB vision - "Making our communities the best place to live active, safe, healthy, lives by promoting independence, choice and control".

These 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 mandate for the workforce to integrate equality into all board functions.

The Chief Executive of NHS D&G and the Chief Operating Officer of the IJB are 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.

The Equality and Diversity Programme Board is an internal group set up to champion and promote equality and diversity throughout the Health and Social Care Partnership, ensuring that the legislative requirements are met. The membership of this group is made up from at least one representative from each directorate and locality area, and meets every three months. Going forward, it is crucial that all areas are appropriately represented on this group to ensure that equality is being mainstreamed across health and social care services.

Case Study: Review and development of the Equality and Diversity Programme Board

The Equality and Diversity Programme Board has been undergoing a process of review over the last 18 months.

The terms of reference, purpose and membership of the group have been reviewed and amended to incorporate the IJB functions, as well as ensuring that each of the four localities are represented on this group. The Chair of the E&D Programme Board is the Director of Public Health which widens the focus of the group, and provides clear links with the strategic work on inequalities being led by the Public Health Directorate.

Part of the review of the E&D Programme Board included the development of an outcome focussed work plan, a copy of which can be found **here**. There must be synergy between equality legislation and NHS/IJB policy to increase responsiveness to service users, reduce health inequalities and improve the working lives of employees and this is reflected within the plan. The plan sets out the broad direction of travel and details a set of principles and high level outcomes which the organisation will use to inform local activity.

The development of the Outcome Focused Plan supports the need to mainstream consideration of inequalities into the everyday business of Health and Social Care Services and takes account of the needs of the Specific Duties. The plan takes account of evidence gathered in 2017, and the equality outcomes developed as a result.

The ongoing training and awareness around impact assessment will involve the group members of the E&D Programme Board and will develop the role for the group to be able to quality assure impact assessment on a quarterly basis to ensure that when impact assessments are being carried out, that they are completed to an acceptable standard.

The 'Person Centred Health and Care Committee' continue to have responsibility for the implementation of the Spiritual Care Policy, ensuring that spiritual care is available to patients, carers and staff in ways that are responsive to their needs. In addition however, this group oversees various programmes of work which includes

measuring and improving both patient and staff experience, from a person centred approach, at which equality and diversity is at the heart.

Case Study: The Sanctuary at DGRI/Interfaith General Meeting

Spiritual Care Support is available for all patients, carers, visitors and staff. Within NHS D&G, there is a full time Spiritual Care Lead who works across the region but is based within the purpose built 'Sanctuary' Space within Dumfries and Galloway Royal Infirmary.

The Dumfries and Galloway Royal Infirmary (DGRI) was opened in December 2017. One of the key, stand out pieces of design was 'The Sanctuary' space. The Sanctuary space was designed in consultation with local residents, religious groups and the local Interfaith group. The facility has been designed to accommodate the needs of all patients and staff, from all religions and beliefs including those with no belief. There is various religious and non-religious literature available, with some texts available in various different languages and audio versions.

The DGRI Sanctuary space was used by Interfaith Scotland to hold their annual meeting in November 2018. One of the Spiritual Care volunteers hosted the event which included showing some of the visitors round the new hospital space which generated feedback and opportunities for networking. The Director of Interfaith Scotland also attended the official opening in July 2018. One of the key pieces of feedback was around the inclusivity of The Sanctuary in facilitating everyone's needs and the ability of staff to meet the spiritual care needs of individuals.

Board Governance

The NHS Dumfries and Galloway Board consists of 13 members; 4 Executive Directors, 1 Chair and 8 Non-Executive members, appointed through Public Appointments). The Board consists of 7 female and 6 male members, giving a 54:46 gender split in favour of female membership for the Board as a whole.

The recruitment materials for Board members encourage people from a range of backgrounds and particular underrepresented groups, and applicants are offered the opportunity to have an informal chat with the Chairman as part of the recruitment process. When Board vacancies become available the recruitment information and materials are distributed as widely as possible. These are advertised via contacts within local equality and diversity groups, community councils, local libraries and online. These are also promoted through partnerships and networks, including voluntary and third sector organisations. The aim is to have a Board representative of our local population.

The IJB consists of 25 members, comprised from members of the NHS Board, the Local Authority, Third and Independent Sectors. There are currently 16 female members and 9 male members 64:36 split in favour of female membership for the IJB as a whole.

Case Study: NHS Board Governance

Over the course of 2017-18, NHS Dumfries and Galloway took part in a piece of research looking at ‘Diversity in Governance’, carried out on behalf of the Ethical Standards Commission (Public Appointments), and were held as an example of ‘good practice’.

The research takes into consideration the increasingly challenging operational context – growing costs for delivering health services, ‘brexit’ and uncertainty around staff recruitment and retention. NHS D&G realised that in order to work well within this environment, it would have to think differently to continue working effectively.

The first change was to use the Public Appointments recruitment process to recruit a more diverse mix of Board members, to increase the diversity of skills, experience

and thought at Board and Committee meetings. Further detail around this process can be found within the 2017 Equality Mainstreaming Report.

The main areas with 'diversity focus' for NHS Dumfries and Galloway and the difference that they make to the way in which diversity is harnessed are around 4 key areas:

Internal mentoring and buddying – Makes use of the Board members diverse backgrounds, experience and protected characteristics to tap into different sources of knowledge and resources.

