

Mainstreaming Equality and Progress with our Equality Outcomes 2015

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Publication and Access

The Mainstreaming Equality and Progress Report on our Equality Outcomes (2015) can be found on our website, see web address below, or alternatively if you would like a copy please write to us on the address below.

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Alternative Formats: This report can also be produced in a hard copy in Easy Read version, LARGE PRINT or other formats and languages on request.

1. INTRODUCTION

Equality and diversity contributes to the overarching strategic aim of contributing to closing the health inequalities gap within a generation.

However there is a widening gap in health between the richest and the poorest. Social class underpins these differences and is a major cause of health inequality. Discrimination as a result of Age, Disability, Gender Reassignment, Pregnancy/Maternity, Race/Ethnicity, Religion/Belief, Sex and Sexual Orientation, combined with a person's social class can have a negative effect on health.

Equality is about creating a fairer society where everyone is encouraged to participate and has the opportunity to fulfil their potential. Diversity is about recognising and valuing difference for the benefit of the patient, carer, staff and public.

NHS Tayside's aim is to ensure that service users and staff receive equitable, fair and consistent treatment irrespective of their origin and background. The NHS should be a service for everyone with equity of access and equity of treatment at its core.

Provision of healthcare should be person centred and individuals should receive adequate information about their health needs and choices available to them.

These principles remain fundamental to the Health Service but the challenge is how do we ensure that these principles continually and consistently translate into practices that can effectively deliver tailored services to our diverse communities and offer them choice.

2. BACKGROUND

The Equality Act 2010 introduced a new Public Sector Equality Duty (PSED) designed to ensure that all public authorities consider the work that they do and how it impacts on:

- The groups they provide services to.
- The people they employ.
- The partners they have partnership working with.
- Those who they contract and procure services from.

To meet the statutory legislative requirement of the PSED Tayside NHS Board was required to produce and publish a Mainstreaming Report and Equality Outcomes for the period 2013-2017 by 30 April 2013.

Tayside NHS Board approved our Mainstreaming Report and Equality Outcomes (2013-2107) in April 2013 at the Board meeting on 25 April 2013. This report had to meet the aims of the General Duty. The General Duty requires public authorities in the exercise of its function to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who don't share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

To enable NHS Tayside to comply with and meet the legal requirements of the General Duty, the Scottish Government and the Equality and Human Rights Commission introduced the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 for all public authorities.

The Specific Duties were introduced to help support all public authorities on meeting the aims of the General Duty.

NHS Tayside had a legal requirement to comply with four of the specific duties by 30 April 2013, these were:

1. Duty to report progress on mainstreaming the equality duty.
2. Duty to publish equality outcomes.
3. Duty to publish gender pay gap information.
4. Duty to publish statements on equal pay etc.

Two years on there is now a requirement to show how we have progressed with the above duties. Tayside NHS Board must publish by 30 April 2015:

- A report on the progress it has made to make the equality duty integral to the exercise of its functions so as to better perform that duty.

- A report on the progress made to achieve the equality outcomes approved by Tayside NHS Board.
- Information on the percentage difference among its employees between men's average hourly pay (excluding overtime) and women's average hourly pay (excluding overtime).

This NHS Tayside Mainstreaming Equality and Progress with our Equality Outcomes 2015 report has been developed to meet these requirements.

This report will demonstrate the progress made in NHS Tayside with the Equality Outcomes which Tayside NHS Board approved in 2013.

3. MAINSTREAMING EQUALITY, DIVERSITY AND HUMAN RIGHTS

3.1 Governance

Tayside NHS Board has delegated the governance for equality, diversity and human rights to the Improvement and Quality Committee and to the Staff Governance Committee on the specific duties for employment.

The overall purpose of the Improvement and Quality Committee is to provide Tayside NHS Board with the assurance that robust governance and management systems and processes are in place and effective throughout NHS Tayside in the following areas:

- Person Centred.
- Safe (Clinical Risk Management).
- Effective (Clinical Performance and Public Health Performance and Evaluation).
- Professional Development and Management.
- Improvement.
- Organ Donation.

The overall purpose of the Staff Governance Committee is to advise Tayside NHS Board on its responsibility, accountability and performance against the NHS Scotland Staff Governance Standard, addressing the issues of policy, targets and organisational effectiveness. This will be demonstrated through the achievement and progress toward the Staff Governance Standard by:

- Scrutiny of performance against individual elements of the Staff Governance Standard.
- Monitor and evaluate workforce strategies and implementation plans.
- Support policy amendment, funding or resource submissions to achieve the Staff Governance Standards.
- Monitor pay modernisation processes.
- Data collected during the self assessment audit conducted under the auspices of the Area Partnership Forum.
- Action plans submitted to and approved by the Staff Governance Committee.
- Staff Survey Results.
- Data and information provided in statistical reports.

The Area Partnership Forum, as a strategic body, is responsible for facilitating, monitoring and evaluating the effective operation of partnership working across NHS Tayside, including contractors, and to develop and approve employment policies in accordance with agreed timetable and priorities through the partnership process and for adoption of these policies by the Staff Governance Committee on behalf of NHS Tayside, the employer.

The Equality and Diversity Steering Group has been established to provide assurance to the Improvement and Quality Committee on meeting our legal requirements and obligations as set out in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

We have augmented our governance by establishing a Governance and Leadership Team as a result of entering into the Section 23 Agreement (the Equality Act 2006) with the Equality and Human Rights Commission. This Agreement has been entered into after a complaint by a profoundly deaf patient who was not provided with a British Sign Language (BSL) Interpreter.

The Governance and Leadership Team reports to the Improvement and Quality Committee to provide assurance in meeting the requirements of the Section 23 Agreement between the Commission for Equality and Human Rights commonly referred to as the Equality and Human Rights Commission (the Commission) and Tayside Health Board.

The role and remit of this governance group is:

- To ensure compliance with the Section 23 Agreement between the Commission and Tayside Health Board.
- To ensure NHS Tayside is meeting the aims and requirements of the Section 23 Agreement.
- To give assurance to the Improvement and Quality Committee that the Governance and Leadership Team is meeting its remit and is accountable to the Improvement and Quality Committee
- To ensure that the Lead Officers give assurance that the actions in their Improvement Areas are being delivered.
- The Lead Officers will monitor the Red/Amber/Green Status of Actions for the Improvement Plan through an agreed escalation process.
- To develop a Communication Strategy/Plan for communication of the Section 23 Agreement.
- To ensure that the Interpretation and Translation Improvement Plan Operational Groups meet the aims of their Improvement Areas through the Operational Leads.
- To give assurance that the Interpretation and Translation Improvement Plan Operational Leads will carry out their role and responsibilities.

To review the governance and leadership in NHS Tayside two events were planned with the Board and Senior Managers. The first of these was a workshop with Senior Managers on 17 September 2014 and the second was a Board Development Event on the 30 October 2014.

Workshop for Senior Managers 17 September 2014

This workshop was delivered to Senior Managers to discuss NHS Tayside's current governance arrangements for equality and diversity and how NHS Tayside can be assured that it is mainstreaming equality and diversity in the organisation.

Outcomes from workshop:

To review NHS Tayside's current governance arrangements for equality and diversity.

NHS Tayside needs to ensure the current performance management and assurance framework in place for equality, diversity and human rights is robust and shows continuous improvement,

Equality, diversity and human rights must be integral to person centred care,

NHS Tayside is working with the Equality and Human Rights Commission to deliver a training event to Directors and Senior Managers on the role and powers of the Equality and Human Rights Commission and also the role and responsibilities of Tayside NHS Board.

Board Development Event 30 October 2014

A development event was organised for Tayside NHS Board. The aim of the development event was to update the Board on Scotland's National Action Plan for Human Rights (SNAP) and for the Board to understand their role and responsibilities around equality impact assessments.

Outcomes from Board development:

To review and revise current NHS Tayside reporting templates to ensure that the right questions are being asked by the Board on equality impact assessments and the Board is applying the right scrutiny around equality impact assessments when approving papers.

3.2 Policy Context

Policy Development, Review and Control Policy

The Policy Development, Review and Control policy provides clear guidance for the development, implementation and review of NHS Tayside's corporate policies and any supporting guidelines.

The Board Secretary is responsible for policy management in the organisation and is also responsible and accountable for equality, diversity and human rights in NHS Tayside. The Board Secretary has a responsibility to check that all policies have a completed Equality Impact Assessment.

NHS Tayside has a responsibility to ensure that policies do not disadvantage any individual because of their protected characteristic(s). Policies must be equality impact assessed to ensure that there is no discrimination or adverse impact on individuals or groups of people with a protected characteristic(s).

All Human Resources and Workforce policies are developed in partnership with staff side colleagues. Prior to adoption, the policy must be approved by:

- Area Partnership Forum for all human resources policies.
- Clinical Quality Forum for clinical (including infection prevention and control) and nursing and midwifery policies.
- Senior Leadership Team for all other policies.

The Area Partnership Forum, Senior Leadership Team and Clinical Quality Forum are responsible for checking to ensure the policy has been developed in line with this policy and is accompanied by an Equality Impact Assessment.

Equality Impact Assessment

NHS Tayside has developed its first Equality Impact Assessment Policy which will support the mainstreaming of equality, diversity and human rights. The Equality Impact Assessment policy has been through NHS Tayside's internal governance processes and has been to the Senior Leadership Team (previously known as the Executive Team) and the Finance and Resources Committee for approval.

The purpose of this policy is to help NHS Tayside comply with the Public Sector Equality Duty as set out in the Equality Act 2010, and to identify, consider and act on issues of inequality. It will allow NHS Tayside to assess the impact of decisions on protected groups under the Act. It will also allow NHS Tayside to consider the wider human rights and health inequalities impacts on people with a protected characteristic(s).

This policy sets out the impact assessment process and framework that needs to be followed, completed and evidenced when developing policies and carrying out service improvements and redesign. This process will help to identify any issues, barriers or discrimination that people with a protected characteristic/s or equality groups may face when accessing our services or in employment.

