

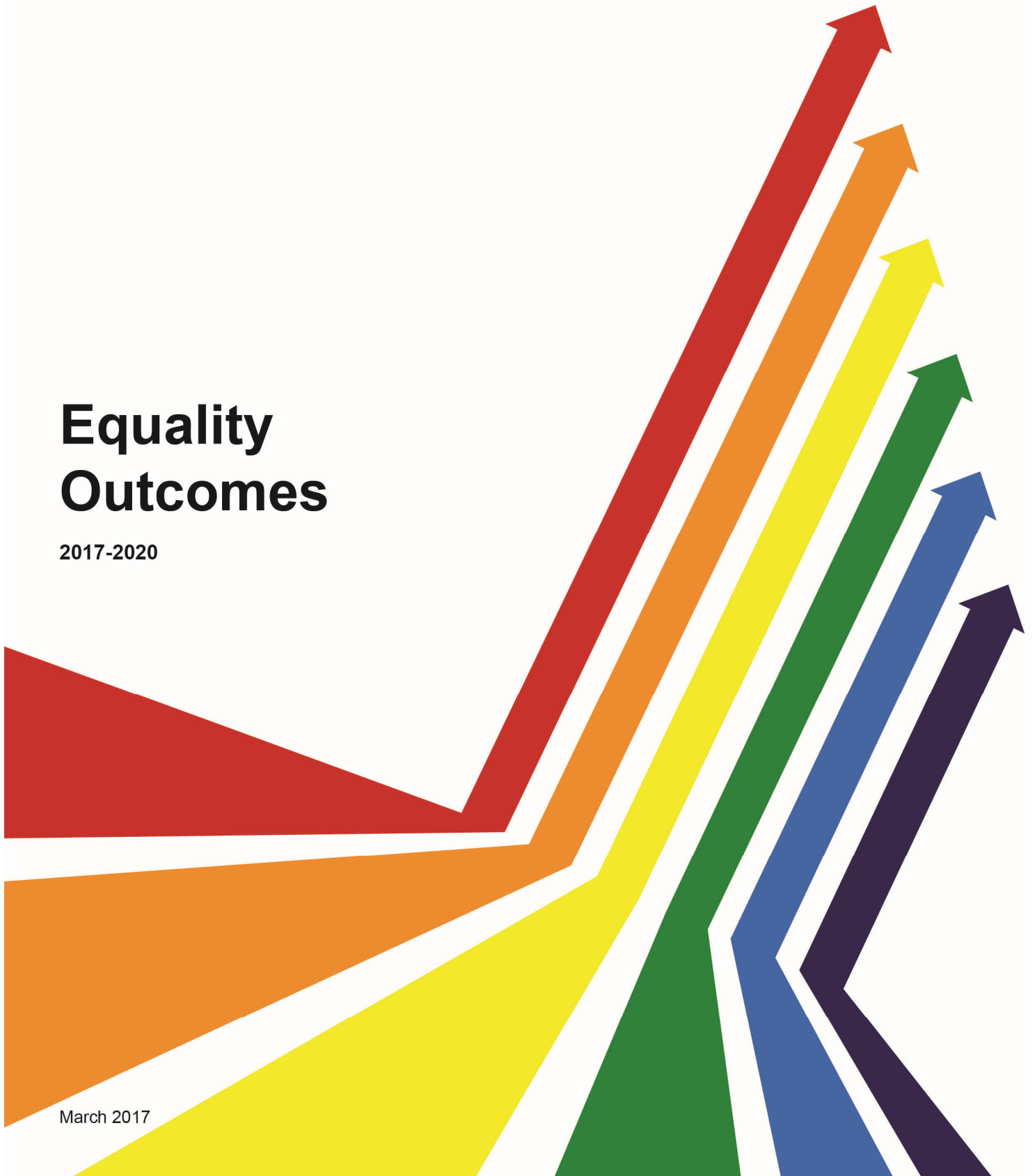


**Golden Jubilee  
Foundation**

Patients at the heart of progress

# Equality Outcomes

2017-2020



March 2017



## Equality Outcomes

<b>General Duty</b>
Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct. Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
<b>Equality Outcome (No.) 1</b>
Policy and Service developments will be inclusive and promote service user access and reduce potential barriers to engagement.
<b>Protected Characteristic(s) Covered</b>
All.
<b>Evidence</b>
<p>Monitoring workforce information throughout the employment cycle enables organisations to maximise the potential of talented employees, by identifying and removing barriers that they may face in their career progression; and provides assurance that there is no discrimination on the grounds of a protected characteristic.</p> <p>In order to inform service developments, it is key that we gather accurate demographic data about those who use our services and those who deliver the services. GJF currently reports a high level of personal data which is coded under “Not asked/Not known”. This in turn slows down our ability to ensure we are designing services for those who use them. Through education and easy to use guides we will increase the accuracy of data held.</p> <p>The quality of the healthcare experience can be adversely affected when impact assessment of a policy, function, service change or new development is not suitably robust. Impact assessment should be initiated early on in the development process and should involve appropriate levels of stakeholder engagement. The Golden Jubilee Foundation has recently reviewed and re-launched its Equality Impact Assessment guidance and documentation. Action is now required to fully embed this process and seek to raise the quality and transparency of the EQIA process. There is currently no central publicly accessible location where our GJF EQIAs are published.</p>
<b>Outputs</b>
<p>By identifying the proportion of staff in the workforce by protected characteristic and understanding where they are represented throughout the organisation, as an employer, GJF will be able to take targeted action to respond to their needs and understand where there is under-representation of protected characteristics within the workforce.</p> <p>Increasing the completeness of our workforce enables GJF to more effectively demonstrate its commitment as an inclusive employer.</p> <p>Refreshed training materials based upon the “Happy to Ask, Happy to Tell” resources. Link to external agencies such as City of Glasgow College to review best practice video clips.</p> <p>Improved capture of demographic data across the Board through education, system enhancements and easy to use guides.</p> <p>Have an established evidence basis for future service improvements.</p> <p>Relevant new and revised policies, functions and service developments are developed and planned with early and appropriately detailed EQIAs. These will ensure there will be no direct or indirect</p>