Streamlining of meeting patterns – Reorganising the Board's work to give some continuity to meetings to allow greater equality of involvement for those who live in more remote areas and/or those with other commitments.

Non-Executive only meetings - Increases collective space for sharing diverse view points, sharing learning and enhancing the diverse attributes of the Board.

Challenge days – Intense learning days looking at challenging areas of the health agenda with Non-Exec and Exec members working together, with parity across all roles.

The research also highlighted the good practice in flexible working practice being applied to equally to board members as staff which and the regular use of inclusive technology to support fuller attendance at meetings and engagement sessions.

Equality Impact Assessment

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

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

NHS D&G, IJB services and Dumfries and Galloway Council use a shared template to carry out impact assessments. The process around impact assessment has been an ongoing area of focus and development since the initial legislation was brought in. The joint toolkit was implemented in 2016 and in 2018, the template and guidance was updated to simplify the process, while still retaining the key areas of focus – to assess any new policy, strategy, service review and development against the aims of the General Equality Duty. The 2018 review also added in the requirement to assess against the Fairer Scotland Duty.

The toolkit includes assessment on the aims of the Equality Act 2010 in greater detail, the Human Rights Act 1998, the Fairer Scotland Duty, health and wellbeing and health inequalities.

Case Study: Impact Assessment

The IJB Performance Management Framework set out a requirement to develop a performance indicator, measuring action to reduce health inequalities. It was agreed that the indicator should focus on impact assessment and so it was agreed that every report presented to the IJB, policy developed and service change/redesign should impact assessment using the joint tool. This underpinned the embedding of the joint impact assessment tool across the Health and Social Care Partnership, and support services to scrutinise new developments and policies against inequalities. Through application of the Impact Assessment Tool, services will be able to demonstrate where improvements have been made in terms of the impact on health inequalities.

A number of workshops have taken place in 2018/19 with Directors and Senior Managers across NHS/IJB services. The aim of these workshops is to increase understanding of impact assessment as a vital tool in identifying potential inequalities in planning, policy and service change. The workshop also aims to align discussion around inequalities and the equality and diversity agenda with organisation wide priorities and outcomes. Participants are asked to work through an impact assessment on a relevant service change and this has stimulated discussion and increased awareness within senior teams. The workshops will continue to be delivered throughout 2019.

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

NHS D&G are currently developing more detailed face-to-face training sessions on the importance of performing Equality Impact Assessments and to give employees a chance to develop their skills and abilities to carry these assessments out. The training sessions will provide participants with knowledge of EQIAs and the Fairer Scotland Duty in addition to practising carrying out Impact Assessments based on a number of case scenarios.

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

Employment and Employee Information

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

The IJB does not have any direct employees.

Staff Awareness and Understanding

The requirement to mainstream equality and diversity provides NHS D&G with an opportunity to build the knowledge and understanding of all staff to consider and promote equality within their own roles. The board recognise that the success of the organisation in providing high quality, patient centred services and patient experience depends on the workforce being valuing, supported and developed. Equality and Diversity awareness training continues to be mandatory for all new staff to the organisation and for all current staff, including Senior Managers and Board members, every two years.

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

It is hoped that in addition to the corporate equality and diversity training, the board will continue to look at specific training where required and to mainstream equality into all training and awareness sessions that are being delivered.

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 is a Disability Confident Employer. The Board has an obligation to interview all disabled applicants who meet the minimum criteria for a job vacancy and consider the applicant on their abilities. When an employee becomes disabled, every effort is made to ensure that they stay in employment by making any reasonable adjustments required. The Board are looking to develop the Disability Confident plan and become a Disability Confident Leader.

Employment Monitoring

NHS D&G have established equalities monitoring and reporting.

The most up to date equality and diversity employee data can be found here. The data within this report relates to staff in post as at 1st April 2018. 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 2019.

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.

Given that we have an aging population locally, and in turn, an aging workforce, the need to attract and keep young people employed in local services is becoming more apparent. The partnership are currently in the process of drafting a strategy on 'Developing a Future Workforce' 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'.

Case Study: Developing our Young Workforce

NHS D&G are one of the largest employers in the region. There is a business need to proactively recruit younger people into the workforce, as well as a social responsibility to prioritise and commit to engaging and employing young people.

The Developing the Young Workforce lead within the Organisational Learning and Development team has been working in collaboration with staff from across the organisation and from partner agencies to co-ordinate the positive engagement activity that the board offers to encourage young people to pursue a career in the NHS.

Engagement with schools

'So you want to be a doctor' is an established NHS Work Experience programme that offers school students the opportunity to gain work experience in a medical environment. 63 young people from the region have engaged with this programme since 2017.

'So you want to be a Nurse/Midwife' programme ran successfully for the first time in September 2018. School pupils attended for one week's work experience rotating

through various areas of nursing and plans are in place to offer this as an annual programme.

The Acute and Diagnostic Directorate held a careers event in 2018 to provide an opportunity for school age children to come along and find out more about careers within the NHS, and the competencies and qualifications required in order to pursue a career within a chosen field. 118 school aged young people from the region attended this event.

Project Search

Project Search offers a one-year internship for disabled students or students with additional support needs in Dumfries and Galloway. Three interns have been recruited in 2019 into placements within estates, catering and admin. It is hoped that this can be expanded to clinical areas in the future.