Equality and Human Rights legislation protects the rights and position of population groups known to be disadvantaged in mainstream society and provides a better tool for better and more transparent decision making, including financial decisions.

Consideration of equality underpins all of the ambitions of the healthcare quality strategy, person centred, safe and effective.

Equality Impact Assessment has to link into current legislation, policies and key priorities in NHS Scotland:

The Equality Act 2010 and the Public Sector Equality Duty
The Healthcare Quality Strategy 2010
The Patients Rights (Scotland) Act 2011
Participation Standards

The Equality Impact Assessment process covers four key areas of impact for equality groups and people with protected characteristic(s).

1. The equality and diversity impact.
2. The human rights impact.
3. The health inequalities impact.
4. The impact assessment of financial decisions.

The process is divided into four key sections and it is mandatory that the equality impact is completed in all cases when developing policies or making service improvements/redesign/change.

It is sometimes difficult to define where equality starts and human rights values begin. It is recommended that once the equality impact has been completed and if equality issues are identified for any of the groups/people then the human rights impact should also be considered.

If the policy or service improvement/redesign/change does not have any impact on the groups/people with protected characteristic(s) then this should be evidenced and a reason given why completing an Equality Impact Assessment is not applicable, for example it could be a purely technical policy which has no direct impact on people.

We have ensured that each level of management structure understands what their role and responsibility is in completing an Equality Impact Assessment.

Those members of staff involved in policy development, service improvement and service redesign should complete the Equality Impact Assessment process. It cannot be completed by one person and it is essential that the process as outlined is followed. This will ensure that a clear understanding of the specific issues, barriers or discrimination faced by one or more equality groups or people with protected characteristic(s) is addressed.

The Diversity and Inclusion Manager has a responsibility to ensure that all Equality Impact Assessments are published.

Non Executive Board Members

As part of their role in relation to governance and scrutiny non executive members will be asked to consider many proposals and along with these proposals they must take into account the impact that any decisions may have on equality and human rights in line with their statutory obligations.

This policy will ensure that proper scrutiny has been applied to all decisions and to make sure that we have paid 'due regard' to equality and human rights. It is the role of non executive members to question the robustness of any Equality Impact Assessment and request further information/investigation is sought or carried out if needed.

Executive Lead Officers

Have a responsibility to ensure that the impact assessment process has been completed in line with NHS Tayside Equality Impact Assessment policy.

Managers

The lead author of the policy and the service lead for the service improvement / redesign is responsible for the Equality Impact Assessment process. The policy group/team has responsibility to complete the equality impact assessment toolkit and have to ensure that the policy checklist and completed equality impact assessment accompany the policy or proposal.

3.3 Service Delivery

There have been a number of improvements related to service delivery which has helped mainstream equality. Please find below three examples.

1 Ensuring public information and feedback processes are accessible for people with communication needs

The feedback workstream under the person centred care programme is continuing to support NHS Tayside to obtain patient feedback from patients and carers. The user group established will also provide an opportunity to explore and discuss suitable feedback mechanisms to meet the requirements of the deaf community.

2. Ethnic Catering Menu

NHS Tayside worked with the local Black and Minority Ethnic (BME) community to develop a menu which met the nutritional requirements of our diverse BME communities. NHS Tayside Nutritional Lead and Public Involvement Advisor met with the local BME community in their community setting to involve and engage them in developing a menu which met the needs of Muslim, Hindu, Sikh and Jewish patients. A number of the local BME community also came to the main hospital site and were given an opportunity to look around the hospital kitchen to see how food is prepared and also an opportunity to taste the food for the ethnic menu.

Once the menu had been developed we used our internal communication systems to inform and communicate with our staff about the menu; how to access the menu and who to contact if there were any problems.

We also worked with our local visually impaired community around use of cutlery and how to ensure that we make it easier for visually impaired patients when meeting their nutritional needs, for example don't use dark mugs or cups when giving out tea because someone who has visual impairment would not be able to see the hot tea in the cup if they do not take milk in their tea, these changes were taken forward by the nutritional services lead and catering department.

3. Spiritual Care Spaces

The Spiritual Care Department worked with the Spiritual Care Forum which had representation from the local faith/belief communities to help set up Spiritual Care Spaces in our main hospitals for all faiths and religions. The Spiritual Care Spaces have been welcomed by the local religious and faith groups and patients use them regularly as a place for worship and reflection.

3.4 Workforce and Employment policy and practice

Staff Governance focuses on how NHSScotland staff are managed, and feel they are managed, by one of Scotland's largest employers. It forms part of the governance framework within which NHS Boards must operate.

The Staff Governance Standard Framework is the key policy document to support the legislation which aims to improve how NHSScotland's diverse workforce is treated at work.

The Staff Governance Standard

- Well informed.
- Appropriately trained and developed.
- Involved in decisions.
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued.
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

Work to achieve the Staff Governance Standard is ongoing in NHS Tayside and we must demonstrate that we are striving to both achieve and maintain exemplary employer status. In order to be able to do this, we will be expected to have systems in place to identify areas that require improvement and to develop action plans that will describe how improvements will be made.

NHS Tayside has a lead for each of the Staff Governance Standard and each standard is reported on annually to the Staff Governance Committee. All of the Standards are integral in mainstreaming equality.

Employment policies and practice set precedence for fairness, equity, consistency and transparency for all employees. All employment policies are developed in partnership with the professional bodies and unions through the partnership process.

Equality, diversity and human rights in employment policy and practice is reported on annually through the staff governance standard, 'Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued'.

Embracing Equality, Diversity and Human Rights

NHS Tayside has developed its first Embracing Equality, Diversity and Human Rights Policy. The policy sets out NHS Tayside's commitment to the principles of equality, diversity and human rights in employment and sets out the approach to be followed in order to ensure that such principles are consistently met. This policy applies to all those who work within or apply to work within NHS Tayside, regardless of employment status. It therefore includes permanent and fixed-term employees, members of staff on zero-hours contracts, those working within NHS Tayside on behalf of other agencies, those on secondment to NHS Tayside, volunteers, and those on work experience or training placements.

NHS Tayside recognises that it also has a unique opportunity to influence the practice of those other organisations with which it engages and to champion equality, diversity and human rights within society more generally.

As such, equality, diversity and human rights must be at the heart of NHS Tayside and everything it does.

Gender Based Employee Policy

The purpose of this policy is to promote the welfare of staff currently or previously affected by the act of and or experience of gender-based violence. Gender based violence is a major public health issue which cuts across the whole of society as well as being a fundamental violation of human rights. Although primarily experienced by women, the policy recognises that men too can experience abuse.

Managers have a role to actively promote the Gender-Based Violence policy to staff and support the needs of employees.

This policy provides managers with guidance to enable them to fulfil this role and to identify and respond to the individual needs both of employees with experience of abuse and those who perpetrate abuse.

The principles and values of this policy reflect those within other NHSScotland PIN Policies ie valuing all employees and acknowledging that they have a right to work in an environment that is safe, promotes equality, dignity at work and encourages individuals to treat each other with respect.

To uphold the above principles, the organisation has an ethical and legal responsibility to:

- Take reasonable steps to promote equality and reduce the risk of gender-based violence.
- Take action where incidents occur or allegations of abuse are raised.
- Raise awareness of Gender-Based Violence policy to enable appropriate action when these circumstances occur.

The policy takes into consideration and account of the barriers that may be faced by staff because of their needs due to the impact of various forms of inequality that exist for people with a protected characteristic(s) (ie Age, Disability, Gender Reassignment, Pregnancy/Maternity, Race/Ethnicity, Religion/Belief, Sex/Gender, and Sexual Orientation) as well as other factors that may impact on equality of access such as literacy, culture barriers and traditional beliefs, language barriers, access to systems etc.

Preventing and Dealing with Bullying and Harassment

The purpose of this policy is to focus on tackling one essential aspect of a dignified workplace, namely poor working relationships that can lead to bullying and harassment. NHS Tayside is fully committed to embedding a fair and just culture. This is a critical policy to safeguard against bullying and harassment in the workplace. Good Practice also argues that informal and timely responses make the most effective improvements in working relationships.

NHS Tayside is committed to providing a working environment which is free from bullying and harassment. Every employee of NHS Tayside has a responsibility to treat colleagues with dignity and respect irrespective of their race, nationality, sex, sexual orientation, disability, age, religion or belief, marriage or civil partnership, pregnancy, maternity, gender recognition, political conviction, membership/non membership of a trade union/professional organisation or work pattern. Therefore, the bullying or harassment of any member of staff for any reason is unacceptable and NHS Tayside will not condone or tolerate bullying or harassment in any form.

Additionally, to intentionally harass, alarm or distress anyone, because of relevant protected characteristic(s), may be a criminal offence. Therefore reference to and application of the Preventing and Dealing with Bullying and Harassment policy does not deny or inhibit in any way whatsoever, NHS Tayside's or the individual employee's legal rights, responsibilities, obligations and remedies. In serious cases, dismissal and criminal prosecution may result. If, following investigation, a complaint has been found to be malicious or vexatious, NHS Tayside reserves the right to consider disciplinary action against the complainant.

Organisational culture has a crucial part to play in engendering a working environment in which there is a low risk of bullying/harassment occurring. The values of NHS Tayside are explicitly defined as follows:

We will

- Put patients first.
- Show compassion, caring and kindness.
- Treat everyone with dignity and respect.
- Take the time to have good, open communications and be accountable for our actions and behaviours.
- Do the best that we can by working as a team to provide excellent treatment and care.

The values become real when translated into behaviours that help us understand what is expected of us and the behaviours we can expect of our colleagues.

Employment of People with a Disability

The Equality Act 2010 strengthened Disability Discrimination Law and the requirements for reasonable adjustments for disabled people to give rights to people who are, have been, or become disabled while in employment, by placing duties on employers to ensure equality of opportunity in the workplace.

