



Golden Jubilee Foundation

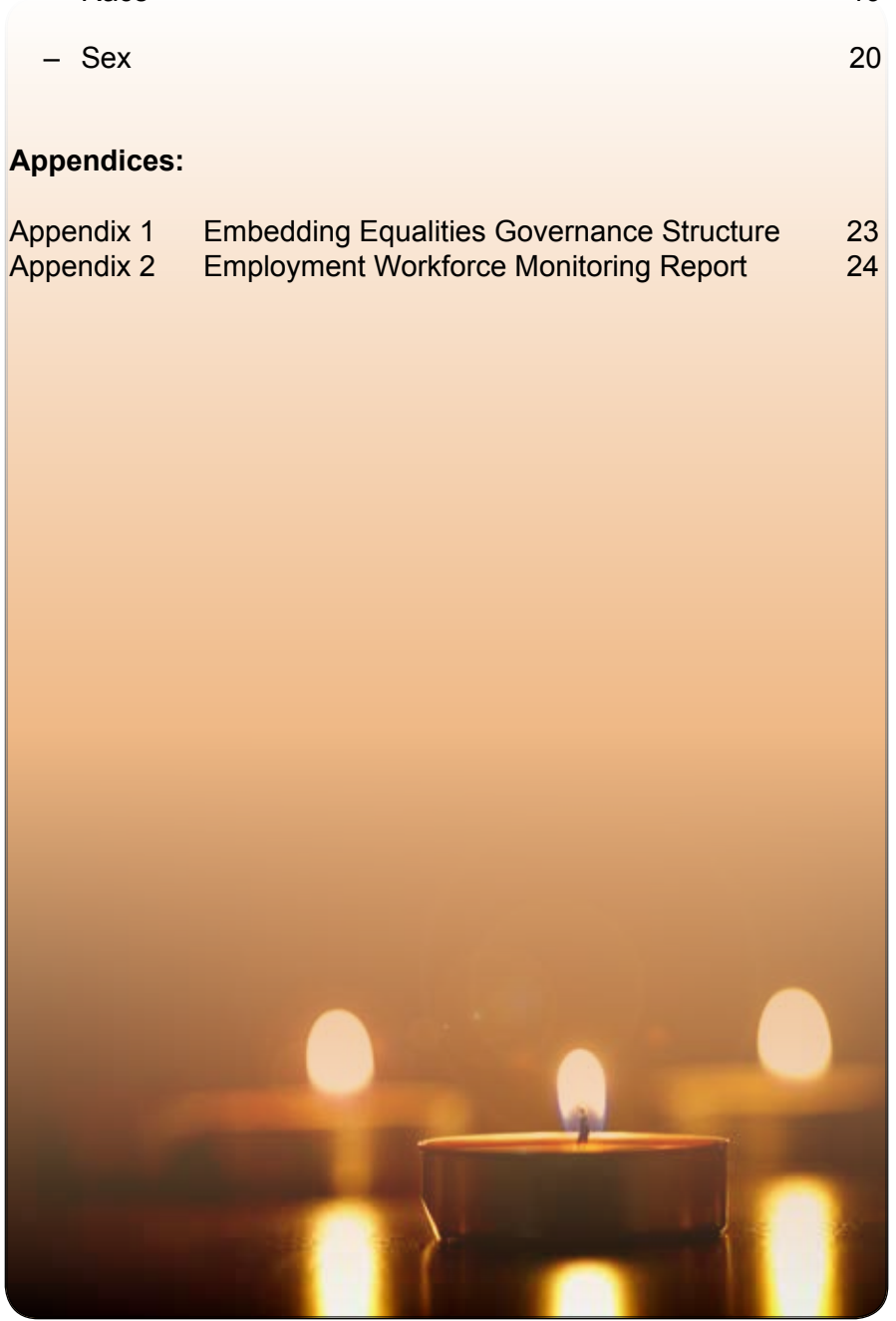
Patients at the heart of progress



Equality Mainstreaming report 2019

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Chief Executive Foreword

The Golden Jubilee Foundation has a proud history as an equal opportunities employer and service provider.

Since our creation in 2002, we have been on a journey to continually improve inclusion by creating a work environment that not only welcomes individuals of all backgrounds, but actively highlights and celebrates our unique mix of people. This approach ensures we can continue to provide the highest possible standard of care and service for every patient, visitor, delegate and guest who comes here.

We continue to invest significant effort in promoting a positive workplace culture, with the Board and Senior Managers specifically taking a strong leadership stance. Our Organisational values place dignity and respect at the heart of everything we do. Our innovative values-based recruitment process ensures that our employees not only have the right skills, knowledge and experience for their role, but they also demonstrate behaviour aligned to our values.

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

Our 2019 Equalities Mainstreaming Report highlights how we have met the requirements of the Scottish Public Sector Equality Duty. It shows how we have embedded participation and equalities into our services, functions and policies, provides information on our protected characteristics and gender pay, and demonstrates our progress in implementing our equality outcomes.

Since our last report, we have continued to take large steps to improve awareness of our responsibilities and to support all staff in achieving these.

Key highlights include:

- Disability Confident Leader – 2018
- Stonewall Diversity Champion for 10 years
- Formed new Domestic Abuse Partnership
- Developed a new user-friendly integrated Equality Impact Assessment (EQIA)
- Renewed our Investor in Volunteers status
- Embedded approach to equality in expansion works
- Investor in Young People Gold Award

As our hospital expands, we will continue to invest in new and innovative ways to make sure that all of our staff continue to have the opportunities, facilities, resources, and support to get the most out of their roles at the Golden Jubilee. This will help us to deliver the highest quality services for patients across Scotland.



Jann Gardner
Chief Executive

Mainstreaming Overview

Each NHS Board in Scotland has a duty to comply with the three aims of the Public Sector General Duty, the Equality Act 2010, and Specific Duties Scotland Regulations 2012.

These three aims are to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act;
- advance equality of opportunity between persons who share a protected characteristic and persons who do not; and
- foster good relations between people who share a protected characteristic and those who do not.