NHS D&G is also represented across the region at various school careers events, with a particular focus on STEM ambassadors who participate with a focus on those looking to establish a career within the fields of science, technology, engineering or mathematics.

Gender Pay Gap and Occupational Segregation Information

Women in Scotland currently earn, on average, 15% less per hour than men, and 32% less when you compare women's part time hourly rate to men's full time hourly rate. On average, women in Scotland earn £182.90 per week less than men.

Equal Pay and the Gender Pay Gap

Equal pay is a legal requirement. Employees performing work of the same value must be paid at the same rate, regardless of their protected characteristics. NHS Dumfries and Galloway have an Equal Pay Statement and action plan which can be found here.

In contrast, the Gender Pay Gap is a comparison of the average rate of pay for all female staff compared to the average rate of pay for all male staff, regardless of their role.

Occupational Segregation

Occupational segregation refers to the distribution of people defined by specific characteristics (in this case gender) into different types of work. Many factors influence this clustering effect for example, gender norms and stereotypes; assumptions about men's and women's capabilities, preferences and skills; the culture associated with male dominated occupations and sectors and access to training and development opportunities. Occupational segregation restricts choices for men and women. The jobs most likely to be done by women are those associated with low pay, and fewer opportunities to progress.

Occupational segregation occurs both between and within economic sectors, and is typically described in two ways:

Vertical segregation refers to the clustering of people, e.g. men and women, into different levels of work. For example, a higher proportion of women work in lower pay bands, and a higher proportion of men work in senior management within NHS Scotland.

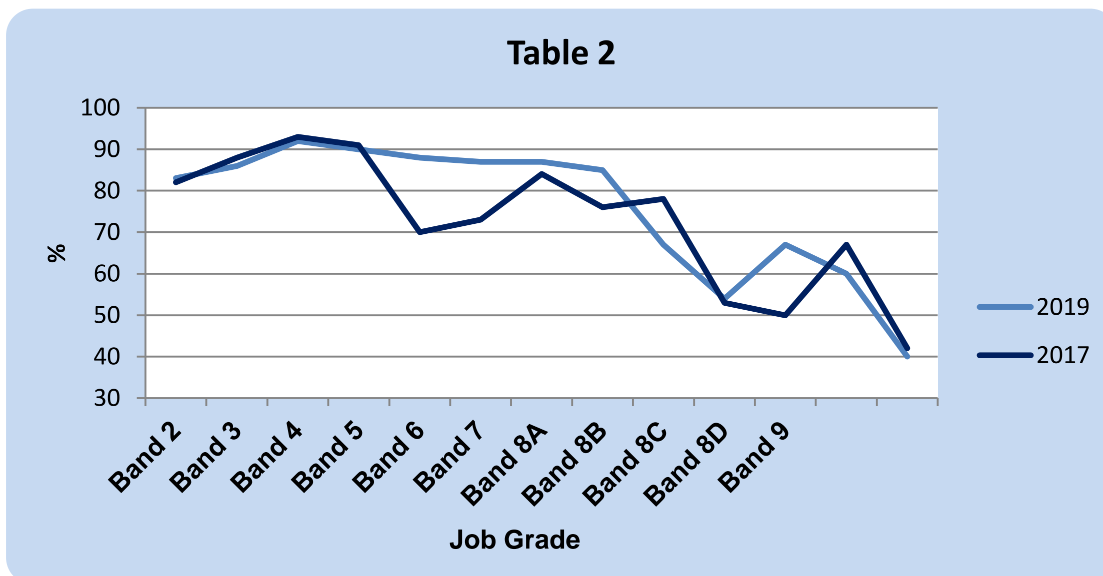
Horizontal segregation refers to the clustering of people, e.g. men and women, into different types of work. For example, the majority of nurses are women, while men are more likely to work in facilities and maintenance roles within NHS Scotland.

Vertical Segregation by gender

Table 1 shows the numbers of men and women working across the different pay bands within NHS D&G as at January 2019. More women are employed than men across all of the pay grades with the exception of Medical and Dental Grades. The grade with the highest percentage of women is at Band 4 and the grade with the highest percentage of men (excluding medical and dental) is at band 8D.

Table 1				
Band	**Women**	**%**	**Men**	**%**
2	945	83%	198	17%
3	485	86%	76	14%
4	271	**92%**	25	8%
5	891	90%	98	10%
6	598	88%	83	12%
7	287	87%	44	13%
8A	79	87%	12	13%
8B	34	85%	6	15%
8C	*	67%	*	33%
8D	7	54%	6	**46%**
9	*	67%	*	33%
Senior Manager Grades	*	60%	*	40%
Medical and Dental Grades	98	40%	150	60%
Total	3706	84%	704	16%

Table 2 shows the comparison of women employed at the different job grades between 2017 and 2019 within NHS D&G. The number of women employed at between Band 6 and Band 8B has increased by 44% in total.



Horizontal segregation by gender

As at January 2019, the Board employed 84% women, compared with 16% men.

Appendices 1, 2, 3 & 4 show the distribution of men and women across all of the job families within NHS D&G and the associated pay gaps for each.

The job families with the highest number of women within their workforce were within the Dental Support (100%), Allied Health Professionals (96%) and Nursing and Midwifery (91%).

