NHS Ayrshire & Arran

Meeting:	**Ayrshire and Arran NHS Board**
Meeting date:	**Monday 29 March 2021**
Title:	**Mainstreaming Report including equality outcomes progress, new equality outcomes and workforce data**
Responsible Director:	**Professor Hazel Borland, Nurse Director and Deputy Chief Executive** **Sarah Leslie, HR Director**
Report Author:	**Elaine Savory, Equality and Diversity Adviser** **Craig Lean, Workforce Modernisation Manager**

1. Purpose

This is presented to the Board for:

- Decision

This paper relates to:

- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Person Centred

2. Report summary

2.1 Situation

The attached documents have been developed in line with the Equality and Human Rights Commission (EHRC) guidance in terms of compliance with equalities legislation. The equality outcomes for 2021-2025 continue to contribute to the overarching high level, shared outcomes set previously with our partners across Ayrshire. However, in line with recent guidance from the EHRC, specific and targeted NHS Ayrshire & Arran equality outcomes are outlined within this document which will contribute to the shared vision.

Aligned to this work, is the recently approved new Governance routes for ensuring equalities is embedded into our work through the establishment of a new Corporate Equalities Committee which reports directly to the Board and also the Equalities Implementation Group to drive forward the work to deliver on our new Equality Outcomes 2021-2025 and any other associated work.

The Board is asked to approve the content of the attached report as NHS Ayrshire & Arran's accountability for equalities, and for its publication in line with equalities legislation.

2.2 Background

In line with our legislative requirements under the Equality Act 2010, Public Sector Equality Duty and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, NHS Ayrshire & Arran require to publish a variety of information in relation to equalities by 30 April 2021 as follows:

- Report progress on mainstreaming the equality duty
- Publish equality outcomes 2017-2021 progress report
- Publish new equality outcomes for 2021-2025 including evidence for setting such outcomes
- Publish gender pay gap information
- Publish statements on occupational segregation
- Publish an equal pay statement
- Publish workforce equalities data

2.3 Assessment

The attached documents have been developed in partnership with staff and citizens of Ayrshire and are put forward as NHS Ayrshire & Arran's response to the aforementioned legislative requirements at point 2.2.

The documents must be published on our public facing website by 30 April 2021. Failing to do so will result in NHS Ayrshire & Arran not complying with the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

2.3.1 Quality/patient care

Driving forward the equalities agenda across the organisation will ensure the health and care provision provided to our citizens is safe, effective and person-centred and will support improved patient experience of our services.

2.3.2 Workforce

It is expected that the work to drive forward the equalities agenda will be met from within existing staff resources. Continuing to drive forward the equalities agenda will ensure staff are better able to provide safe and person-centred care to their patients, thus supporting improved staff experience.

2.3.3 Financial

It is expected that the work to drive forward the equalities agenda will be met from within existing resources.

2.3.4 Risk assessment/management

By not publishing the suite of equalities papers, this could result in NHS Ayrshire & Arran failing to meet their legislative requirements as outlined above which could result in the organisation being prosecuted for failure to comply with legislation.

2.3.5 Equality and diversity, including health inequalities

The content of this paper provides an account of NHS Ayrshire & Arran's equalities work during the period 2017-2021 as well as work being taken forward in the next 4 year phase to meet the requirements of the Public Sector Equality Duty and our

requirements under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

An impact assessment has not been completed because the attached information is an account of some of the work which was undertaken to promote equalities within NHS Ayrshire & Arran and any of those areas requiring an equality impact assessment would have been completed separately. For the future equality outcomes, should an equality impact assessment be required, the Lead for that outcome will have responsibility to complete.

2.3.6 Other impacts

The outcome of this work should have a positive impact on all staff and citizens covered under the protected characteristics outlined in the Equality Act 2010. This includes all the following areas of impact:

- Best value
- Vision and Leadership
- Effective Partnerships
- Governance and accountability
- Use of resources
- Performance management

Compliant with the corporate objectives specifically:

- Deliver services that are clinically effective, safe, efficient and patient-centred;
- Promote and embed the Caring, Safe, Respectful culture and support all staff to demonstrate the required behaviours and appropriately challenge when this does not happen.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

- Setting of new equality outcomes – consultation undertaken with staff and citizens via an online survey, face to face discussions and telephone conversation. The consultation ran for a total of five weeks from 13 October 2020 until 18 November 2020.

2.3.8 Route to the meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Corporate Management Team, 9 March 2021

2.4 Recommendation

For decision. Members are asked to approve the content of the attached report as NHS Ayrshire & Arran's accountability for equalities, and for its publication in line with equalities legislation by 30 April 2021.

3. List of appendices

The following appendices are included with this report:

- Appendix 1, Mainstreaming Report including Equality Outcomes Progress
- Appendix 2, Equality Outcomes 2021-2025
- Appendix 3, Evidence and Rationale for Equality Outcomes 2021-2025
- Appendix 4, Occupational Segregation and Equal Pay Analysis
- Appendix 5, Equal Pay Statement
- Appendix 6, Workforce Equalities Data

Appendix 1

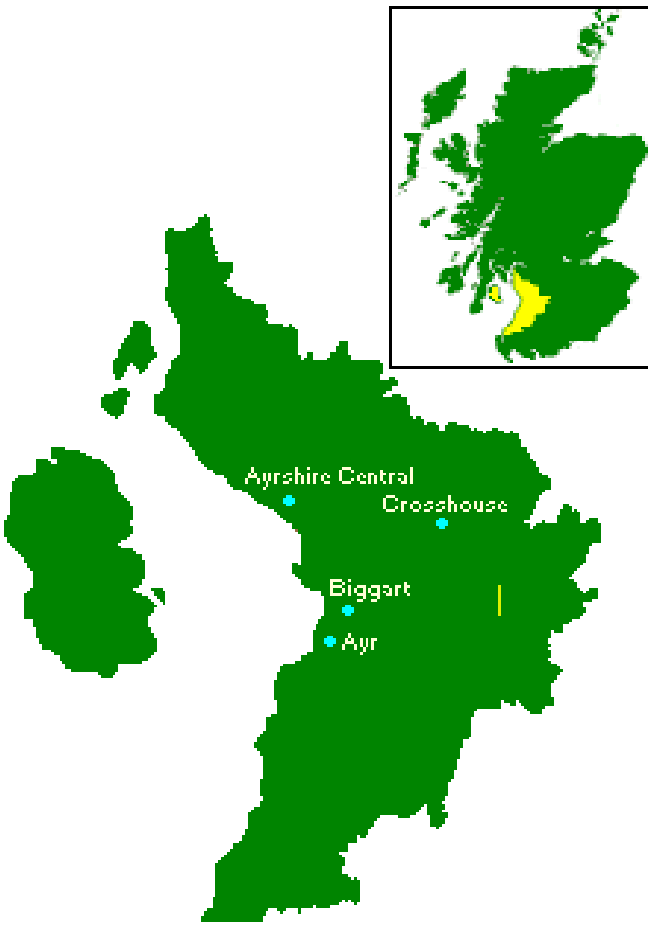
Our purpose

Working together to achieve the healthiest life possible for everyone in Ayrshire and Arran

NHS Ayrshire & Arran

NHS Ayrshire & Arran

Mainstreaming Report 2021



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Accessibility
If you would like this document in a language or format of your choice including large print, audio or Braille contact us:

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SECTION 1

1.1 Introduction

This is NHS Ayrshire & Arran's fourth Mainstreaming Report since the inception of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. These reports aim to inform our service users, their carers, visitors, staff and partner organisations how we as an organisation work towards ensuring that equalities is being mainstreamed into the functions and activities of our organisation. They also provide information on our employees, reported by their protected characteristics, and demonstrate the ways in which we are meeting the general and specific duties as set out in the Equality Act 2010.

In this report we highlight the progress made across the four-year cycle of our second set of equality outcomes as well as what further we have done to embed equalities. It also communicates our commitment to ensuring the ever-changing demography and multiple identities of our population are person-centred and that our core function of providing health care and prevention of ill-health for all meets the needs of those who access it.

It should be noted that the content of the report highlights progress up to and including 31 December 2020 to allow for our internal governance processes prior to publication in April 2021.

It should also be noted the impact of COVID-19 on our services, with a cessation of services other than emergency and urgent care on 23 March 2020. We also recognise the impact COVID-19 has had on our communities and in many areas of equality where this has exacerbated some of the challenges already faced. NHS Ayrshire & Arran are committed to continue to minimise or mitigate as far as possible these impacts to ensure our communities are afforded the best possible care.

1.2 About Us

NHS Ayrshire & Arran is here to help our population stay healthy and provide safe, effective and person-centred care if you become ill. We are committed to providing a safe and high-quality service designed to meet the needs of patients and their carers and families. Our purpose is:

"Working together to achieve the healthiest life possible for everyone in Ayrshire and Arran"

NHS Ayrshire & Arran is also committed to ensuring patients, carers, families and staff are treated with dignity and respect, no matter their protected characteristics. We strive to provide the best care and treatment we can, within the resources available to us, while ensuring everyone working in the NHS has the right training and skills for their job within a safe and clean environment.

NHS Ayrshire & Arran delivers a wide range of comprehensive services across East, North and South Ayrshire. Changes to the delivery of public services have resulted in integrated services being provided through Health and Social Care Partnerships (HSCPs), who are the joint and equal responsibility of health boards and local authorities via Integrated Joint Boards.

1.3 NHS Ayrshire & Arran's population and health

National Records for Scotland estimated the 2019 mid-year population of NHS Ayrshire & Arran to be 369,360. Of the three Health and Social Care Partnership areas in Ayrshire & Arran, East Ayrshire accounts for 33% (122,010) of the population, North Ayrshire 36.4% (134,740) and South Ayrshire 30.4% (112,610).

The population within NHS Ayrshire & Arran is older than the Scottish average and this pattern is expected to continue for the foreseeable future:

- in 2018 over 22% of the population were over 65 years of age compared to 19% across Scotland,
- the number of people aged 75 and over in Ayrshire & Arran is projected to increase by 30% by 2026, compared to an increase of 27% projected for Scotland.

Life expectancy and mortality

Life expectancy in Ayrshire & Arran for men is 76.55 years (Scottish average 77.06 years) and for women it is 80.36 years (Scottish average 81.01 years). Life expectancy trends in Scotland were improving year on year up to 2012 and have subsequently stalled. In Scotland, as a whole, life expectancy fell by approximately 0.1 year.

Deprivation is strongly linked to life expectancy. In 2014-18, males born in the 10% most deprived area within Ayrshire & Arran could expect to live 11 years fewer than those in the 10% least deprived area. For females, the gap was 9.5 years.

There were 4,752 deaths in Ayrshire and Arran in 2019, a rate of 11.2 per 1,000 and higher than the national average of 10.6 per 1,000. The three leading causes of mortality were heart disease, cancer and respiratory disease accounting for almost 70% of deaths in 2018 (update delayed for 2019).

Early years

In the last three months of 2019, the birth rate in Scotland fell to its lowest level since records began. There were 3,137 births in 2019 in Ayrshire and Arran, the standardised rate of live births is 10.1 per 1000 slightly higher than the Scotland rate of 9.1.

The latest data show that in Ayrshire & Arran the percentage of women smoking during pregnancy (20%) is above the national average (15%). The percentage of babies exclusively breastfed at 6 to 8 weeks was 19% in Ayrshire and Arran lower than the national average of 31%. Eighty-three percent of babies were a healthy birthweight similar to the Scottish average of 84%.

Many factors contribute to inequalities in health and child poverty compounds this; in East, North and South Ayrshire the percentage of children in poverty is 26%, 27% and 23% respectively. This equates to almost 20,000 children living in relative poverty in Ayrshire & Arran.

Multiple deprivation in Ayrshire & Arran

The Scottish Index of Multiple Deprivation (SIMD) is a relative measure of deprivation across 6,976 small areas (called data zones). SIMD looks at the extent to which an area is deprived across seven domains: income, employment, education, health, access to

services, crime and housing. These domains are weighted and combined into one index and ranked. The most deprived data zone is ranked 1 up to the least deprived data zone at 6,976.

Not all people experiencing deprivation live in deprived areas, around two out of three people on a low income do not live in deprived areas. Around one in three people living in a deprived area are on a low income.

If an area is identified as 'deprived', this can relate to people having a low income but it can also mean fewer resources or opportunities. The table below shows the profile of SIMD in East, North and South Ayrshire and Glasgow is in as a comparator.

Number of data zones by local authority with local and national share of most deprived

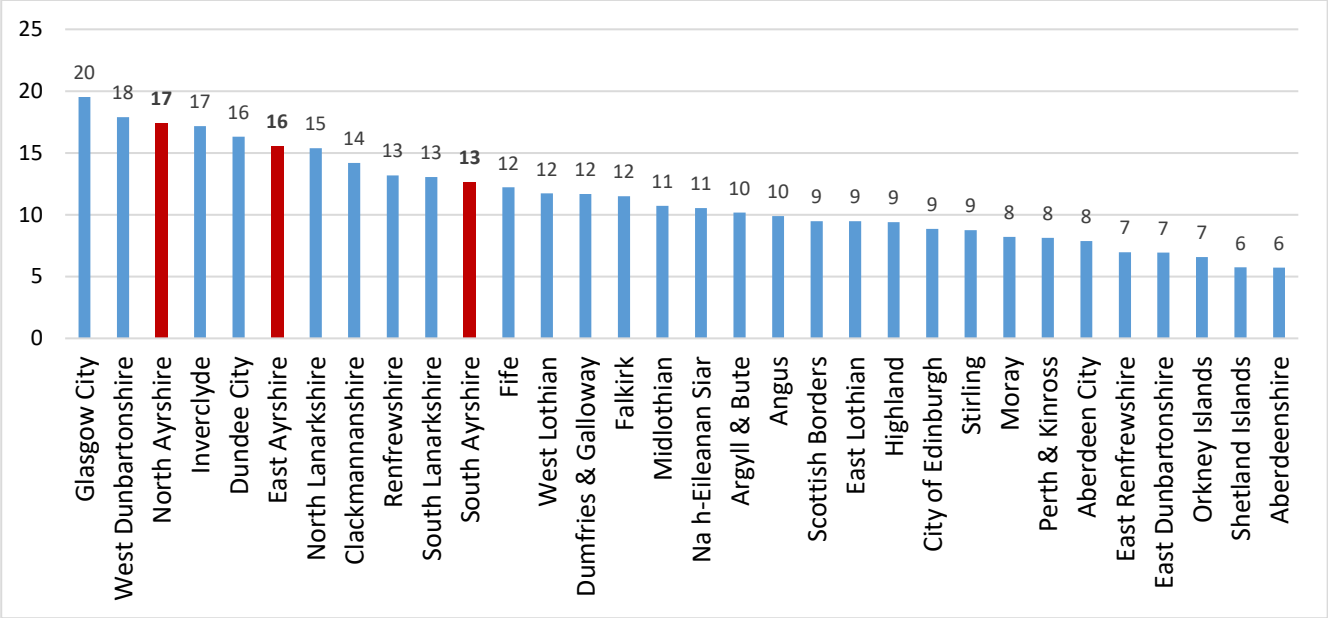
Local Authority	Number of Data Zones		Local Share of	National Share
	Total Data Zones	**20% most deprived**	**SIMD 2020_rank**	
North Ayrshire	186	74	39.78%	5.30%
East Ayrshire	163	50	30.67%	3.58%
South Ayrshire	153	27	17.65%	1.94%
Glasgow City	746	331	44.37%	23.73%

The most deprived data zone in Ayrshire & Arran is in the Shortlees area of Kilmarnock (ranked 18th in Scotland) and the least deprived data zone is in Stewarton East, (ranked 6,925th in Scotland). SIMD allows organisations to know where their work can have the most impact with the aim of reducing inequalities across a range of issues. A data zone in Saltcoats Central is the most 'employment' and 'health' deprived in Ayrshire & Arran.

In 2018 there were 56,710 people in Ayrshire & Arran who were income deprived equating to 15.3% of the population, significantly higher than the Scottish average of 12.2%. The inequality is clear when looking at the most deprived quintile where 30% of people are income deprived compared to 3.5% in the least deprived quintile. A diagram showing how income-based policies in Scotland would affect health and health inequalities is presented in Appendix A.

The percentage of the population income deprived in 2018 in each of the 32 local authorities is shown in **Chart 1**. The income inequality gap within each local authority is wide. For example, in North Ayrshire the percentage of the population income deprived in Irvine Fullarton is 35% compared to Kilwinning Whitehirst Park & Woodside where it is 4%.

Chart 1: Percentage of the population income deprived by local authority in 2018



The economic impact of the COVID-19 pandemic is significant and is likely to have a disproportionate impact on people living in areas of multiple deprivation; those who were not in a good position prior to the pandemic. The Institute for Public Policy Research found that up to a third of all households and almost half of households with children, were experiencing financial difficulties during the COVID-19 outbreak.

Impact of Inequalities on Health Services

Inequalities impact on health services for example, the gap for preventable emergency hospitalisation for a chronic condition in Ayrshire & Arran is equivalent to 11,704 hospitalisations each year. The most deprived areas have 51 percent more hospitalisations than the overall average and the Scottish average is higher at 58 percent.

Early deaths from coronary heart disease, aged <75 years in NHS Ayrshire & Arran 2016-2018:

- The most deprived areas have 66% (Scotland 84%) more deaths than the overall average.
- Early deaths from coronary heart disease for those aged <75 years would be 49% (Scotland 55%) lower if the levels of the least deprived area were experienced across the whole population.

Early deaths from cancer aged <75 years in NHS Ayrshire & Arran 2016-2018:

- The most deprived areas have 38% (Scotland 48%) more deaths than the overall average.
- Early deaths from cancer, aged <75 years would be 27% (Scotland 32%) lower if the levels of the least deprived area were experienced across the whole population.

In relation to repeat emergency hospitalisation in the same year in NHS Ayrshire & Arran, the most deprived areas have 39 percent more hospitalisations than the overall average. This is lower than the Scottish average of 48 percent.

More information can be found in the Director of Public Health Report. The chapters are aligned to the public health priorities.

SECTION 2

2.1 Mainstreaming

Mainstreaming is a specific requirement for public bodies in relation to implementing the Equality Duty 2010. In simple terms it means integrating equality into the day-to-day working of NHS Ayrshire & Arran, taking equality into account in the way we exercise our functions. In other words, equality should be part of everything we do.

The Equality Act 2010 introduced the public sector equality duty (PSED) which requires public authorities, including Health Boards, in the exercise of their functions, to have due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited under this Act

2. Advance equality of opportunity between people who share a relevant protected characteristic and those who do not share it;

3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The protected characteristics referred to in the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Our previous mainstreaming reports have demonstrated NHS Ayrshire & Arran's commitment to embed equalities into our functions and our continued approach is outlined hereafter.

2.2 NHS Ayrshire & Arran's Approach

2.2.1 Leadership, Organisational Commitment and COVID-19

NHS Ayrshire & Arran's approach to continuous improvement and embedding of equalities into our functions continues through visible leadership and organisational commitment. The impact of the COVID-19 pandemic has elevated the importance of the diversity of our staff and psychological safety. Our Chief Executive wrote "Psychological safety gives our staff the confidence that they will be heard no matter what their view and when we recognise that creativity and curiosity comes from listening to diverse views we then acknowledge the power of diverse thinking".

The COVID-19 pandemic delivered a profound shock to all of us, and in particular for our staff. The measures to control the spread of the virus have reached deep into everyone's lives - affecting people's income, job security and social contacts – factors that are essential to healthy lives.

In March 2020, many of our services ceased and our workforce reshaped their work in an effort to contain the infection and protect the most vulnerable. Due to social distancing measures and the need for many to remain at home, NHS Ayrshire & Arran recognised that to control the spread of the infection changes in practice were necessary, and began to embrace the opportunities this had presented for implementing technology and new ways of working. But new ways of working were not all that were needed.

As well as changes in service provision, when COVID-19 happened many of the previously insurmountable 'barriers' to kindness appeared to fall away. NHS Ayrshire & Arran rapidly established wellbeing hubs and sanctuaries as crucial spaces for staff to relax, reflect, recuperate and access peer support, or in some cases more dedicated support from health professionals.

The response to COVID-19 has shown what can be achieved when our approach is underpinned by relationships and by collaboration. From the start NHS Ayrshire & Arran committed to putting the wellbeing of staff at the heart of what we do. With work slowly remobilising, continuing to respond to the acute needs of people affected by COVID-19 and at the same time delivering scaled-back non-COVID-19 health care, NHS Ayrshire & Arran have committed to ensuring the support needed for staff remains.

In line with NHS Ayrshire & Arran's transformation programme 'Caring for Ayrshire' (https://www.nhsaaa.net/news/latest-news/caring-for-ayrshire/), what is consistently and clearly important is the creating space to listen. This is critical, if we want to provide the best possible healthcare to our citizens then we need to look after the wellbeing of those that are providing it.

NHS Ayrshire & Arran continues to remain committed to putting equality at the heart of our organisation by shifting the focus from being a "bolt on" aspect of delivery to an integral part of the way we perform our functions.