Since 2012 NHS Tayside has mainstreamed disability equality for employment policy and practice into our existing policies such as Preventing and Dealing with Bullying and Harassment at Work, Recruitment and Selection, Embracing Equality and Diversity and Grievance policy, however, we have included this statement in the report to highlight what we have done in mainstreaming disability equality.

All workers, job applicants and potential job applicants are covered this includes:

- Full time employees.
- Part time employees.
- Casual workers.
- Agency workers.
- Sub contractor staff.
- Bank staff.
- Apprentices.
- Trainees.
- Work experience placements.
- Job applicants.
- Potential job applicants.

The Equality Act 2010 applies:

- Throughout every stage of the recruitment and selection process.
- During employment – terms and conditions, promotion, training.
- Access to benefits etc.
- At termination of employment and during any redundancy process.
- After employment has ended, including job references.

This sets out the general principles governing the employment of disabled people within NHS Tayside and should be read in conjunction with the specific provisions contained in relevant policy documents ie Embracing Equality, Diversity and Human Rights, Recruitment and Selection, Preventing and Dealing with Bullying and Harassment at Work.

Recruitment and Selection Policy

NHS Tayside complies with employment and equality legislation and best practice in applying the highest standards of recruitment and selection procedures to promote a culture where individuals are recruited on the basis of ability without discrimination and prejudice.

The organisation needs to recruit effectively while at the same time giving equal opportunity to individuals. The principle and values of this policy are consistent with NHS Tayside policy on Organisational Change, Redeployment, Equal Opportunities and Work-Life Balance. These standards aim to ensure staff are recruited, selected and employed in accordance with best practice and relevant legislation and staff are further developed and equipped to respond effectively to the diversity of the communities that we serve.

The recruitment and selection process will not directly or indirectly discriminate, harass, victimise or treat unfavourably a job applicant because of 'protected characteristic(s)' or because they are associated with a person with 'protected characteristic(s)', or perceived to have 'protected characteristic(s)'.

NHS Tayside is committed to the employment and career development of people with disabilities and will interview applicants who consider themselves to have a disability and who meet the 'minimum criteria' for a job vacancy. A request under the 'Job Interview Guarantee' does not guarantee a job. It allows the opportunity to apply for a vacancy and be interviewed.

NHS Tayside is committed to making reasonable adjustments to prevent disabled applicants from being placed at any substantial disadvantage by any physical feature of the premises, or by any provision, criteria or practice.

All of our employment policies are Equality Impact Assessed.

3.5 Equality and Diversity Champions

NHS Tayside now has 255 trained Equality and Diversity Champions across all three localities.

All Equality and Diversity Champions are trained in Dignity at Work, Bullying and Harassment, Gender Based Violence, The Equality Act 2010, Interpretation and Translation and the role of the Equality and Human Rights Commission.

September/October 2013:

Gender Based Violence and Forced Marriage Training for Equality and Diversity Champions. A half day training and development session on NHS Tayside Gender Based Violence Employee Policy, Honour Based Violence and Forced Marriage Legislation, **106** Champions completed training which was delivered by an external Women's Aid Organisation who are funded through the Scottish Government.

The Champions are supported through 9-10 network meetings per year, where Champions have an opportunity to discuss any issues or concerns and training and development is given to all Champions on any legislative or policy changes.

All Equality and Diversity Champions will be trained and signed up to NHS Tayside vision, aims, values and behaviours and will be championing and communicating this back in their own areas.

We trained 50 Equality and Diversity Champion over three sessions in 2014 and another 60 employees are on the waiting list to be trained. At present no further dates have been identified to deliver training due to lack of resources.

3.6 Equality, Diversity and Human Rights Website

The Equality, Diversity and Human Rights Staffnet website went live on 6 February 2015. The website has key areas of information which is accessible to all staff.

The information on the Staffnet website covers the following areas:

- The Equality Act.
- Protected Characteristics.
- Human Rights.
- Section 23 Agreement.
- HIMAP.
- Equality and Diversity Champions.
- Interpretation and Translation.

NHS Tayside also has a public equality, diversity and human rights website which mirrors most of the information in our internal Staffnet website. The public website went live in November 2014

3.7 Learning and Development

Learning and development offers face to face, individual, one to one, group and departmental training if it is required for staff development which has been identified through staff PDP and or e-KSF.

There are IT suites in some locations across NHS Tayside to support group training along with two available PCs within a quiet room for employees requiring the audio service.

e-Readers are also available to download if the employee considers themselves to have a visual impairment.

Learning and Development Advisors liaise to ensure that the approach of all diverse employees are met and liaise with the employee as to their requirements and preferred choice of learning.

Learning and Development Advisors travel to visit employees who consider themselves to have mobility impairment, they provide support to people with completion of LearnPro module(s) and keep in contact and liaise with the employee to address any issues that may arise eg one to one training sessions are delivered to employees with learning difficulties to support them to complete mandatory training.

Equality and Diversity Training Group

The Equality and Diversity Training Group meets quarterly and reports to the Equality and Diversity Steering Group. An Equality and Diversity Training Action Plan has been developed and is updated on progress at each meeting

Interpretation and Translation LearnPro module and the Equality and Diversity LearnPro module has been reported on in the Progress with Equality Outcomes part of this report.

Statistics for Equality and Diversity Training

From 1 April 2014 to present

- Certificate to Recruit, numbers trained – 110
- Equality and Diversity one hour face to face awareness sessions as part of corporate induction, numbers attended - 898
- Certificate to Recruit total numbers trained to date since 2011 - 362

Equality and Diversity and Gender Based Violence LearnPro module

Passes – Specific Module	Passes – Specific Module
List of completions for a specified course Dates: 24/10/12 to present Location: NHS Scotland, NHS Tayside Role: All roles Course: NHS Tayside: Equality and Diversity – Foundation	List of completions for a specified course Dates: 29/08/2013 to present Location: NHS Scotland, NHS Tayside Role: All roles Course: NHS Tayside: Gender Based Violence – Foundation
5221 completed and passed	609 completed and passed

Corporate Induction

All new starts have access to appropriate induction that covers as a minimum awareness and information on partnership, staff governance, health and safety and equality and diversity.

Two corporate induction programmes delivered weekly across NHS Tayside.

The Equality and Diversity LearnPro module and the Gender Based Violence LearnPro module are now being completed by new starts at Corporate Induction. As part of this training a question and answer feedback session takes place after the LearnPro modules have been completed.

Certificate to Recruit

In accordance with Section 16.1 of NHS Tayside's Recruitment and Selection Policy, recruitment and selection should only be carried out by staff that are appropriately trained or hold NHS Tayside Certificate to Recruit. The Certificate to Recruit is a half day training programme which aims to give participants a greater understanding of the recruitment process with special regard to the Equality Act 2010.

Benchmarking Exercise

A benchmarking exercise was undertaken from the period 1 November 2014 to 29 January 2015 to determine the percentage of selection interviews which had one or more panel members who hold NHS Tayside Certificate to Recruit

Number of Selection Panels	Number of Panels with a Member who holds a Certificate to Recruit
518	65
Percentage 12.5%	

It should be noted that the above applies to non medical selection interviews only.

From this baseline the improvement measure will be to increase the percentage of panels with someone who has a certificate. The interview panels will be monitored from 1 February 2015 to 31 December 2015.

To enable an increase in panel members having the certificate the following actions will be taken:

- Highlight to all managers about one panel member having a Certificate to Recruit in line with the Recruitment and Selection policy.
- Highlight the training dates and encourage staff with a responsibility for recruitment and selection to complete the training.
- Collect the statistics for the period February 2015 to December 2015 to see if there has been an increase.
- Set a target measure for next year.

The aim is to ensure that appointment panels have a level of skill and knowledge which will ensure that the selection process is undertaken in a fair and transparent way.

4. PROGRESS WITH OUR EQUALITY OUTCOMES

Equality Outcome 1

We will ensure that care is person centred and meets the service needs of people with relevant protected characteristic(s)

The delivery of person centred care (PCC) is a key outcome for NHS Tayside and forms part of the strategic commitment to improving quality. Crucial to this is the recognition that a 'one size does not fit all', and that our person centred approach would need to consider people's characteristic(s) that are personal to them such as Age, Disability, Gender Reassignment, Pregnancy/Maternity, Race/Ethnicity, Religion/Belief, Sex and Sexual Orientation.

This high level Outcome 1 will be supported by the implementation and delivery of the other three NHS Tayside Equality Outcomes below.

Progress with Equality Outcome 1

Equality and diversity is embedded into the person centred domain of NHS Tayside Clinical Governance Assurance Framework. This will allow operational managers and operational leads to assess themselves against three equality and diversity questions.

Over the last two years since we have had the Mainstreaming Report and Equality Outcomes (2013-2107), NHS Tayside has been challenged over this Outcome by the Scottish Public Services Ombudsman (SPSO) and by the Equality and Human Rights Commission (the Commission).

A complaint was submitted to the SPSO by a profoundly deaf patient about the non provision of a BSL interpreter during their stay in an NHS Tayside Hospital. The SPSO upheld the complaint and made recommendations for improvements to NHS Tayside Board in March 2013. Please access the report at:

<http://www.spsso.org.uk/investigation-reports/2013/april/tayside-nhs-board>.

NHS Tayside failed to make long term sustainable improvements for all BSL users and a further complaint was submitted to the Commission in January 2014 by another profoundly deaf patient about the non provision of a BSL interpreter during their stay in another NHS Tayside Hospital. The Commission upheld this complaint and became the legal representative for this patient.

The Commission and Tayside Health Board have signed a [Section 23 Legal Agreement](#)

This Agreement dated 7 October 2014 is made pursuant to Section 23 of the Equality Act 2006 and is binding on both parties and will end on 6 October 2016 (24 month duration).