discrimination or adverse unintended consequences for staff and service users.

Our Healthcare policies and plans will consider the diverse needs of our staff, patients and local & national community.

### **Actions**

- To conduct an analysis of key areas/departments where data completeness is weak.
- To carry out a focussed engagement campaign to increase data completeness with direct support from Equality Leads and the relevant department managers.
- To develop a confidential process to capture missing workforce data for relevant areas. To use said data to inform our practice over next four years.
- To feedback to our staff what we have used their data for and what impact it has had
- Once functionality within eEss is available to all staff, to undertake a campaign to promote self-service updating of personal employee information.
- To ensure that all people managers at GJF have duties relating to staff governance and equality and diversity compliance added to their job descriptions and reviewed as part of the annual appraisal process.
- Develop training materials/resources with a clear buy-in from SMT.
- Equalities Group will review demographic data quarterly and track by dept.
- Set annual “improvement targets” for data groups with consistently poor returns.
- Continue with awareness raising of EQIA processes.
- Develop and roll out revised training building on the session delivered within the People Matters programme.
- Undertake a full review of EQIA governance approaches.
- Develop a quality control approach to EQIA.
- Review the use of carers surveys

### **Measures**

- Baseline workforce monitoring data prior to campaign initiation.
- Percentage increase in data completeness by protected characteristic and by area.
- Percentage of workforce where data is complete by protected characteristic.
- Percentage of code 98's (not known/not asked) is reduced year on year.
- Increased breadth of data is collated and utilised for improvement projects. This will also be evidenced in EQIA quality.
- Percentage of service managers trained in EQIA
- Stakeholder involvement in EQIA of policies and services
- Improved recording of EQIA outcomes.
- Continued Improvement in Stonewall WEI

### **Lead and Timescales**

Equalities Leads and Diversity Champions

### **General Duty**

Eliminating unlawful discrimination and harassment.

Advancing equality of opportunity between people who share a relevant protected characteristic and those who do not.

Fostering good relations between people who share a protected characteristic and those who do not.