2.2.2 NHS Ayrshire & Arran Response to Staff Wellbeing

In response to the COVID-19 pandemic, NHS Ayrshire & Arran embraced the concept of "Extreme Teams" which is a non-hierarchical, multi-professional approach working to challenge the status quo to meet the objective. In particular, the situation provided the opportunity for a Staff Wellbeing Extreme Team who recognised the importance of staff wellbeing as a key principle of patient safety. This Team included staff from across all disciplines to meet the very fast paced changing situation.

The COVID-19 crisis amplified the need for good staff support and wellbeing, and initially in particular, in the acute sites at University Hospital Crosshouse (UHC) and University Hospital Ayr (UHA) which were perceived as the highest risk areas at the time. Staff felt vulnerable as they faced an increased risk to their own health and life by coming to work.

A strong sense of urgency and purpose enabled rapid developments to enhance staff support and wellbeing during these challenging times. Two areas were identified at UHA and UHC, ensuring easy access for all staff. These areas were chosen not only for accessibility but also for privacy from public areas of the hospital, giving staff a welcoming and safe haven and a chance to rest, reflect and connect.

These facilities set up were based on experience and emerging evidence regarding staffs' physical and emotional needs. The areas offered many facilities for staff to help them cope with the situation including:

- Information about health and wellbeing and signposting to appropriate services if required.
- Access to Medical Peer Support; Clinical Psychology /Psychiatry; Staff Care
- Access to showers and on-call facilities, as well as room availability if staff required to self-isolate, or chose to be apart from their families

- Prayer rooms
- Access to free hot and cold drinks and snacks, as well as meals for staff unable to go home.
- Quiet area with access to mindfulness activities, apps, headphones, massage chairs, comfortable seating, diffusers and SAD lamps.
- Daily essentials including toiletries, towels, scrubs, bedding packs, pillows, phone chargers and hairdryers.
- Access to television and music, games, magazines and puzzles.
- Provision of fitness equipment including exercise bike, weights, table tennis, yoga mats, punch bag and boxing gloves.

Initial footfall data identified on average 200 staff members per day accessing University Hospital Crosshouse and 100 at University Hospital Ayr. Feedback, both quantitative and qualitative, evaluating resources and services provided by the suite showed 99% of staff wanted this provision to remain.

"A very worthwhile project and makes staff feel valued"

It soon became apparent that similar facilities were required for other staff who did not access the acute hospital sites. Additional sites were identified across the localities and work was taken forward in partnership with our Local Authority partners and Health and Social Care Partnerships. Further supports were put in place in localities including:

- Issuing bulletins to the workforce highlighting a good mix of national and local initiatives and supports such as the Wellbeing Listening Services, self-care guidance, managing stress and anxiety, financial, food, physical activity and counselling services.

- The development of an online Wellbeing Website bringing together supports, practical guidance and signposts into a centralised location. This site includes information on mental health and wellbeing, physical activity, healthy food, financial support, children and young people advice together with external organisations that can provide support including the National Wellbeing Hub.

- A range of wellbeing resources were designed and developed such as new wellbeing pocket cards (z-cards), a wellbeing support directory, a wellbeing manager's guide and toolkit and practical guides on managing your own wellbeing. 40,000 of the z-cards have already been distributed throughout all areas of the workforce with a further 40,000 being ordered.

- A variety of online wellbeing training provisions such as Supporting Wellbeing, Resilience Coaching, Psychological First Aid and Coaching.

- Wellbeing Initiatives including managing anxiety programmes, mindfulness, hypnotherapy and EFT sessions together with physical activity classes such as yoga and health walks.

Staff feedback highlighted the importance of all of this work and learning from this shows that staff do appreciate, welcome and use safe spaces for rest, meeting basic needs, regeneration, conversation, connection and support. Staff support services are crucial

"Thank you so much for providing this…… Amazing service… I feel cared for, respected and safe!"

and impactful in assisting individuals and teams to work through emotional crisis and challenging times.

NHS Ayrshire & Arran has committed to continue this work and staff have a renewed sense of feeling valued and listened to.

2.2.3 Equality Impact Assessment (EQIA)

NHS Ayrshire & Arran continues to ensure the ongoing importance of embedding equalities into the organisation through the use of equality impact assessment. With much work taking place to improve and streamline services across the NHS and HSCPs, the NHS rolled out an updated equality impact assessment tool during 2020. The new EQIA tool specifically highlights the needs to consider the Fairer Scotland Duty (consideration of the socio-economic impact on decisions) as part of the process and an example of this is the EQIA undertaken on the Review of Chemotherapy Services. As a result of COVID, the review and associated EQIA is ongoing as the service adapts to the pace of change required.

With the ongoing Transformation Programme 'Caring for Ayrshire', NHS Ayrshire & Arran has been engaging with staff, service users and the wider public to conduct equality impact assessments to ensure as far as possible there are not additional barriers to accessing services. Where this cannot be removed completely, mitigating actions are being implemented to minimise the impact.

As well as the local engagement for EQIA, NHS Ayrshire & Arran continues to access information on the Scottish Government Equality Evidence Finder. This tool makes it easier for people to locate and access equalities information, and provides a wealth of data and other evidence with accompanying commentary, background papers, and links to further information.

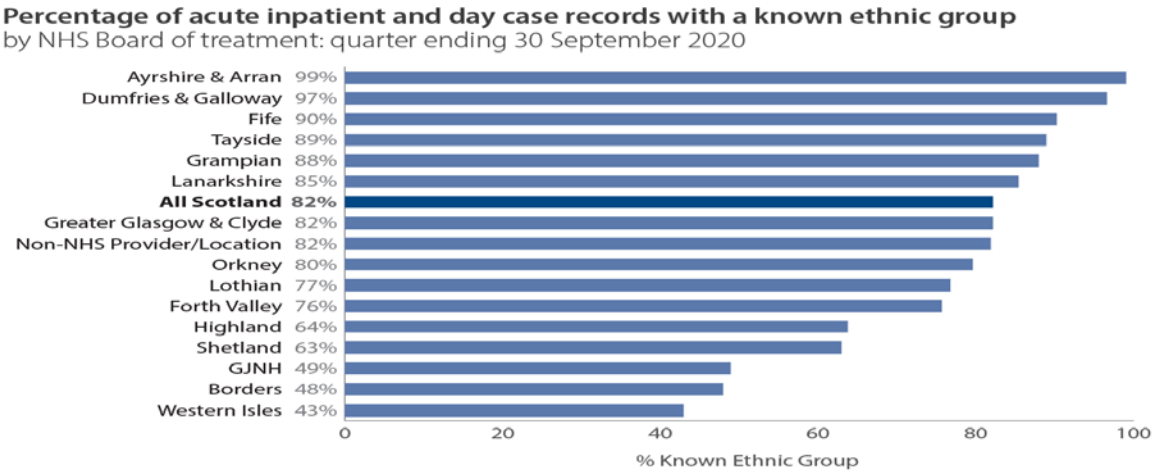
As a result of the impact of COVID-19 and the necessity for fast pace of changing in how we deliver services, we have continued to progress local EQIAs but also worked with the NHS Scotland Equality and Diversity Leads to support national pieces of work such as the EQIA on the Near Me remote video interpreting service and the Protect Scotland app.

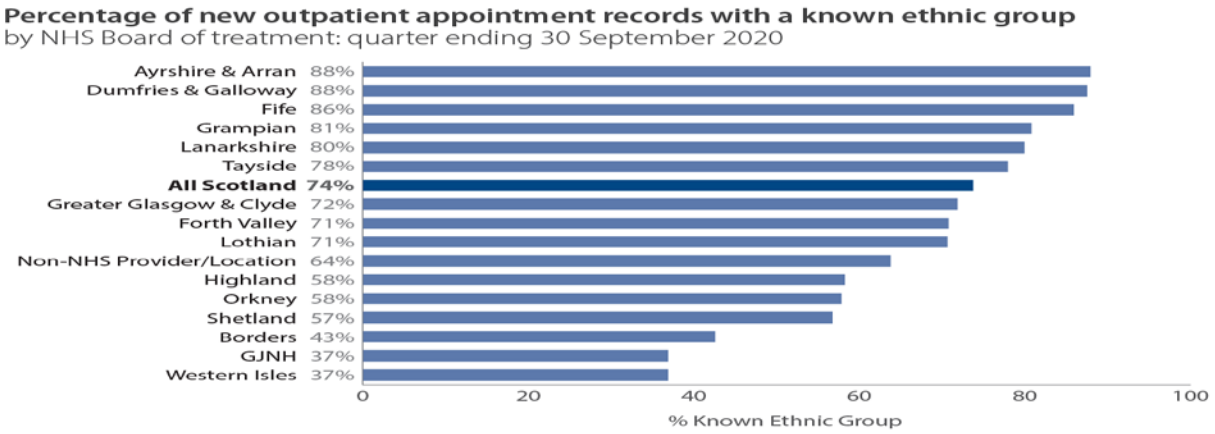
2.2.4 Ayrshire and Arran's Equality Profiling

Good equality data underpins the performance of the public sector equality duty. NHS Ayrshire & Arran recognises the importance of this in order to best meet people's needs, as well as providing a sound basis for planning and service delivery in the context of local and national developments. Understanding the experience of people with protected characteristics also helps us to meet the public sector equality duty and have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.

Our internal systems routinely collect the characteristics of age and sex. NHS Ayrshire & Arran committed to improving the gathering of ethnic recording and continues to remain above the Scottish average for the collection of this data. In the most recent national iteration of recording of a valid ethnic group for our inpatient data, NHS Ayrshire & Arran reported a 99% response level. This is an increase from 58.6% to 99% (Scottish average is 82%). The same is true for new outpatient appointments with a response level of 88%; an increase from 28.1% to 88% (Scottish average is 74%).

The Scottish tables are outlined below showing the progress made by NHS Ayrshire & Arran.





As referenced in previous mainstreaming reports, the collection of data for patients with additional support needs is a national issue and further work nationally is being taken forward to support Boards to better plan patient care. The core change to InterSystems to incorporate the fields and data items to support recording of additional support needs was expected to be by Boards in 2020, however, due to the COVID-19 pandemic this has not happened. Until this update can be implemented, NHS Ayrshire & Arran will continue to use other methods to better support patients with additional support needs.

2.2.5 Staff Training

As part of NHS Ayrshire & Arran's Corporate Induction Programme, all staff require to complete 12 mandatory and statutory training modules. One of these modules is an Equality and Diversity Overview. Building on the numbers of staff who have previously undergone the training aligned with this programme, 1,403 staff have completed the equality and diversity module between 1 January 2019 and 31 December 2020 bring the organisational total to 12,867.

Due to the impact of COVID-19, the two-hour equality and diversity classroom session has been put on hold until it is safe to do so again. That said, staff are still reminded of policies and positive behaviours expected of NHS Ayrshire & Arran employees, which links with our organisational values of Safe, Caring and Respectful.

Additional equality related eLearning modules are promoted to staff to build upon the learning from equality and diversity training. These are highlighted later in the report within our update on Equality Outcome 4.2.
Another area where NHS Ayrshire & Arran have focussed their attention is with staff resilience, in particular in relation to the impact of COVID-19. A Psychological First Aid eLearning module is available for staff to complete to help staff understand when and how to provide Psychological First Aid in the immediate aftermath of an emergency as well as to cope with the impact of COVID-19. From 1 January 2020 to date, 212 members of staff have accessed this training.

During the period April 2017 to December 2018, NHS Ayrshire & Arran's Health Improvement Team also provided a wide range of courses to 3,609 members of staff internally and externally. From 2019 onwards the team has continued to provide a range of courses as part of their training programme. Courses on a range of health improvement subjects were delivered to individuals and teams who have a role to play in improving health and wellbeing – for example, Allied Health Professionals, GP Practice staff including receptionists, Local Authority staff, Prison service staff and also those who work in the third sector such as Women's Aid. The courses all provide advice and guidance to help staff support individuals taking into account the wider determinants of health and health inequalities. Examples of the training courses delivered include:

- Health behaviour change
- Better health
- Health literacy
- Talking about loneliness
- Positive steps
- We want good health the same as you
- Quit your way
- Sexual health

Prior to the COVID-19 pandemic, the vast majority of courses were delivered face to face by members of the Health Improvement Team. However, since then, the team has adapted from face to face to digital delivery of some courses. Examples include mental health and wellbeing delivered to colleagues within NHS and with partners across Ayrshire, as well as health literacy awareness being delivered to staff working for the Department for Work and Pensions.

NHS Ayrshire & Arran continue to work collaboratively with our partners, other agencies and organisations to promote the equalities agenda through joint learning and development. By doing so we are providing service providers across Ayrshire with consistent and clear direction.

2.2.6 Equality of Access to NHS Ayrshire & Arran Services

<u>Augmentative and Alternative Communication (AAC) Service</u>

Augmentative and Alternative Communication (AAC) refers to any method of communication that can be used to augment, or as an alternative to speech. AAC can be low tech (letter or picture/symbol charts or books), signing or voice output communication equipment.

Over the years, there have been huge developments in mainstream technology which has in turn lead to innovations in dedicated AAC technology including:

- Touch screen devices
- Equipment operated by eye gaze and head movement
- Increase in range of synthetic voices and development of voice banking
- Software development

Individuals with a range of diagnoses including Cerebral Palsy, Motor Neurone Disease (MND), Head Injury, Learning Disability, Stroke, Multiple Sclerosis and Cancer use voice output communication equipment.

Two people who have recently been assessed for and provided with voice output equipment by the Speech and Language Therapy Department AAC Service have kindly given us some insight into the difference this equipment makes to their lives. This is true not only for every day face to face communication but throughout lockdown and shielding when the importance of using their equipment when on the phone and video calls was critical.

Miss A requested a referral to speech and language therapy shortly after moving into the area and explains the importance of her AAC.

"As I had recently moved from England to Scotland, and due to the difference in accents, and also my speech problems which is a symptom of my Cerebral Palsy, I was finding it difficult to communicate.

Previously, when I was at school, I had used a speech gadget called a Canon Communicator but these machines are no longer available. As a result of extensive experimental consultations with Linda, my Speech & Language Therapist, we agreed that the best solution for me seemed to be the Indi, from Tobii Dynavox, together with the Grid 3 software, which is easy to transport, and can be simply fixed to my Powerchair.

Before these horrible days of Corona Virus and lockdown, for me, the Tobii Dynavox had multiple uses:-

- **The Grid 3 software is also very versatile – text to speech for chatting, and it allows me to store phrases which are immediately accessible.**
- **Saved phrases are extremely useful, particularly if I found myself in an emergency situation, such as if my elderly mother became ill, and I needed assistance**
- **I store important messages in it, so if we go out, and there is a problem, I could get people to help me, and supply things like my emergency contacts list or medications.**
- **I also help with my church Brownie group, so it has been particularly handy here, as I can prepare activities which I'm going to need like quizzes, or just simple phrases, so the girls find this all very enthralling, and supports me to interact with them."**

Mrs M has MND and her speech has become difficult to understand. An AAC assessment was carried out and Mrs M identified features that were important to her in an AAC device - speed of communication, portability and good speaker volume. These are important as she participates in group meetings and makes regular phone calls and Skype calls to family abroad. Her thoughts on using AAC equipment are:

"At home I can maintain relationships through verbal expression using the device.

Receiving phone calls is made possible for me and more satisfactory for the caller hearing a voice. I am also able to make calls to arrange appointments and repairs, as well as arranging and confirming deliveries - all using the device.

I have the added advantage of preparing my device using the 'topics' option, with necessary information ready, saving time and lessening confusion."

Using voice output has helped Mrs M maintain social contacts –

"With personal verbal expression I remain part of my friendship group. Using Zoom when face to face 'chat' is not an option I can still join in. I have retained a measure of independence and confidence using AAC.

Attending two weekly Christian meetings I am able to offer input when items call for this, giving me personal satisfaction."

Mrs M concludes that **"Knowing I have a friendly and supportive team [SLT & Smartbox] is very reassuring"** and the support covers any technical problems to help keep Mrs M chatting using her voice output equipment.

<u>Post-Diagnostic Support App</u>

There are 90,000 people living in Scotland with dementia, approximately 2,700 of whom live within NHS Ayrshire and Arran. Dementia is a terminal and progressive condition which affects each person in a different way. Understandably, it can take time for people to come to terms with their diagnosis and individual support needs will vary.

There is clear evidence that high quality post diagnostic support (PDS), provided over an extended period is essential in order to equip people with dementia and their families with the tools, connections, resources and plans they need to live as well as possible with dementia. PDS support services have been long established within NHS Ayrshire & Arran. However, the Coronavirus pandemic has led to nationwide difficulties in people with dementia and their families accessing appropriate PDS. There is nevertheless strong evidence that "Virtual PDS support" has worked well during the pandemic.

For the foreseeable future it is likely that a more mixed type of PDS service model may be required. In recognition of this, NHS Ayrshire & Arran launched their new PDS App on 5th February 2021. The App is designed to complement existing PDS support services by extending access to information, resources and dementia support services.

Although, at this time it is too early to be able to provide any evidence about the efficacy of the App, its launch received national and international interest. But perhaps the greatest endorsement of its potential is the initial positive responses to the App which have been received from local people with dementia and their family carers. Likewise it is too early to report uptake, usage and impact but we will report on this in our future mainstreaming report.

2.2.7 Partnership Working

Trindlemoss Day Opportunities

Day Opportunities for people with learning disabilities in North Ayrshire are a crucial aspect of the Health and Social Care Partnership's efforts to support the ambitions of individuals for greater inclusion and empowerment. Up until the end of 2019, those services were delivered at two sites, Fergushill and Hazeldene, which between them provided support to 140 individuals with a wide variety of needs. The acquisition of Red Cross House in Irvine provided the opportunity to move both sites to a new environment, closer to the community, and with a wider variety of facilities and opportunities. The new site was named Trindlemoss, a name suggested by existing day service clients. Trindlemoss opened in January 2020, following a complex period of engagement and planning with staff, clients and families. A host of other partners have also been involved in this process, including NHS and local authority colleagues, independent and voluntary sector partners such as TACT and AIMS Advocacy, national bodies such as the Scottish Commission for Learning Disability, and Higher Education through the University of the West of Scotland.

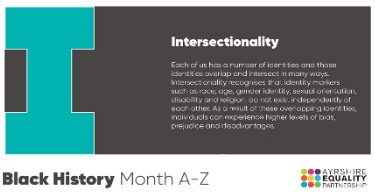
Staff and service users were central to many elements of developing the new resource, including room names and signage, activity planning, and colour schemes. Throughout this activity, there has been a focus on encouraging new collaborations, with a broader range of community partners. In part this reflects the greater opportunities afforded by the proximity of the new site to Irvine town centre. More fundamentally, it reflects an intention to work with clients to link them into a broader range of activities, based around their interests an aspirations, and aimed at promoting their inclusion in the mainstream life of communities. As an example of this, February of this year saw Trust Rugby International (TRI Rugby) deliver a series of activities at Trindlemoss, with the intention of promoting exercise, and introducing people to the work of TRI. TRI is an organisation with long standing links in Ayrshire, aimed at promoting inclusive, all-ability rugby. In recent times it has also expanded to include employability activity. Fundamentally, it is about people of all abilities being active together, for fun and employment, just as Trindlemoss is.

The range of facilities at Trindlemoss will play no small part in it achieving this ambition. With a wide variety of activity rooms, a hydrotherapy pool, and a sports hall, Trindlemoss is ideally placed to afford new activity opportunities to people with a learning disability, but also to the community as a whole. Trindlemoss was planned as a resource for use by the wider community, and its spaces and resource will be made available to the broader community. In doing so, it is hoped to foster a diverse range of activities, involving people of all abilities as participants both on site at Trindlemoss and elsewhere.

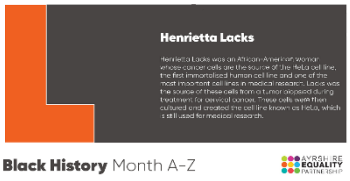
The University of the West of Scotland are helping us to assess the extent to which the move has achieved its original aims, in partnership with client, families and staff. COVID-19 has obviously had a profound impact on Trindlemoss' first year. That said, the learning and new skills developed in response to that challenge, including greater use of the internet for linking people together, will only help in the realisation of its unchanged ambitions, regarding inclusion and empowerment.

Black History Month

Black History Month is an annual observance as a way of remembering important people and events in the history of the African displacement.

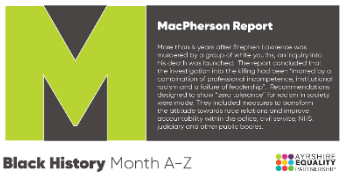


In October 2020, NHS Ayrshire & Arran, as part of the Ayrshire Equality Partnership, commemorated and celebrated Black History Month through a social media A to Z campaign highlighting prominent figures, dates and events to promote and support our commitment to combating racism. As well as showcasing prominent figures, dates and events, A stood for Anti-racism and concluded the month with Z standing for Zero Tolerance.