We are required to create an Improvement Plan (“the Improvement Plan”), describing the steps that we will take to meet the overall aims of the Agreement. The Improvement Plan will clearly identify who will be responsible for each action and will include detailed proposals with a clear timetable to ensure that:

- All reasonable steps are taken to make all medical staff, managers and other relevant staff aware of their legal requirements under the Equality Act 2010 and responsibilities in relation to identifying and meeting the reasonable adjustment needs of patients within agreed timescales.
- The obligation of staff to meet the needs of relevant patients as set out above and consequences for failure to do so are embedded in working practice and staffs' appraisal systems.

Tayside Health Board's Senior Management Team provide high-level leadership for this work, approve all reports sent to the Commission and take note of any lessons learned and identify any further steps required to meet the overall aims of this agreement:

- Tayside Health Board will carry out a full review of the effectiveness of improvements made for all patients with additional communication requirements one year after the implementation of the Improvement Plan;
- Tayside Health Board will provide reports once every three months starting from the date of the Agreement (7 October 2014), to the Commission.

The report will provide information and an update on the following as set out in the Agreement:

- Steps taken to achieve lasting change for patients with additional communication requirements as per this Agreement.
- Details on how all changes made by Tayside Health Board are being reviewed and monitored to ensure their effectiveness in relation to achieving the aims of this Agreement.
- Statistics on the number of requests made for additional communication support; individual responses, and number of complaints if any.

To comply with the aims of the Agreement, Tayside NHS Board has developed an Interpretation and Translation Improvement Plan. The Executive Lead for this Improvement Plan is the Nurse and Midwife Director.

The Commission have been consulted on the identified Improvement Areas within the plan and the Improvement Plan has now been approved and signed off by NHS Tayside Governance and Leadership Team.

The 11 key areas for improvement that have been identified by NHS Tayside are:

1. Improve systems and processes for assessing patient's communication needs and securing Interpretation and Translation Services.
2. Review NHS Tayside's Interpretation and Translation Policy.
3. Increase training and awareness regarding Interpretation and Translation Services for all NHS Tayside staff.
4. Explore alternative arrangements for the provision of Interpretation and Translation Services.
5. Improve electronic systems for identifying patients with additional communication needs and improve booking systems.
6. Improve NHS Tayside's environment to be more suitable for patients with additional communication needs.
7. Ensure public information and feedback processes are accessible for people with communication needs.
8. Improve NHS Tayside's complaints and incident systems to ensure 'double loop' learning.
9. Improve NHS Tayside's governance, leadership and accountability arrangements for equality and diversity.
10. Carry out a Significant Clinical Event Analysis (SCEA) to identify further organisational improvement.
11. Implement recommendations contained within the 'See Hear' Sensory Impairment Strategy, Scottish Government Health Directorate 2014.

Next Steps: Continuing to make progress with our 11 key areas identified in our Interpretation and Translation Improvement Plan.

Equality Outcome 2

Data Collection and Monitoring Patient Diversity Information

NHS Tayside will monitor, collect, record and analyse data on Age, Disability, Ethnicity, Gender Reassignment, Religion/Belief, Sex and Sexual Orientation to ensure that we are meeting the person centred needs of our patients and service users. This will help NHS Tayside to identify what services people with protected characteristic/s are using and how they are using these services. It will allow us to identify gaps and trends in healthcare and if there are any health inequalities for disadvantaged communities.

Any discrimination, barriers to healthcare or disadvantage suffered by patients and service users with a protected characteristic/s will be addressed and reasonable adjustments will be made to address any inequality in using and accessing our services, eg catering and transport.

Progress with Equality Outcome 2

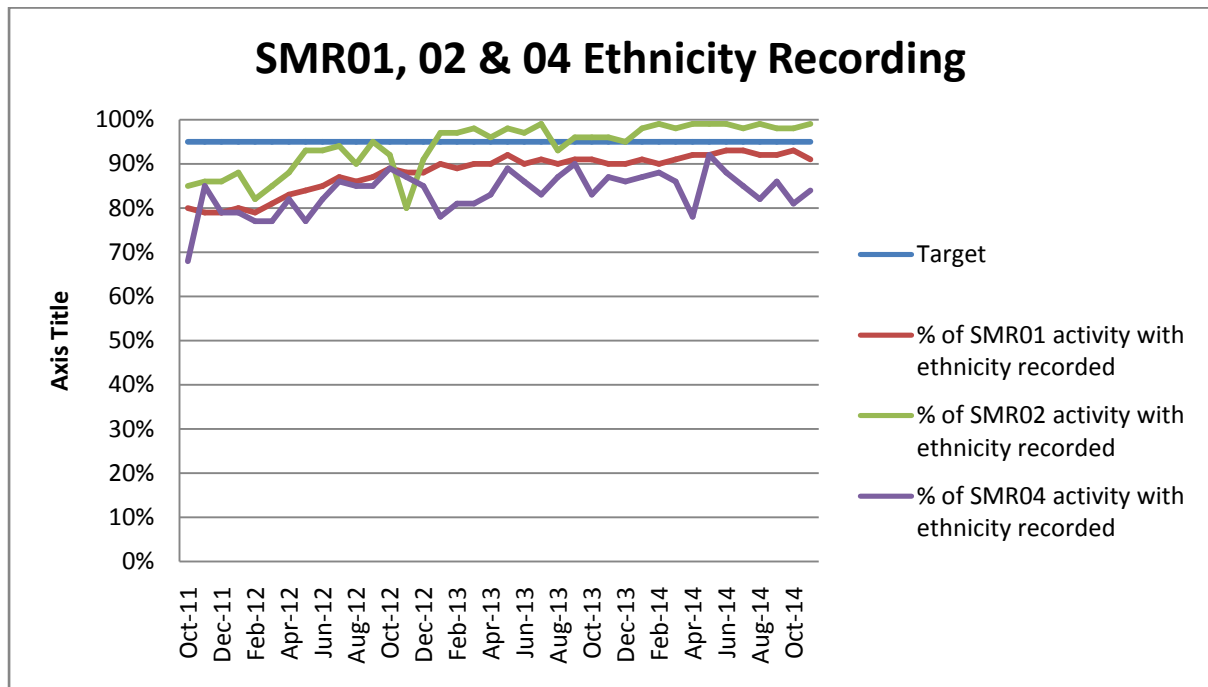
Ethnicity is continuing to be collected at above Scottish average and at our bi-annual meeting with Information Services Division (ISD) at NHS National Services Scotland they had no issues around NHS Tayside's ethnicity data collection.

Ethnic Data Collection – Position at December 2014

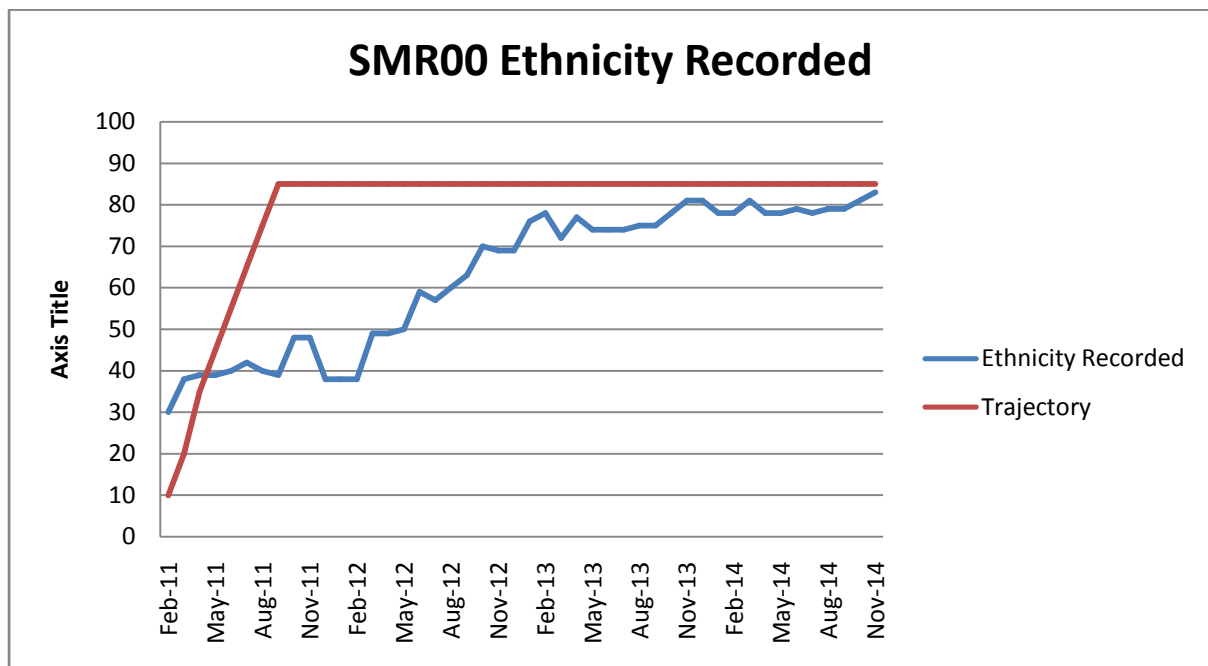
Ethnicity Data Definitions: Ethnicity Data Definitions have been revised following the 2011 Census. These changes have to be implemented by April 2012, but will be accepted by ISD from October 2011.

Collection of Data: The percentage of valid ethnicity codes being recorded for SMR01 (inpatients/day cases) has increased from <1% in Sept 2010 to 91% in November 2014, SMR02 (maternity) has increased to 99% in November 2014 and SMR04 increased to 84% in November 2014. The percentage of valid ethnicity codes being recorded for SMR00 (outpatients) has increased to 83% in January 2015.