The Specific Duties Scotland Regulations 2012, detailed below, support public sector bodies in their delivery of the general equality duty:

- Report progress on mainstreaming the public sector equality duty;
- Publish equality outcomes and report progress;
- Assess and review policies and practice;
- Gather and use employee information;
- Publish statements on equal pay;
- Consider award criteria and conditions in relation to public procurement; and
- Publish in a manner that is accessible.

The aspiration of the Golden Jubilee Foundation is to do more than merely meet our legal obligations. We will strive to continually improve inclusiveness by creating a work environment that not only welcomes individuals of all backgrounds, but actively highlights and celebrates the unique mix of people and patients who work for us and use our services. We will share our success with other public sector organisations and will learn from others who have demonstrated best practice.

One of our core values is to value dignity and respect. We are continually working to make our values real for every member of staff and every patient that we see and treat. This is how we view mainstreaming equality. Although we produce the required reports and statistics, it is our staff and our patients will let us know if we are truly mainstreaming equalities for all.

We provide guidance, advice and training to all of our staff so that they understand equality, human rights, health inequalities, and the impact this has on their role within the Board. We have developed bespoke equalities training that every staff member must undertake as part of their mandatory training. Uptake is monitored on a monthly basis and reported to our Executive Team. Equalities have been integrated into our senior leadership programmes, our recruitment training, and every employee's personal development plan.

Responding to comments from our equality network and our iMatter feedback we continue to re-examine our approach in order to give people greater opportunities to participate in shaping the decisions that impact them. This means increasing the ability of those responsible for fulfilling rights to recognise and respect those rights, as well as holding them to account for their actions.

We were delighted to have had the new Chair of the Golden Jubilee Foundation Board, Susan Douglas-Scott deliver training on managing equality and diversity and human rights to our most recent management training cohort. We believe this demonstrates how deeply our organisation values equality at the highest level. Our report this year is made up of some highlighted projects, workforce monitoring data and written reports connected to various protected characteristics. As you read you will notice different voices as we have included the original words by our contributors to signify of commitment to and value we place on diversity.

Highlights of our Equality Improvement

Domestic Abuse Partnership

“We All Have a Part to Play”

According to the Scottish Government Annual domestic abuse report, a domestic abuse incident in Scotland is reported every 11 minutes.

West Dunbartonshire Local Authority Area has the highest instance of domestic abuse in Scotland. The 2016/17 Scottish Government crime statistics recorded 155 incidents per 10,000 head of population compared to the national average of 109 per 10,000 head of population.

Police Scotland joined together with employers in West Dunbartonshire as part of a new campaign focussed on tackling domestic abuse. This initiative was launched on 19 September 2018 within the Golden Jubilee Foundation and was aimed at educating local employers about the harmful behaviours associated with domestic abuse in order to recognise these behaviours and raise awareness within the workplace. Representatives from Police Scotland, Golden Jubilee Foundation, West of Scotland College Campus in Clydebank, Aggreko and Chivas all took part in the training which was facilitated by Medics Against Violence.

This initiative has empowered representatives from the Golden Jubilee to recognise and identify our role in recognising harmful behaviours linked to domestic abuse. This collaborative working to has delivered education, training and the development of various duty of care policies specifically related to domestic abuse. This has led to a real opportunity to help reduce domestic violence and encourage reporting in West Dunbartonshire.

The training programme provided employers with important information about the different harmful behaviours associated with domestic abuse and how to identify and raise awareness of them.

A number of representatives from our Equalities Group attended the training and whilst we are not experts on domestic abuse, we were provided with increased knowledge, confidence and support to raise awareness to support colleagues. We will continue to promote our Gender Based Violence Policy and regularly review this to ensure the information and contact details are kept up to date.

Laura Liddle
Associate HR Director



New Equality Impact Assessment / Expansion Works

During 2018, the Golden Jubilee Foundation embarked on an exciting new project to redesign the existing Equality Impact Assessment (EQIA) process. The outline objective was to increase awareness and uptake of the EQIA process to further embed equality diversity and inclusion within the day to day running of the Foundation to ensure our patients, visitors and staff are treated with fairness, dignity and respect. The project was managed and delivered by Rob White, a disabled graduate who joined the Foundation following acceptance onto the GCIL Equality Academy – a joint venture between the Scottish Government and NHS Scotland.

Prior to commencing the redesign, a comprehensive review of current EQIA practices within all other Scottish NHS Boards was conducted. This provided an insight into the pros and cons of each EQIA process whilst additionally highlighting the significant variation in approach adopted by each Board. The findings suggest there is a need to simplify and demystify the process. There is also a strong case for unification across Boards to create a 'Once for Scotland' approach which may promote a catalyst for change, elevating the importance of EQIA's within the governance structure of individual Boards and NHS Scotland as a collective entity.

The new EQIA template was specifically designed to be an engaging user friendly document. This was achieved through a number of means including the creation of brand identity and simplification of the template by minimising the number of steps required to complete the assessment process. A systematic approach was deployed listing the positive, negative and neutral implications associated with each protected characteristic. Negative implications are then itemised with corresponding actions to either eliminate, minimise or manage the impact for identified groups. An impact rating score based on a traffic light coding system provides a visual representation of groups likely to be impacted as a direct result of the proposed policy change. The remainder of the assessment focuses on stakeholder collaboration and documented research evidence to support the rationale for the EQIA. Finally, a regular monitoring and review structure aims to ensure that the EQIA is kept up to date during the evolution of the policy and in response to future legislative reform.

Following the re-launch in the autumn of 2018, the new EQIA process has been tested on a number of high profile projects including the proposed design for the first build of the National Elective Treatment Centre at the Golden Jubilee and the functional specifications for the Self Check-in kiosks within the new facility. A significant number of alterations were made within both projects as a direct result from initiating the EQIA process at an early stage within the design concept phase.

Following the introduction of the new EQIA process there has been a noticeable cultural change within the Foundation. Feedback from staff has been positive in terms of the ease of use and accessibility of the form. As a consequence, there is more appetite to engage with the process during the conceptual stage of a policy or project rather than the closing stages. This brings many positive repercussions not only for people represented by a protected characteristic but also for the Foundation and the public perception of NHS Scotland as a whole.

We were pleased to share this innovative piece of work with our national colleagues.