The month opened with a short video commitment from our Chief Executive denouncing all forms of prejudice and discrimination, and standing in unity with members of the black and minority ethnic communities across Ayrshire. He linked this with our core organisational values of caring, safe and respectful, stating there is no place in our society for racism. He concluded stating "Organisations must be part of the change we all need, to step up and stamp out prejudice, and to build diverse and supportive cultures of respect and fairness for all. This month is an opportunity for us to not only learn from the past but to help us build a better future".

Throughout the remainder of the month each day from A to Z showcased the positive impact Black people have had in society, highlighting some of the key influencers, memorable dates and celebrated events.



This has led to further social media promotional events across all equality areas being planned for 2021 and beyond.

2.2.8 Procurement

NHS Ayrshire & Arran continues to ensure equality is mainstreamed into our procurement processes including:

- Carrying out public procurement, and mainstreaming the general equality duty, through use of the European Single Procurement Document by Scottish Government which is used as a template for the selection of suppliers including Equality and Diversity.

- Agreement that the degree to which equality and diversity requirements are specified and incorporated within procurement documentation would vary according to the goods, services or works being purchased and these are assessed on a case by case basis.

- The majority of the main suppliers to NHS Ayrshire & Arran are awarded contracts by National Procurement – an example of where equality and diversity is considered is the national uniforms contract which was awarded to Dimensions UK Ltd working with Haven PTS. This is a supported business and provides 30 jobs for disabled people.

NHS Ayrshire & Arran Procurement continues to recognise that our activities have an effect on the society in which we work, and that developments in society affect our ability to work successfully. NHS Ayrshire & Arran's Procurement Department is committed to achieving environmental, social and economic aims that tackle these effects.

Our tendering activity has increased in recent years and the governance increased through development of Standing Financial Instructions, Procurement Operating Procedures and work instructions in line with the Public Procurement Reform (Scotland) Act 2014 and Procurement Regulatory Requirements 2016. This ensures that the environmental, social, equality and diversity aspects of procurements are addressed appropriately.

NHS Ayrshire & Arran also actively promote the use of national frameworks, as mentioned above, and these have been awarded under the same procurement regulation requirements. The use of contracts is mandated through the use of electronic ordering from catalogues thus reducing off contract spend and maximising the environmental, social and economic benefits achieved.

SECTION 3

3.1 Equality Outcomes 2017 - 2021

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 stipulated that all Health Boards across NHS Scotland were required to develop and publish a set of equality outcomes to further one or more of the three needs of the Public Sector Equality Duty (PSED). The purpose of the specific duties in Scotland is to help public bodies, such as NHS Ayrshire & Arran, in their performance of the PSED.

In April 2017, NHS Ayrshire & Arran published four equality outcomes (below) in partnership. In Ayrshire, each public sector organisation has a requirement to develop and publish a set of equality outcomes. Considering the close working links between many of the public sector organisations, it was proposed that closer working around the development of equality outcomes should be undertaken. More importantly, as all organisations are delivering, or supporting the delivery of, services to the same communities, their experience could be improved if approaches were consistent and this could be driven through the development of shared equality outcomes. Therefore, a decision was taken that public sector organisations across Ayrshire could develop a shared set of equality outcomes whilst still maintaining individual accountability for their part.

Intermediate Outcome 1 – In Ayrshire people experience safe and inclusive communities
Intermediate Outcome 2 – In Ayrshire people have equal opportunities to access and shape our public services
Intermediate Outcome 3 - In Ayrshire people have opportunities to fulfil their potential throughout life
Intermediate Outcome 4 - In Ayrshire public bodies will be inclusive and diverse employers

Whilst the outcomes were set in partnership, each partner set additional actions specific to their own organisation. To clarify which actions are shared and which are specific to NHS Ayrshire & Arran the templates to follow have been colour coded for ease of understanding.

Shared partnership actions
NHS Ayrshire & Arran specific actions

This section of the report looks at how the actions and activities have progressed over the 4 years, what our plans are for the future and outlines some examples of practice to showcase good practice and how this is being mainstreamed into business. Some outcomes are driven by awareness raising of potential situations which do not lend themselves to case studies and in particular being cognisant of identifying individuals. Couple with this is the impact of COVID-19 which has stalled taking forward some of the actions. However, we are keen to continue to embed the outcomes into our working practices and when possible pursue finalising some of the work.

Equality Outcome 1.1a : In Ayrshire people experience safe and inclusive communities

What we set out to do:

To ensure people across Ayrshire experience safe and inclusive communities. We aimed to increase awareness of hate crime and avenues for reporting including third party reporting centres.

Output – Increased awareness of hate crime
Action – Raise staff awareness to better identify hate crime
Measurement – Number of staff trained

Output – Increased awareness of hate crime
Action – Work with partners to raise awareness of hate crime
Measurement – Number of crimes reported and detected

Output – Increased used of third party reporting
Action – Increase the awareness of third party reporting
Measurement – Increased third party reporting using a variety of media tools and promotion materials

What we did:

The partners recognised that hate crime continues to rise for particular groups within our community, however, under-reporting of such crimes remains an area which requires more focus. Awareness of what constitutes a hate crime required to be made clear for people as well as alternative ways of doing so.

Building on the awareness raising work undertaken in 2017 and 2018 of what a hate crime is and ways to report, the partners held awareness raising sessions across the various partners sites to further raise awareness and also start the conversation. Five events were held from 21 to 25 October 2019, and were facilitated by Police Scotland officers involved in addressing hate crime. The events were promoted across all partner organisations using internal communication channels as well as social media mechanisms. The events were well attended and feedback was extremely positive.

Given the positive feedback on these events, the partners embarked upon hosting a Conference for staff in October 2020. However, as a consequence of COVID-19, the conference had to be postponed. The partners decided that the digital world offered many opportunities and therefore ran a week of webinars from 19 to 23 October 2020 with guest speakers including an introductory welcome from Police Scotland's Chief Superintendent Faroque Hussain.

The Hate Crime webinars proved very successful with over 200 people registering to attend over the week.

As outlined in our 2019 report, we have devised a quarterly report to help us understand the levels of hate crime across Ayrshire. The report outlines where there is an increase in hate crimes for particular groups as well as offering opportunities to identify any areas where more work could be targeted. The group continues to scrutinise this report to ensure appropriate work can be taken forward.

What difference did we make?

It was anticipated that the increase in awareness raising around Hate Crime would result in a rise in the reporting of hate crimes before seeing a reduction. This

appears to be the case; however, over the period since commencing this work figures provided by Police Scotland shows a reduction from 2017 to 2020.

The evidence shows the following statistics of hate crime incidents being reported

Year	Incidents Reported
2017	276
2018	323
2019	335
2020 to date	229

In 2017, race was the highest and this trend continues. To support the reduction in racist hate crime, the partners have supported and promoted diversity days. More recently the partners celebrated Black History Month via a social media campaign exploring the A to Z of black history in relation to language, key figures and events.

What we will do now/future work?

As outlined previously the partners had planned to host a Conference for staff as, as well as providing awareness of Hate Crime, the opportunity for networking and sharing information is provided. Whilst the online webinars were successful, the partners have agreed, when the opportunity is presented again, to host the face to face Conference to allow further learning and networking.

The partners will continue to work jointly, in conjunction with colleagues from Police Scotland to monitor the quarterly report provided and seek to implement any initiatives required to reduce hate crime incidents.

The partners will also continue to support and promote diversity days, and running further social media campaigns in relation to language, key figures and events.

Unfortunately circumstances prevented the opportunity to develop an online eLearning module to better support staff understanding and therefore we will take this forward and roll out to staff. At the same time the partners will continue to work together to promote what Hate Crime is to our local communities and where third party reporting centres are located.

Case study

Mr C was out for a casual walk on Christmas day while his wife was preparing herself to go to family for Christmas dinner. Both Mr and Mrs C have a learning disability and are well known in their village. Mr C stopped when he heard someone shouting there was no one else around and knew with the words that were being said this man was speaking to him. The man had targeted him before using derogatory and hurtful words like spaz and mongo. Mr C began to walk a bit quicker to get away.

All of a sudden Mr C was thrown to the ground and badly beaten. Various neighbours came to assist and he was taken to hospital with multiple injuries. Some may say Mr C was in the wrong place at the wrong time, however Mr C believes it was a hate crime as the words were hurtful and been said by this person before. The incident was reported to the police.

Mr C had the help of a group he attended and his Local Area Co-ordinator facilitated. Mr C spoke about his story and we made it into a drama as a lot of people within the group had experienced Hate Crime in various ways. This helped Mr C to begin to feel safe again within his community.

Equality Outcome 1.1b : In Ayrshire people experience safe and inclusive communities

What we set out to do:

To ensure people across Ayrshire experience safe and inclusive communities, we aimed to implement the 'Keep Safe' initiative across partner agencies in Ayrshire. We endeavoured to do this through staff training and briefing sessions to raise awareness and through conducting an audit of existing places with a view to increasing the number of establishments registered for the initiative.

Output – Implementation of the 'Keep Safe' initiative across partner agencies in Ayrshire
Action – Deliver partner training as appropriate
Measurement – Number of training courses / briefing session delivered and Number of staff trained

Output – Implementation of the 'Keep Safe' initiative across partner agencies in Ayrshire
Action – Conduct a baseline audit of 'Keep Safe' places
Measurement – Audit of 'Keep Safe' places

Output – Implementation of the 'Keep Safe' initiative across partner agencies in Ayrshire
Action – Support the development of the 'Keep Safe' initiative in Ayrshire
Measurement – Increase in the number of establishments registered for 'Keep Safe'

What we did:

People who are vulnerable because of learning disabilities, physical disabilities, sensory impairment or mental health problems have the right to feel safe when they are out in the community. Unfortunately some people can become targets for bullying and harassment and can feel intimidated, scared and frightened to go out.

The Keep Safe initiative works with a network of businesses such as shops, libraries and cafes who have agreed to make their premises a 'Keep Safe' place for people to go if they feel frightened, distressed or are the victim of crime when out in the community. These premises have been approved by Police Scotland and the staff within these establishments receive training as do staff within organisations and people who use the service

People who wish to take part in the initiative are issued with a contact card which will contain details of the person's name, any health concerns, any communication needs and helpful contact details for friends or family.

There is also a free phone app which maps out all Keep Safe places across Scotland. This app allows users to map out their route in advance and supports independence when going out.

As a starting point for this action, the partners conducted an audit of the number of establishments across the whole of Ayrshire in early 2018 and there was only one establishment in North Ayrshire.

What difference did we make?

Following the audit, the partners worked to increase the number of Keep Safe establishments across Ayrshire. When we reported in 2019, there were 46 Keep Safe premises across Ayrshire. These sites had been approved and are registered on the 'I Am Me' website which keeps a register of all approved Keep Safe establishments.

Since then, the partners have continued to work with organisations and have further increased the number of establishments registered on the website and app. As a result of COVID-19, a few establishments are closed to the public however the number of registered places has risen to 70. At the time of writing this report the breakdown of establishments across the 3 local authority areas is 35 in East Ayrshire, 14 in North Ayrshire and 21 in South Ayrshire.

As part of increasing the number of establishments registered for this initiative, a large number of staff have also required to undergo training to ensure staff working in the establishments can fulfill the potential of the initiative.

Whilst many people may not use the Keep Safe places, the most important benefit of having these in place is that it reassures people and gives them the confidence to lead an independent and fulfilling life.

What we will do now/future work?

In 2019, we reported that contact had been made between lead for Keep Safe in East Ayrshire and the Lead Partnership Head of Service for Primary Care and Out of Hours Community Response with a view to rolling this initiative out within primary care settings. Unfortunately due to staffing changes and the impact of COVID-19, this piece of work did not progress. However, the partners plan to support roll-out in primary care settings that express an interest in due course.. The partners will also continue to progress identification of further locations for Keep Safe places through engagement with Learning Disability service users and other relevant groups to help identify suitable locations out with statutory buildings. Ideally, Keep Safe places will be established in local business or leisure venues where people would normally visit.

The partners will continue to promote the initiative across their respective organisations and local communities to ensure people are aware of the initiative, where to go, how to get involved and importantly the benefits it can provide to vulnerable individuals.

Case study

The Things Tae Dae Social hub have been involved with the keep safe initiative since it started in East Ayrshire. All members are Keep Safe ambassadors and were fully involved with getting the local shops to be part of the initiative.

We put together a drama called The Greatest Showman to tell the story of why people need a safe place to go, if in need of assistance. The drama highlighted the feeling of empowerment and independence of individuals who now have the

confidence to go out on their own where previously they would not. The members of the Things Tae Dae Social Hub were fully involved in the scripts of the scenarios they were acting out, mostly based on their own experiences.

We had the help of East Ayrshire Leisure pulling the drama together and staff were fantastic at bringing individual's out of their comfort zone.

Equality Outcome 1.2: In Ayrshire people experience safe and inclusive communities

What we set out to do:

Prevent is one of the four elements of CONTEST, the UK Governments counter terrorism strategy. The Counter Terrorism and Security Act (2015) places a duty on a number of specified authorities to have "due regard to the need to prevent people from being drawn into terrorism" The partners agreed to implement certain actions to support this work including raising staff awareness to better identify radicalisation and also increase awareness of the reporting procedures.

Outputs – People are aware of prevent.
Action – Raise staff awareness to better identify radicalisation
Measurement – Number of staff trained

Output – Established reporting protocols in place
Action – Increase awareness of reporting procedure
Measure – Published briefings and leaflets in all key areas

What we did:

The e-learning package continues to be promoted to staff. An additional 590 staff completed the e-learning from our 2019 report taking the total number of staff to 4,502.

The all staff Prevent briefing was revised and circulated in October 2018. This allows a clear and consistent message around Prevent to be disseminated across the whole of Ayrshire. Each partner organisation distributes these briefings using their own internal processes. Within NHS Ayrshire & Arran, this is circulated via daily digest and available on Athena. We also encourage this to be highlighted at the daily huddles and team meetings.

There was a Multiagency Ayrshire wide Prevent Workshop hosted by East Ayrshire Council on 9 November 2018 with a table top Prevent Professionals Committee meeting.

A Prevent presentation was also delivered to NHS Board members at the Board workshop on the 11 November 2019.

What difference did we make?

We have raised awareness of Prevent and our responsibility to safeguard vulnerable individuals for being radicalised; in doing so staff have started asking more questions and discussing their concerns.

We are complying with the duties placed upon us as a named specified authority within the Counter Terrorism and Security Act, 2015. Staff are more aware of Prevent and the need to safeguard against radicalisation and the routes for reporting any concerns.

What we will do now/future work?

We will continue to provide on line training, publish briefings and keep staff abreast of any changes in line with the Prevent strategy. We will continue to meet as a multiagency partnership and share intelligence.

Case study

Whilst we do not have any specific case studies to report, we are confident that staff awareness is greatly improved based on a shared understanding of the threat, risk and vulnerability in the area and the safeguarding of individuals. Therefore, should a situation arise we are confident that relevant staff would recognise vulnerability and be in a position to notice, check and share concerns about those at risk appropriately.

Equality Outcome 1.3 : In Ayrshire people experience safe and inclusive communities

What we set out to do:

Evidence shows that social isolation can result in both physical and mental ill-health. Social isolation and loneliness is widespread and not limited to some age groups or sections of society.

Output – People experience reduced levels of social isolation
Action – Develop a strategy and action plan to support a reduction in social isolation
Measurement – Strategy and action plan in place
Reduction in social isolation

What we did:

Work continues across Ayrshire to raise awareness of social isolation and loneliness and its impact on health and to provide a co-ordinated, strategic approach to tackling these issues.

In South Ayrshire, we finalised the development of a nine-year strategy and an initial three year action plan (2018-2021), and are now supporting its implementation through the South Ayrshire Social Isolation & Loneliness Implementation Group, led by South Ayrshire Health & Social Care Partnership (HSCP) and reporting to the South Ayrshire Community Planning Partnership's (CPP) Communities & Population Health Strategic Delivery Partnership.

Within East Ayrshire, we are supporting the implementation of the Adding Life to Years: Tackling Social Isolation & Loneliness CPP strategic priority through the work of the Adding Life to Years Group, led by East Ayrshire HSCP and reporting to East Ayrshire CPP.

Support provided to these groups has included specialist knowledge of loneliness and isolation and how these impact on health and wellbeing. We have also been working to develop a comprehensive training programme which will include information on defining loneliness and social isolation; impacts and risk factors; prevalence; the evidence base on what works to tackle these issues including the role of kindness in our organisations and communities; evaluation of interventions and promoting development of a local evidence base. Our training will also include information on how to identify and respond appropriately to loneliness. Work continues within both groups to finalise a 'pathway from identification to reconnection' for lonely individuals within our communities. We have also developed two briefing papers to increase knowledge of the issues, and what can be done to tackle them, for professionals across Ayrshire.

We have been supporting the group within South Ayrshire to consider the Public Health Ethical Framework when working with unhealthy commodity industries to tackle loneliness and isolation given that social connections are often made and maintained around food and/or alcohol consumption. An awareness session was delivered to the Implementation Group, and a paper developed for consideration by the South Ayrshire Communities & Population Health Strategic Delivery Partnership.

We have been supporting South Ayrshire Council Leisure Services to measure the impact of some of their services on loneliness with the inclusion of the UCLA 3-item scale within their assessments. This information will contribute to the development of a local evidence base of what works to tackle loneliness and isolation within South Ayrshire. Additionally, and following an awareness raising session to GP Practice Managers and Admin staff in South Ayrshire, we have been supporting one practice to explore the role of kindness within their business.

Social isolation and loneliness have also been identified as priorities for action across South and East Ayrshire by Locality Planning Groups (LPGs). East Ayrshire LPGs have been supported by Health Improvement Staff to deliver events within their communities to raise awareness of loneliness and isolation, and to start community conversations about what can be done to tackle these issues within each locality area.

Within North Ayrshire, we have linked with the work being taking forward by the Carnegie UK Trust and their work on kindness across their CPP. Additionally we have supported the work by North Ayrshire Council to develop a local action plan to tackle loneliness and isolation using kindness within their communities.

We have also presented information on the prevalence of isolation and loneliness from information within the Scottish Household Survey, and have provided information on measuring isolation and loneliness to be included within local surveys (for example the South Ayrshire Quality of Life survey) and for the evaluation of initiatives to tackle loneliness and isolation.

Due to the restrictions on face-to-face contact imposed in response to the COVID-19 pandemic, the current action plans will be reviewed to ensure they are still appropriate for implementation. Additionally, we have been supporting the delivery of the Connecting Scotland Programme across Ayrshire during this time. This programme aims to deliver digital devices, connectivity and skills to those who were 'shielding' during the pandemic and who are on a low income. Our role within this was to review the evidence base to provide information on how digital connections can support health and wellbeing and give an indication of those groups who were less likely to be online in order to mitigate against digital inequality. We will also support evaluation of the programme and have developed a baseline questionnaire for

participants, and will support any training requirements of the 'Digital Champions' as appropriate, such as on loneliness and isolation.

We have also provided information on our social media channels and Keeping Well During COVID-19 webpage about how to 'Keep Connected' during this time of restrictions on face-to-face connections.

What difference did we make?

We have successfully supported our partners to develop, and start to implement, strategies and action plans based on the evidence available to start to tackle loneliness and isolation within East and South Ayrshire. We are also beginning to develop the evidence base of what works to tackle these issues locally.

Those attending our awareness raising and training sessions will have increased knowledge of the issues surrounding loneliness and isolation, including how to identify and respond appropriately to someone experiencing either of these issues.

Those attending the LPG community events in East Ayrshire will start to consider their role within their community to tackling these issues and be more aware of local community organisations and activities to support social connections.

What we will do now/future work?

We will continue to work with our local Community Planning Partners on this agenda and to refresh their strategies and action plans to reflect learning during the current COVID-19 pandemic.

We will continue to implement the Public Health Social Isolation and Loneliness Action Plan which includes the development of suitable "pathways" for NHS Ayrshire & Arran and other agency staff from identification of isolation and loneliness to reconnection within our communities using our Better Health Hubs.

We will continue to raise awareness of social isolation and loneliness, its impact on health, risk factors and approaches to tackling these issues using a variety of methods.

We will continue to identify and/or develop and promote appropriate resources to support this work.

We will explore our ability to influence the wider determinants and fundamental causes of loneliness and isolation such as within work on 'Place', to ensure these issues are considered. We will also explore our role in promoting and supporting digital solutions to tackle loneliness.

Case studies

The following case study was received from a Community Link Practitioner (CLP) in South Ayrshire. This is used here to demonstrate how our training, 'Lets Talk About Loneliness', and in particular training on 'Caring Conversations' supported the CLP to 'open discussion on loneliness' and which resulted on the patient being supported to attend local opportunities for social connection.

Man aged 73, used to be a farmer, gave up farm due to wife's poor health and moved to small bungalow, wife passed away, now alone. Family still running the farm but are very busy. Referred for Physical Health.

<u>Appt 1</u>

Patient came in to surgery, CLP used Circle map to highlight issues, this allowed patient to express concerns with loneliness and isolation as well as physical health.