The job families with the highest number of men within their workforce were Medical and Dental (60%), Health Science Services (29%) and Support Services (29%).

Gender Pay Gap in NHS Dumfries and Galloway

It should noted that there has been a variation in the systems that have been used to calculate the gender pay compared with 2017 which may have had an impact on the figures presented.

Appendix 1 shows the overall gender pay gap for the organisation as at January 2019. On average, men employed within NHS D&G were paid 48 pence or 2% more than women. This has decreased since 2017, when the pay gap was £2.58 or 9% in favour of men. This figure varies considerably between the overall job families.

The pay gap for Senior Managers is 10% (a decrease of 1% since 2017), Medical and Dental is 9% (no change from 2017) and the figure for Agenda for Change staff has reduced from 2% in 2017 to -36% in 2019.

Appendix 2 breaks down the Medical and Dental Job Family into the various medical grades. The grade with the highest pay gap of 8% is within the Medical Director Grade. The Core Trainee/Speciality Grade had the highest pay gap of 24% in 2017, but this has now reduced to -5% in 2019.

Appendix 3 shows more detail within the Senior Manager Grades where the overall pay gap is 10%. Men and women are spread across the grades within this job family but within the highest grade (Executive Grade F) there are no women.

Appendix 4 breaks down the Agenda for Change grades, into individual job families. The pay gap within this group of staff has decreased from 2% in 2017 to -36% in 2019. The increase of women employed between Band 6 and Band 8B will have contributed towards this change.

The job families of Administrative Services (23%), Allied Health Professionals (10%), Other Therapeutic (8%) and Support Services (9%) all have a gender pay gap in

favour of men. Within these job families, there are significantly fewer men employed within the lower grades.

The job families of Health Science Services (-4%), Nursing and Midwifery (-67%) and Personal and Social Care (-10%) all have pay gaps in favour of women. Within these job families, there are more women across all of the grades which contribute to their average hourly rate being higher than that of men.

Equality of Access to Health and Social Care Services

NHS D&G and the IJB are 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 public NHS buildings have disabled parking and toilet facilities and hearing loop systems. Annually, NHS D&G 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 D&G 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.

Case Study: British Sign Language (BSL) Plan/Interpretation and Translation

In 2018 local partners and BSL users across the region collaborated to develop and publish the local BSL plan which can be found here. The plan is also available in

BSL. This aims of the BSL Plan are to promote BSL Language and Culture and to ensure that BSL users have equitable access to services.

2019 saw NHS D&G carry out a mapping exercise of current provision for interpreting and translation services to ensure that what is currently in place is fit for purpose. An Interpretation and Translation working group has been established in to bring together a range of professionals to discuss developments around interpretation and translation, and to implement some of the actions under the BSL plan. In the meantime, guidance has been issued to all staff outlining the current processes for booking interpreters and arranging for translation when required.

There is currently a national NHS Interpretation and Translation Policy out for consultation and once this has been agreed, this will be implemented within NHS D&G and across IJB services. This will ensure 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.

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.

A training module for staff on deaf awareness is being launched in April 2019.

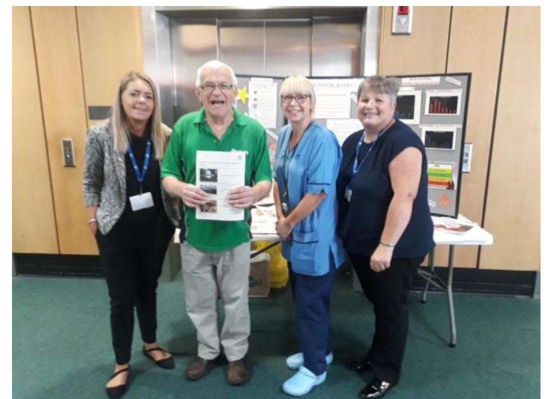
Guidance will be sought in all printed publication to ensure the use of positive images in terms of the diversity of the local communities and representative of the protected characteristics. Every effort is made to present information in ways that are accessible across the local population.

The Patient Services team within NHS Dumfries and Galloway have developed around 40 leaflets in Easy Read format.

Case Study: Health Facilitators

People with intellectual disabilities have some of the poorest health in Scotland. In order to start to address this, the Intellectual Disability Team recruited three Health Facilitators in October 2017. The Health Facilitators support people with an intellectual disability to access mainstream services, as well as supporting services to develop their knowledge and understanding. The Health Facilitators promote the use of health passports, and can provide advocacy support to help people access and understand services by supporting individuals to understand complex information using easy read guides, ensuring that they know what to expect prior to any appointments or procedures. One of the key outcomes of the role is that people will be more involved in their own care and are able to express their individual needs and wants, promoting positive experiences and outcomes.

The service also offers a basic annual health check, in a person's home. The invitations for these are sent out in Easy Read format and a copy of the recording sheet is added to the individuals Health Passport, this then giving a baseline assessment of when the person was feeling well. The health check includes discussions around screening and the importance of attending all screening appointments. The Facilitator's also talk about healthy eating and exercise using prompts to explain the benefits of having a healthier lifestyle.



The Health Facilitators have also worked with Catering teams at DGRI to develop a set of pictorial menus with the aim of supporting people with Intellectual Disabilities, Dementia and those whose first language is not English. Each ward in DGRI was given a copy of these menus.