Robert White

Hospital Expansion Programme/Spiritual Care Team via GCIL Placement

Equality Developments

Sexual Orientation

Stonewall, the Lesbian, Gay, Bisexual and Transgender (LGBT) charity has just published its LGBT in Health report (2019) on the experiences of LGBT people accessing healthcare in Scotland and the evidence shows there is much more that NHS Organisations need to do.

- one in four LGBT people have witnessed negative remarks or discriminatory behaviour by healthcare staff;
- 13% of trans people surveyed had been refused care by a healthcare service; and
- 27% said that healthcare staff lacked understanding of specific LGBT health needs.

We continue to work with Stonewall Scotland to improve our training for staff and reinforce the importance of the Golden Jubilee zero tolerance approach to bullying and harassment and ensure that our staff have the knowledge and understanding to provide care for LGB or T patients and support LGB or T colleagues.

Our equality work has led to the introduction of new diversity training programmes for staff and people managers, the Golden Jubilee LGBT network group and Allies and a range of opportunities for staff to learn about equality and show their support.

The Golden Jubilee Foundation (GJF) recently marked 10 years as a Stonewall Scotland Diversity Champion. During this journey, we have become a leading LGBT employer learning and sharing best practice and have been placed in the Top 100 Employers list for the last five years. The Board has been top performing NHSScotland Board in the Workplace Equality Index (WEI) for the past five years, and was recognised as the equal second top Health and Care Organisation in the UK in the WEI in 2019. Recognising the ten year commitment as a Stonewall Diversity Champion, GJF was gifted the inaugural Star Performer award at the Stonewall Scotland Workplace Awards in March 2019.

As a committed member of the Stonewall Good Practice programme, we have delivered awareness-raising and shared our LGBT good practice with a range of other Scottish public sector organisations, from councils and housing organisations to other NHS Boards. We have also participated in a session on bringing senior leaders on board with inclusive strategies as a key way to ensure their permanency and acceptance by the rest of the organisation at the Stonewall Scotland Workplace conference in November 2017. This session explored how Senior Leaders can be empowered, and empower their teams and staff, to support LGBT inclusion initiatives and engage effectively with diversity and inclusion strategies.

Noting the specific needs of LGBT patients in hospice and end of life care, we have provided training events for St Margaret of Scotland Hospice, Clydebank and NHS Tayside, and working with the University of the West of Scotland, we continue to provide training on LGBT issues to student nurses while on placement here.

Every February we mark LGBT History Month as a way of raising awareness of current issues facing LGBT people and remember key points in history that have shaped our politics and culture.

Over the years, we have been commended for our staff network group activity, innovative approach to equalities in procurement, prominent role models and diversity champions and, most importantly, our collaboration with other NHS and public sector organisations for sharing good practice on LGBT equality. As an Organisation which will be undergoing significant expansion over the next five years and beyond, we have begun working with our key construction partner to share LGBT best practice and encourage joint working across our sectors.

Our group of enthusiastic LGBT Allies has grown since its establishment two years ago, and they are now keen to self-organise, setting up awareness-raising stalls, joining learning sessions and marching with our LGBT network group at Pride Glasgow. We have also rolled out rainbow lanyards as a visible way for staff to show their support and commitment to equality and inclusion across all equality groups.

Recognising some of the specific challenges experienced by trans and non-binary staff and service users, we have developed and refined guidance for staff and managers to support staff transitioning at work.

We have also developed an inclusive language guide for our hotel staff to improve their service delivery to trans and non-binary service users. Lastly, we have delivered case study learning sessions on trans-inclusive care to nurse leaders, encouraging the information cascade at ward level.

Having launched our first tranche of Golden Jubilee Role Models, featuring staff with diverse characteristics who model the GJF values, we continue to be passionate advocates for LGBT equality and inclusion and are working to increase the numbers and range of role models and allies across our services.

Carole Anderson
Head of Strategy and Performance

Jane Christie-Flight
Employee Director



Equality Developments

Disability

We understand that two of the most common impairments impacting in the modern workplace are mental health issues and chronic pain resulting from musculoskeletal conditions. As a result our Occupational Health service has a range of interventions available for staff who have mental health issues and we have also established a staff physiotherapy service for staff with musculoskeletal problems.

Other work that we have undertaken to support our staff who have impairments includes:

- Participating in the Disability Confident Scheme (formerly “positive about disability two ticks”). This means that any applicant with a disability who meets the minimum job criteria is guaranteed an interview. The Foundation has achieved Level 3: Disability Confident Leader.
- Working with the Glasgow Centre for Inclusive Living (GCIL) and funding a graduate trainee post
- Developed a managers guide about disability and reasonable adjustments and this has been reviewed to ensure that the terminology is current.
- Developed a Menopause Guide, to ensure that managers understand the impact that this can have on some individuals and how to support them.
- Developed a Carers Guide for staff, which gives practical examples of how board policies can support staff who are carers.
- Delivered training, supported by Age Scotland, on Dementia in the Workplace
- Signed up to “See Me”. This is a programme funded by the Scottish Government and Comic Relief, and managed by SAMH and the Mental Health Foundation, whose aim is to tackle mental health stigma and discrimination.
- Establishing a Staff Disability Network where staff can share experiences and provide support to colleagues as well as helping the Foundation shape services, policies etc. This now has a Facebook page which staff can ask to join.

As a public sector organisation we also have to ensure that our services support our service users who have impairments. To this end we have been working with volunteers, patient representatives and third sector organisations to ensure that as we expand our organisation and services that people’s needs are catered for.



Study 1: Staff Wellbeing “Healthy Body, Healthy Mind”

Over the last two years we have continued to focus on tackling stress in the workforce, recognising that this remains the biggest factor in sickness throughout the NHS. We know from staff that the causes of their stress is multi-factorial including lots of personal areas that we cannot directly address but we understood that we could help decrease it and provide additional support where appropriate.

As a result, we looked to support staff to maintain and improve their health and wellbeing through a range of activities provided by Centre for Health and Wellbeing team. This included ‘staff challenges’ which have provided a safe environment for staff members to commence their journey to a fitter lifestyle.

So far over 200 staff members have completed the courses and have commented how it has changed their lifestyle and outlook on life resulting in a change of attitude to fitness and lifelong changes.