Patient outlined Physical health as most important; CLP helped him with Occupational Therapy referral form. CLP then opened discussion on loneliness, patient explained how lonely he was, he has not got a lot of friends locally, he is quite a quiet man and he misses his wife and the farm. He explained how he had always enjoyed farming and he had always made things and been a practical person. Discussed things he enjoys doing. Felt he has never been good at mixing but realises he now needs to try and make new friends and get out more. CLP explained a few of the local activities and gave him a list to go away and think about.

Appt 2

Patient came into surgery. CLP followed up last discussion; patient explained he was interested in the men's shed and activities for life. CLP explained dates and times of meetings and the points of contact. Patient didn't feel confident going to the men's shed alone the first time. CLP arranged to go with him and make introductions on his first visit. Patient decided he could only manage one new thing at a time. CLP arranged to meet following week and go to men's shed with him.

Appt 3

CLP met patient at men's shed, made introductions and the men there chatted and made him welcome.

Appt 4

CLP called patient and asked how it went and if he enjoyed attending the men's shed. Patient reported how much he had enjoyed it as they make a lot of things out of wood and he enjoys doing this. CLP asked about visiting activities for life in the future and patient said he was going to meet one of the guys from the men's shed there the following week.

During consultations, CLP let patient take the lead and select what was important to him. CLP showed compassion, empathy and understanding which resulted in the patient opening up and explaining how lonely he was feeling. CLP listened and made suggestions and let patient select what he thought he would like to do that would help.

Equality Outcome 1.4 : In Ayrshire people experience safe and inclusive communities

What we set out to do:

There is a raft of national, international and local evidence which shows that women are disproportionately affected by Gender Based Violence (GBV). GBV and reporting abuse remains an issue in Ayrshire and Arran, in line with that found across the whole of Scotland. In 2015-16 there were 58,104 incidents of domestic abuse recorded by Police Scotland. NHS A&A continues to improve the recording of disclosures of abuse through engagement with to refine data collection systems and the priority settings carrying out routine enquiry.

Output – Strategic commitment to the Gender Based Violence agenda
Actions – Ensure GBV is represented in all new appropriate NHS strategies and plans
Measurement – GBV included in all appropriate NHS strategies and plans

Output – GBV is integrated into activity/plans in other settings
Actions – NHS Ayrshire & Arran will encourage other organisations to address GBV and include within their plans

Measurement – Numbers of awareness raising sessions on GBV and relevant resources made available.

Output – Improved multiagency partnership working to support NHS with the GBV agenda
Actions – Establish an Ayrshire GBV group and develop an Ayrshire GBV action plan
Measurements – Group is formed with clear terms of reference. A GBV action plan developed.

What we did:

NHS Ayrshire & Arran (A&A) has continued to implement the NHS A&A Gender Based Violence (GBV) Action Plan (2018-21) which aims to strengthen the role of the NHS to address gender based violence and work towards the prevention and eradication of violence against women and girls. This action plan outlines NHS A&A's commitment to addressing and challenging the acceptability of all forms of GBV throughout the life course.

Strategic commitment to the Gender Based Violence agenda

NHS A&A continues to demonstrate the commitment to GBV at both a board and director level. In 2019, GBV was part of the public protection workshop with the board, providing an opportunity to present the key achievements and progress made on the GBV Action Plan. This workshop also provided an opportunity to present to the NHS Board the current processes in place to support victims and set the scene for the development of Multi Agency Risk Assessment Conference (MARAC) in Ayrshire.

NHS A&A has continued to strengthen the ongoing implementation of Routine Enquiry (RE) within the six identified priority settings (Maternity, Community Nursing, Mental Health, Addictions, Sexual Health and the Emergency Department). This ongoing implementation has been achieved through the updated bespoke RE Training Programme, the introduction of RE Champions and the introduction of 'Alone Time' in appropriate settings including maternity and sexual health. RE has increased to nearly 70% in both maternity and sexual health since the introduction of 'alone time'.

GBV is integrated into activity/plans in other settings

NHS GBV officers continue to work closely with Adult Support and Protection (ASP) advisor for acute services, this relationship has fostered a greater understanding of both protection areas and provides an opportunity to share practice and knowledge

The operating of Sexual Entertainment Venues (SEVs), is fundamentally incompatible with the priorities of Equally Safe (2016), and our current approach to domestic abuse, rape and sexual offences. The 3 local authority areas within Ayrshire carried out a consultation on whether SEVs should be licensed in each local area. A full and comprehensive response was compiled by the NHS GBV Group on behalf of NHS A&A and submitted to all 3 licensing officers for consideration.

During 2019/20, the NHS has continued to promote the Ask, Support and Care (ASC) training as part of the GBV Training Programme. This programme supports staff to spot the signs of domestic abuse, ask the right questions and ensure those affected are able to access a range of support. In 2019/20 training sessions were delivered to staff from teams across NHS A&A including paramedics, sexual health, radiographers, oral health, health improvement and radiographers. In addition, a number of the priority settings have introduced ASC for support staff such as administration and auxiliary roles.

The NHS GBV Group has reviewed the local GBV resources to support staff to respond effectively to GBV and provide relevant information and/or signpost to

specialist services (as appropriate). In 2019, the NHS GBV Group developed the Forced Marriage LearnPro Module and Flowchart to assist health practitioners in identifying and responding to forced marriage. This was developed to compliment the Ayrshire Multi Agency guidance and provided information on the specific role of health professionals.

Improved multiagency partnership working to support this agenda

NHS A&A has continued to be committed to working in partnership with the Violence Against Women Partnerships (VAWPs) in Ayrshire to challenge and address all forms of GBV and continues to share information, evidence and resources to support this agenda. In 2019, this included organising the VAW Annual Conference titled 'Gender Based Violence in the Modern World'. This was a partnership approach between the VAWPs, Community Justice Ayrshire and NHS A&A. The conference was aimed at front-line practitioners in Ayrshire to raise awareness and understanding of all forms of violence against women and girls. The conference evaluation report can be found at https://www.communityjusticeayrshire.org.uk/wp-content/uploads/2020/02/Gender-Based-Violence-in-the-Modern-World-Event-Report.pdf

In addition, NHS A&A has supported the development of the Ayrshire VAW Officers Group which seeks to compliment and add value to the range of partnership groups and their activities focused on VAW and Girls.

NHS A&A worked in partnership with East Ayrshire Council and East Ayrshire Women's Aid to develop Gender 10, a practical resource to embed a whole school approach to promote gender equality within Primary Schools. The resource has been uploaded to Education Scotland National Improvement Hub as a practice exemplar: https://education.gov.scot/improvement/practice-exemplars/gender-equality-for-primary-schools/

What difference did we make?

Through a continued strategic commitment to this agenda NHS A&A has increased awareness and understanding of GBV across the organisation. This has included the development of specific process, pathways and resources for patients and staff to both identify and support those who have experienced or been affected by GBV.

Through the continued implementation of RE within the six priority settings, NHS A&A has provided early, appropriate intervention and care by identifying and assessing service users who have or are experiencing domestic abuse. RE of abuse can help individuals to identify their experiences as abuse, to consider the health risks to themselves and their families and increase their awareness of the role the NHS can play in responding to this issue**.** In addition**,** the GBV resources and training have supported staff across NHS A&A to have the knowledge and skills to respond sensitively and appropriately to GBV.

NHS A&A has continued to raise awareness of GBV across NHS A&A and other organisations. Through continuing to work collaboratively with each of the VAWP in Ayrshire, NHS A&A has strengthened its partnerships with relevant organisations and encouraged a multi-agency response to GBV:

- The 'Gender Based Violence in a Modern World' Conference provided the opportunity to raise awareness and understanding of all forms of gender based violence with frontline workers in Ayrshire and support staff to integrate GBV into plans/across settings.

- The Gender 10 Project, supported the development of a practical resource for primary school to promote gender equality, exploring and challenging the root cause of GBV. Using a whole school, co-production approach supported the development of a practical resource and supported a sustainable approach to tackling gender inequality within the primary school setting.

What we will do now/future work?

NHS A&A will roll out the final year of the GBV Action Plan (2018-21) to strengthen the role of the health system to address gender based violence and work towards the prevention and eradication of violence against women and girls. This will include:

- Building on the new COSLA and Improvement service guidance produced during COVID-19, continue to work with partners to ensure the distinct role of the NHS supports the medium and long term actions within the guidance.
- NHS A&A will work in partnership with the VAWPs, local authorities and other key stakeholders to scope out the establishment of MARAC within Ayrshire.
- NHS A&A will work in partnership with the VAWP and education partners to tackle gender inequality and embed primary prevention and early intervention within the education system.
- NHS A&A will continue to take a public health approach to contribute and deliver on key actions within local VAWPs and the Ayrshire VAW Officers Group.
- NHS A&A will continue to mitigate the effects of GBV by engaging and supporting those affected by abuse who access NHS services. This will include the continued implementation of RE with an ongoing focus on the identification of opportunities to increase RE and reduce the barriers to carrying out RE.
- NHS A&A will continue to develop and deliver relevant GBV training and resources to staff to ensure they have the knowledge and skills to sensitively and appropriately respond to GBV. This will include developing new ways of delivering training and resources remotely to staff within the priority settings and across the NHS to support social distancing regulations.

Case study

NHS A&A routinely collects data on RE within the priority services electronic data systems.

Across health visiting, learning disabilities, mental and addictions, RE was carried out with 7,453 patients in 2019/20. 1,185 patients disclosed some form of domestic abuse with 1,068 as victims. By routinely asking about domestic abuse, the health service provides a safe and confidential space for victims to disclose, when they are ready, and seek appropriate support as required.

Within Maternity services this data is captured within the Eclipse System. The data from this system identified the main barrier to carrying out routine enquiry was ‘partner present’. Maternity services introduced ‘alone time’ to provide an opportunity for women to discuss any issues they were experiencing, and to provide an opportunity to carry out RE whilst partners were not present. Since the introduction of ‘alone time’, RE has been carried out with nearly 70% of booking appointments as part of the antenatal care pathway. During 2019/20, RE was carried out with 2,179, women as part of the antenatal pathway with 14 disclosures of domestic abuse.

Equality Outcome 2.1a - In Ayrshire, people have equal opportunity to access and shape our public services

What we set out to do:

Through the Ayrshire Equality Partnership (AEP) the intention was to establish a database of all marginalised and under-represented groups in Ayrshire.

This was to ensure that there was an evidence base of consultation for all our communities in Ayrshire to ensure that the needs of our service users and their views are taken into account in relation to the design and delivery of services.

It was also essential to ensure that processes were developed and in place which would welcome, encourage and support marginalised and under-represented groups to inform decision-making.

Output – The experiences of marginalised or under-represented group continue to inform decision-making
Action – Through the partnership establish a database of all marginalised and under-represented groups in Ayrshire
Measurement – A list of marginalised and under-represented groups to be developed and maintained

Output – The experiences of marginalised or under-represented group continue to inform decision-making
Action – Ensure processes are in place which welcome, encourage and support marginalised and under-represented groups to inform decision-making
Measurement – Evidence inclusion of marginalised or under-represented groups in decision-making

What we did:

The AEP created a database which is available to AEP members through the AEP K-Hub group. This list is updated by members as and when required. The list consists of a number of diverse and marginalised groups, and covers groups from race, religion, sexual orientation etc.

It is anticipated that this list will be organic and amended as new groups are established, and others close.

However, the onset on COVID-19 has dramatically changed the landscape of involving, engaging and consulting with our communities. Lockdown restriction have dramatically changed the way we deliver services, and many people are now working from home. To ensure that we are all safe and that we all follow social distancing rules has we have cancelled all face to face engagement. However, we have had to be dynamic and creative in how we engage with our communities.

Robust communications and community engagement have been central to the COVID-19 emergency response. A powerful and consistent approach to communications has been maintained across a number of channels, based around our ‘caring, kind and connected’ values, which has ensured that communities are well-informed and fully engaged in our collective response. Local resilience networks have been the focus for community-led activity and volunteering, to support the most vulnerable in our communities. In supporting these networks, we have recognised that people, families and communities of place, interest and identity are the experts in their own lives and in what will best support them to be healthy and well. Our experience of

innovative practice in collaboration and engagement gives an opportunity to further strengthen this approach as we look ahead to the future.

We have adopted alternative communication tools to engage with marginalised groups, whether through FaceTime, texts, Zoom, phone calls Near Me/Attend Anywhere etc., to ensure that we can connect with our communities with what matters to them through these challenging times.

The long term impact COVID-19 on our communities is of primary concern, particularly the impact on employment, household incomes, poverty, and physical and mental health, all of which could exacerbate already existing inequalities. Where new and better ways of doing things have been developed in our immediate response to COVID-19, we will want to make sure that these can continue and that all those who have been affected including individuals, families, communities and local businesses, are fully engaged.

A core aspect of our Engagement is to hear from equality groups and from those who have experienced a disproportionate impact as a result of COVID-19 including shielding people, people experiencing social isolation and loneliness, people in recovery, care experienced young people and carers. Targeted engagement work is also underway with our BAME, gypsy traveller and refugee communities to ensure that they also have a voice.

This process ensures that we are involving our marginalised groups in relation to how we deliver our services through this pandemic and beyond.

What difference did we make?

The database will give AEP members the opportunity to involve and engage marginalised groups. However, the pandemic has seen a rise in the levels of engagement with communities, groups and individuals who previously have not engaged directly with partners. We have been able to provide support, information or just be there to listen as people and communities have adjusted to a new way of living.

This has allowed us to tailor specific support to the needs of people and to link them to other services that can provide the support they need. We have supported communities in very different ways to ensure that people are aware of the lockdown restrictions, how to keep safe, and during the pandemic when services have been remobilised.

For example, in relation to the two Islamic Centres in East Ayrshire, contact on a monthly basis takes place to offer help and support as required. With regards to our refugees' families, contact has taken place to ensure that families are kept abreast of the changing situation. We have provided translated information where appropriate and we have kept them up to date with the changes in service delivery. For some communities, the provision of spoken messages in their own language via WhatsApp group messages has allowed them to be kept updated.

For BSL users we have translated information into BSL and placed videos on our websites as well as via social media so that people understand how to access services, and information in relation to keeping safe.

Our learning disabilities team have also been supporting adults with learning disabilities, some of whom have been given tablets to access zoom meetings and stay connected.

What we will do now

The pandemic has forced us to work in different ways. However, this has allowed AEP members to be creative in the way that we engage with marginalised groups.

We will continue to keep these connections, and work with our marginalised groups to support them to have a voice in our organisations.

Case study

Over the past few months we have seen an overwhelming response from our communities to the current crisis. This has been demonstrated through increased levels of community activity, a huge increase in volunteering and mutual aid, and a renewed sense of community cohesion.

Our community conversations are supporting us to reach out and hear from the groups and individuals that have been impacted most by the crisis to share their experience and hopes for the future.

“People got involved in their community and stepped up and did their best to help, people that would not normally get involved and it was great to see”.

A series of facilitated conversations have also been held with local resilience networks and community groups and an online survey, running in parallel, is allowing those unable to join a local conversation to also share their views.

“Communities have demonstrated great resilience in providing support to the many residents affected immediately by the lockdown”.

Key messages from the conversations have highlighted the importance of strong community connections and improved communication and joint working between the NHS, partners and communities. Local groups now expect the partnership arrangements and joint working that developed during the emergency response to be sustained and for local people to have a stronger say in the decisions that affect their community.

Equality Outcome 2.1b - In Ayrshire, people have equal opportunity to access and shape our public services

What we set out to do:

The partners set out to explore joint approach for the commissioning of translation, interpretation and communication support (TICS) services. It was agreed form the onset that this process would also include BSL.

Output – The experiences of marginalised or under-represented group continue to inform decision-making
Action – Explore joint approach for the commissioning of translation, interpretation and communication support (TICS) services.
Measurement – TICS usage. Increased customer satisfaction.

What we did:

The endeavour to jointly commission a single and effective Translation, Interpretation and Communication Service has proved to be much more complex than originally anticipated. Through regular meetings and discussions, the Ayrshire Equality Partnership have discovered the various layers and regulations that need to be understood in order to effectively undertake this action. In addition to individual

organisation policies and protocols, we also had to consider the various national frameworks and guidance established by National bodies.

Community Languages

In the early stages, partners undertook a process of gathering and collating information from all organisations involved in relation to access, spend, quality of service and languages used, and mapping national contracts that could be accessed by public bodies, for example, the Scottish Government framework.

Over the past 18 months, the partners have engaged with procurement officers in each organisation for advice and guidance on pursing joint commissioning of services. This has involved a review of existing Commissioning Frameworks to assess value and the possibility of joint bids. In addition, work has also been undertaken in contacting service providers to establish service costs out with national frameworks.

One promising prospect was a commissioning framework put forward by the Scottish Government for Translation and Commissioning Services to be used by the NHS. On review, the rates for the framework were agreed to be favourable and would likely lead to a reduction in overall costs compared to current provisions. Unfortunately, after clarity was sought, this framework was not available to Local Authorities. This option was pursued by NHS Ayrshire & Arran in line with many other NHS Boards.

British Sign Language

Unlike community languages, all partners are able to jointly procure for services for the translation of British Sign Language. Partners produced a joint BSL Interpreting Services Specification form that will go out to tender. Due to the impact of COVID-19, progress in this area was paused. The specification is in its final stages of completion (as at December 2020), with only final comments and clarification around GDPR required.

What difference did we make?

As a result of the implications of transmission of COVID-19 and the cessation of services apart from urgent and emergency care, for NHS Ayrshire & Arran all face-to-face community language interpretation was put on hold with a move to telephone based interpreting.

Work is still progressing to finalise the BSL tender agreement and implement this in the new year. It is hoped that this joint procurement of service will ensure that there is consistency of approach across Ayrshire. It will not only present a best value approach, but also an efficient process for our communities across Ayrshire in relation to accessing a professional and robust translation and interpretation service which is inclusive. Provision of clear and comprehensive communication will have a positive impact on the outcomes for all of our service users. Work towards achieving this outcome is ongoing.

What we will do now

Following key learning, work continues to find an optimal solution to ensure access to translation services is equitable across all organisations of the Ayrshire Equality Partnership.

Going forward, NHS Ayrshire and Arran will pursue their procurement of Translation Services through the established Government Framework for Community Languages.

On behalf of the other partners, representatives from local authorities are currently pursuing a bespoke commissioning agreement with service providers. This has

involved looking at existing contracts, forecasting potential use and entering negotiations with service providers.

A final meeting with partners will now be organised to consider the BSL tender agreement and agree forward action on procurement.

Equality Outcome 2.2 - In Ayrshire, people have equal opportunity to access and shape our public services

What we set out to do:

In 2016, the Ayrshire LGBT+ Development Group held three locality based trans events across Ayrshire. Local community engagement identified there is a lack of gender identity support within Ayrshire. In addition, it was highlighted that there were issues related to gender specific services which have adversely impacted the experience of accessing our services by those identifying as transgender.

Welcoming and accessible services would encourage greater engagement with services.

Output – Trans people are not discriminated against when accessing our services
Action – Ensure our public buildings and services are accessible and welcoming for trans people
Measurement – Feedback from the trans community. Increased customer satisfaction.

What we did:

We continue to explore different avenues to ensure that trans people are not discriminated against when accessing our services. Employee training in relation to trans specific issues continues to be made available to employees. Training employees allows staff to understand the issues trans people on a daily basis and to ensure that when they do access our services and building, our staff have the knowledge and understating to treat trans people with dignity and respect.

Hate Crime Awareness Week seminars hosted by Police Scotland were organised by the Ayrshire Equality Partnership across Ayrshire in 2019 to raise awareness and highlight the issues faced by people who are victims of Hate Crime including Trans people.

Initially in 2020, a Hate Crime Awareness Conference was planned, however due to COVID-19, the Ayrshire Equality Partnership revised plans and organised a series of five webinars covering the different aspects of Hate Crime. This included the development of a webinar from Dr Stephanie McKendry, Head of Access, Equality and Inclusion, University of Strathclyde in relation to the experiences of trans and gender diverse learners and staff in colleges and universities: moving from evidence to action.

The presentation focused on:

- The wider context for gender diverse people
- Experiences in Further Education and Higher Education
- The Trans EDU Project
- COVID-19/ remote delivery
- What works

As the attendees were from across the public sector and beyond the webinar was broadened to cover the diverse representation of those attending, and explored the

issues facing trans people in education and communities, and how we, as organisations, can make trans people feel welcome when accessing our buildings and services.

The Ayrshire LGBT+ Education Network aims to engage with education practitioners across Ayrshire in sharing innovative ways to engage in LGBT educational and share best practice. The Ayrshire LGBT+ Education Network has members across the partners including health, LGBT Youth Scotland, the Terrence Higgins Trust, young people etc.