<b>Equality Outcome (No.) 2</b>
Workplace culture is more inclusive and staff enjoy equality of opportunity.
<b>Protected Characteristic(s) Covered</b>
All.
<b>Evidence</b>
<p>The Board has a responsibility to develop spiritual care services in accordance with the guidelines given in CEL (2008) 49. The Board's Spiritual Care policy is in place to ensure that the spiritual needs of patients, carers, visitors, staff and volunteers are acknowledged and addressed in a competent and meaningful manner. According to the 2011 Census, around 65% of the Scottish population identify as being members of a faith or belief group. To facilitate communication between service providers, faith communities, belief groups, spiritual care providers and managers, the Board will establish a Spiritual Care Advisory Committee consistent with the remit and membership model suggested in the CEL. This Advisory Committee will also provide input to the Golden Jubilee Foundation's plans to implement the National Delivery Plan for Spiritual Care in NHS Scotland.</p> <p>Of our current workforce, 0.97% reported that they have a disability. This is a very slight decrease from the previous reporting period, with the number of staff for whom no information was held sitting at 11.81%. Although figures are comparable with NHSScotland, it is not reflective of the overall population or with the amount of sickness absence lost to stress, anxiety and depression, therefore the impression is that there is under-reporting through the workforce statistics. Anxiety Stress and Depression is reported as being the main reason for staff absence in all divisions accounting for 40% (17404.42hrs) of the overall absence reasons within the last six month reporting period. Of this 40%, 18.16% of the sickness hours lost were attributed to work related stress.</p> <p>Equality and diversity training and monitoring are important tools to ensure that organisations and their staff are equipped to understand and meet the needs of all patients and service users. Stonewall UK research "Unhealthy Attitudes" (2015) found that many staff say that they have received little or no equality and diversity training. Those who have, report key issues relevant to caring for patients with specific protected characteristics e.g. LGB or T have not been included in sufficient depth. Our Board Diversity Champions (DCs) programme was established in 2012 and since then, numbers of DCs and the range of staff groups they belong to has increased. Following a recent review of the role of the DC within GJF, it has been agreed that there should be a more formal approach to training and accreditation to maintain the value and quality of the role.</p>
<b>Outputs</b>
<ul style="list-style-type: none"> <li>• Increased understanding of the workforce demographics to ensure staff are supported to deliver their role to the best of their ability.</li> <li>• Ensure that services and facilities can be accessed by all protected characteristics.</li> <li>• Improved understanding and knowledge across workforce.</li> <li>• Refresh training materials and information.</li> <li>• Ensure that reasonable adjustments are implemented, as appropriate, and monitored.</li> <li>• Increased resilience for staff through Human Factor training</li> <li>• Diversity Champions will be recognised as staff that have undergone enhanced diversity awareness training and are growing their skill set on equality, diversity and inclusion. This will have significant benefits to the individual staff member, their team, service users and the wider organisation.</li> <li>• Raise awareness of unconscious bias through training.</li> <li>• Enhanced understanding of each of the protected characteristics by every employee. Through training, education, drop in sessions and external speakers.</li> </ul>
<b>Actions</b>
<ul style="list-style-type: none"> <li>• Gender pay analysis and publication with continued focus on gender inequality. To engage with organisations who can provide support and assistance to the Board on the subject.</li> </ul>