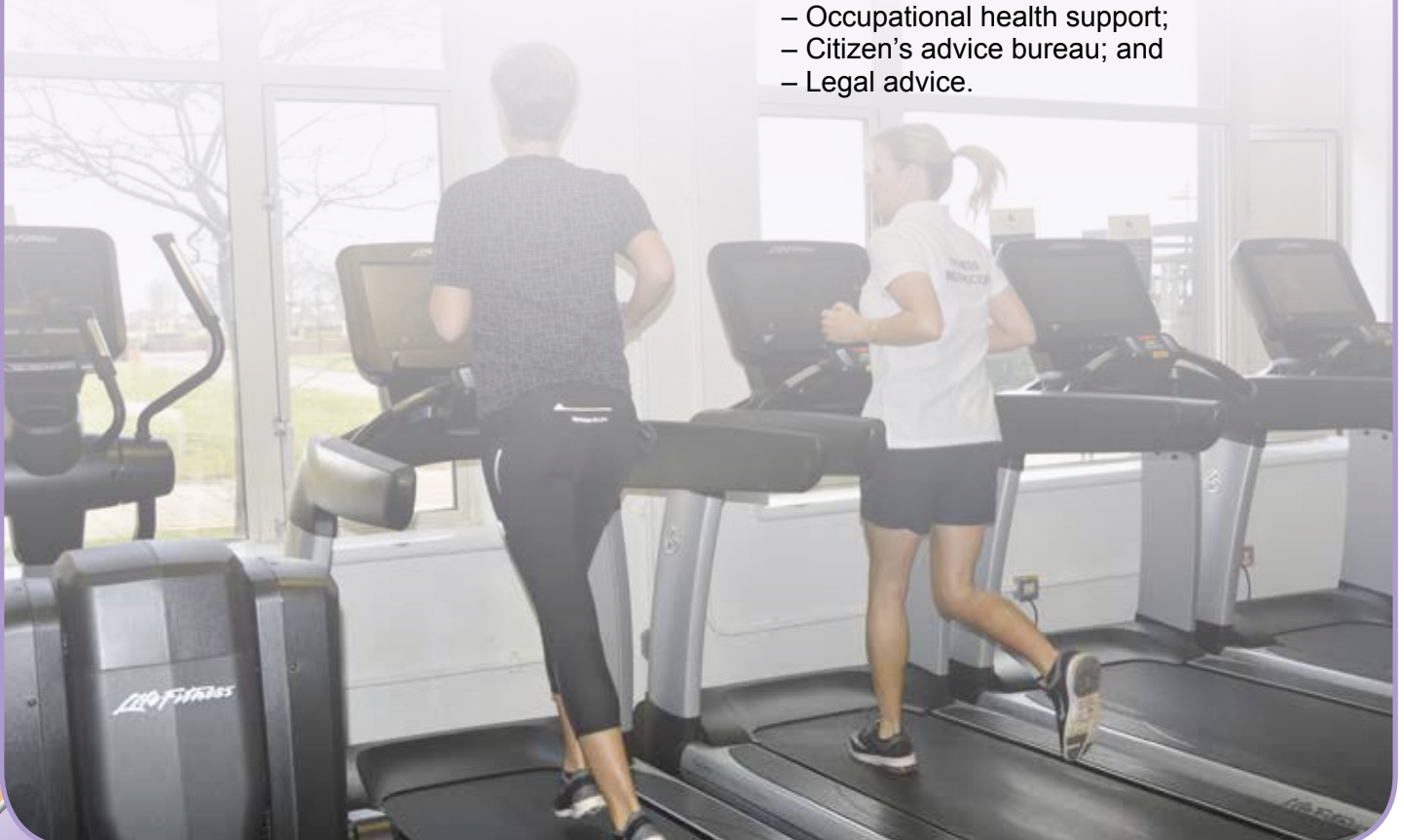
The Health and Wellbeing team have worked closely with various departments such as Occupational Health, Rehabilitation and Motion Analysis to consider a full range of routes to improve staff’s Health and Wellbeing.

The team has accelerated the process for staff members recovering from long time sickness by having the facilities to help assist a speedy recovery.

Yoga was introduced which has been very popular and is one of the major ways the team helps to combat stress related conditions.

We are also signposting staff to support provided either by the organisation or other providers such as:

- Health and wellbeing initiatives and facilities provided by the organisation include:
 - Financial advice and guidance;
 - Occupational health support;
 - Citizen’s advice bureau; and
 - Legal advice.



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Study 2: Design of the new Ophthalmology Unit

As part of the national elective centres expansion programme for elective care within NHS Scotland, we are building a purpose built facility for our new integrated ophthalmology service which will provide cataract assessment and treatment all within one building.

When designing the building we wanted to introduce two integrated Self Check-in kiosks within the arrival point and main waiting area which was able to offer the ability for patients to self check in on arrival for both their clinic appointment and on arrival on the day of their procedure.

We gave consideration to the needs of the people using our facility with a range of abilities through the adoption of the social model of disability, which recognises that a person is disabled by physical features and social practices as opposed to physical limitations of the end user.

We then proceeded to review the systems used by a number of other hospitals across the UK. This was to identify one that would meet our requirements by assessing various self service kiosks. Our volunteer services manager, and a graduate working with us from a disability inclusivity project were key in doing this work. We used a sophisticated scoring system which included the ease of use for people with a range of abilities covering: physical, sensory, cognitive, social and cultural parameters.

The results of this exercise was that we realised that we were unable to source an “off the shelf” option and we drew up a detailed set of specifications incorporating latest best practice guidance and including assistive technology for interactive touch screen functionality.

We are now aiming to establish an innovation partnership with a company to get a product produced which has the functionality best suited to support our service users.

Jane Christie-Flight
Employee Director



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Study 3: Housekeeping Apprentices

We worked with an external agency to support an applicant with disabilities for an apprenticeship within our housekeeping team. We reviewed our recruitment process and made small adjustments so that it was possible for the applicant to be considered.

The interview process focuses heavily on asking competency based questions such as tell us about a time when...