In the academic year Sept 2019 to June 2020, the Ayrshire LGBT+ Network offered 10 one-hour themed 'network meets', including a dedicated trans-focused session. As always, the meets are open to anyone seeking to improve their professional practice especially those who have a direct working link to the experiences of LGBT+ children, young people and adults learning in Ayrshire. However, as a result of COVID-19, all planned meets from March 2020 onwards were suspended. Trans and gender diverse experiences in any education setting remains a core element of the Network. All network meets prior to COVID-19 thus sought to ensure these experiences, and voices, were included and highlighted. The most attended meet was on LGBT+ and domestic abuse (and wider examples of GBV) and this included discussions on potential trans vulnerabilities and experiences in this context. For the first time, also, a meet was held in a Primary School, Kilmaurs Primary, in East Ayrshire, in which the school led the session by sharing excellent practice in how they are embedding LGBT+ inclusion.

The Network aims to return, online, for academic year Sept 2020 to June 2021 and will refocus by offering 3, one to one and half hour meets. Themes identified so far include:

- Mental health and wellbeing and LGBT+ experiences (with a COVID-19 insight) delivered by Karen Lees, NHS Ayrshire and Arran, with support from Kerry Riddell, LGBT Youth Scotland
- Domestic abuse and LGBT+ experiences co-delivered by Sarah Millar, SAWA, and Sarah Shennan, NHS Ayrshire and Arran.

This education and learning is invaluable for our staff, giving them the knowledge and skills to engage with trans people with confidence.

What difference did we make?

We continue to explore different avenues to ensure that trans people are not discriminated against when accessing our buildings and services. Employee training is essential as our front line staff are first point of contact we need to ensure that they have the knowledge and understanding to make trans people feel at ease when accessing our services.

NHS Ayrshire & Arran developed guidance for supporting staff transitioning in the workplace as well as a policy for supporting trans service users. This was rolled out along with an online eLearning module on Trans Equality. This practice is being shared across the partners to ensure that trans employees are supported across the partner organisations and feel welcome and respected in the organisation.

What we will do now/future work?

We will continue to promote the trans training for staff and ensure staff are aware of the policies in place to support them and service users. During 2021/2022, NHS Ayrshire & Arran are seeking to establish an LGBT+ Staff Network which will link with

the national NHS Scotland LGBT+ Network. Having a local network will allow the opportunity for staff to engage in local issues and help support and shape areas of work to make the experience of trans staff the best it can be, as well as trans service users.

Case study

During 2019, NHS Ayrshire & Arran were implementing a new HR system. In tandem we also ran a campaign entitled 'Equality for All' where we provided some key information about different protected characteristics highlighting the importance of why organisations gather this information from staff. Each month focussed on a specific characteristic and in September the focus was gender re-assignment.


Important information for all staff
stop press
6 September 2019
Equality for all
Working together to achieve the healthiest life possible for everyone in Ayrshire and Arran

Our workforce equalities data reporting has shown in increase in the number of individuals who feel confident to report themselves as being trans and this shows a culture change within the organisation.

Equality Outcome 2.3 : In Ayrshire people have equal opportunities to access and shape our public services

What we set out to do:

Extensive research has shown that people with protected characteristics such as age, the BME community and those with disability are the most affected by societal inequalities and are more likely to have poorer health than the general population

Output – A set of recommendations developed to address inequalities
Action – Set up a review group to consider NHS Ayrshire & Arran's role in addressing inequalities.
Measurement – Group established and an action plan developed

Output – A set of recommendations developed to address inequalities
Action – Completion of self assessment tool in relation to inequalities for service changes / redesigns.
Measurement – Increase in the number of completed inequalities self assessments

COVID-19 has impacted on this work

What we did:

Health Inequalities Self Assessment (HISA)

Reducing inequalities in health is a central objective for Public Health and the Health Inequalities Self Assessment (HISA) tool is being updated to reflect new, additional information for example community wealth building and the role of the NHS and its partners as "**Anchor Institutions**". This will improve the currency of the HISA tool, and undertaking assessment will be useful for remobilisation of services impacted by COVID-19. HISA is designed to help Health and Social Care services and wider teams, services and partnerships to address health inequalities by challenging them to identify where action is needed and possible in frontline practice; within service planning and strategic practices; and in partnership.

It considers:

- Working with individuals;
- Workforce learning and development;
- Quality of services;
- Working in partnership;
- Employing staff and procuring goods and services;
- Advocating for individuals, communities and lobbying for change.

The HISA resource supports teams to ask themselves sometimes challenging questions and helps to facilitate change, where required, and develop plans for action to reduce inequalities in health. A number of awareness raising and facilitated sessions have been delivered locally and nationally and key inequalities information resources have been developed, reviewed and updated.

What difference did we make?

We have successfully raised awareness about health inequalities, including how it impacts and we have supported staff to discuss and reflect on their own roles and how they can make a difference in reducing health inequalities.

Outputs have involved staff considering a more holistic approach for assessment paper work; training needs and reflection on access and delivery of services. The sessions have explored terminology such as proportionate universalism and reflection about how service provision may increase or reduce inequalities in health.

Resources have been developed and provided on AthenA, NHS A&A public website and a “Health Inequalities Information leaflet” for staff. In addition, we have included information about the Fairer Scotland Duty and NHS Health Scotland briefing papers and health inequalities training.

More people from a range of disciplines are aware of health inequalities and how their own role can affect change to reduce health inequalities. Future evaluation may be able to provide some outcomes.

What we will do now/future work?

Updated HISA and consideration of the linkages with EQIA and other Health Inequalities Impact Assessment tools to assess remobilisation of service provision during the COVID-19 situation and beyond, aiming to raise awareness of potential inequalities and develop action plans to minimise these inequalities. Continue to raise awareness about health inequalities, through discussion, training and resources.

Case study

One team who have undergone the HISA awareness raising and facilitated sessions are now better able to provide holistic support to service users over longer periods of change and this has included developing methods of engagement and maintaining social distancing.

Evaluation has been challenging as some Teams that initially participated have changed and COVID-19 has had an impact. There is no longer online access and an updated paper copy of HISA has been produced.

Equality Outcome 3.1a: In Ayrshire, people have opportunities to fulfil their potential throughout life

What we set out to do:

National data evidenced that less than 2% of all Modern Apprenticeships in Scotland are taken by Black and Minority Ethnic (BME) Communities although they form around 4% of the target population. Therefore, the partners set out to improve the update of Modern Apprenticeships by those from a BME background and also work in internal and external stakeholders to support this. This specific group matched those identified by Skills Development Scotland (SDS).

Output – Increase the number of modern apprentices who are BME
Action – Conduct an audit of modern apprenticeships by protected characteristics
Measurement – Baseline number of BME modern apprentices in Ayrshire

Output – Increase the number of modern apprentices who are BME
Action – Work with internal and external stakeholders to promote uptake across protected characteristic groups
Measurement – Increase in BME modern apprentices

What we did:

Individual partners continue to work with Skills Development Scotland (SDS), employers and others, to support targeting the under-representation identified. Targeted work for Black and Minority Ethnic (BME) Communities across Ayrshire has been challenging due to the small numbers, however, it is recognised that the diversity of our BME Communities is growing and we will continue to monitor this for potential modern apprenticeship opportunities.

Further evidence also shows that in Ayrshire the majority of BME young people's attainment levels are high and most tend to access further and higher education rather than modern apprenticeships.

What difference did we make?

There remains a mixed picture across the partners in Ayrshire in respect of Black and Minority Ethnic representation in Modern Apprenticeships (MAs), and in particular over the 4 year period NHS Ayrshire & Arran have had no BME MAs. The breakdown of MAs for NHS Ayrshire & Arran is as follows:

Dental Nursing Modern Apprenticeships (All 16- 24 years)
2017 – 17 (All Female and Scottish)
2018 – 22 (All Female and Scottish)
2019 - 15 (All Female and Scottish)
2020 – 9 (All Female and Scottish)

Health Care Support Modern Apprenticeship (All over 25 years)
2018 – 3 (All Female and Scottish) Pilot programme
2019 – 5 (4 Females and one Male, and Scottish)
2020 – Deferred 6 places due to the Pandemic (5 Females and one Male, and Scottish)

We deliver the Dental Nursing MA to students employed in general practice. On completion they will have achieved the requirement to obtain formal registration with the General Dental Council which is a requirement for qualified Dental Nurses.

Reflecting on locality data provided by SDS as well as individual partner information in the reporting period, it is shown that across Ayrshire, the uptake of a MA from those who identify as BME is lower than in comparison to those who identify as White Scottish and White British. Little change or impact is evident from year 2017 to year

2020. It could be argued, that while all locality figures in Ayrshire are below the national average, this might be reflective of local BME populations in Ayrshire opposed to, for example, discriminatory recruitment processes.

Specifically, within NHS Ayrshire & Arran the monitoring of modern apprentices by protected characteristics has been challenging as once recruited and registered with SDS, we do not hold any information. As part of securing funding, it is a procedural requirement by SDS that all candidates are required to complete an equality and diversity monitoring form which, once the data is inputted on to their Funding and Information Processing System, in accordance with GDPR, the paper copies are destroyed immediately after input.

The most recent quarterly breakdown of MAs across the whole of Scotland shows higher uptake by males, non-disabled and those identifying as white with only 2.7% identifying as BME undertaking a MA. More detail can be found in the SDS report at the link below:

https://www.skillsdevelopmentscotland.co.uk/media/47432/modern-apprenticeship-statistics-quarter-3-2020-21.pdf

What we will do now/future work?

Partners through the shared equality outcomes 2017 - 2021 have committed to tackle under-representation from BME communities in modern apprenticeship uptake. This commitment remains unchanged. However, we are aware of what the data and evidence shows in terms of uptake of MAs by BME individuals and we will continue to explore other opportunities within the NHS through our employability work to encourage BME individuals to work for the NHS.

Case study

Unfortunately during this period of the equality outcome NHS Ayrshire & Arran did recruit any modern apprenticeships from a BME community, therefore, have no case study to showcase. Our partners in the local authorities were able to recruit individuals through the Syrian resettlement programmes due to having closer relationships with the families around employment.

Equality Outcome 3.1b: In Ayrshire, people have opportunities to fulfil their potential throughout life

What we set out to do:

National data evidenced that less than 0.5% of all Modern Apprenticeship placements are taken by someone with a declared disability. Around 8% of the target population (16-24) is disabled. Therefore, the partners set out to improve the update of Modern Apprenticeships for those identifying as having a disability and also work in internal and external stakeholders to support this. This specific group matched those identified by Skills Development Scotland (SDS).

Output – Increase the number of modern apprentices who have a disability
Action – Conduct an audit of modern apprenticeships by protected characteristics
Measurement – Baseline number of disabled modern apprentices in Ayrshire

Output – Increase the number of modern apprentices who have a disability
Action – Work with internal and external stakeholders to promote uptake across

protected characteristic groups
Measurement – Increase in modern apprentices who have a disability

What we did:

Individual partners, in partnership with for example SDS, employers and others, are continuously seeking to develop or enhance action plans to support targeting the under-representation identified. It is known that partnership working through, for example, Project SEARCH, is supporting an improving picture.

Reflecting on data provided by SDS as well as individual partner information in the reporting period, it is shown that across Ayrshire, the uptake of a MA from those who have a declared disability is lower in comparison to those who do not have a declared disability; the figure for the whole of Scotland is 87.6% declaring no disability with only 12.4% declaring a disability.

All locality areas in 2018-19, according to SDS information, were relatively similar in percentage uptake of those with a declared disability. It is a more variant picture within individual partners. NHS Ayrshire & Arran meanwhile continue to work in partnership with Ayrshire College and East Ayrshire Council through Project SEARCH. Through this one individual working within the Organisation and Human Resources Department progressed from Project SEARCH to an MA within the department.

What difference did we make?

The proportion of MA starts self-identifying an impairment, health condition or learning difficulty across Ayrshire in the 2018-19 SDS report was as follows, compared to 14.1% of all MA starts across Scotland. It should be noted that the local authority breakdown is based on the trainee's home address.

- East Ayrshire - 12%
- North Ayrshire – 11.3%
- South Ayrshire – 16.1%

However, work continues in relation to engaging with young disabled people to ensure positive pathways for them. One example is Project SEARCH which continues to work through collaboration with NHS Ayrshire & Arran, East Ayrshire Council and Ayrshire College to provide a programme that helps young people (17-29) with learning disabilities and/or those on the autistic spectrum who can benefit from intensive, personalised support in preparing for work. The programme provides a one-year internship for up to ten project participants each year at University Hospital Crosshouse to support the teaching and learning process and build employability and work skills required for employment.

Specifically, within NHS Ayrshire & Arran the monitoring of modern apprentices by protected characteristics has been challenging as once recruited and registered with SDS, we do not hold any information. As part of securing funding, it is a procedural requirement by SDS that all candidates are required to complete an equality and diversity monitoring form which, once the data is inputted on to their Funding and Information Processing System, in accordance with GDPR, the paper copies are destroyed immediately after input.

The most recent quarterly breakdown of MAs across the whole of Scotland shows higher uptake by males, non-disabled and those identifying as white with only 12.4% self-identifying as having an impairment, health condition or learning difficulty undertaking a MA. More detail can be found in the SDS report at the link below:

https://www.skillsdevelopmentscotland.co.uk/media/47432/modern-apprenticeship-statistics-quarter-3-2020-21.pdf

What we will do now/future work?

NHS Ayrshire & Arran in collaboration with our partners will continue to engage with internal and external stakeholders to understand what barriers, if any, exist that may be underpinning the current low uptake of disabled individuals in in MAs. It presents an opportunity also for all partners involved in the shared Equality Outcomes to learn and share good practice where evident.

NHS Ayrshire & Arran will continue to explore other opportunities within the NHS through our employability work to encourage disabled individuals to work for the NHS.

Case study

During the period 2019-2021 NHS Ayrshire & Arran has not had another MA identifying as having a disability, however, our previous case study from 2017-2019 remains a good example of the impact this work has had:

'Struggling with their self-confidence, one individual applied to the Project SEARCH internship programme. The individual not only wanted to build their confidence but wanted to increase their motivation and become more outgoing.

Having participated in the programme, the individual found success in the workplace after completing their internship from the Project SEARCH initiative. The young person made such a good impression that they secured a temporary post as a clerical assistant within NHS Ayrshire & Arran. From there, the individual was subsequently able to secure a Modern Apprenticeship within the same department of the organisation to further develop their skills and build their confidence.

The individual has since successfully secured another post out with the organisation. Whilst the individual has moved on, the opportunities to engage in work and build skills and confidence through the various initiatives shows the significant impact and changes to people's lives these initiatives can have'.

Another recent success story through the partnership can be viewed here: https://www.youtube.com/watch?v=x21WCN1NvTk

Equality Outcome 3.2: In Ayrshire, people have opportunities to fulfil their potential throughout life

What we set out to do:

Evidence for Scotland indicates that men dominate in construction and skilled trades, and women are over-represented in secretarial and caring occupations. As a major local employer, NHS Ayrshire & Arran sought out to be more inclusive in the recruitment and retention of staff.

Output – Increased number of people in non-traditional gender roles including modern apprenticeships
Action – Conduct an audit of existing modern apprenticeship roles by gender
Measurement – Baseline number of modern apprenticeship roles by sex in Ayrshire
Output – Increased number of people in non-traditional gender roles including modern apprenticeships
Action – Work with internal and external stakeholders to promote uptake across protected characteristic groups

Measurement – Increase in non-traditional roles by both sexes

What we did:

Individual partners continue to work with Skills Development Scotland (SDS), employers and others, to support targeting the under-representation identified.

NHS Ayrshire & Arran has continued to work with SDS to try to encourage males into our Dental Nursing MA with no success. However, we are seeing improvement in our Health Care Support MA and will continue to promote and support this work. With regards to the Dental Nursing MA, whilst this remains challenging, it continues to be an action point in our SDS E&D plan

What difference did we make?

The proportion of MA starts who identify as female across Ayrshire in the 2018-19 SDS report was as follows, compared to 38% of all MA starts across Scotland. It should be noted that the local authority breakdown is based on the trainee's home address.

- East Ayrshire - 32%
- North Ayrshire – 34%
- South Ayrshire – 40%

The breakdown of MAs for NHS Ayrshire & Arran is as follows:

Dental Nursing Modern Apprenticeships (All 16- 24 years)
2017 – 17 (All Female and Scottish)
2018 – 22 (All Female and Scottish)
2019 - 15 (All Female and Scottish)
2020 – 9 (All Female and Scottish)

Health Care Support Modern Apprenticeship (All over 25 years)
2018 – 3 (All Female and Scottish) Pilot programme
2019 – 5 (4 Females and one Male, and Scottish)
2020 – Deferred 6 places due to the Pandemic (5 Females and one Male, and Scottish)

Whilst, we have had not uptake in Dental Nursing MAs for males, we have started to see a shift in uptake within Health Care Support MAs with males applying in the last two years to be involved. We also must note that the gender split within NHS Ayrshire & Arran is 84% female to 16% male and the caring roles are heavily dominated by females so this shift in MA uptake by males is positive.

What we will do now/future work?

Partners through the shared equality outcomes 2017-2021 committed to tackle under-representation in non-traditional Modern Apprenticeship uptake. This commitment remains unchanged. As can be evidenced above in the Health Care Support example, there is a small change and we will continue to build upon this and share any good practice between partners.

NHS Ayrshire & Arran will also continue to promote Modern Apprenticeships to all irrespective of gender and showcase example where there is a change in non-traditional gender role uptake.

SDS data continues to show placements by occupation still show a lack of females moving into traditional male occupations. However, there has been some progress

with males moving into traditional female occupations. Between 2017 and 2020, 10 males moved into either Early Years, Health and Social Care or Professional Cookery.

As outlined in our previous report, NHS Ayrshire & Arran has consistently seen the overall number of male modern apprentices being higher in both 2017 - 18 and 2018 - 19. However, some progress is noted in improving these gender imbalances; for example, the number of NHS modern apprentices in 2017 - 18 was five male and no female and in 2018 - 19 the ratio was found to be four male to three female showing a more balanced gender split in modern apprentice uptake.

In addition, NHS Ayrshire & Arran piloted the Healthcare Support MA with Nursing Assistants in 2018. All to date have been over the age of 25 but our longer term intention is to link this in with future workforce planning and recruitment strategies which will enable us to grow our own nurses of the future building on the MA for nursing assistants which will provide entry into formal nurse training.

Likewise, we have tried, with support from SDS, to address the gender imbalance in Dental Nursing MAs each year but with no male uptake. This remains challenging but remains an action point in our SDS E&D plan.

MA Modern Apprenticeships
From Skills Development Scotland

Equality Outcome 3.3: In Ayrshire people have opportunities to fulfil their potential throughout life

What we set out to do: Chronic obstructive pulmonary disease (COPD) is a long term lung condition which causes you to feel breathless. It includes both chronic bronchitis and emphysema. It is thought that there are 1.2 million people in the UK who have been diagnosed and are living with COPD. However, it's likely that there are more people who haven't yet been diagnosed, with perhaps as many as two thirds of cases undiagnosed. NHS Ayrshire & Arran currently have the highest rate of respiratory acute care across Scotland.

Output – Reduction in respiratory acute care in Ayrshire & Arran
Action – Systems that support care/anticipatory care and support planning
Measurement – Develop new pathways/models of care (including care provision closer to home) / Implementation of House of Care / Implementation of anticipatory care plans / Implementation of respiratory care bundles.

Output – Reduction in respiratory acute care in Ayrshire & Arran
Action – People living with COPD are supported to manage their condition
Measurement - Improve patient/carer knowledge and understanding of condition

What we did:

In recent years a number of initiatives have been implemented that aim to provide self-management support to people living with COPD.

As a result of changing priorities, some of the specific pieces of work outlined in the original Equality Outcomes document have not been progressed, however several others have been progressed and a few examples outlined below.

Building on previous developments, the Respiratory TEC exemplar pathway (2017) envisages a self-managing service user in the driving seat of their own care, able to

access and work with a range of services with Technology Enabled Care (TEC) assisting people to achieve this.

A few examples of what we've done;

- Additional resource secured to enhance the Pulmonary Rehab service across Ayrshire & Arran making it accessible to more people
- Ayrshire & Arran COPD app developed and launched
- Produced and promoted a self-management/information pack for people newly diagnosed with COPD that aims to increase consistency in the information provided to people
- NHS A&A collaboration with the British Lung Foundation in Integrated Breathe Easy Project

What difference did we make?

Enhanced pulmonary rehabilitation (PR) – pulmonary rehab improves peoples' knowledge and understanding of their condition, increases exercise tolerance, activity levels and improves fitness, increases confidence to self-manage, increases quality of life, provides peer support and reduces social isolation.

In recent years as a result of additional investment in the service, PR programmes have been delivered programmes in communities, closer to peoples' homes. As well as providing group programmes, a home based programme is available. Uptake to pulmonary rehab improved and the number of people completing the programme increased. Feedback from those who participate in PR has been positive, demonstrating the value of PR in supporting people to self manage and live well.

Ayrshire & Arran COPD app – launched in February 2019 to provide information that will help people self-manage. The app contains information about:

- Local services and support
- Managing your COPD and living well
- Helpful websites
- Alerts for important information
- Managing flare ups
- Benefits of pulmonary rehabilitation, and how to get involved
- Medication and inhaler guidance

Almost 1000 people have downloaded the app, and feedback about the content and usefulness of the app has been very positive.