Service User Data and Monitoring

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

NHS Dumfries and Galloway continue to use two systems to collect patient data – Emergency Department Information System (EDIS) and TOPAS, the Patient Administration System. The characteristics of age and sex are routinely collected and recorded, and we continue to regularly report on ethnicity monitoring above our target of 80%.

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.

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. A short life working group has been established to consider how to improve data, particularly around access support needs.

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 partner organisations are increasingly working more closely together.

Case Study – Stewartry Locality

The Stewartry Locality have a plan which evidences how their activity and output as a locality links into the equality and diversity agenda. This, along with the implementation of impact assessment on the various pieces of work, provides assurance that equality and diversity is mainstreamed into their day to day business.

Castle Douglas Accessible Playpark – Dumfries and Galloway Council provided funding for an accessible playpark to be developed in Castle Douglas. Stewartry Health and Social Care are supporting Castle Douglas Development Forum with this

and will undertake an evaluation of the impact of the process and equipment, ensuring that the access needs of parents and carers have been included during the design.

Social Isolation Consultation – The Stewartry locality are taking forward work around social isolation, forming the 'Stewartry Social Isolation Partnership' which has a view to supporting and promoting social inclusivity within the community, as well as informed development of specific projects, such as 'Shopping Buddies' whereby young people will support older people with supermarket shopping, and walking groups for people with limited mobility.

Branching Out – Workshops were held in Dalbeattie forest aimed at giving people affected by mental illness opportunities to spend time outdoors doing a range of activities, with a view to improving their mental wellbeing. Transport was provided so as to reduce the cost.

Carer Resource Packs – Resource packs providing a range of information relevant to unpaid Carers were distributed during Carers week 2018. Over 100 packs were uplifted, offering support with finances, access to services and mental wellbeing.

NHS D&G and Dumfries and Galloway Council continue to have representation on the Community Planning Equality and Diversity Working Group. The membership of this group includes both statutory sector and local community diversity groups. The Diversity Working Group is chaired by a member of one of the local groups and work has been ongoing over the past year to try and ensure that all of the Protected Characteristics are represented on this group.

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

Local partners 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. This 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.

The branding from the poster has also been used to create a poster on equality monitoring, developed using the Stonewall 'What's it got to do with you' resources.

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 Rights Commission.

Case Study: Dumfries and Galloway Community Survey

NHS D&G play a key role in the Dumfries and Galloway Community Survey. This survey has taken place every two to three years, since 2011, led by the Public Sector Diversity Officers Group. The aim is 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 are then analysed by the NHS Dumfries and Galloway Health Intelligence Team.

The feedback report from the 2018 survey is currently being developed by the NHS Health Intelligence team. Previous years have evidence that despite small numbers in certain categories, 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, in 2014 similar to the results in the previous survey carried out in 2011.

Case Study: Women's Rights Events

In April 2018, NHS D&G and Dumfries and Galloway Council worked in partnership with the national feminist organisation 'Engender' to hold two events with local women across Dumfries and Galloway. The events were open to the wider public and the aim was to learn more about women's rights, meet new people and discuss how in partnership we can advance the fight for women's equality.

The Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) is a human rights framework of the UN which is exclusively devoted to gender equality, and often referred to as the 'women's bill of rights'. The UK is signed up to CEDAW and so the Government should comply with what CEDAW sets out around women's equality. In 2018, Engender worked to produce a shadow report on CEDAW to highlight key issues for women's rights in Scotland. The feedback from Dumfries and Galloway events was also used to inform the Scotland shadow report and submitted to the UN CEDAW Committee in 2019.

Procurement

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. Contractors are expected to demonstrate their compliance with the legislation around equality and diversity, and the degree to which is proportionate based on what service is being contracted. The Competitive Quotations and Tenders Procedure contains a section 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

In April 2017, NHS D&G and the IJB published four joint equality outcomes, with related actions. The four outcomes, with a summary of how the organisations are working towards meeting the actions supporting the outcomes are as follows:

1. **Service providers are better at using the equality monitoring information they collect to provide services that meet individual needs.**

The local partnership Equality Monitoring form was reviewed in 2018 to ensure that it is up to date with best practice in terms of the terminology it uses. The form is used across various services and is used by the NHS Volunteer team to collect data on the volunteers to try to ensure that the volunteer cohort is representative of the local community as far as possible. The content of the current mandatory training on equality and diversity is currently under review to ensure that it includes up to date information on equality monitoring.

Specific work has been undertaken with the local Equality Partnership to develop a suite of leaflets to evidence the benefits of people sharing their equality monitoring information with services and how this can support staff to provide person-centred care.

A short life working group has been established to look primarily at interpretation and translation provision. One of the actions for this group is to look at how the access needs of individuals are recorded on our systems to ensure that if someone has additional support needs, that these are picked up at the earliest opportunity. For example, if we have a record that someone requires an interpreter, we can have this booked at the same time as the appointment is being made.

A new Interpretation and Translation policy is currently being consulted on at national level and feedback has been provided. Once this has been finalised and agreed, it will then be adopted locally.

Around 40 easy read leaflets have been developed for use to date, and this piece of work is ongoing.

2. Integrated services will help to make sure that everyone feels safe, respected and supported including staff, visitors and patients.