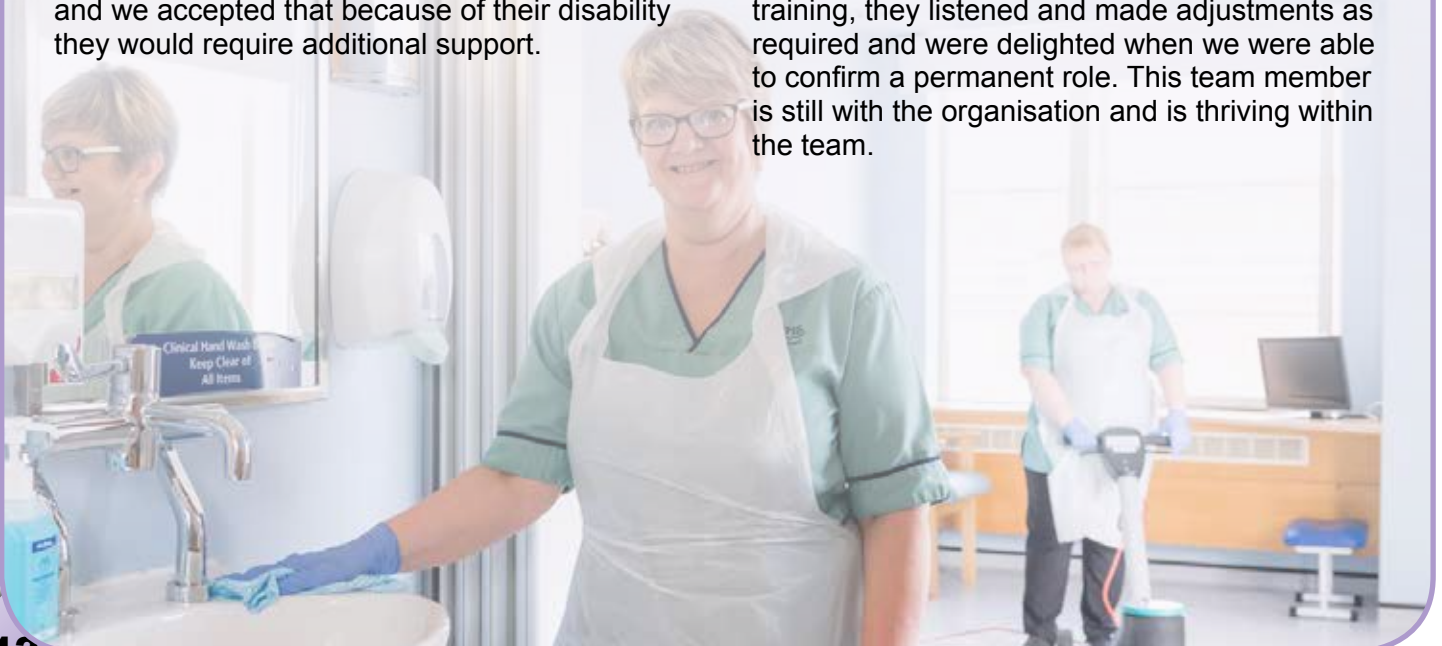
In this case, following discussion with Clydebank College who were supporting the candidate with applications, we amended the process to ask questions that would be more easily achieved by that individual e.g. Tell us about yourself. From those wider questions, the candidate was encouraged to tell us about the things they had been doing since they left school, which parts they liked, which areas they struggled with and what support the individual thought they might need if they were successful in their application. We encouraged the candidate to present us with a folder of information that contained the certificates they had achieved both in and after school. The total information we gathered supported answers to the questions we would have asked in a different way. The individual was successfully appointed into the apprenticeship – because they were the best candidate for the role and we accepted that because of their disability they would require additional support.

The disability the individual lives with is a lesser known condition which means that they require information to be presented in a specific way and for it to be covered a number of times before they are comfortable with it. Understandably, the candidate is very knowledgeable about their condition and is open and honest about what is needed from us to make things work well for them. For our part, we want all of our staff to succeed so we listened and adjusted our processes, training and timescales so that they could do well.

To support the team within the organisation to better understand this condition training was given before they joined us. Feedback we received about our student was that they were very methodical in their work, polite, cheerful and well liked both by colleagues and patients.

They successfully completed their apprenticeship and were given a permanent contract within the housekeeping team. They continue to work well within the organisation and are keen to progress to other areas of work.

For the organisation, the satisfaction of seeing a nervous young person grow into a much more confident employee has been extremely rewarding. The team benefited from extra training, they listened and made adjustments as required and were delighted when we were able to confirm a permanent role. This team member is still with the organisation and is thriving within the team.



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Study 4: Pastry Chef

We regularly engage and work with local schools and support organisations to offer work placements or work experience for young people.

We were recently approached and asked if we could support a young person with cerebral palsy to work in our kitchen. The school was having difficulty placing her because of her disability and the adjustments that would be required to accommodate her. Following discussion with our Catering Manager, a risk assessment was carried out which identified the adjustments which needed to be put in place to support the placement.

The young person came to work in the kitchen for one week. They achieved a lot and great care was taken to ensure that the individual was safe and that they were gaining meaningful experience.

They expressed an interest in cake decoration which is not something we do in the hospital kitchen. An approach was made to the Chef in the hotel kitchen who agreed to give that young person 2 days experience in his pastry kitchen. We used the same risk assessment information and were easily able to replicate the adjustments made in the hospital kitchen.

The individual was extremely happy with her time here. Whilst she decided that this was probably not the right environment for her, she was certain that she wanted to go further into the pastry side of things.

From the organisation's perspective, the teams in both areas were completely supportive of the individual, looking after her, ensuring she had everything she needed and generally coaching and mentoring her within two very busy environments.



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Study 5: Kitchen Team Pulls Together

We were asked by a local school to meet with two young people – one who had autism and one who was a wheelchair user – who wanted to get some experience in our hotel kitchen. The school was finding it difficult to find the right work placement for them and we agreed to meet with them to see if it would be possible for us to place them.

Our Executive Chef met with both young people and took them on a tour of the hotel kitchen. Having met them, he had a better understanding of their requirements and he agreed to make the necessary adjustments within the kitchen.