Self Management/Information Resource for People Newly Diagnosed with COPD - developed by the Respiratory Self-Management Group in conjunction with the Respiratory MCN in 2019. Based on feedback from patients, there was a need to try to standardise the information that is available to people when diagnosed with COPD. The resource has been promoted to all General Practices.

British Lung Foundation Integrated Breathe Easy Project (2018-2019) - aimed to equip people with lung conditions with the skills, knowledge and confidence to better self-manage their own health, enabling them to reduce or avoid unplanned access to health services. Through the integration of Breathe Easy into local healthcare pathways, patients and carers will have better health and wellbeing outcomes. Three patient events held (305 people attended), new Breathe Easy Group established in

Cumnock, 35 Integrated Breathe Easy Group meetings held, and Breathe Easy Group membership increased.

What we will do now/future work?

The Respiratory TEC pathway work continues, and supporting self-management is a key priority. Some examples of planned developments:

- Plans for patient education sessions and self-management programmes have had to be postponed due to COVID-19, however alternative formats are being explored. Use of technology, such as the new InHealthcare system, is being explored for COPD patient education, self-management support and pulmonary rehabilitation
- A new Rapid Respiratory Response service is being tested within a locality in East Ayrshire for 12 months from Winter 2020. COPD patients experiencing an exacerbation will be supported by the service to enable them to remain at home.
- Work planned with Chest Heart & Stroke Scotland to test their Hospital to Home Service

Case study

Integrated Breathe Easy Patient Information Events

Three events held to provide practical information, raise awareness and signpost people to local support and services.

1) Fairfield House Hotel, Ayr
2) Park Hotel, Kilmarnock
3) Town Hall, Cumnock

305 patients and carers attended in total. Demand for places at the events exceeded the spaces available, demonstrating a need for this type of event.

The events included:

- An introduction to the British Lung Foundation and the support available through the website, Helpline and Breathe Easy network
- Respiratory Consultant and Pulmonary Rehab Physiotherapist delivering talks on ‘Living well with COPD’ and ‘Benefits of Pulmonary Rehabilitation’
- Practical information on self-management of COPD
- Open question and answer sessions with speakers
- ‘Singing for Lung Health’ taster sessions provided by BLF trained instructor with local Ayrways singing group

- A wide range of information stands hosted by local organisations offering services and support such as Pharmacy, Quit Your Way, Dietician, The Green Gym, VASA (Voluntary Action South Ayrshire), Home Energy Scotland, Vibrant Communities
- A range of educational leaflets and resources

The events provided an opportunity to promote useful services to those attending:

This was exactly the target group we most want to reach – people whose health conditions will be markedly affected by cold housing and/or fuel poverty, where our help can mitigate this and keep them healthy and out of hospital. It was a well organised, well attended event. The speakers were informed and the audience very engaged. **Home Energy Scotland**

The day was very useful, we were very busy at our stand and had a constant stream of patients asking questions relating to overall COPD treatment, as well as specific questions relating to their medication. For these patients I was able to link in with the primary care pharmacists in the appropriate practices to take forward some care options. **Community Pharmacist**

Attendees Feedback

1. Ayr

The South Ayrshire RIE gave **56% of participants an increased knowledge of where to find further information about the lung condition.**

There was a 37% increase in participants knowing more about their lung condition.

Overall participants enjoyed the afternoon with **97% stating they were very satisfied/satisfied** with the event.

2. Kilmarnock

The East Ayrshire event proved very successful in engaging those in attendance, with **93% stating they were satisfied/very satisfied** with what they had gained from the afternoon.

56% of participants felt they gained more knowledge of where to access further information about the lung condition. Alongside this, **49% of participants had more knowledge of what to do in an exacerbation**. Given that the event took place in November, the RIE gave the patients a great foundation on how to manage their condition in winter.

3. Cumnock

Participants were thoroughly engaged during the event. This can be demonstrated with **100% of participants satisfied/very satisfied** with the event and 99% mentioned that they would recommend the BLF to anyone affected by a lung condition.

Levels of knowledge and understanding also increased following the event with **41% of participants stating an improvement in understanding of their lung condition**, as well as 53% of participants knowing where to access further information.

Equality Outcome 3.4: In Ayrshire people have opportunities to fulfil their potential throughout life

What we set out to do:

To ensure people across Ayrshire have opportunities to fulfil their potential throughout life. We endeavoured to do this through developing and implementing actions to improve the quality of life of people at risk of falls with a view to reducing the number of falls experience.

Output – A reduction in the number of falls and improved self management by individuals
Action – Develop and implement a local action plan to deliver against the 16 actions outlined in the national Framework for Action for Scotland 2014/2016 for the prevention and management of falls
Measurement – Action plan in place and actions taken forward

Output – A reduction in the number of falls and improved self management by individuals
Action – Spread the use of a variety of falls resources to support health improvement an self management to reduce the risk of falls and fragility fractures within the local population
Measurement – Resources identified and in place to support improvement

Output – A reduction in the number of falls and improved self management by individuals
Action – Educate staff across the organisation to identify people at risk of falls and refer to services or self management tools
Measurement – Training and briefing sessions completed

During the time of this particular equality outcome, the post holder on two occasions became vacant. Likewise in 2020 the effect of COVID-19 resulted in an impact on the planned improvement work and also the second wave of recruiting to the post.

However, NHS Ayrshire & Arran were keen to continue to address the issue of falls and frailty with the aim of reducing the instance of harm in relation to falls. Within NHS Ayrshire and Arran, the aim was to achieve 25% reduction in all falls and a 20% reduction in falls with harm as defined by the Scottish Patient Safety Programme (SPSP).

What we did:

In August 2016 agreement was reached that the 'Falls for all Bundle' would be the organisation's risk assessment tool moving forward with the previous risk assessment tool being withdrawn.

A Falls Coordinator for acute was in post from August 2018 until March 6th 2020, embedded within the Quality Improvement (QI) Team. This was a new position for Ayrshire and Arran and work primarily took place within University Hospitals Crosshouse and Ayr where connections were made with clinical teams to support them in improving patient care in relation to falls.

The Falls Coordinator took part in the monthly QI surveillance programme. Falls data from each acute clinical in-patient area were reviewed by the team and any area(s) which appeared to be experiencing an increased falls/falls with harm median rate were contacted by both the falls coordinator and QI team and offered a supportive visit.

One remit of the Coordinator's role was to test and promote post fall review bundles within the acute hospital setting. Addressing why a patient has had a fall is key to preventing further falls. A nursing post fall review was tested in 8 sites within the 2 hospitals. A multifactorial review was also tested in one ward and began as a focus of the Coordinator's Scottish Improvement Leader project. Both these review bundles require further exploration and ratification prior to implementation.

A multi-disciplinary project was initiated to create an 'Immediate review after a fall' proforma, to standardise the approach in assessment of a fall. Preliminary testing was carried out and this was reported at the site governance groups

Falls education sessions were tested to assess how beneficial this was to staff. Due to clinical pressures and staffing issues these were poorly attended. Falls education has since been adapted as part of the 'Fundamentals of Care' study day for Registered Nurses and Nursing Assistants which is generally well attended. Moving forward, staff education under this format may be subject to review during the pandemic.

Work was also undertaken to reduce the inconsistencies noted between portal and Datix data when reporting a fall in the acute setting. The Acute QI team, Falls Coordinator, Excellence in Care Lead Nurse, Datix and Health and Safety teams worked closely to align and improve the method of reporting. This process has now been streamlined to ensure more consistent and accurate reporting in line with Datix.

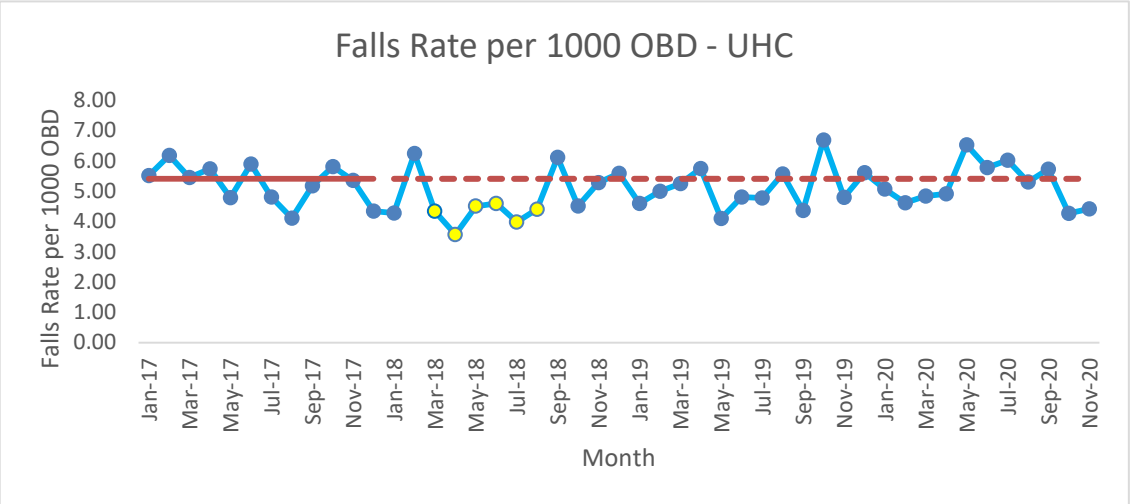
Falls work within the health and social care partnerships and community setting is guided by the Pan Ayrshire Falls Steering Group.

What difference did we make?

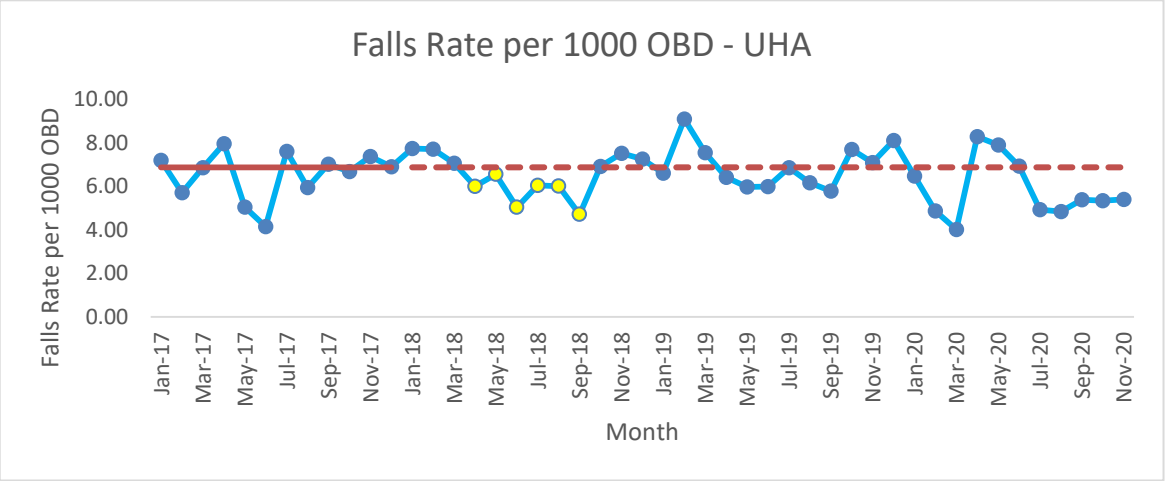
Falls in the acute setting are reported per rate (per 1000 Occupied Bed Days).

National median for falls is 6.63 (this may be subject to change as currently no national data is currently being submitted to Scottish Patient Safety Programme (SPSP) due to the Coronavirus Pandemic).

University Hospital Crosshouse median – 5.4



University Hospital Ayr median – 6.87



While both sites have demonstrated some encouraging signs in 2018, the data shows no sustained improvement or deterioration but random variation.

What we will do now?

The post of Falls Coordinator for acute has been re-evaluated, re-banded and advertised. It is hoped that this post will be filled by the end of February 2021 to continue ongoing improvement work and education.

The previous Falls Coordinator had established links with a national Falls Expert Reference Group and this relationship has been maintained by the Quality Improvement department. This is currently providing continuity with ongoing national falls work whilst making a contribution to the national Falls Change Package for 2021.

An Organisational Falls Improvement Group commenced in December 2020, however this is in its initial stages of development where priorities are being identified.

The QI Department are collaborating with the Chief Nurses to present current and accurate data directly to the Clinical Nurse Managers/Senior Charge Nurses at a monthly meeting. It is hoped that this format will bring an understanding of data related to each ward. QI support can be offered at this platform to support and drive improvement work.

Further evaluation of the post falls review bundles will be required with potential additional testing on the 'immediate review after a fall' proforma.

Falls education will continue via the Fundamentals of Care with individual ward-based training where identified. Permissions were gained and preliminary adaptations for a Falls Learnpro module have taken place. This however will be required to be altered in line with any approved post fall review bundles.

Case Study Observations

Reduce falls and falls with harm through :

An approach that promotes mobilisation and meaningful activity to enhance cognitive and physical functioning.

(Falls Driver Diagram and Change Package, SPSP 2018)

Patients within the acute setting often have multifactorial complex pre-existing health conditions along with frailty and/or cognitive impairment.

In an attempt to reduce falls within the acute ward environment, it can be a challenge to promote meaningful activity based on a patient's clinical condition and health needs.

An area within acute had been observed using a person-centred approach that integrates mobilisation, improved food, fluid and nutrition along with social interaction and activities within a relaxed setting. Patients are often assisted to the ward day room for meals which may improve mobility and confidence.

An increase in fluid and nutritional intake may be seen along with improvement in dexterity by encouraging patients to feed themselves if able. Patients are offered 'china cups' rather than plastic beakers routinely.

The table seating lends itself to allowing patients to sit in groups to allow discussion and social interaction. Some improvements in communication and patient mood have been observed.

Patient safety may be improved due to a number of patients being supervised under relaxed observation within the one environment.

It is difficult to know how COVID-19 has and may affect ways of working similar to this. Infection control measures, social distancing and anxiety around COVID-19 may have a direct impact on staff and patient interaction. Regardless of this, patient falls are complex in nature and are an ongoing challenge for staff to manage in the in-patient setting.

Equality Outcome 3.5: In Ayrshire people have opportunities to fulfil their potential throughout life

What we set out to do:

Making informed health care decisions is one of the biggest challenges that patients face today. Evidence shows that having access to clear and reliable health information is vital to allow patients to make informed choices about their condition. However, with access to the world wide web, finding good and reliable information can often be a challenge for patients. It was further identified the key role hospitals can play in improving population health and wellbeing and reducing health inequalities through their access to a large number of people.

Output –People have access to quality assured information which will support them to improve their health and wellbeing
Action –Implement a holistic health and wellbeing information and support service in the hospital setting
Measurement – Number of contacts. Number of referrals to services

What we did:

The Better Health Hub (BHH) (formerly called the Health Information and Support Centre) opened at University Hospital Crosshouse in February 2017.

The BHH is a service which listens, helps and supports people to live healthier lives, through providing information to individuals which are relevant to their circumstances. The service is based on the broader factors which determine health such as social and community networks, housing and living conditions, employment and working conditions, education, access to health services and offers opportunities for early intervention and prevention.

This information and support service is underpinned by an empowering approach which facilitates health behaviour change and builds health literacy. It is accessible to patients, visitors, family members, carers, volunteers and staff offering:

- the opportunity to have holistic, person centred discussions about health and wellbeing
- support to identify what matters to the individual and encourage action to improve health
- the right information at the right time relevant to individual and their family circumstances
- referral and signposting to appropriate local services and supports that may be helpful in addressing social determinants of health

The service aims to empower people to improve their health and wellbeing, reduce inequalities, and is focused on the root of the problem which may include what has triggered their hospital admission.

The BHH has been developed as a drop in service. However, it also offers support over the telephone, via email and more recently through NHS Near Me/Attend Anywhere March 2020). Additionally, staff can refer patients or request staff from the BHH to visit a ward or clinic to address accessibility issues.

During 2019, the Better Health Hub service began to expand into local community hospitals. The South Ayrshire Connect BHH opened on 23rd August 2019 at the Biggart Hospital, Prestwick supported by the South Ayrshire Health and Social Care Partnership. Followed by a third BHH site opening at Woodland View, Ayrshire Central Hospital on 3rd March 2020 in partnership with the Mental Health Services.

In addition to raising awareness of the BHH among staff working in University Hospital Crosshouse, we have also been building capacity for health improvement by delivering Better Health Training sessions for staff. A training needs assessment was circulated to key areas or groups of staff to identify their training needs in relation to Health Improvement including Health Behaviour Change. The results have informed the bespoke sessions which aim to increase knowledge and understanding of the wide range of issues that can impact on health and health inequalities. Furthermore, the training aims to build skills and confidence to raise the issue of health and wellbeing with patients and carers. It is hoped that where individuals require more than brief advice, staff will refer them to the BHH.

What difference did we make?

We are successfully delivering a service that provides not only quality assured information but additional support where we work with individuals to address the priorities identified by them.

We are accessible to all and responsive to the level of need of those accessing the service. The nature of the BHH service also means that discussions are not time bound which can be of benefit to those accessing the hub, providing the space and time to explore issues relating to health and wellbeing that are often multi-faceted and complex.

This service has also contributed to addressing health literacy. It has supported people to understand health information in order to manage their health conditions and navigate health and social care services to ensure they are able to access services and support that can improve their quality of life.

February 2017- March 18 (year 1)

Over 400 conversations about health and wellbeing

212 services or groups were signposted or referred onto by the BHH

April 2018- December 19 (year 2 & 3)

During this time period there have been **1874 visits** to the Better Health Hub where individuals have accessed support with their health and wellbeing. This comprised of **1297 new enquiries** and **577 returning enquiries**.

The main issues that people (including members of staff) have been supported with include:

- Living with health conditions
- Managing stress, anxiety
- Caring for relatives or friends
- Healthy weight/healthy eating
- Being more active
- Local activities, groups and services (including loneliness)
- Housing/home energy
- Money worries
- Employment
- Advocacy and understanding health information
- Stopping smoking

Specifically, 12.3% (n=181) of new enquiries focused on caring responsibilities, family income, housing and home energy or employment conditions. Therefore, the BHH is supporting people with social issues and healthy literacy by helping individuals navigate services to get the right help at the right time.

The evaluation findings, for this time period, show that the majority of new enquiries were females, those over the age of 60, visitors to the hospital, from those living in the most deprived SIMD 1 and 2 postcode areas and from those with pre-existing health conditions.

Between April 18 - end of December 2019- **61% of new enquiries** accessing the hub (who we have accurate postcode data for) live in **Scottish Index of Multiple Deprivation (SIMD) 1 and 2 areas (34% of those are in SIMD 1).**

The majority of **new enquirers (70%, n=900) had supportive conversations** with a BHH staff member which may have involved being provided health information or practical support such as replacement hearing aid batteries. A f**urther 20% of new enquirers** (n= 268) visiting the Hub were **signposted or referred to an organisation or service.**

The BHH provides a clear and simple pathway to support staff to be able to discuss the broader factors that can impact on health and wellbeing and refer onwards for person centred support, where appropriate.

By having this service based in acute and community hospitals we are highlighting the importance of prevention and early intervention and the key role the hospital setting can have in improving healthy life expectancy and addressing health inequalities.

We have been able to raise awareness of the complexity of health and health inequalities and increase understanding of the role that NHS staff have in improving health and wellbeing.

What we will do now/future work?

As a result of COVID-19, the Better Health Hub service has been unable to offer face-to-face support for a number of reasons. At this time some of the BHH staff have been

re-deployed to other roles to support the COVID-19 response. Furthermore, the environment where the Hubs are situated, in particular at University Hospital Crosshouse, do not allow safe social distancing. Therefore, the service is only able to offer support via telephone, email and NHS Near Me/Attend Anywhere for the moment.

We will continue to raise awareness of current service provision focussing on how the BHH can help to stay healthy during COVID-19.

We will increase our focus on supporting staff health and wellbeing through advertising and a physical presence at the Staff Wellbeing Hubs, where possible.

We will develop a recovery action plan for the Better Health Hubs that will enable us to do the following, at the appropriate time during the pandemic:

We will continue to identify areas for improvement and development to ensure the BHH consistently delivers a high-quality service that is accessible for all with the aim of improving health and mitigating health inequalities.

We will strive to embed the BHH service into the hospital setting while making links to community, to support prevention, anticipation and early intervention and supported self-management.

We will implement a Better Health model using a targeted approach within University Hospital Ayr as part of the Value Improvement Funding awarded by Scottish Government.

We will continue to raise awareness of the Hub and deliver Better Health training sessions to support health behaviour change and referrals to the service.

We will endeavour to secure a larger room within University Hospital Crosshouse should one become available to address some of the existing barriers that are experienced as a result of the room environment. More suitable premises would provide opportunities to offer a wider range of services and develop more partnerships with local services that can support and address some of the wider determinants of health and health inequalities.

We will continue to build the BHH service within acute or community hospitals that identify a need to set up a BHH to ensure equality of provision for health information and support across Ayrshire.