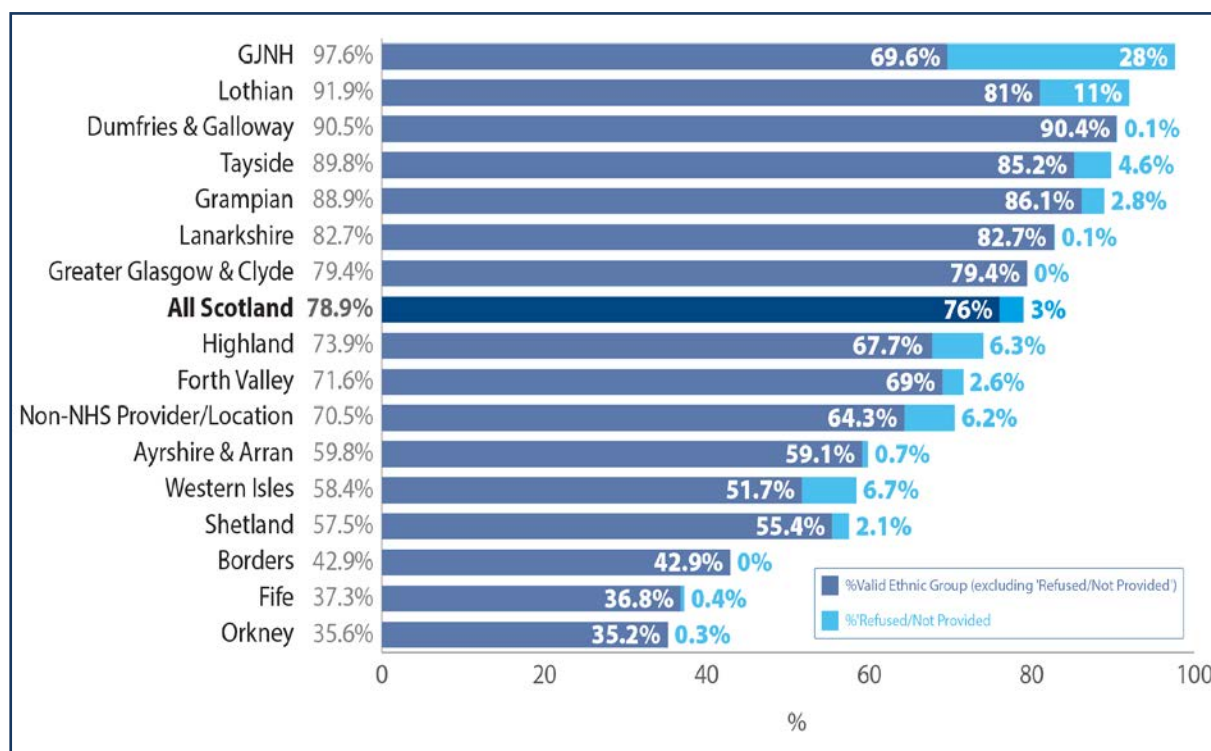
NHS Tayside Figures for SMR01, 02 & 04:



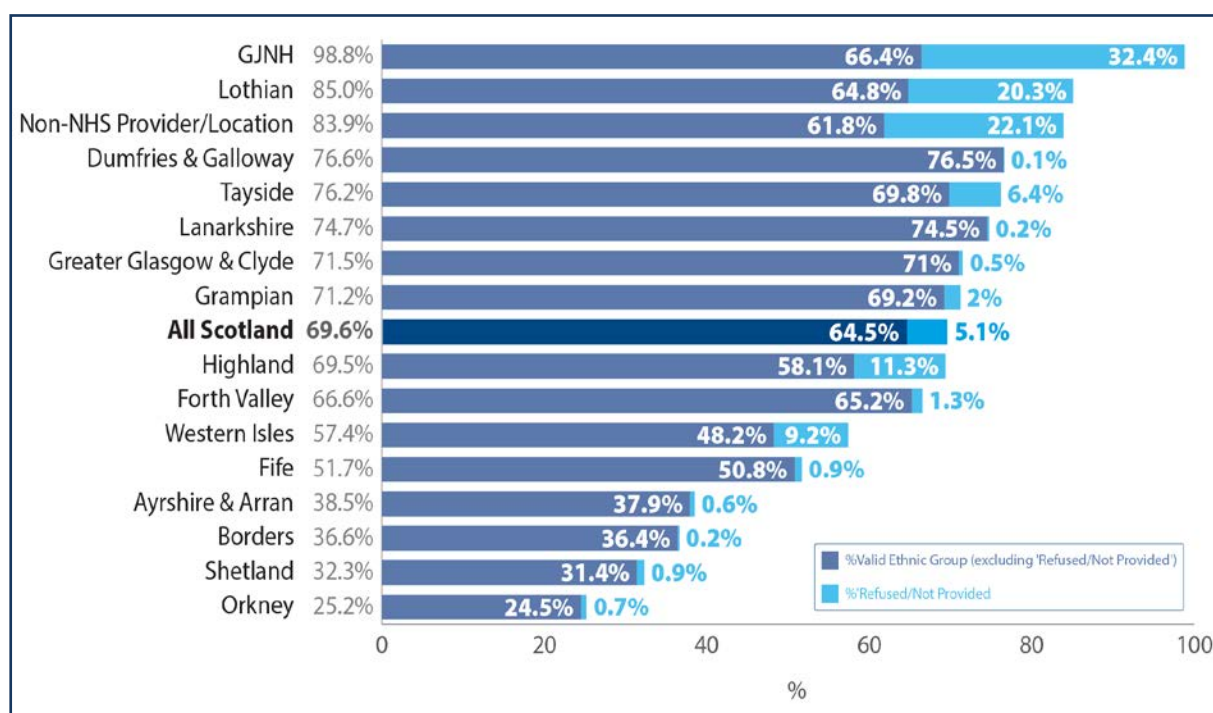
NHS Tayside Figures for SMR00:



ISD Charts: Percentage of hospital discharge episode records (SMR01) with a valid ethnic group by Health Board of Treatment; January - March 2014



ISD Charts: Percentage of new outpatient appointment records (SMR00) with a valid ethnic group by Health Board of Treatment; January - March 2014



Data Charts: Charts showing the percentage of valid ethnicity codes being recorded for in-patient/day cases by ward are sent to the general managers on a monthly basis and work is continuing to increase the percentage recorded. Charts showing the percentage of valid ethnicity codes recorded at Out-Patient Reception areas is sent out on a monthly basis to Health Records and Administrative Service Managers.

Data Analysis: It is now possible to do some analysis around the data that has been captured, especially for in-patient/day cases. This information is available via the Information Support Team.

February 2015 data collection figures are:

SMR01: 92%

SMR02: 97%

SMR04: 89%

SMR00: 84%

Next Steps: Continuing to improve data collection so that is available for analysis.

Equality Outcome 3

Accessible Information and Inclusive Communication

People with relevant protected characteristic(s) who cannot speak English or have limited understanding of English will have access to effective and inclusive communication which will meet their individual needs. Inclusive communication means we will share information in a way that everyone will understand and enable people to express themselves in the way they find easiest. Inclusive communication is written information, online information, telephone and face to face information.

We will provide and publish information on healthcare services in an accessible format that is easy to understand, in different languages, easy to read and in plain language for all service users, patient and the public.

It will meet their individual needs and will be person centred, safe and effective.

Progress with Equality Outcome 3

Improve systems and processes for assessing patient's communication needs and securing Interpretation and Translation Services

A process mapping exercise has been completed involving both staff and service users. Information from the mapping helped to inform the review of the Interpretation and Translation (I&T) Policy. The I&T service algorithms were reviewed to highlight to staff how to contact I&T services both in and out of hours and Standard Operating Procedures (SOPs) also developed to ensure that processes to secure an interpreter or translator for both inpatients and outpatients are standardised across NHS Tayside. These have been tested with staff prior to full implementation and have been appended to the I&T policy for staff to use.

A baseline audit has been undertaken across all inpatient services to measure ward staff awareness of the I&T policy and understanding of the legal responsibilities around interpretation and translation, then testing their knowledge of how they would secure an interpreter. We expect the repeat audit to show full compliance by June 2015 as a result of implementing the revised I&T policy and as the numbers of staff completing the mandatory I&T LearnPro module (released in December 2014) increases.

With regard to securing an interpreter there are challenges in meeting all requests for a BSL interpreter first time. This is due to a national shortage of interpreters, and requests are often short notice due to the nature of clinical care and treatment. NHS Tayside is closely monitoring all occasions when an interpreter cannot be secured and liaising with clinical areas to negotiate alternative times suitable for the patient, the clinician and the interpreter. The online video relay interpreting service contactSCOTLAND is being used in NHS Tayside and we welcome the Scottish Government's extension of its use being made available to all public bodies, and profoundly deaf people directly.

The service is being used by a general practice and is being tested in Accident and Emergency services. Primary Care is keen to extend the use but there are challenges regards funding and access to wifi.

Review NHS Tayside's Interpretation and Translation Policy

The Interpretation and Translation (I&T) Policy Working Group met for the first time on 19 November 2014 with the purpose to review and update NHS Tayside's I&T policy. The Policy includes the SOPs and algorithms developed from the process mapping. Both the (I&T) policy and EQIA documents are now completed and have been adopted by the Improvement and Quality Committee meeting on Thursday 9 April 2015..

A Communication Plan has been produced to ensure all staff are aware of the I&T policy. There are currently 21 core policies that have been agreed in partnership as core policies for all staff and are automatically selected for all staff to review as part of a policy tracker system. The process to negotiate the I&T policy being an additional core policy has been commenced.

Increase training and awareness regarding Interpretation and Translation Services for all NHS Tayside staff

The I&T LearnPro module has been released and communicated to ALL staff via a Vital Signs communication. All GP practices have also been informed of the LearnPro and been encouraged to complete it. As of the end of March 2015 this has been completed by 1191 staff. The module contains a section on Discrimination Law and our legal responsibilities with regard to reasonable adjustments for patients who are profoundly deaf and their carer's, or family and friends who may have Power of Attorney or legal guardianship of the patient. It highlights the roles and responsibilities of staff along with their accountability to ensure that I&T services are provided at point of need.