<ul style="list-style-type: none"> <li>• Revise Spiritual Care Policy (2016-19).</li> <li>• Establish Spiritual Care Advisory Committee and agree a work plan for 2016-2020.</li> <li>• Review accessible information policy and how we provide information to those affected by sensory loss.</li> <li>• Undertake monitoring exercise to improve workforce data.</li> <li>• Ensure managers have the knowledge required to support staff.</li> <li>• Use our values based recruitment for all new employees and refresh training for managers on VBR including diversity case studies.</li> <li>• Continue to promote the organisational values.</li> <li>• Review and refresh support available to staff.</li> <li>• Renew and improve the general activity around characteristics to increase awareness to managers, staff and user groups.</li> <li>• Review internal processes around reasonable adjustments.</li> <li>• Ensure managers have the knowledge required to support staff through development and delivery of training and manager guides.</li> <li>• Review sickness absence policy and process.</li> <li>• Review and refresh mental health and well-being policy including internal processes around reasonable adjustments.</li> <li>• Review carer's policy.</li> <li>• Work with See Me to attain accreditation.</li> <li>• Continue partnership with GCIL.</li> <li>• Continue to work to meet criteria for Healthy Working Lives.</li> <li>• Review the existing training programme available to DCs.</li> <li>• Re-launch the DC role with a revised role descriptor which will enable us to focus on the DCs who wish to actively continue in their role.</li> <li>• Provide opportunities for the DCs to be mentored by Equality Leads as subject matter experts to increase their depth of knowledge and support individual project work.</li> </ul>
<p><b>Measures</b></p>
<ul style="list-style-type: none"> <li>• Greater evidence of provision of service to staff across faith &amp; belief groups.</li> <li>• Increased referrals to appropriate services.</li> <li>• Evidenced by an increase in data held for staff, with the eradication of areas of no information.</li> <li>• Diversity training stats for the organisation.</li> <li>• Continued improvement in Stonewall WEI.</li> <li>• Reduction in sickness absence figures attributed to mental well-being.</li> <li>• Attain See Me Accreditation.</li> <li>• Retain Healthy Working Lives gold award.</li> <li>• Outcome of Diversity Training programme review.</li> <li>• Percentage of staff within the Organisation in a Diversity Champion role increased.</li> </ul>
<p><b>Lead and Timescales</b> Equality Leads and Diversity Champions.</p>
<p><b>General Duty</b></p>
<p>Eliminating unlawful discrimination and harassment. Advancing equality of opportunity between people who share a relevant protected characteristic and those who do not. Fostering good relations between people who share a protected characteristic and those who do not.</p>

<b>Equality Outcome (No.) 3</b>
Service users receive services based on their needs.
<b>Protected Characteristic(s) Covered</b>
All.
<b>Evidence</b>
<p>Provide facilities and services that are fully accessible to all.</p> <p>The Board is commencing on a 5-10 year period of expansion which will increase and improve services offered to the population of Scotland. These services need to be modern and ensure the service users get the services they need. Diversity and inclusion will be at the heart of everything we do relating to the expansion.</p> <p>Discrimination can be more often covert and subtle. Access to surgical/medical intervention should be wholly based on clinical need.</p> <p>Unhealthy Attitudes Scotland – Stonewall Scotland  Hiding who I am – the reality of end of life care for LGBT People – Marie Curie  Your Services Say – Stonewall Scotland  GJF Young People Strategy</p>
<b>Outputs</b>
<ul style="list-style-type: none"> <li>• Ensure that services and facilities can be accessed by all.</li> <li>• Explore the option of gender neutral facilities during the expansion project</li> <li>• Improved understanding and knowledge across workforce.</li> <li>• Refresh training materials and information.</li> <li>• Increased resilience for staff.</li> <li>• Data available on service users demonstrating the protected characteristic demographic per speciality to ensure no discriminations exist re access to surgical or medical intervention.</li> <li>• Service users receive services based on their needs.</li> <li>• Ensure services are available for patients with all protected characteristics to ensure their needs are met.</li> <li>• Raise awareness of unconscious bias through training.</li> </ul>
<b>Actions</b>
<ul style="list-style-type: none"> <li>• Renew and improve the general activity around characteristics to increase awareness to managers, staff and user groups.</li> <li>• Undertake exercise to improve monitoring data held on service users.</li> <li>• Review impact of Cognitive Assessment (AMT4) screening and implementation of dementia related services for patients being admitted.</li> <li>• Implementation of Board Dementia Strategy and National Dementia Strategy key actions.</li> <li>• Implementation of the 'Care of Older People in Hospital' Standards (HIS 2015).</li> <li>• Review of demographics per clinical speciality to have an oversight of the patient populations.</li> <li>• Engage throughout the expansion and ensure that the new build accommodates all diverse needs</li> <li>• Continue to engage with Young Peoples forum to ensure youth demographic represented.</li> </ul>
<b>Measures</b>
<ul style="list-style-type: none"> <li>• Greater evidence of provision of service to service users across faith &amp; belief groups.</li> <li>• Increased referrals to appropriate services.</li> <li>• Compliance with AMT4 assessment and related care planning.</li> <li>• Increased patient satisfaction in elderly patients.</li> <li>• Increased input from service users during expansion</li> <li>• Increased patient satisfaction with LGBT patients</li> <li>• Increased patient satisfaction with patients living with a disability</li> </ul>