We will deliver flexible weight management programmes targeted towards staff, contributing to the Staff Health element of Health Promoting Health Service and NHS Ayrshire and Arran's Staff Health, Safety and wellbeing Strategy.

We continue to evaluate the service to gather evidence about the benefits of the BHH service for individuals as well as the potential to support our healthcare services to have a greater focus on anticipation, early intervention and self-management in order to improve health and tackle inequalities.

We will develop better links with maternity and paediatric services at University Hospital Crosshouse to contribute to tackling child poverty through ensuring pregnant women and families with children have access to financial advice and assistance to apply for financial support.

We will continue to support East Ayrshire Council by way of providing a pathway to support for the Housing Asset Service as part of a Wellbeing Project in Shortlees, Bellsbank and Dalmellington.

Case studies

Case Study 1

The BHH have been working closely with Intensive Care Unit (ICU) to support patients and their families deal with their journey through ICU and the significant impact it can have physically, psychosocially and socially. It is hoped that the BHH can provide early intervention for social and financial needs to prevent individuals and their families reaching a crisis point which has often been the case in the past.

A referral was received from a staff member for a gentleman who had financial concerns due to being self employed and his ability to work due to the consequences of his ill-health. The Hospital Links Practitioner was able to discuss the situation with the individual, who had since been transferred to a ward, and complete a referral to the Department of Work and Pensions (DWP) money advisor. Although the individual was then transferred to another health board, the referral was also able to be transferred to DWP colleagues in that area to action. This referral ensured the gentleman got the appropriate financial advice, support and benefit entitlement which carried through his healthcare journey before reaching a financial crisis.

Case Study 2

A member of staff from the BHH was able to support a 92 year old woman to navigate services in order to ensure she could access appropriate and adequate support for her situation. The lady, who lived on her own, was enquiring how to register blind. A referral was made to the Eye Care Liaison Officer, who was fortunately available to meet with the lady at University Hospital Crosshouse. Consequently, the individual was able to get the right support which will undoubtedly result in improved quality of life and have a positive impact on her wellbeing.

"I wanted to thank you for referring the lady yesterday to the Eye Clinic Support Services at Crosshouse Hospital. I have referred her to three different NHS and local authority services which will certainly be life changing for her. If not for your service, she would have missed all of this and still be wondering where to get support from"

-Gail Ivory, Eye Care Liaison Officer

Quotes from BHH service users

Patient, enquiring about Alcohols Anonymous meetings

"They pointed me in the right direction…She gave me the knowledge of where to go and what times and that kind of thing…I'm now 13 days clean from going to meetings."

Patient, enquiring about debt control

"They [BHH staff] were very understanding, non-judgemental and provided me with a number of options to deal with my debt. ……It took me from a very dark place and reintroduced a calmness to my life for which I am eternally grateful."

Patient, enquiring about mental health problems

"The [staff member] who spoke with me was very helpful and pleasant. She provided a variety of leaflets and suggested online sites to look into…The information I received gave me something to focus on which during that period was a challenge, it was useful as a distraction. The tips and assurances I found within the literature proved particularly helpful. I discovered local services I wasn't aware of during my online search and have been using their resources over recent months whilst I await an appointment with CMHT."

Quotes from NHS staff

"The BHH is easily accessible. A plan of action would be put in place before a patient leaves the hospital"

"[The BHH is] a one stop shop to help and support with a variety of issues. The staff are so helpful and have a wide range of knowledge on various subjects"

"I believe the hub has the expertise and knowledge to best advise people on the services available to them and how the access them"

"As it is on hospital premises patients can receive support straight away and/or find out where to seek help or support"

"It helps people find services they wouldn't have otherwise, and it's centrally located in the hospital"

"[The BHH is] a great resource for staff when patients or relatives ask about various topics that nurses may not be aware of or sure where to signpost"

"I think it is an excellent resource, so far all patients have been very positive. Although I have only referred three, I signpost many staff and patients to the hub"

"BHH has been an important component in ICU and Inspire programme. We are delighted to have this service to enhance our recovery programme"

"I am so pleased to have this resource within our hospital"

Equality Outcome 4.1a: In Ayrshire public bodies will be inclusive and diverse employers

What we set out to do:

Employment is also one of the most strongly evidenced determinants of health, the World Health Organisation (WHO) notes that 'unemployment puts health at risk' and 'unemployment has a direct bearing on the physical and mental health and even life expectancy for unemployed people and their families.'

There is also recognition that some recruitment practices can be a barrier to employment for particular groups.

Outputs – Public bodies have a diverse workforce reflective of the population

Actions – Use alternative opportunities for advertising posts

Measurements – More diverse applications for posts within the public sector

What we did:

Each of the partners have continued to promote their respective organisations as an employer of choice by providing employability programmes, especially for unemployed young people, whilst continuing to guarantee an interview to candidates who have a disability and who meet the minimum criteria for the post.

Partners are also continuing to explore how best to utilise social media to promote job opportunities. We recognise the significance of social media as a recruitment platform particularly engaging with younger candidates.

We continue to liaise with external partner organisations specialising in providing employment opportunities to specific sectors of the workforce, examples include Developing our Young Workforce (DYW) Ayrshire and Skills Development Scotland (SDS). As part of our recruitment activity associated with COVID-19, NHS Ayrshire & Arran have worked in collaboration with the Department of Work & Pensions (DWP) /

JobCentre Plus in sourcing candidates for support roles – admin, healthcare support workers, porter/drivers and domestics.

Some partners are exploring recruiting future colleagues via local Education Departments, School Twitter accounts, colleges and universities direct.

What difference did we make?

Managers and recruitment staff are more aware of the benefits of providing opportunities to under-represented groups including young people, disabled, LGBT. Having a more diverse workforce will allow services to be designed and delivered with service users at the core.

NHS Ayrshire & Arran's collaboration with DWP has resulted in a number of individuals who were previously unemployed, some for a period of time, gaining employment in fixed term roles to support our COVID-19 efforts.

What we will do now/future work?

We will continue to look at further alternative methods of attracting a wide range and diverse pool of applicants for available post within all partner organisations.

We will consider positive recruitment practices in an effort to develop a more diverse workforce for the future, including targeted engagement with BAME organisations.

We will continue to work in collaboration with DWP in order to offer employment opportunities to those currently unemployed.

Equality Outcome 4.1b: In Ayrshire public bodies will be inclusive and diverse employers

What we set out to do:

Employment is also one of the most strongly evidenced determinants of health, the World Health Organisation (WHO) notes that 'unemployment puts health at risk' and 'unemployment has a direct bearing on the physical and mental health and even life expectancy for unemployed people and their families.'

There is also recognition that some recruitment practices can be a barrier to employment for particular groups.

Outputs - Public bodies have a diverse workforce reflective of the population

Actions - Achieve and maintain Level 2 of the Disability Confident Scheme

Progress work to Level 3 of the Disability Confident Scheme

Measurements -Level 2 award achieved and maintained.

Level 3 award achieved.

What we did:

Each of the partners have continued to promote their respective organisations as an employer of choice by providing employability programmes, especially for unemployed young people, whilst continuing to guarantee an interview to candidates who have a disability and who meet the minimum criteria for the post.

We also continue to support staff who become disabled to remain in employment.

Baseline data of all partners' activities with respect to the Disability Confident Scheme has revealed that all partners have reached Level 2. This audit will also attempt to

establish which of the partners are working towards Level 3 and what experiences and resources are available that can be shared.

What difference did we make?

We have provided opportunities for staff to remain at work following a change to their health. Within NHS Ayrshire & Arran, we have sought alternative opportunities for staff where a change to their health has impacted on their ability to continue in a particular role.

Managers and personnel colleagues are committed to supporting staff to remain at work following a change to their health. We have provided training to these staff which has given them a greater understanding of the issues faced and potential solutions to support staff to remain in work.

Within NHS Ayrshire & Arran, managers are more aware of the benefits of providing opportunities through the various employability programmes such as Project SEARCH.

An impact of the COVID-19 pandemic has been the fundamental change in opportunities, in terms of tasks and roles, and infrastructure for widened home working for existing staff, where appropriate, with structured risk assessment and support of those staff with disabilities who may have been required to shield and as such could not physically be on-site.

What we will do now/future work?

We will report to partners the final outcome of the information gathering exercise on the Disability Confident Scheme, recruitment and training.

We will continue to support staff who become disabled to remain at work.

We will support all partners in their attempts to progress to Level 3 of the Disability Confident Scheme – as a result of the impact of COVID-19 and the redirection of workforce priorities, NHS Ayrshire & Arran has maintained Level 2.

We will continue to look at alternative methods of attracting a wide range and diverse pool of applicants for available posts within all partner organisations – a key element of this will be maximising social media as a recruitment lever more effectively.

NHS Ayrshire & Arran are in the process of developing an employability strategy which will outline the organisation's commitment to effectively support people who are unemployed to gain the knowledge, skills and work experience to help them secure a job.

Case study

NHS Ayrshire & Arran have retained a number of staff in post by making adjustments to job roles, alteration of tasks, and physical environment, changing seating, desks, lighting etc, to facilitate staff continuing to undertake their role.

All of the above has been delivered in partnership with the individual to allow them to remain in work, whilst balancing the needs of their individual lifestyle. NHS Ayrshire & Arran recognise the importance of keeping staff in work both for the individual's health and wellbeing but also as an organisation to retain the skills that staff bring to the workplace.

Equality Outcome 4.2: In Ayrshire public bodies will be inclusive and diverse employers

What we set out to do:

We recognised that a better educated and more skilful workforce could lead to an increase in employment opportunities and therefore the conditions to realise their full economic potential.

Employment is also one of the most strongly evidenced determinants of health, the World Health Organisation (WHO) notes that 'unemployment puts health at risk' and 'unemployment has a direct bearing on the physical and mental health and even life expectancy for unemployed people and their families.'

Outputs - A better educated workforce to support equality inclusiveness

Actions - Partners working together to develop and provide a range of training and awareness sessions around Equality and Diversity issues

Measurements - The number of training programmes developed. The number of training programmes delivered. The number of staff trained.

What we did:

An audit of all partners' Equality and Diversity training resources, is now an ongoing task with Partners sharing the availability of training resources at each meeting of the Ayrshire Equality Partnership.

Where possible, and where a record of the training type and numbers involved, are available these have been compiled and summarised below, see the section 'What Difference Did We Make'. This shows the type of training, how it was delivered and the numbers involved. The figures in brackets show the equivalent training statistics for the period 2017 to 2019. Total training delivered is also shown in bold below. Again it is worthwhile explaining that not all Partners will have access to records of all training delivered over the past four years, particularly since March 2020, when most staff were working remotely from home.

The figures below show that a wide range of training has been delivered both face to face and remotely via different e-learning platforms. In the period 2019- 2021 a total of at least **7,556** training sessions have been delivered by Partner organisations. This is comparable to the period 2017 – 2019 when 5,333 training sessions were delivered. Accordingly, a total of **12,899** training sessions have been provided by Partner organisations since 2017. What is also noticeable is the substantial expansion of e-learning training over the period 2019 to 2021.

What is also worth highlighting is the rapid expansion of training in areas such as Gender Based Violence, BSL, Informed Practice on Dementia, Equality Impact Assessment, Deaf and Sight Loss Awareness, Awareness of Gypsy Traveller Communities, Challenging Anti-Muslim Prejudice, Learning Disabilities, and Cultural Awareness.

The Partners have identified that differing IT platforms and copyright issues can in some instances act as a barrier to the free and open exchange of training resources. Nevertheless, where possible training resources are being shared between the Partners.

All Partners are reviewing their training resources on a regular basis in an effort to improve diversity and inclusiveness.

What difference did we make?

The audit of available training and training already delivered is ongoing. From the information available an indication of the training courses already delivered is as follows:

Face to Face

Equality & Diversity New Employee Induction – 56 (1480) : **total 1,536**
Equality Impact Assessment – (110) : **total 110**
Unconscious Bias – 60 ; **total 60**
Delivering an accessible venue – 24 (30) ; **total 54**
Gender based violence – 310 (165) : **total 475**
Sensory Impairment – 8 (6) : **total 14**
Corporate Induction – 125 : **total 125**
Introduction to BSL – 10 : **total 10**
Promoting Excellence – Informed Practice (Dementia) – 1246 : **total 1246**

e-Learning

Equality & Diversity (Mandatory) – 3,505 (3,583) : **total 7,088**
Equality Impact Assessment – 82 : **total 82**
LGBT Awareness – 28 (194) : **total 222**
Deaf Awareness – 241 (35) : **total 276**
Sight Loss Awareness – 236 (20) : **total 256**
BSL – (205) : **total 205**
Raising Awareness of Gypsy Traveller Communities – 529 : **total 529**
Promoting Excellence – Informed Practice (Dementia) – 292 : **total 292**
Challenging Anti-Muslim Prejudice – 78 : **total 78**
Introduction to Learning Disability – 242 : **total 242**
Forced Marriage – 50 : **total 50**
Cultural Awareness Module 1 – 102 : **total 102**
Transgender Equality and Inclusion – 55 : **total 55**
Myths of Immigration – 37 : **total 37**

What we will do now/future work?

We will continue to review training resources held by all Partners and consider if these can be shared and/or delivered in conjunction with other Partners.

NHS Ayrshire & Arran, as part of the wider NHS in Scotland, will continue to work with colleagues to develop, share and update equality training packages to ensure consistent messaging across the NHS. Where the content of these training packages can be shared with partners, we will do so to further support consistent messaging across Ayrshire.

Case studies

The following are just a few examples of where training materials have been openly and freely shared amongst the Partners.

The South Ayrshire Health and Social Care Partnership made face to face training available to all Partners in the form of a Racial Equality Workshop. This comprised training on the work that had been undertaken in conjunction with CEMVO Scotland on developing models of collaborative working between mainstream and race equality sectors for a more inclusive approach to health and social care implementation.

The NHS BSL eLearning module. Whilst this was initially developed for NHS staff across Scotland, with the introduction of BSL local action plans, the sharing of this training across all partners in Ayrshire has ensured that a clear and consistent message is being spread with regards to supporting deaf service users who communicate using BSL.

Community Justice Ayrshire shared two training toolkits with all Partners. They comprised *'Let's just talk ……about justice: A Community Conversation'* and *'The Ripple Effect: A victim awareness toolkit'.*

The North Ayrshire Health and Social Care Partnership shared training on *'Face Covering Exemptions – Not Everyone Can Wear One'* and a Scottish Government training module on *'The Impact of COVID-19 on Equality Groups'*.

Equality Outcome 4.3: In Ayrshire public bodies will be inclusive and diverse employers

What we set out to do:

We recognise that we have staff that have limited access to information technology (IT) at work and will offer face to face health checks to assist them to address existing health issues and improve their wellbeing. We also recognise that there may be other staff groups who may require intervention and we will seek to identify such groups.

Output – Address health inequalities within staff groups by offering face to face health checks to those considered to have the greatest need.

Action – Continuation of 3 year face to face health check programme on current identified groups

Measurement – Number of checks carried out

Output – Address health inequalities within staff groups by offering face to face health checks to those considered to have the greatest need.

Action – Conduct scoping exercise to identify potential areas for implementation and options for achieving this

Measurement – Scoping exercise complete and options identified

Output – Address health inequalities within staff groups by offering face to face health checks to those considered to have the greatest need.

Action – Use the results from the scoping exercise to determine priorities for 2017-18

Measurement – Priorities set for 2017-2018

What we did:

NHS Ayrshire & Arran offered a face-to-face health check to staff working within Corporate Support Services (now Infrastructure and Support Services). Corporate Support Services was identified due to the fact that staff have limited access to IT provisions. The staff groupings include porters, domestics, and catering staff. The number of health checks undertaken was approximately 1,200.

What difference did we make?

The roll out of the programme has resulted in staff feeling valued as well as them engaging well with the programme. Over the period of time, approximately 1,200 face-to-face health checks have been carried out within the target group of staff. The

programme of health checks continue and are currently offered on a three yearly basis. The programme has picked up relatively minor to very serious health conditions and has allowed the staff concerned to access the appropriate health care needed for their condition. Without the programme of checks many of the staff may not have had their health condition picked up until a later stage when it would have been more difficult to deal with.

This work stream has been well supported by staff, management and trade unions with a positive and supportive attitude towards the face-to-face health check programme. Managers are generally proactive at encouraging staff to have the check and allowing them time to attend for the appointment. Staff side organisations are also very supportive of the programme. NHS Ayrshire & Arran embedded the health checks within the 2016-19 Staff Health, Safety and Wellbeing Strategy which is an example of the commitment the organisation has to these checks as well as the importance that they attach to it.

What we will do now/future work?

The new Staff Health Safety and Wellbeing Strategy was implemented in April 2019 covering the period 2019 to 2022. This programme continued to be included in this strategy.

The Staff Health Safety and Wellbeing Strategy also required the scoping of an online health check for staff who were not able to receive a face-to-face health check via Occupational Health. This required significant research and planning over a 6 month period which finally led to the innovative introduction of WellPoint kiosks. Two static kiosks were placed in the Dining Room areas of University Hospital Ayr and University Hospital Crosshouse. A third Kiosk was placed on a monthly rota going to the community hospital settings in all three locality settings.

Evidence from the deployment of the WellPoint kiosks within NHS Ayrshire & Arran suggest that the data gained is significant and will inform and compliment and support existing work streams currently ongoing. Some of the data includes weight, smoking status, and blood pressure.

Case study

Staff from the same department used the WellPoint Kiosk to set various challenges for themselves to improve their health and achieved the following in that time period:

Staff Member A achieved a significant reduction in body fat, from 33.4 down to 31.9 and an improvement (lowering) of their blood pressure with lifestyle changes.

Staff Member B set themselves a weight loss goal and managed to lose 5 pounds in weight during this 4 week period (BMI reduced from 26 to 25.5). At the end of the period their heart age was down by 2yrs – a fantastic result and they continue to eat more healthily as well.

Staff Member C got involved with the kiosk later in its deployment but planned to use it to get their body weight and body fat down.

Interestingly, Staff Member D's story highlights how the Kiosk changed the staff wellbeing culture for the better as they didn't actually use the machine but had to listen to their colleagues going on about targets, results and changes and decided to stop smoking.

As well as these positive stories from the WellPoint Kiosks, the impact and ongoing prevalence, of COVID-19 has resulted in many staff members accessing some of the services offered via the Staff Wellbeing Hubs and Staff Sanctuaries, which has contributed to improved health and wellbeing.

SECTION 4

4.1 Employee Information

NHS Ayrshire & Arran greatly values the contribution of its employees in the delivery of health services to local communities. As an employer, we are committed to equality and treat our staff with the dignity, respect and consideration they deserve, helping staff to reach their full potential at work. We also recognise that a diverse organisation with a range of abilities, experience and skills is more likely to be sensitive to the needs of the diverse community that we serve.

As outlined in our previous mainstreaming reports, NHS Ayrshire & Arran continues to provide opportunities for flexible working practices balancing both individual and organisational needs. We are also continuing to offer employability training to staff in line with the Government's Work and Health agenda.

4.1.1 Employment Monitoring

NHS Ayrshire & Arran has established equalities monitoring and reporting systems but acknowledges the gaps which exist in its staff identifying themselves against the nine protected characteristics.

The table below provides an illustrative example of rates of staff disclosure against a selection characteristics over the last 8 years:

Financial year ending 31st March	**31/12/2020**	**31/03/2013**
Substantive staff in post	10,815	10,445
Detail not known / undisclosed for ethnicity	21.6%	32.89%
Detail not known / undisclosed for religion	22.4%	34.17%
Detail not known / undisclosed for sexual orientation	25.6%	36.72%
Detail not known / undisclosed for disability	57.4%	98.82%

Broadly there has been improvement across rates of disclosure however we recognise that the prevailing rates of detail not known / undisclosed could be better. The introduction of the national human resource system, electronic Employee Support System (eESS) in May 2019, provided employees with self-service functionality to update their personal information. Emphasising this new functionality we ran a campaign during 2019 of monthly Stop Press communications highlighting 'Equality for All' encouraging staff to update their personal details, specifically in relation to protected characteristics, in conjunction with a spotlight on each of the characteristics distinctly. We recognise we have ongoing work to further improve disclosure rates.

The importance of protected characteristics intelligence has been further borne out due to the COVID-19 pandemic whereby there is clear evidence that COVID-19 does not affect all population groups equally. Building on our aforementioned Equality for All campaign an organisational communication was again issued in August 2020 re-iterating the importance of protected characteristic detail being provided specifically against the pandemic context.

4.1.2 Use of Equality and Diversity Workforce Data

Equality and diversity workforce data is routinely used to support both workforce planning and Human Resources activities.

The full range of equality and diversity strands are used in the context of employment relations, recruitment, redeployment, and promoting attendance undertaken by Human Resources staff.

Age and gender strands have a particular focus within workforce planning and are routinely used and reported within workforce plans and intelligence. Maternity detail also features in workforce planning discussions given the gender and age profile in some services correlates to elevated maternity leave rates in comparison to the overall organisational rate.