Figure 1 – I&T LearnPro Training Completion

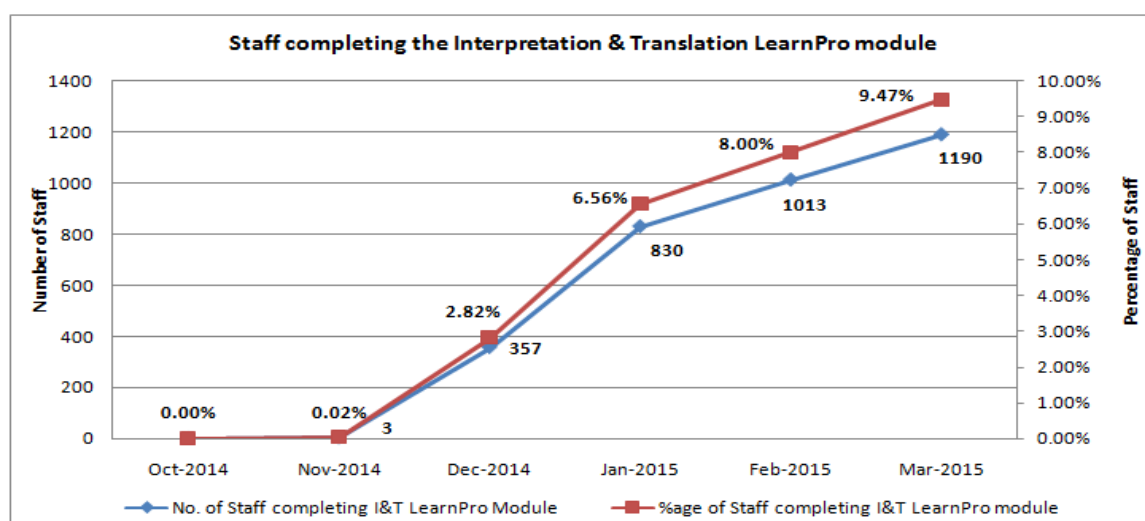


Figure 1 shows the progressive uptake of this training and also shows this as percentage of all staff (Agenda for Change).

A DVD of the LearnPro module is being developed to allow staff who may not have ready access to computers or do not feel able to complete training online, to access the information contained within the module. It is planned that the DVD will be completed and ready by June 2015.

Additional sensory impairment training programmes in partnership with North East Sensory Services (NESS) are timetabled to commence in June 2015 for all staff to access.

Completion of the Equality and Diversity LearnPro module has continued to progress successfully and at the end of March 2015 it had been completed by 5221 staff.

Figure 2 – Equality & Diversity LearnPro Training Completion

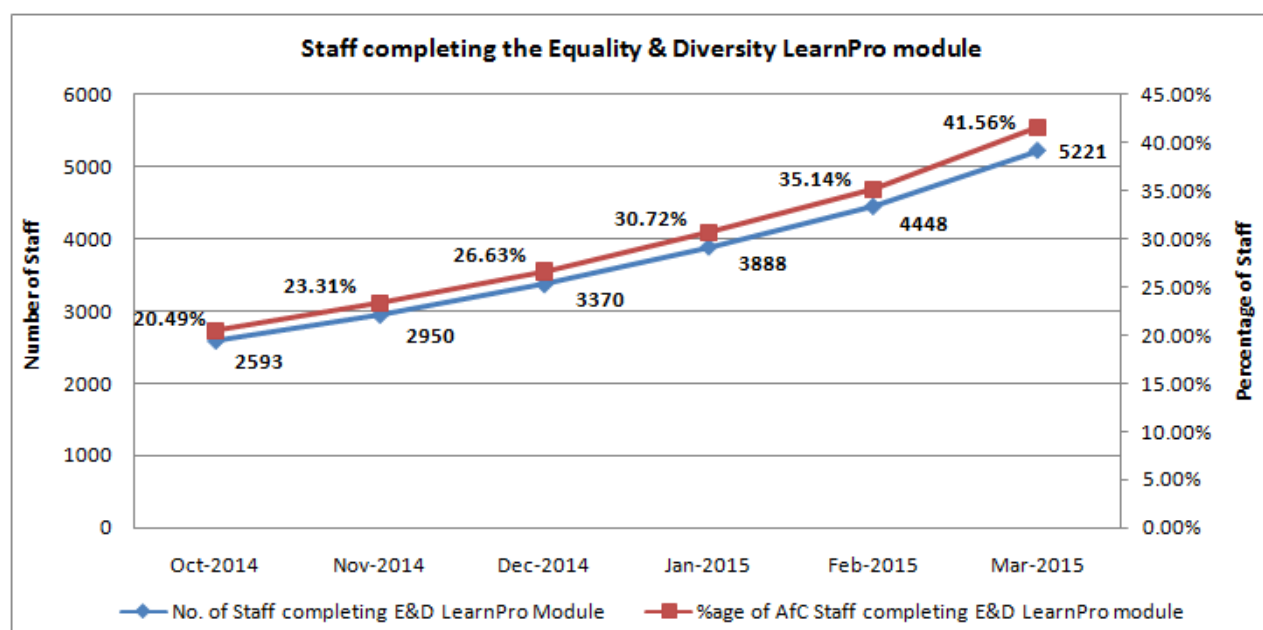


Figure 2 shows the number of staff who have completed the training and also shows this as percentage of all staff (Agenda for Change).

Improve electronic systems for identifying patients with additional communication needs and improve booking systems

A short life working group has been established and first met on 3 December 2014. An option appraisal and mapping of IT/eHealth requirements report was completed in January 2015. It was originally proposed to add a yellow sticker to case records to identify requirement for an interpreter but the decision was taken at the Health Records Committee on 15 January 2015 that the Alert Box on the front of the case records should be ticked and interpretation needs recorded on the inside cover along with all other alerts.

The top ten languages (including BSL) used by patients/service users across NHS Tayside have been identified and are now on Tayside Out-Patient Appointments System (TOPAS). This will help to identify and highlight the communication requirements of patients/service users to all NHS Tayside staff.

NHS Tayside will be communicating with the Deaf Hub to identify all BSL users to NHS Tayside, particularly those who are not currently an active patient in our IT systems. This requires NHS Tayside to undertake a piece of work in partnership with the Deaf Hub, as it relates to transfer of personal information which requires consent and a system and process to support this. The Deaf Hub do hold this information and are happy to work with us on this action.

It has been agreed that a review of the current Dementia/Cognitive Impairment column on Whiteboard/WardView should take place in a future version of WardView to allow expansion of this to include interpretation. It may be a number of months before this can be taken forward.

NHS Tayside's Referral Management System is to be updated to include a list of additional requirements: Interpreter Required (with drop down box with top 10 languages to include BSL), Visual Impairment (to include Deaf/Blind) and Learning Disability.

Guidelines for completion of additional requirements are already on the GP Management system but not as a mandatory field. A request has been submitted to make recording of additional requirements mandatory for NHS Tayside GPs; work is on-going to make these changes nationally. This would make data entry quicker and easier for practices and a current guideline is being revised.

NHS Tayside Dental Referral Management System referral protocol which is currently being developed will include additional support needs.

Improve NHS Tayside's environment to be more suitable for patients with additional communication needs

Scope and review all signage across NHS Tayside

A review of all "way finding" and signage both internal and external to develop a model and format that will enhance the environment for users should be carried out. The agreed outcome should be incorporated into any future developments and identified priority areas within the existing estate with appropriate funding identified.

A small test model was carried out from the far end of the Ninewells concourse leading to Ophthalmology in Ward 25. The signage is black on yellow with enlarged lettering. The ward environment itself has some dementia friendly signage and furniture/door colouring to further enhance the functionality of the ward.

Further areas have been identified and agreed for development such as:

Polyclinic areas, A&E areas, "T" junctions leading onto wards and numerous day rooms.

The works required to enhance these locations are in development however funding needs to be identified for much of the project.

Scope, review and improve access to portable loop systems across NHS Tayside, where the need is greatest

An investigation into NHS Tayside's requirements and responsibilities has been undertaken and delivered as well as what we include within any new build projects.

Specific locations where existing facilities are currently in place should be collated so that we may devise an action plan for a risk assessed approach to future investment when such investment has been identified.

For both projects, a holistic approach taking into consideration the full clinical need and benefit shall be considered when devising the intended outcome and scope of the works. There are often competing demands to such matters with particular consideration being required for the site signage and way finding. Requirements to meet the needs of the visually impaired, dyslexic and dementia patients and public may require differing approaches and solutions.

Improve NHS Tayside's complaints and incident systems to ensure 'double loop' learning

It has been agreed at a meeting with the Senior Management Team that all recommendations from local adverse event reviews, significant event analyses and complaints will be implemented through double loop learning, with follow up through the Clinical Quality Forum which is chaired by the Nurse & Midwife Director and Medical Director.

A complaint by a patient Mr X who is profoundly deaf and requires BSL will be used for 'double loop learning'.

Mr X's complaint was in relation to the information that he was sent out about his procedure. The letter that Mr X received from the Endoscopy Unit was in English and he could not follow the instructions in the letter. Mr X complained to NHS Tayside about his experience highlighting where NHS Tayside had gone wrong.

The Endoscopy Unit were already in the process of reviewing their healthcare literature/information for patients who are deaf, have sensory impairment and or require a language interpreter. This was an excellent opportunity to look at the work that was already happening as a small pilot project so that learning could be shared across the organisation and best practice across NHS Tayside. NHS Tayside Health Literacy lead will manage a small pilot project on accessible health information and health literacy. NHS Tayside submitted a note of interest to the Scottish Government for project monies to run a demonstrator project within NHS Tayside working in collaboration with the Endoscopy Unit.

NHS Tayside's bid for project monies from the Scottish Government was successful. The pilot will run for 18 months in the Endoscopy Unit and this will be lead by NHS Tayside Health Literacy Lead. A project plan will be developed to address issues in relation to health literacy and information access.