Both young people attended and were supported throughout their placement. They gained experience in a variety of different skills which reinforced the training they were receiving in school. One in particular found the experience particularly rewarding – in his words “awesome” and has continued with his studies in this area. He is really keen to progress to a full job in a kitchen and undoubtedly when he has completed school will be looking for work in our hotel.

As with the previous example, the adjustments were not enormous, for example, a high stool was needed for the wheelchair user. He had sufficient mobility to move from his chair to the stool and the challenge was ensuring that he remained sitting as he likes to stand. He was able to do this for short periods. If he stood for too long there was a danger he may faint. Therefore, we asked for his permission to share this with other team members so that they could remind him he needed to sit down. This could have been a big risk in a kitchen with all of the hazards, however, the team were keen to make sure he was safe and someone worked alongside him at all times, reminding him of the need to sit. They took responsibility for him and again made sure he had everything he needed while in our workplace. The hotel already had facilities that were suitable for him so there were no major adjustments required.

Elaine Barr
Recruitment Manager

Equality Developments

Religion and Belief

In Scotland today over 63% of people identify themselves as religious, however it is understood that many of those and the remaining 37% identify as being “spiritual” with beliefs and commitments which are deeply important to their health, wellbeing, and sense of personhood. In order to attend to all of those people (particularly those from minority backgrounds) we have embedded training on Spiritual Care and Religion and Belief to all new staff in the organisation. This training takes place in four ways:

- We have specific sessions for all registered nurses which last for 30 minutes and allows a deeper understanding of the key principles involved in attending to the “Spiritual Care” of patients, relatives and themselves.
- A three hour session is now provided to all Health Care Support Workers to reflect on what is meant by, and how to identify needs around religion, belief and corresponding spiritual issues. Techniques for supporting people from these backgrounds is also given and acknowledges this is applicable to patients, families and their colleagues.
- A session is provided to all new doctors and includes best practice around supporting people at the end of their lives while taking into consideration their faith and belief particularly for people from minority backgrounds.
- All new staff receive mandatory “live” diversity training which lasts for three hours and includes an exploration of what faith and belief may mean to people as well as guidelines for how best to attend to their needs.

We have also worked on developing our social media coverage of significant festivals of all world faiths and beliefs which includes short stories, pictures, reflections and articles. In our Spiritual Care centre we have also developed experience days, information sessions, and events with art installations such as Holocaust Memorial Day. Although mainly connected to people of the Jewish faith, this is also very relevant to many other protected characteristics.

As well as these training resources we have also employed a Spiritual Care Lead. Their role is to provide spiritual care to patients, relatives and staff and to oversee the Spiritual Care department which is comprised of Volunteer Services, Mortuary Services, Interpretation and Translation, as well as pastoral care volunteers.

The department is based in a purpose built Spiritual Care Centre consisting of welcoming, sanctuary space, quiet rooms and a place for 1-2-1 and small group conversations. It is available within easy access of the hospital and hotel premises.

The sanctuary welcomes people of all faiths and beliefs, with resources available for worship. It is also welcomes people who simply need to stop. In line with best practice, our spiritual care provider is registered with and adheres to the code of conduct of the UK Board of Healthcare Chaplains. They will listen those who need to talk, tell their story and describe their feelings, concerns or hopes in the context of their current health status, and then respond in an appropriate way which helps those find personal meaning and resilience. This service has had a significant uptake from our increasing patient footprint as well as by hospital staff over the last two years.

We have a number of volunteers who provide support to members of a specific faith or belief groups (e.g. Roman Catholic Extraordinary Ministers of the Eucharist). These individuals come under the direction of the Spiritual and Pastoral Care department, and are registered with the volunteer department. Pastoral Care Volunteers have a different role from religion or belief group volunteers and their key aim is to attend to the widely recognised need of “being heard” at difficult times in a manner that is inclusive of both faith and belief. We have increased the number of these volunteers by 50% over the last two years and continue to develop the diversity of these volunteers by recruiting from various sources.

Andy Gillies

Diversity and Spiritual Care Lead

Equality Developments

Age

We have different strands of our work in relation to Age.

For patients:

We continue to monitor our age demographics of our patients and ensure that the design or redesign of services takes account of this knowledge.

With the development work for the Ophthalmic expansion, our Lead Nurse for Dementia has participated in some of the meetings and discussions about design and use of colour to ensure that this is both dementia friendly and contrasting for patients with impaired vision.

By increasing knowledge in both quality improvement methodologies and dementia needs, there is now an improvement plan in place to improve compliance with use of the Single Question in Delirium (SQID). This helps clinical staff to quickly identify patients who might be developing delirium and helps to reduce incidence of delirium combined with staff education on this topic.

We have developed guidelines for increased nursing support for patients with altered cognition, to ensure that patients are monitored closely in a supportive manner and that staff are supported with this too. One to one supervision may be required for many reasons and steps have been made to ensure that we have sufficient activity materials to support patients and to help reduce the patient's stress/ distress. Providing one to one support can be mentally challenging and tiring, and the guidance recommends that staff are rotated at two hourly intervals.

Dementia education continues to be delivered throughout the year for all groups of staff and course content maps to the Scottish 'Promoting Excellence' Framework (2011), and we continue to actively support staff to participate in the national Dementia Champions programme and the 'Best Practice in Dementia Care' course for clinical Health Care Support Workers (run by Stirling University).

To date we have 10 Dementia Champions and 54 HCSWs who have successfully achieved the 'Best Practice' course.

Our Board Dementia Strategy was approved by the Board in February 2019, and this outlines our key objectives to take forward over the next three years when caring for patients with dementia. We have added into this strategy our aims around supporting staff in our employment with early diagnosis of dementia. By strengthening the knowledge of Human Resources staff and line managers in early recognition and support for staff, we can support staff showing signs of dementia and those with caring responsibilities.



For staff:

Last year was the Year of Young People and the Board received recognition from West Dunbartonshire Council for the commitment to the Schools Employability Skills Programme. Within this program links with a number of local schools have been established this has seen 32 students from five different schools take up placements with us over the last two years. Each placement offers students a chance to take part in a number of different roles over six weeks including supporting outpatient support, pastoral care, welcome and way finding, and quality walkrounds which are means of measuring patient experience. We plan to continue growing this service and including more school age people in the life and work of our Foundation.