During development of the new Dumfries and Galloway Royal Infirmary, the project team engaged with the Equality and Diversity Leads throughout and carried out consultation with the local Community Planning Equality and Diversity Working Group. The particular actions around ensuring that the building has appropriate accessible toilets and gender neutral areas for staff and patients has been met.

Equality and Diversity training is mandatory at induction and on a regular basis for staff. Equality and Diversity has also been mainstreamed into the volunteer induction process as well. The Organisational Development and Learning (ODL) Team are working to ensure that all training includes consideration of relevant equality and diversity issues.

In terms of supporting the role of unpaid Carers, a health and social care strategy for unpaid carers was developed in 2017, with input from various partner agencies locally, as well as the Equality and Diversity Working Group. The equality monitoring form has also been rolled out for use by local carer organisations. The role of carers being valued as equal partners in care will be highlighted going forward within all equality and diversity training.

The NHS D&G ‘We Welcome Your Feedback’ leaflet is widely available and provides a number of options for people to provide feedback to the board. The leaflet also provides details for Dumfries and Galloway Advocacy Service and the Patient Advice and Support Service. Both of these organisations regularly have representatives available within healthcare settings. Patient Services have linked in with a number of local established groups to share information about how feedback can be provided and to build direct relationships between the Patient Feedback Manager and potentially vulnerable groups (or those who support them). So far, the Patient

Experience Manager has visited Powerful Voices Together, LGBT Plus, the Older People's Consultative Forum and the Day Centre Managers Group. Contact details for Contact Scotland (a service which supports British Sign Language users to access services via video interpretation) are being promoted as a means of providing feedback.

All volunteers have received training around patient feedback and complaints to try to ensure that people are signposted to the appropriate channels for providing feedback. Going forward focused work required on being able to gather data on people's experiences based on their protected characteristics and ensuring that staff are aware of the different needs that people who share a particular protected characteristic may have.

Next steps are to explore the option of having the feedback leaflet translated into the top five languages in the region as well as into British Sign Language and to continue promoting methods of feedback with the local population, with particular engagement with local groups.

The work which is being progressed in partnership with IT is looking at how services can ensure that people's access to services fits with their individual needs in terms of the protected characteristics.

3. All people, no matter their sexual orientation or gender will experience less unfair treatment.

NHS D&G are working with Stonewall in the development of an LGBT action plan. The board submitted to the Stonewall Workplace Equality Index and have engaged with a number of the Stonewall NHS Roundtable events.

A paper looking at staff networks was considered at the NHS Staff Governance Committee in 2018 and the campaign to try to develop a staff network locally for LGBT staff across health and social care is to be launched in April 2019. This will include exploring options for LGBT Champions across services.

A number of staff across the IJB partnership have undertaken LGBT training delivered by the local LGBT organisations. Work is required to establish exactly which staff have undertaken training, and consideration of adopting a 'rainbow

badge' scheme. The Equality and Diversity training package for staff is being updated to include information and case studies on bullying and harassment and an LGBT specific module around health and social care is currently being developed.

4. More young people and disabled people will successfully support to access workplace opportunities, reducing barriers so they feel part of the working community.

NHS and Council have been working in partnership to develop a strategy to develop a future workforce. This includes engagement with Project Search, volunteering and the employability team within Dumfries and Galloway Council.

NHS D&G have worked with a number of Project Search interns who have come to Dumfries and Galloway on a twelve week placement. This has been implemented across a range of areas. The board have also engaged with the Glasgow Centre for Inclusive Living Disabled Graduate Scheme and are currently taking part in the second cohort of this programme having appointed a graduate in February 2018. This programme offers a two year placement to provide graduates with a job position, building on key skills which can be applied to future employments opportunities.

NHS D&G have been successful in gaining the Disability Confident Level 2 award and are currently working on Level 3 'leader' status.

A campaign to try to develop a staff network locally for disabled staff across health and social care is to be launched in April 2019.

The outcomes have been incorporated into the Outcome Focussed Plan for the Equality and Diversity Programme Board in order to mainstream these into wider pieces of work, and to develop directorate/locality action plans.

Gender Pay Gap - Appendices

Overview

The tables contained within the appendices from page 9 onwards, show the pay differences and occupational segregation data between male and female staff.

- Summary of the overall gender pay gap across NHS Dumfries and Galloway (Appendix 1).
- Medical and Dental staff by Grade (Appendix 2)
- Senior Managers by Pay Grade (Appendix 3)
- Agenda for Change by job families and pay band (Appendix 4)

Data Definitions

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

Where data relates to 5 or less individuals, this has been asterisked out (*) and corresponding data may also have been asterisked out to avoid individuals being identified.