Equality Outcome 4

Workforce Data Collection and Equality of Opportunity in Employment Policy and Practice

NHS Tayside will develop a clear understanding of our local population breakdown and will have collected workforce data on the protected characteristics on 80% of our employees by 2015, rising to 100% by 2017. By 2020 we will have taken appropriate measures, including positive action so that our workforce across all grades and occupations broadly reflects the population from which we recruit.

We will do further analysis on this workforce data and identify any gaps or trends to eliminate any discrimination, disadvantage or barriers for employees with protected characteristic(s) by ensuring that our systems and processes on recruitment and selection, equal pay, training and development, disciplinary and grievances, career development and progression are equal, fair and transparent for our workforce.

Our future workforce planning and resourcing will take into account the local labour market and potential talent from within the protected characteristic(s) to ensure that we are meeting our corporate social responsibility by encouraging applications from our local communities who can engage better with the people they personally associate and live within their communities.

Progress with Equality Outcome 4

NHS Tayside is committed to adhering to good practice in relation to equality across the workforce. This not only ensures that NHS Tayside employs and develops the best people for delivering care but also has a workforce which recognises, and is responsive to, the diverse patient population which it serves.

In order to progress Equality Outcome 4 an NHS Tayside Public Sector Equalities Group has been established to oversee actions across this area.

A Work Plan has been developed and progress reports are made to the Staff Governance Committee.

Actions in relation to this duty include monitoring and reporting on protected characteristic data. Public sector bodies are also expected to demonstrate that they actively identify gaps and develop actions which address them.

As part of its commitment to improvement in this area the Staff Governance Committee has asked NHS Tayside to develop measures which can be aligned to the public sector duty.

Three areas have been identified.

In order to ensure that NHS Tayside does not unintentionally unlawfully discriminate in the recruitment process the certificate to recruit was developed which promotes good practice in all aspects of recruitment and selection. NHS Tayside has committed to increase the percentage of panels which have a panel member with either the certificate or equivalent competencies. Currently 12.5% of non-medical appointments meet this standard and NHS Tayside would seek to increase this percentage during 2015/16.

Ensuring that all staff have a basic knowledge of equality and diversity issues will assist in developing a workforce which is responsive to patients, carers and relatives all of whom will have protected characteristic(s) themselves. Equality is a core dimension on e-KSF however the uptake of the LearnPro module does not fully reflect the size of the workforce. NHS Tayside would seek to increase the percentage uptake of LearnPro.

Gathering data in relation to protected characteristic(s) is a key part of the equality duties as it will allow organisations to identify gaps and develop appropriate action plans. NHS Tayside is fortunate in having a high percentage return rate when staff are asked to complete returns on protected characteristic(s) data. However within the data the level of “unknowns” and “declined” varies considerably between characteristics with high levels of data in relation to ethnicity and age and lower levels in relation to sexual orientation and disability. The reasons for this are multi-factorial however having as complete a data set as possible is essential in order to inform how NHS Tayside recruits, develops and manages staff. The Staff Governance Committee have agreed that work should be undertaken to promote the fullest recording of data that is possible and therefore actions will be taken later this year to promote data recording and seek to decrease the level of unknowns within the current data set.

NHS Tayside is also seeking to engage with communities who represent protected characteristic groups so that they may share their views about NHS Tayside as an employer of choice. This will cover such areas as how we recruit, how we are responsive to the needs of particular characteristics, and how we can engage with certain communities on a more ongoing basis. The Head of Human Resources, Community Health Partnerships, the Diversity and Inclusion Manager and the Human Resource Lead (Employability Services) have had an initial meeting with a range of relevant groups who have expressed a wish to work collaboratively with NHS Tayside.

It is recognised that for some managers the issues arising from some protected characteristics require sensitive handling. Work is being undertaken to provide additional guidance for managers which gives them a better understanding of the needs and issues associated with certain protected characteristic(s). The first of the guidance documents will relate to religion and belief and is being developed in conjunction with the Spiritual Care Department.

The Embracing Equality and Diversity and Human Rights policy has been approved and will describe the organisational commitment to supporting best practice across a number of employment areas.

The actions detailed above support not only NHS Tayside's commitment to developing a positive approach to diversity but are also in compliance with its own vision, values and aims which seek to treat everyone with dignity and respect.

The equality duties extend across all aspects of service delivery. Some of the drivers for change are legislative both as a consequence of the Equality Act and the public sector duties. However as an organisation which aims to provide care to the whole population this also requires being aware of the needs of protected characteristic(s), and how this can affect how care is provided, and the perceptions of those who receive care, as well as their relatives and carers.

Ensuring that we recruit the right staff and that they appropriately trained will be part of a range of approaches to achieving change.

A recent report commissioned by NHS Tayside, PKAVS and Perth and Kinross Council "The Aging Minority Population Across Perth and Kinross-Research Report 2014" clearly identifies some good progress. 75% of people who used hospital services "were happy with this service". In relation to health visiting, district nursing and podiatry although only small numbers had used the service those that did were "very happy" with it. But the report highlights areas for improvement particularly in relation to the availability of translation and the attitude of some staff.

Ensuring that we recruit the right staff and that they are appropriately trained will be key approaches to achieving change. Listening to the views of staff and patients with protected characteristic(s) should influence how we plan and deliver services.

Our aim is to deliver services that are person centred, safe and effective and by doing this we are assuring a positive patient experience and meeting quality standards.

When developing measures for improvement for the equality outcomes we need to take into consideration the patient experience particularly for patients with relevant protected characteristic(s). This will ensure we are delivering person centred care that is equitable, effective and safe and meeting the needs of our diverse communities.

Duty to publish Gender Pay Gap Information

<p>The duty to publish information on the percentage difference among its employees between men's average hourly pay (excluding overtime) and women's average hourly pay (excluding overtime) by 30 April 2015.</p>

A workforce report was approved at the Staff Governance Committee on 14 April 2015. The workforce report was developed to meet the requirements of the Equality Act 2010 and the employment duty to publish information on the percentage difference among its employees, between men's average hourly pay (excluding overtime) and women's average hourly pay (excluding overtime).

The workforce report and statistics on men and women's average hourly pay is attached (Appendix 1) as part of this Mainstreaming Equality and Progress with our Equality Outcomes 2015 report.

Table 1

Total Organisation Hourly Rate Comparison										Feb'15
	Female			Male			Monetary Variance Male to Female £	Variance Male to Female %	Total Count of Gender	Total Average of Basic Hourly Rate
	Count of Gender	Count of Gender as % of JF	Average of Basic Hourly Rate £	Count of Gender	Count of Gender as % of JF	Average of Basic Hourly rate £				
Agenda for Change	10425	82%	13.32	2232	18%	12.87	-0.45	-3.47%	12657	13.24
Medical & Dental Staff	658	52%	27.64	608	48%	32.21	4.57	14.19%	1266	29.84
Senior Managers	43	61%	32.58	28	39%	35.63	3.05	8.56%	71	33.79
Total Organisation Staff	11126	80%	14.24	2868	20%	17.20	2.95	17.18%	13994	14.85