<p><b>Lead and Timescales</b></p> <p>Equalities Leads and Diversity Champions.</p>
<p><b>General Duty</b></p> <p>Eliminating unlawful discrimination and harassment.</p> <p>Advancing equality of opportunity between people who share a relevant protected characteristic and those who do not.</p> <p>Fostering good relations between people who share a protected characteristic and those who do not.</p>
<p><b>Equality Outcome (No.) 4</b></p> <p>To actively engage with our staff, patients and the public Involving People in the continuous improvement of our services.</p>
<p><b>Protected Characteristic(s) Covered</b></p> <ul style="list-style-type: none"> <li>• All.</li> </ul>
<p><b>Outputs</b></p> <ul style="list-style-type: none"> <li>• To improve how we engage with the public and patients who access and use our services.</li> <li>• To ensure the services we develop have been developed in partnership with the public.</li> <li>• To ensure our services are accessible for all.</li> <li>• To promote our services, treatment and information for patients and communities across the country.</li> </ul>
<p><b>Evidence</b></p> <p>Evidence supplied to the recent Government report “The future of Public Service communications” has conclusively shown that communication must be built around the citizen, delivering information to them in the way that they want, not broadcast at them in the traditional model - “Go to where the audience is, because the audience...chooses the communication tools.” Unless we can meet this key challenge, our communications will fall behind the curve and risk affecting the trust we have built with our patients, public and key partners.</p> <p>Diverse audiences require diverse sources and we need to ensure that our representatives are appropriate and widespread with the ability to make inroads to different mediums depending on the topics and message.</p> <p>From an external communications perspective, we need to ensure that the messages that we convey are tailored in line with our vision, values and key objectives. Our audiences should find information about us in an easy way, without much time or research and be able to ask questions and receive responses in a timely way from our organisation.</p> <p>Communicating with our staff is no different. Internally, through the national staff survey and iMatter surveys, our staff have consistently told us that we need to communicate change more effectively and at a much faster pace in line with the quick decisions we make as a flexible organisation. Our staff have busy workloads so we need to make it easier to have access to the information they want and require.</p>
<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Enhance how we engage with local communities across NHS Scotland.</li> <li>• Review public and patient participation through the Involving People Strategy.</li> <li>• Ensure public engagement and involvement with future site expansion.</li> <li>• Review and implement access audit recommendations.</li> <li>• We will actively seek to work with people from protected groups in order to capture their input into improving the delivery of our service</li> </ul>

- We will review our stakeholder database
- We will become accredited in Investors in Volunteers Award.
- We will inform, consult and involve people in an inclusive and equitable way as we develop services and policies. This year this will include involvement in:
  - development of the electronic patient record, in particular the patient portal
  - hospital expansion project
  - review of involving people governance

We will review the way we involve people in our work, from inclusion in our governance structures, to how we work with our volunteers, to consultation on change, to using social media for wide and inclusive engagement.

We will review our processes for recruiting Patient and Public Representatives and develop guidance for representatives to rotate on committees.

We will work with the new Spiritual Lead and our L&OD team to review current staff training in involving people.

We will ensure appropriate governance, commitment and progress with the involvement of people in the development of the patient portal element of the electronic patient record.

### **Measures**

Evidence of increased community engagement and involvement in how we shape our services  
Accredited as an Investor in Volunteers.

Publish improvements achieved through the access guides produced for public and patients on how to get involved and have your say in what we do.

Sign up to and start using Patient Opinion.

Our progress will be monitored through the Involving People Group (IPG) which reports to the Person Centred Committee (PCC) on a quarterly basis.

We will continue to capture feedback from the patient experience using the formal complaints system, our volunteer walkabouts and social media.

We will promote our use of the patient opinion website to capture the experience of our patients. Through this we will be able to promote direct dialogue between our health care professionals and our patients and we will be able to bring our patients' stories to our Board.

We will take part in 'What matters to you?' with the aim of encouraging and supporting more meaningful conversations between our staff and our patients. We will use these conversations as a spring board for improvement.

Revise the Speakeasy feedback process to make more accessible and improve engagement.  
Continue to develop how we learn from CBAS information.

### **Lead Area**

Equality Leads, Diversity Champions and the Communications Team.