Also in 2018, our Board became the first NHS Scotland organisation to be awarded the Investor in Young People accreditation at Gold Level. The framework recognises good practice in three domains of youth employment: attraction and recruitment, support and development and retention.

We continue to participate in the Modern Apprenticeship Scheme and review opportunities within the workplace to deliver this. Examples of this include placements of people to work within the Catering and Housekeeping Teams.

We have a member of staff participating in the Graduate Apprenticeship Scheme and six additional members of staff applying for this scheme for year two. These are for within opportunities in eHealth and Business administration. This enhances skills, knowledge and career development for staff of all ages.

We continue to monitor our staff age demographics and the variations within specific departments. Changes to retirement legislation several years ago are now demonstrating that we have a workforce with a wide distribution of ages (from 17 to 80).

The Chief Nursing Officer for Scotland published the Nursing 2030 Vision in November 2017. Within this there is acknowledgement of the changes to the nursing profession and the delivery of care moving forward, but also to the age demographics of the profession; that nursing staff are working longer into middle age, making the balance of the demographics look different.

Within the Hospital Nursing department we have reviewed our age demographics of our nursing staff and the impacts that this can have (both positive and the challenges). We developed our Roster Policy in 2018. This sets our aims for ensuring that shift patterns are fit for purpose in terms of work life balance, breaks between shifts and requests processes, and the opportunities to review the length of shifts in order that these are suitable for patient clinical needs and for staff well being.



Study 6: Dementia

Dementia Lead Nurse/ Carers Strategy

In recognition of the importance of support for people living with dementia, most strategies and policies refer to people living with dementia and their carers. As part of the role of the Alzscot Lead Nurse for Dementia, it was anticipated that this responsibility would involve patients living with dementia and their carers.

However very soon after commencing employment this post holder was asked by a member of staff for advice regarding a relative they were concerned about. They were offered advice and sign posted to other sources of information and support. This happened again, then again, until the Lead Nurse realised that they had been approached by at least a dozen members of staff.

Each member of staff had a different concern and for some it was obvious that they were under a great deal of stress. They were worried about their loved one but also concerned about the impact on their job.

These staff members had approached the Lead Nurse in relation to relatives living with dementia, and this raised the question of how many of our members of staff had a caring responsibility.

The “Carers Positive” resource provides information about working carers and guidance on how employers can support them to remain in the workforce. Statistics show that one in seven employees in Scotland is also an unpaid carer. This would suggest that at least 250 Golden Jubilee employees are also unpaid carers. It is recommended that policies are available to support carers and within our organisation. There are numerous ways in which we can support carers. However, their titles don't readily identify them as such.

A proposal was put to our Involving Peoples Group that the organisation should endeavour to achieve “Carer Positive” status. As an initial action it was agreed we would develop a Carers Guide. This guide is now available to all staff. It has brought together the policies which can be used and provides scenarios to illustrate the use of each policy. This is a first step towards ensuring employee carers are supported to remain part of our organisation.

Eleanor Lang
Associate Nurse Director



Equality Developments

Race

We always seek to ensure that all patients attending the Golden Jubilee Foundation are treated with the same level of high quality person-centred care regardless of their race. Evidence from the US and UK shows that people who do not speak English as their first language are typically a group that are missed from important person-centred elements of care. This can include having someone ask “**what matters to you?**” or “**I notice that you have seemed quite down today, is there anything you would like to talk about?**”. With the increasing trend in cultural diversity in Scotland and a significant increase in the number of patients at the Golden Jubilee who cannot communicate in English we have recruited eight new bank interpreters over the last two years into our interpretation and translation team. They are now able to deliver 85% of our interpreting through our in house team.

This recruitment has given us the opportunity to ensure these staff go through our induction process which includes training on valuing diversity, human factors and the importance of person-centred care. This has led to a significant improvement in the delivery of person-centred care because interpreters are equipped with a more rounded understanding of our organisational values and why questions like “what matters to you” are so important. It also has equipped and them to deliver the corresponding care with greater integrity and genuineness.

A recent example of excellent practice in this field came from the care of one of our patients who sadly died and whose country of origin was not the UK. When their family travelled over to visit them and say goodbye they were met by a senior nurse and one of our interpretation team. Our interpreter had been trained, briefed, and supported by us in order to behave and react in way that would uphold the most person-centred and generous care far beyond interpreting the words alone. The family spoke of how moved they were by our compassionate and professional care.

Our aim by the next mainstreaming report is to ensure that more than 95% of all our interpreting and translating for patients is delivered by members of our in house staff interpretation team. We have one member of staff employed to oversee and support this service and its development. Additionally, in the last two years we have also begun translating appointment letters and discharge letters as standard, which had previously been available only on request.

Joseph Safi

Interpretation and Translation Manager



Equality Developments

Sex

Equal Pay

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

General Points

- We continue to employ more females than males. The ratio of female to male staff is almost 3:1.
- The mean average pay for males is £19.81 per hour, while that for females is £15.33 per hour. This represents a difference of £4.48 per hour, which is £0.10 less than it was in the previous twelve-month period.
- The median average pay for both male and female employees is the same, at £15.29 per hour. This is the top point on the Band 5 salary scale and reflects that many nurses are on this pay point. This compares to the previous twelve month period whereby the medial average pay for male employees was slightly higher than female employees.
- We continue to have proportionately more female than male employees in lower Agenda for Change (AfC) bands: 28.17% of AfC staff is female in Bands 1 to 4, with males making up 11.51% of staff in these bands. There continues to be some hourly pay differentials between male and female staff across the different staff groups within the organisation. The largest differentials are in medical staff, where males earn £3.91 more than females, and Senior Managers, where females earn £8.58 per hour more than males.
- Female staff access flexible working and career breaks in a larger number than our male employees.

The majority of our staff are employed on AfC terms and conditions, which have been legally tested to ensure that the system is fair and equitable for all staff. Once an employee has reached the top of their AfC pay band, there is no further increase and, over time any pay differentials will reduce. We will continue to monitor and report on all AfC band variations.