Table 2

Agenda For Change Job Families Hourly Rate Comparison											Feb'15
Job Family	Band	Female			Male			Monetary Variance Male to Female £	Variance Male to Female %	Total Count of Gender	Total Average of Basic Hourly Rate
		Count of Gender	Count of Gender as % of JF	Average of Basic Hourly Rate £	Count of Gender	Gender Count as % of JF	Average of Basic Hourly Rate £				
Administrative Services	Band 1	1	0.0%	*				*	*	1	*
	Band 2	578	24.8%	8.71	78	3.3%	8.70	-0.01	-0.17%	656	8.71
	Band 3	375	16.1%	9.67	30	1.3%	9.51	-0.16	-1.67%	405	9.66
	Band 4	608	26.0%	11.10	33	1.4%	10.98	-0.12	-1.06%	641	11.09
	Band 5	196	8.4%	13.62	41	1.8%	12.89	-0.73	-5.66%	237	13.49
	Band 6	157	6.7%	16.32	51	2.2%	16.61	0.28	1.70%	208	16.39
	Band 7	56	2.4%	19.33	27	1.2%	19.43	0.10	0.53%	83	19.36
	Band 8A	43	1.8%	23.28	25	1.1%	23.22	-0.06	-0.26%	68	23.26
	Band 8B	19	0.8%	27.68	5	0.2%	*	-0.34	-1.24%	24	27.61
	Band 8C	2	0.1%	*	6	0.3%	32.49	-0.97	-2.99%	8	32.74
	Band 8D	2	0.1%	*	2	0.1%	*	*	*	4	*
Total		2037	87.2%	11.49	298	12.8%	14.12	2.64	18.66%	2335	11.83
Allied Health Profession	Band 1										
	Band 2	9	0.9%	8.56	2	0.2%	*	-0.32	-3.83%	11	8.51
	Band 3	109	10.4%	9.76	21	2.0%	9.72	-0.04	-0.46%	130	9.75
	Band 4	71	6.7%	10.98	16	1.5%	11.02	0.04	0.37%	87	10.99
	Band 5	106	10.1%	12.27	20	1.9%	13.06	0.79	6.06%	126	12.39
	Band 6	317	30.1%	16.49	41	3.9%	16.49	0.00	0.01%	358	16.49
	Band 7	231	22.0%	20.38	22	2.1%	20.33	-0.05	-0.23%	253	20.37
	Band 8A	57	5.4%	23.93	11	1.0%	23.94	0.01	0.06%	68	23.93
	Band 8B	11	1.0%	28.79	1	0.1%	*	0.40	1.37%	12	28.82
	Band 8C	5	0.5%	*				*	*	5	*
	Band 8D	1	0.1%	*	1	0.1%	*	*	*	2	*
	Band 9										
Total		917	87.2%	16.41	135	12.8%	15.65	-0.77	-4.90%	1052	16.31
Healthcare Sciences	Band 1										
	Band 2	47	8.2%	8.61	21	3.7%	8.51	-0.10	-1.20%	68	8.58
	Band 3	54	9.5%	9.70	15	2.6%	9.51	-0.19	-2.01%	69	9.66
	Band 4	32	5.6%	10.46	18	3.2%	10.36	-0.10	-0.98%	50	10.42
	Band 5	44	7.7%	12.54	15	2.6%	12.94	0.41	3.13%	59	12.64
	Band 6	107	18.8%	16.52	56	9.8%	16.91	0.39	2.33%	163	16.65
	Band 7	49	8.6%	20.01	44	7.7%	19.79	-0.22	-1.12%	93	19.90
	Band 8A	19	3.3%	23.55	20	3.5%	23.82	0.28	1.17%	39	23.69
	Band 8B	9	1.6%	28.61	9	1.6%	28.56	-0.05	-0.18%	18	28.58
	Band 8C	2	0.4%	*	2	0.4%	*	*	*	4	*
	Band 8D				3	0.5%	*	*	*	3	*
	Band 9				4	0.7%	*	*	*	4	*
Total		363	63.7%	14.70	207	36.3%	17.63	2.92	16.58%	570	15.76
Dental Support	Band 1										
	Band 2	2	1.0%	*				*	*	2	*
	Band 3	16	7.8%	9.20				-9.20		16	9.20
	Band 4	107	51.9%	10.82	3	1.5%	*	-0.51	-4.90%	110	10.80
	Band 5	33	16.0%	14.09	6	2.9%	13.11	-0.98	-7.51%	39	13.94
	Band 6	8	3.9%	15.98	4	1.9%	*	-1.47	-10.17%	12	15.49
	Band 7	8	3.9%	20.13	13	6.3%	20.15	0.02	0.10%	21	20.14
	Band 8A	3	1.5%	*	1	0.5%	*	*	*	4	*
	Band 8B				1	0.5%	*	*	*	1	*
	Band 8C				1	0.5%	*	*	*	1	*
Total		177	85.9%	12.11	29	14.1%	17.81	5.70	31.99%	206	12.91
Nursing/Midwifery	Band 1										
	Band 2	673	10.8%	8.64	67	1.1%	8.43	-0.21	-2.51%	740	8.62
	Band 3	700	11.2%	9.72	207	3.3%	9.60	-0.11	-1.19%	907	9.69
	Band 4	52	0.8%	10.65	7	0.1%	10.51	-0.14	-1.30%	59	10.63
	Band 5	2557	40.9%	13.66	243	3.9%	13.51	-0.14	-1.07%	2800	13.65
	Band 6	1006	16.1%	16.92	92	1.5%	16.45	-0.47	-2.88%	1098	16.88
	Band 7	444	7.1%	20.03	55	0.9%	20.25	0.22	1.08%	499	20.06
	Band 8A	87	1.4%	23.55	10	0.2%	23.42	-0.13	-0.54%	97	23.54
	Band 8B	22	0.4%	28.29	5	0.1%	*	-0.08	-0.28%	27	28.28
	Band 8C	10	0.2%	32.27				-32.27		10	32.27
	Band 8D	4	0.1%	*				*	*	4	*
	T Scales	12	0.2%	13.17	2	0.0%	*	0.35	2.57%	14	13.22
Total		5567	89.0%	13.89	688	11.0%	12.99	-0.89	-6.89%	6255	13.79

Table 2 (continued)

Agenda For Change Job Families Hourly Rate Comparison											Feb'15
Job Family	Band	Female			Male			Monetary Variance Male to Female £	Variance Male to Female %	Total Count of Gender	Total Average of Basic Hourly Rate
		Count of Gender	Count of Gender as % of JF	Average of Basic Hourly Rate £	Count of Gender	Gender Count as % of JF	Average of Basic Hourly Rate £				
Other Therapeutic	Band 1										
	Band 2	36	7.5%	8.48	34	7.0%	8.66	0.18	2.10%	70	8.57
	Band 3	3	0.6%	*	1	0.2%	*	*	*	4	*
	Band 4	27	5.6%	10.41	4	0.8%	*	-0.08	-0.75%	31	10.40
	Band 5	45	9.3%	13.32	10	2.1%	13.71	0.38	2.80%	55	13.39
	Band 6	45	9.3%	15.34	4	0.8%	*	0.16	1.05%	49	15.35
	Band 7	62	12.8%	18.74	14	2.9%	18.30	-0.43	-2.36%	76	18.66
	Band 8A	115	23.8%	23.51	21	4.3%	23.41	-0.10	-0.41%	136	23.49
	Band 8B	29	6.0%	28.74	7	1.4%	28.39	-0.35	-1.22%	36	28.67
	Band 8C	12	2.5%	33.14	2	0.4%	*	1.88	5.37%	14	33.41
	Band 8D	7	1.4%	41.88	2	0.4%	*	-0.69	-1.69%	9	41.73
	Band 9	1	0.2%	*	2	0.4%	*	*	*	3	*
Total		382	79.1%	19.21	101	20.9%	17.22	-1.99	-11.57%	483	18.79
Support Services	Band 1	586	33.4%	7.87	231	13.2%	7.86	-0.01	-0.12%	817	7.87
	Band 2	280	15.9%	8.76	248	14.1%	8.71	-0.05	-0.59%	528	8.74
	Band 3	91	5.2%	9.73	110	6.3%	9.72	-0.02	-0.16%	201	9.72
	Band 4	14	0.8%	10.79	89	5.1%	10.62	-0.17	-1.59%	103	10.64
	Band 5	4	0.2%	*	45	2.6%	13.33	1.17	8.75%	49	13.24
	Band 6	3	0.2%	*	27	1.5%	16.30	-0.21	-1.28%	30	16.32
	Band 7	4	0.2%	*	14	0.8%	19.64	0.67	3.40%	18	19.49
	Band 8A				8	0.5%	23.90	23.90		8	23.90
	Band 8D				2	0.1%	*	*	*	2	*
Total		982	55.9%	8.43	774	44.1%	9.78	1.35	13.82%	1756	9.02
Grand Total		10425	82.4%	13.32	2232	17.6%	12.87	-0.45	-3.47%	12657	13.24

Table 3

Senior Manager Hourly Rate										Feb'15
Senior Manager Grade	Female			Male			Monetary Variance Male to Female £	Variance Male to Female %	Total Count of Gender	Total Average of Basic Hourly Rate
	Count of Gender	Gender Count as % of JF	Average of Basic Hourly Rate £	Count of Gender	Gender Count as % of JF	Average of Basic Hourly Rate £				
Senior Manager	7	10%	30.32	2	3%	*	5.77	15.98%	9	31.60
Senior Manager Grade D	1	1%	*				*	*	1	*
Executive/Senior Manager Grade A	10	14%	27.94	8	11%	28.76	0.82	2.85%	18	28.31
Executive/Senior Manager Grade B	9	13%	28.74	7	10%	31.25	2.51	8.05%	16	29.84
Executive/Senior Manager Grade C	10	14%	35.20	3	4%	*	1.61	4.38%	13	35.57
Executive/Senior Manager Grade D	4	6%	*	4	6%	*	4.25	10.44%	8	38.52
Executive/Senior Manager Grade E				2	3%	*	*	*	2	*
Executive/Senior Manager Grade F	1	1%	*	2	3%	*	*	*	3	*
Executive/Senior Manager Grade H	1	1%	*				*	*	1	*
Total	43	61%	32.58	28	39%	35.63	3.05	8.56%	71	33.79

Table 4

Medical & Dental Hourly Rate Comparison by Medical Grade										Feb'15
Medical Grade	Female			Male			Monetary Variance Male to Female £	Variance Male to Female %	Total Count of Gender	Total Average of Basic Hourly Rate
	Count of Gender	Gender Count as % of JF	Average of Basic Hourly Rate £	Count of Gender	Gender Count as % of JF	Average of Basic Hourly Rate £				
Assistant Clinical Director	2	0%	*	1	0%	*	*	*	3	*
Associate Specialist	26	2%	38.72	7	1%	39.57	0.85	2.15%	33	38.90
Clinical Director	2	0%	*	1	0%	*	*	*	3	*
Clinical Medical Officer	1	0%	*				*	*	1	*
Consultant	175	14%	42.34	295	23%	43.26	0.92	2.12%	470	42.92
Dental Officer	7	1%	26.16	1	0%	*	3.36	11.38%	8	26.58
Director of Public Health				1	0%	*	*	*	1	*
Fixed Term Specialist Training Appointment	1	0%	*				*	*	1	*
Foundation Year 1	53	4%	11.14	43	3%	11.05	-0.09	-0.85%	96	11.10
Foundation Year 2	51	4%	13.99	44	3%	13.70	-0.28	-2.06%	95	13.85
General Professional Trainee - Dental	12	1%	17.22	10	1%	17.25	0.03	0.16%	22	17.24
No Grade	4	0%	*	1	0%	*	*	*	5	*
Other	7	1%	42.55	12	1%	43.47	0.92	2.12%	19	43.13
Part time Medical Practitioner Para 94 app [clin ass]	3	0%	*	5	0%	*	-8.54	-30.34%	8	31.35
Salaried GDP	10	1%	28.01	2	0%	*	0.14	0.48%	12	28.04
Salaried Gp	22	2%	42.14	25	2%	41.90	-0.25	-0.59%	47	42.01
Senior Clinical Medical Officer	1	0%	*				*	*	1	*
Senior Dental Officer	2	0%	*	3	0%	*	*	*	5	*
Senior House Officer	2	0%	*	2	0%	*	*	*	4	*
Specialist Registrar	8	1%	29.43				-29.43		8	29.43
Specialty Doctor	67	5%	30.30	25	2%	30.32	0.03	0.09%	92	30.30
Specialty Registrar	200	16%	18.27	129	10%	18.54	0.28	1.49%	329	18.38
Staff Grade	2	0%	*	1	0%	*	*	*	3	*
Total	658	52%	27.64	608	48%	32.21	4.57	14.19%	1266	29.84