The data is presented in the following format:

- Employment count by gender and the proportional percentage of gender split within the grade
- The average hourly basic rate pay by both grades and the total (for both males and females) represented in pounds (£)
- The monetary variance when comparing male to female average hourly pay
- The percentage variance when comparing male to female average hourly pay rates

Appendix 1

Organisation Gender Pay Gap

	FEMALE			MALE						
	Female Gender Count	**Female Gender count as % of job family**	**Average Basic Hourly Rate £**	**Male Gender Count**	**Male Gender count as % of job family**	**Average Basic Hourly Rate £**	**Monetary Variance Male to Female £**	**Monetary Variance Male to Female %**	**Total Gender Count**	**Average Total Basic Hourly Rate**
Medical	98	40%	37.41	150	60%	41.31	3.90	9%	248	39.77
Senior Manager	*	60%	45.85	*	40%	50.99	5.14	10%	*	47.9
Agenda for Change Staff	3605	87%	18.76	552	13%	13.81	-4.95	-36%	4157	18.1
Total	**3706**	**84%**	**19.25**	**704**	**16%**	**19.73**	**0.48**	**2%**	**4419**	**19.33**

Appendix 2 **Medical and Dental Grades**

	Female			Male				
Medical Grade	**Female Gender Count**	**Female Gender count as % of job family**	**Average Basic Hourly Rate £**	**Male Gender Count**	**Male Gender count as % of job family**	**Average Basic Hourly Rate £**	**Monetary Variance Male to Female £**	**Monetary Variance Male to Female %**
Assistant Clinical Director	*	100%	40.02	-	-	-	-	-
Associate Advisor	*	40%	44.84	*	60%	43.76	-1.08	-2%
Associate Specialist	*	79%	42.51	*	21%	41.85	-0.66	-2%
Consultant	36	28%	44.95	91	72%	46.45	1.5	3%
Core Trainee/Speciality	5	42%	17.44	7	58%	16.68	-0.76	-5%
Dental Officer	*	100%	28.71	-	-	-	-	-
Foundation Year 1	*	100%	11.69	-	-	-	-	-
Foundation Year 2	-	-	-	*	100%	14.5	-	-
General Medical Practitioner Para 94	-	-	-	*	100%	27.32	-	-
GP Appraiser	*	50%	43.28	*	50%	43.28	0	0%
Locum Appointment Service	*	100%	19.92	-	-	-	-	-
Medical Director	*	50%	45.8	*	50%	49.99	4.19	8%
Salaried GP Out of Hours	*	20%	48.71	*	80%	48.71	0	0%
Salaried GP	*	44%	41.3	*	56%	40.23	-1.07	-3%
Senior Clinical Fellow	*	75%	16.44	*	25%	15.42	-1.02	-7%
Senior Dental Officer	*	75%	37.99	*	25%	37.99	0	0%
Senior House Officer	*	67%	16.4	*	33%	17.34	0.94	5%
Speciality Doctor	19	46%	30.8	22	54%	29.45	-1.35	-5%
Unscheduled Care Practitioner	-	-	-	*	100%	42.27	-	-

Rural Hospital Doctor	*	20%	43.66	*	80%	42.27	-1.39	-3%

Appendix 3

Senior Manager Grades

	FEMALE			MALE				
	Female Gender Count	Female Gender count as % of job family	Average Basic Hourly Rate £	Male Gender Count	Male Gender count as % of job family	Average Basic Hourly Rate £	Monetary Variance Male to Female £	Monetary Variance Male to Female %
Executive Manager Grade F	-	-	-	*	100%	55.07	*	*
Executive Manager Grade E	*	50%	50.42	*	50%	46.9	-3.52	-8%
Executive Manager Grade D	*	100%	43.57	-	-	-	-	-

Appendix 4 **Agenda for Change Job Families**

	AGENDA FOR CHANGE BANDS	Female Gender Count	Female Gender count as % of job family	Average Basic Hourly Rate £	Male Gender Count	Male Gender count as % of job family	Average Basic Hourly Rate £	Monetary Variance Male to Female £	Monetary Variance Male to Female %
ADMINISTRATIVE SERVICES	**Band 2**	116	90%	9.63	13	10%	9.65	0.01	0%
	Band 3	221	91%	10.55	21	9%	10.03	-0.53	-5%
	Band 4	158	90%	11.87	17	10%	11.61	-0.26	-2%
	Band 5	57	88%	14.02	8	12%	13.94	-0.08	-1%
	Band 6	37	64%	16.99	21	36%	17.32	0.33	2%
	Band 7	30	70%	20.26	13	30%	20.22	-0.05	0%
	Band 8A	16	73%	24.19	6	27%	24.17	-0.02	0%
	Band 8B	*	78%	29.57	*	22%	30.56	0.99	3%
	Band 8C	*	67%	36.65	*	33%	37.17	0.52	1%
	Band 8D	*	33%	43.25	*	67%	44.25	1.00	2%
	Band 9	*	50%	46.34	*	50%	53.21	6.87	13%
ADMINISTRATIVE SERVICES TOTAL		**647**	**86%**	**12.61**	**107**	**14%**	**16.31**	**3.70**	**23%**
ALLIED HEALTH PROFESSIONS	**Band 3**	63	100%	10.54	**-**	**-**	**-**	**-**	**-**
	Band 4	20	100%	11.60	**-**	**-**	**-**	**-**	**-**
	Band 5	*	93%	12.94	*	7%	12.49	-0.45	-4%
	Band 6	122	95%	17.56	6	5%	17.91	0.35	2%
	Band 7	67	93%	21.52	5	7%	21.51	-0.01	0%
	Band 8A	*	92%	25.36	*	8%	25.81	0.45	2%