Administrative Services

- 81.79% of the staff in this job family is female, a slight decrease on the previous twelve months, down from 82.67%.
- There is a variance of 10.84% between average hourly rates of male and female administration staff, with male workers being paid higher: £14.70 compared to £13.11.
- The differential appears to be due to the hourly rate paid due to incremental drift on Band 6 to 8 salary scales.

Allied Health Professions

- Female members of this job family outnumber their male counterparts by more than 4:1, as 81.25% of staff is female.
- Female members of staff earn on average £0.76 per hour more than their male colleagues: £16.97 compared to £16.21. At least in part this might be accounted for by the fact that there are greater numbers of female colleagues in senior posts (16.4% of staff in Bands 7 to 8B), when compared with the number of male colleagues (4% of staff in the same bands).

Healthcare Sciences

- 58.26% of staff in this job family is female, which represents a slight decrease since the last audit in 2018.
- There is a variance of 0.04% between the average hourly rates of male and female staff in this job family, with female average hourly rates being higher. In the previous twelve month period, this variance was 9.36%, with the average hourly rates of male staff being higher.

Medical and Dental

- As of August 2018, we no longer employ doctors in training, and are no longer included in this analysis. They are now employed by one of the regional Lead Employers: NHS Greater Glasgow and Clyde, NHS Lothian and NHS Grampian.
- The majority of our medical workforce continues to be male: 81.10% compared with 18.90% for females. The proportion of female staff employed within this job family has increased over the last twelve month period by almost 4%.
- There is a variance of 10.02% between average hourly rates of male and female doctors, with male doctors paid an average hourly rate of £38.99, compared to £35.08 for female doctors. This represents a departure from the downwards trend that has been seen over the last few years in the disparity between male and female doctors' pay.
- Discretionary points have been awarded to more male Consultants than female Consultants in the 2018 round of awards: 73.33% of available points were awarded to male doctors, with 26.67% awarded to female doctors. Of those doctors who were eligible to apply for discretionary points 82.35% were male and 17.64% were female. Therefore, a higher proportion of female doctors were awarded discretionary points than were eligible to apply for them.
- We have established that the pay differential exists because of incremental drift, and also because we employ more male doctors than females at this time. We will continue to monitor this situation but over time we continue to expect to note the differential decreasing as some male doctors retire and our female doctors continue to progress through incremental points.



1.1 Medical Support

- Male staff member in this job family earn on average £0.94 more per hour than their female colleagues.
- This is one of the job families where male colleagues are more evenly represented, making up 43.33% of staff members.

1.2 Nursing and Midwifery

- 11.88% of nurses are male, which is similar to the information reported during the last audit (11.98%).
- There is a variance of £0.53 (3.62%) between average hourly rates of male and female nurses, with female nurses being paid higher, at £15.28 per hour. This variance has decreased over the last twelve month period by 0.58%.
- We continue to have more females employed at senior bands, Band 7 and above, in this job family. Of the 107 nurses at Band 7 and above, 85.05% are female, which is slightly below their proportion of overall staff in the job family.

1.3 Other Therapeutic

- Of the job families that come under Agenda for Change, this is the one with the highest monetary variance between male and female colleagues: male workers earn on average £1.62 more than their female counterparts.

1.4 Senior Managers

- The majority of our Senior Managers continues to be female, who earn on average £8.58 more per hour than their male counterparts (24.28%).

1.5 Support Services

- The Support Services job family is made up of employees from Catering, Housekeeping, Portering, Maintenance and Security services. The majority of staff working in the Golden Jubilee Conference Hotel falls under this job family.
- This is one of only two job families with a higher proportion of male than female staff: 53.67% male and 46.33% female.
- In this job family, males are paid on average £1.44 more per hour than their female colleagues: £11.31 compared to £9.88 per hour. This is the highest percentage variance in the job families under Agenda for Change.
- This variance has been caused by incremental drift and the fact that we have more male staff members employed at higher bands in Support Services.

2 Conclusion/ Recommendation

Our analysis has demonstrated that whilst there are some pay gaps, these are in the main caused by incremental drift which we will continue to monitor, update and report on. Our Human Resources team will continue to work with managers, staff, Partnership Representatives and the Equalities Group to monitor these issues and to help reduce pay differentials that exist.

A three year pay deal was agreed for NHS Scotland staff in 2018 which will see the reduction of pay points across Agenda for Change pay structure. These changes will see Agenda for Change pay bands restructured over a three year transition period and will monitor any changes that this may bring to pay differentials.

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

Laura Liddle

Associate Director of Human Resources

Appendices



1

Appendix 1 Embedding Equalities – our Governance Structure

The Golden Jubilee Foundation family includes the Golden Jubilee National Hospital, Golden Jubilee Research Institute, Golden Jubilee Innovation Centre and Golden Jubilee Conference Hotel.

Person Centred Committee (PCC)

Our PCC provides assurance to the Board that appropriate structures and processes are in place to address issues of diversity, equality and human rights, as well as the governance requirements of Patient Focus Public Involvement (PFPI). Our PCC is chaired by one of our Non Executive Board Members and is attended by representatives of our Executive Team and Partnership Forum. The Executive Lead is our Director of Quality, Innovation and People.

Involving People Group

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

Volunteer Forum

Our Volunteer Forum is designed as our pulse checker for inclusivity and engagement. The group is chaired by a Non Executive Director, comprised of and contributed to by volunteers, local partners, our Volunteer Services Manager, our Employee Director and observed by the National Volunteer Programme Project Officer. The executive lead for this group is our Director of Quality, Innovation and People.

Equalities Group

Our Equalities Group maintains a clear objective to embed equalities across our organisation. Our Equalities Group is comprised of senior managers, Staff Side representatives, the Leads for each protected characteristic and our Diversity Champions. The Executive Lead is our Director of Quality, Innovation and People.

Senior Management Team and Partnership Forum

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

Planning and Project Management Approach

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

Appendix 2 Employment Monitoring Report

You can access the Workforce Monitoring Report 1 April 2017 - 31 March 2018 at www.nhsgoldenjubilee.co.uk/files/2115/5109/8368/Workforce_Monitoring_Report_1_April_2017_to_31_March_2018.pdf

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