	Band 8B	*	100%	29.25	**-**	**-**	**-**	**-**	**-**
	Band 8C	*	100%	33.86	**-**	**-**	**-**	**-**	**-**
ALLIED HEALTH PROFESSIONS TOTAL		**326**	**96%**	**16.56**	**15**	**4%**	**18.47**	**1.91**	**10%**
DENTAL SUPPORT	**Band 4**	27	100%	11.97	**-**	**-**	**-**	**-**	**-**
	Band 5	*	100%	15.29	**-**	**-**	**-**	**-**	**-**
	Band 6	*	100%	15.76	**-**	**-**	**-**	**-**	**-**
	Band 7	*	100%	22.23	**-**	**-**	**-**	**-**	**-**
	Band 8B	*	100%	30.97	**-**	**-**	**-**	**-**	**-**
DENTAL SUPPORT TOTAL		**33**	**100%**	**13.48**	**-**	**-**	**-**	**-**	**-**
HEALTH SCIENCE SERVICES	**Band 2**	14	70%	9.57	6	30%	9.44	**-0.13**	-1%
	Band 3	16	59%	10.69	11	41%	10.46	**-0.23**	-2%
	Band 4	*	88%	11.64	*	13%	11.63	**-0.01**	0%
	Band 5	10	67%	13.28	5	33%	13.63	**0.35**	3%
	Band 6	33	83%	18.23	7	18%	18.48	**0.25**	1%
	Band 7	8	53%	21.55	7	47%	21.63	**0.08**	0%
	Band 8A	*	67%	24.92	*	33%	21.69	**-3.23**	-15%
	Band 8C	*	100%	37.17	**-**	-	**-**	**-**	-
HEALTH SCIENCE SERVICES TOTAL		**91**	**71%**	**15.17**	**38**	**29%**	**14.58**	**-0.59**	**-4%**
MEDICAL SUPPORT	**Band 5**	*	50%	15.29	*	50%	15.29	0	0%
MEDICAL SUPPORT TOTAL		*	**50%**	**15.29**	*	**50%**	**15.29**	**0**	**0%**
NURSING & MIDWIFERY	**Band 2**	457	90%	9.61	53	10%	9.48	-0.13	-1%
	Band 3	126	86%	10.65	21	14%	10.51	-0.14	-1%
	Band 4	26	100%	11.97	**-**		**-**	-	-

	Band 5	757	92%	14.51	70	8%	14.3	-0.21	-1%
	Band 6	386	91%	17.61	39	9%	17.53	-0.08	0%
	Band 7	144	91%	20.71	15	9%	21.45	0.74	3%
	Band 8A	*	92%	24.42	*	8%	25.81	1.39	5%
	Band 8B	*	85%	29.66	*	15%	28.39	-1.27	-4%
	Band 8D	*	100%	41.49	**-**	-	**-**	-	-
NURSING & MIDWIFERY TOTAL		**1933**	**91%**	**23.41**	**202**	**9%**	**14.05**	**-9.36**	**-67%**
OTHER THERAPEUTIC	**Band 2**	16	84%	9.37	*	16%	9.41	0.04	0%
	Band 3	*	80%	10.34	*	20%	9.35	-0.99	-11%
	Band 4	*	95%	11.73	*	5%	10.69	-1.04	-10%
	Band 5	*	88%	14.29	*	13%	11.82	-2.47	-21%
	Band 6	*	84%	15.65	*	16%	14.78	-0.87	-6%
	Band 7	*	93%	19.9	*	7%	19.77	-0.13	-1%
	Band 8A	*	96%	25.23	*	4%	21.69	-3.54	-16%
	Band 8B	*	92%	30.51	*	8%	27.12	-3.39	-13%
	Band 8C	*	50%	35.52	*	50%	36.65	1.13	3%
	Band 8D	*	50%	44.25	*	50%	44.42	0.17	0%
	Band 9	*	100%	48.52	**-**	-	**-**	-	-
OTHER THERAPEUTIC TOTAL		**135**	**88%**	**18.83**	**18**	**12%**	**20.36**	**1.53**	**8%**
PERSONAL & SOCIAL CARE	**Band 3**	*	80%	10.12	*	20%	10.14	0.02	0%
	Band 4	6	100%	11.69	**-**	**-**	**-**	**-**	**-**
	Band 5	*	80%	14.1	*	20%	15	0.9	6%
	Band 6	*	100%	17.62	**-**	**-**	**-**	**-**	**-**
	Band 7	*	89%	21.49	*	11%	22.23	0.74	3%

	Band 8A	*	100%	25.81	**-**	**-**	**-**	**-**	**-**
	Band 8D	*	100%	44.25	**-**	**-**	**-**	**-**	**-**
PERSONAL & SOCIAL CARE TOTAL		**34**	**87%**	**15.91**	**5**	**13%**	**14.5**	**-1.41**	**-10%**
SUPPORT SERVICES	**Band 2**	342	74%	9.24	123	26%	9.49	0.25	3%
	Band 3	47	70%	10.55	20	30%	10.5	-0.05	0%
	Band 4	8	57%	11.65	6	43%	11.94	0.29	2%
	Band 5	*	36%	14.87	*	64%	14.87	0	0%
	Band 6	*	13%	18.93	*	88%	17.61	-1.32	-7%
	Band 7	*	75%	21.75	*	25%	22.23	0.48	2%
	Band 8A	**-**	-	**-**	*	100%	25.81	-	-
	Band 8B	**-**	-	**-**	*	100%	30.97	-	-
SUPPORT SERVICES TOTAL		**405**	**71%**	**9.61**	**166**	**29%**	**10.58**	**0.97**	**9%**