As previously flagged the workforce impact of the COVID-19 pandemic has brought into sharp focus the need for comprehensive and complete datasets of protected characteristics in order for us to ensure that that those staff requiring protection against contracting COVID-19 are robustly identified.

4.2 Equal Pay

NHS Ayrshire & Arran is committed to the principles of equality of opportunity in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their protected characteristics.

To achieve this, pay systems require to be transparent, based on objective criteria and free from unlawful bias. Our equal pay statement and occupational segregation and equal pay analysis can be found on our website [weblink once 2020 report is published to be inserted]

Through national pay negotiations NHSScotland ensures it is a Living Wage employer for out lowest banded employees.

4.3 Local Labour Market

The COVID-19 pandemic has exerted significant pressure upon the labour markets, locally, nationally and internationally and the table below illustrates, in terms of claimant count for those unemployed, the stark impact locally:

CC01- Claimant count by local authority as at November 2020
(source: Office of National Statistics)

Area	Claimant Rate Nov-20	Number of claimants	Increase from previous year's rate
East Ayrshire	7.6%	5,775	+2.9%
North Ayrshire	8.3%	6,765	+2.8%
South Ayrshire	7.0%	4,610	+3.0%
Scotland	6.0%		+2.9%

As the table illustrates the variation, compared to pre-pandemic, is unprecedented and this volatility in the labour market is manifesting in larger numbers of applicants for unregistered workforce positions in particular.

Employment is one of the most strongly evidenced determinants of health, the WHO notes that ‘unemployment puts health at risk’ and ‘unemployment has a direct bearing on the physical and mental health and even life expectancy for unemployed people and their families’. Unemployment therefore has a direct impact upon service provision.

4.4 Employability

Supporting employability is a shared goal across all three Community Planning Partnerships (North, South and East) in Ayrshire, and NHS Ayrshire & Arran is committed to contributing to this goal and works in partnership with local providers to help address issues of unemployment. The importance of employability is more acute given the labour market position, as highlighted in the preceding section, which is being impacted by the pandemic.

As has been illustrated in previous reports NHS Ayrshire & Arran provides and participates in a range of employability schemes, however due to the pandemic some of these schemes have for operational reasons have necessarily had to pause. The list below gives a summary of the range of employability schemes which NHS Ayrshire & Arran provides and collaborates on:

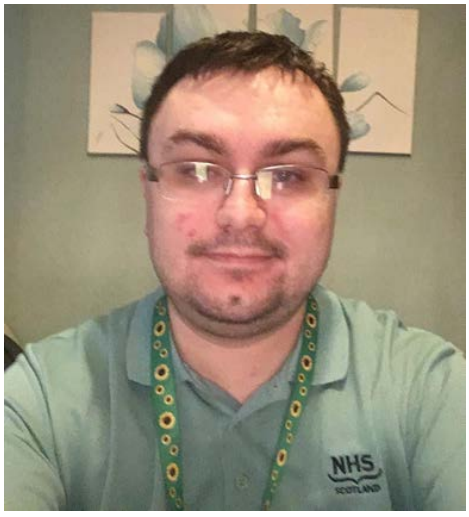
Scheme	**Summary of scope**
Youth Contract – work placement	In partnership with Jobcentre Plus - work experience to young unemployed people for 8 week period
Ayrshire College Work Placements	In partnership with Ayrshire College - for students studying for qualifications to enhance practical ability
Project Search (David Forbes Nixon) (DFN)	In collaboration with East Ayrshire Council and Ayrshire College - Supported internship programme, over an academic year, to improve the employment prospects of young people with learning disabilities and autism spectrum
Modern apprenticeships	Offer people 16+ paid employment combined with workplace training and off-the-job learning, in order to gain new and enhanced skills and recognised qualifications. We have MA’s in Dental Nursing, Healthcare Support (Clinical), Microsoft - IT Systems and Networking and Horticulture.
Foundation Apprenticeships	In partnership with Ayrshire College - aimed at fifth and sixth year pupils at Secondary School. Provision of placements one day each week over an academic year
Graduate apprenticeships	Provides a structured learning and development programme that involves study towards a qualification designed for a profession, starting at undergraduate up to master’s degree level, to enable them to become more effective and productive in the workplace.
School work placements	This involves taking secondary school pupils, (normally fourth to sixth year), for one week’s placement within various departments throughout the organisation, thus giving the pupils some understanding of the working

	environment and also ensuring that they are better prepared for working life.
School engagement	We provide practical support, workshops, mock interviews and awareness sessions to pupils across all schools, colleges and the University of the West of Scotland which will assist them in their application for jobs.
Volunteer Peer Worker Placements	In partnership with South Ayrshire Council - offering work placements to individuals who are recovering from alcohol and/or drug addictions and are training towards a qualification in Healthcare. Whilst participating in unpaid volunteer work placement they will engage with other service users who are currently suffering from alcohol and/or drug addiction. The service users are patients of NHS Ayrshire & Arran.
Community Payback	In partnership with East Ayrshire Council - designed to ensure that offender's payback to society and their local community. Working, to maintain a cleaner and more aesthetically pleasing environment at University Hospital Crosshouse, Ayrshire Maternity Unit and East Ayrshire Community Hospital.

Project Search Success Story
Callum is a 26 year old man who has Aspergers Syndrome and Dyspraxia. Callum also suffers from anxiety and lack of confidence.

Callum was keen to pursue a career within the NHS as he had previously had a taster from completing Project SEARCH which involved three rotational placements within University Hospital Crosshouse. Callum applied for various posts he seen advertised, he attended numerous interviews to be advised he was unsuccessful as he did not have sufficient experience. This really impacted on Callum's mental health and he became very withdrawn and depressed, he was turning day into night and would not leave the house. We discussed possible volunteering opportunities to gain experience and also to get him socialising with others. Callum sourced two volunteering placements within the Ayrshire Hospice where he assisted staff with Admin and laundry duties. This really boosted Callum's confidence, he really enjoyed it and fitted well within the team.

Callum applied for a temporary Admin post with Occupational Health within the NHS where he was successful. Callum now works full time hours in shifts. He works within both University Hospital Crosshouse and University Hospital Ayr and has been involved with coordinating flu and COVID-19 vaccines to staff within the NHS.



Since Callum has started working this has gave him the boost he required, his mood has been totally lifted and he is much brighter and happier. Callum has become more independent and focused.

4.5 NHS Board Diversity Data

There are fourteen non-executive directors of the Ayrshire & Arran NHS Board. The gender split of non-executive directors is eight males, 57%, and six females, 43%, and this represents a positive increase compared to the NHS Board makeup in 2012/13 whereby the percentage of female non-executive directors was 36%.

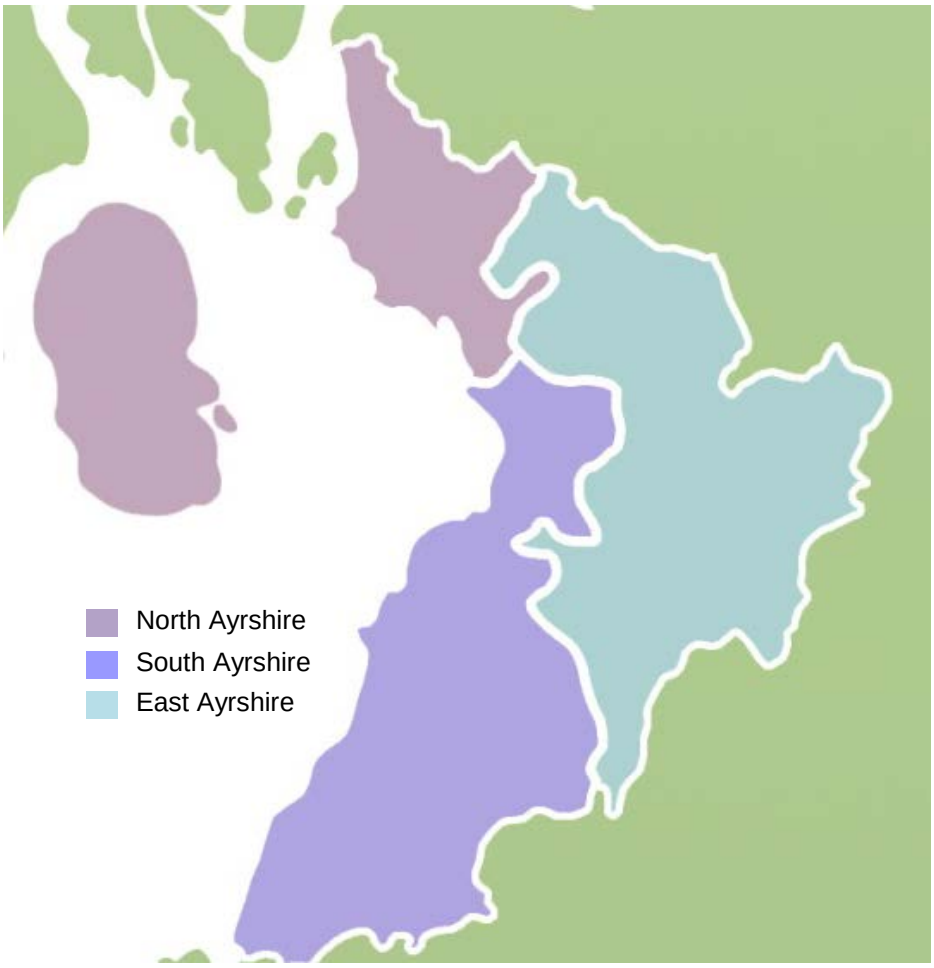
Whilst we recognise the higher number of male members, we must point out that two non-executive directors are our local authority representatives, who are male, and were elected to post by the public through existing local government processes.

Recruitment to non-executive director roles of the NHS Board (with the exception of the employee director, chair of the area clinical forum and the aforementioned local authority representatives) is undertaken nationally by the Scottish Government on behalf of Scottish Ministers and these public appointments are made under a system regulated and monitored by the Commissioner for Ethical Standard in Public Life in Scotland

Scottish Ministers particularly welcome applications from groups currently under-represented on Scotland's public bodies, such as women, disabled people, those from minority ethnic communities, and people aged under 50.

NHS
Ayrshire
& Arran

Equality Outcomes 2021 - 2025



1. Introduction

All public authorities in Scotland must comply with the public sector equality duty, also known as the general equality duty, set out in the Equality Act 2010. This means that all public authorities, as part of their day to day business, must show how they will:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited under this Act
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The protected characteristics referred to, as listed in the Equality Act are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. We are all likely to have more than one protected characteristic which make up our individual identities.

This is NHS Ayrshire & Arran's third set of equality outcomes building on the equality outcomes set previously. As we reviewed the progress and relevance of previous outcomes, we have developed, updated and added to provide this fresh set of outcomes.

By reviewing, revising and publishing equality outcomes on a regular basis, we aim to make better, fairer decisions and be able to show that they are bringing tangible benefits for our communities and our staff.

2. What are Equality Outcomes?

National guidance on setting equality outcomes notes that these should be proportionate and relevant to the functions and strategic priorities of the organisations setting them, and that they may include both short and long term benefits for people with protected characteristics.

From the outset of the development process, the following definition was applied to ensure consistency and rigour.

Outcomes are not what we do, but the beneficial change or effect which results from what we do. These changes may be for individuals, groups, families, organisations or communities.

Specifically, an Equality Outcome should achieve one or more of the following:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations

Equality Outcomes have been developed on the basis that they are short to medium term (one to four years) and link with the longer term shared equality outcomes set in partnership, as well as national outcomes.

3. Shared High Level Equality Outcomes

A number of organisations across Ayrshire deliver public services to local communities. In delivering services, these organisations must ensure that no person or group are discriminated against on the basis of any protected characteristics they may possess.

Public sector organisations, require to develop and publish a set of equality outcomes. In 2017, considering the close working links between many of the public sector organisations in Ayrshire, a decision was taken to work jointly around the development and setting of equality outcomes. Therefore, a shared set of high level equality outcomes were developed whilst partners maintained individual accountability for their part or specific shorter term outputs. The partners are outlined below:

- Ayrshire College
- Ayrshire Valuation Joint Board
- Community Justice Authority
- East Ayrshire Council
- East Ayrshire Health and Social Care Partnership
- NHS Ayrshire & Arran
- North Ayrshire Council
- North Ayrshire Health and Social Care Partnership
- South Ayrshire Health and Social Care Partnership

As a result of the impact of COVID-19 some of the areas were not able to be taken fully to completion and therefore some of the actions will be carried forward as part of a working action plan whilst other areas continue as part of the mainstreaming process.

For the period 2021-2025, the group agreed to seek to continue to work towards the high level, aspirational outcomes with short term targeted outcomes to be achieved within the four year period underpinning those.

4. Engagement and Consultation

The law requires us to involve and consult with people in developing our equality outcomes. These people should have a wide range of backgrounds and characteristics and should be drawn from our service users, staff and from communities across Ayrshire and Arran.

Again due to the impact of COVID-19, engagement and consultation had to be undertaken remotely to avoid large gatherings and potential transmission of the virus. The consultation focussed on gathering opinion on the existing four high level shared equality outcomes that in Ayrshire:

- people experience safe and inclusive communities
- people have equal opportunities to access and shape our public services
- people have opportunities to fulfil their potential throughout life
- public bodies will be inclusive and diverse employers

The method adopted focussed on an online survey, coupled with direct contact with local citizens. The survey contained 10 questions relating directly to equality outcomes, plus an additional 'about you' section asking people for relevant demographic information.

The questions in relation to the equality outcomes took both an asset and deficit approach, in that we asked respondents to reflect on positive things they have experienced as well as any negatives. In analysing responses, we took a thematic approach in which we aimed to group responses by a recurring theme.

The consultation ran for a total of five weeks from 13 October 2020 until 18 November 2020.

5. Analysing the Results and Defining Final Equality Outcomes

The process in arriving at our final decision on our equality outcomes is highlighted below:

- Engaged communities and staff on proposal for continuation of existing high level outcomes and priority areas for short terms outcomes sought. Due to COVID-19 this was undertaken using limited methods of engagement including an online survey, engagement with national organisations that represent people with protected characteristics, face to face engagement with staff and telephone calls with local citizens.
- Gathered and collated feedback.
- Considered and included feedback where appropriate and proportionate.
- Developed final short terms outcomes.
- Outcomes agreed through Board and Governance structures.

The survey asked the public and staff whether the existing high level outcomes were still relevant or if there were other areas for consideration. The survey results showed that 87% of people agreed that the equality outcomes are still relevant to take forward with 7% of respondents being unsure in their response. From the results only 5% of those who responded disagreed with the outcomes and a further 1% provided no response. Some additional feedback from the survey is outlined below:

- They are more important than ever since the corona pandemic has exposed greater suffering among disadvantaged people than in the rest of our community.
- Extremely relevant especially their right to have opportunities to fulfil their potential throughout life and having equal opportunities to access and shape our public services
- Yes, they are more important than ever since the corona pandemic has exposed greater suffering among disadvantaged people than in the rest of our community.

A summary of the communities and staff who engaged in the process is shown below:

- 65% of respondents were female, 26% were male. The remaining 9% preferred not to say. Further, 93% of respondents reported to be the same sex as assigned as birth. 7% preferred not to answer
- 64% of respondents were aged between 41 and 64.
- 19% of respondents confirmed they had a disability
- 90% of respondents identified as White or Scottish, 4% identified as BAME or Mixed, 5% preferred not to say
- 41% of respondents identified as Christian, 35% had no religion or belief, 17% preferred not to say. Only 6% of respondents identified with other religions (Jewish, Muslim, Pagan, Spiritual).
- 80% of respondents identified as Heterosexual, 13% preferred not to say. The remaining 7% were made up of people who identified as Gay, Lesbian, Bisexual or other.
- 8% of respondents were pregnant or had given birth in the last 26 weeks. 7% of respondents are currently on maternity or paternity leave.

6. Finalising Our Equality Outcomes

The foundation of existing good practice on equalities, established and committed to through our previous equality outcomes, allowed us to build upon and reinforce taking this agenda forward. In order to provide coherence, minimise duplication and support the ongoing mainstreaming of equality into policy and practice across Ayrshire, it is important to ensure that equality outcomes are aligned explicitly with existing organisational and governmental policy priorities, as well as evidence from local engagement, and integrated into current performance management systems.

We have taken consideration of national policy context in the development of our shared equality outcomes to ensure robust and effective outcomes are set for the next four years.

Further detail of evidence sources, analysis and decisions made can be found at [insert hyperlink to evidence document]

In the development of our equality outcomes many people gave us their experiences, views and not least their time freely and willingly to make sure that the outcomes we set meet the specific needs of the people we serve. For this and all the other people who have supported the development of these outcomes, we thank them all for their contribution.

High level Shared Outcome		**In Ayrshire people experience safe and inclusive communities**					
Links to National Outcomes		**We have tackled the significant inequalities in Scottish Society** **We have improved the life chances for children, young people and families at risk** **We live our lives safe from crime, disorder and danger** **We have strong, resilient and supportive communities where people take responsibility of their own actions and how they affect others**					
Equality Outcome 1		**Our services will support young people, women and people with long-term conditions to experience improved health by:** • **Enhancing opportunities for employability** • **Supporting perinatal health** • **Improving birth experiences**					
Context		**Outputs**	**Actions**	**Measurement**	**Protected Characteristics**	**General Equality Duty**	**Lead Officer and Timescale**
1.1	Good or bad health is not simply the result of individual behaviours, genetics and medical care. It is well researched that a substantial part of the difference in health outcomes is down to the social, economic and environmental factors that shape an individual's health including housing, employment, and education.	Increase in young people, females and those with health issues in employment.	NHS A&A Community Wealth Building (CWB) Diagnostic and Action Plan	CWB Diagnostic and Action plan in place	Age, disability, sex	Eliminate Discrimination Advance Equality of Opportunity Foster good relations	Asst Director of Public Health December 2022
			Creation of Ayrshire Anchor Network	Ayrshire Anchor Network established	Age, disability, sex		Asst Director of Public Health December 2021
			Development of Anchor Network	Anchor Network toolkit developed	Age, disability, sex		Asst Director of

			toolkit				Public Health December 2023
1.2	Person-centred, safe and high quality care for mothers and babies throughout pregnancy, birth and following birth can have a marked effect on the health and life chances of women and babies and on the healthy development of children throughout their life. The health, social, development, and economic consequences of childbirth and the early weeks of life are profound, and the impact is felt by individual families and communities as well as across the whole of society.	Improved health of pregnant women	Roll out of Maternity Care Assistant programme	Improved audit results SPSP measures MQUIP measures	Age, pregnancy and maternity, sex	Eliminate Discrimination Advance Equality of Opportunity	Head of Midwifery March 2022
1.3	Evidence shows that women who have good interaction with their midwife during	Reduction in birth trauma and increased bonding	Increase in number of home births	Number of home births recorded	Age, pregnancy and maternity, sex	Eliminate Discrimination Advance	Head of Midwifery March 2022

	pregnancy, and are educated and empowered to have a home birth can experience reduced birth trauma and improved bonding with their baby. This experience can have a positive impact on both the health of the mother as well as the future development of the child.	between mother and child				Equality of Opportunity Foster good relations	

High level Shared Outcome		**In Ayrshire people have equal opportunities to access and shape our public services**					
Links to National Outcomes		**We have tackled the significant inequalities in Scottish society** **We live in well-designed, sustainable places where we are able to access the amenities and services we need** **Our public services are high quality, continually improving, efficient and responsive to local people's needs**					
Equality Outcome 2		**Patients who require communication support can access digitally enabled health and care services which support them to manage and improve their health outcomes**					
Context		**Outputs**	**Actions**	**Measurement**	**Protected Characteristics**	**General Equality Duty**	**Lead Officer and Timescale**
2.1	The future planning of healthcare requires to meet the changing demands of healthcare provision and the expectation of the patients who we serve. Digital healthcare provides continued delivery of services which has been key in 2020 during the Covid-19 pandemic. During the pandemic, services were unable to provide face to face consultations, but with the use of digital	Increased number of face to face consultations by those with a communication barrier	Explore opportunities for provision of community language interpretation via Near Me	Community Language interpretation provider contract in place	Race	Eliminate Discrimination Advance Equality of Opportunity	Near Me Lead December 2021
			Explore opportunities for provision of British Sign Language (BSL) interpretation via Near Me	BSL interpretation provider contract in place	Disability	Eliminate Discrimination Advance Equality of Opportunity	Near Me Lead December 2021
			Increase in the number of digital face to face	Baseline of numbers Increased usage of	Race, disability	Eliminate Discrimination	Near Me Lead

	technology they were able to provide virtual face to face consultations. However, that was not the case for all service users.		consultations using interpretation support	interpretation support		Advance Equality of Opportunity	December 2023

High level Shared Outcome		**In Ayrshire people have opportunities to fulfil their potential throughout life**					
Links to National Outcomes		**We realise our full economic potential with more and better employment opportunities for our people** **We are better educated, more skilled and more successful, renowned for our research and innovation** **Our young people are successful learners, confident individuals, effective contributors and responsible citizens** **Our children have the best start in life and are ready to succeed** **We live longer, healthier lives** **Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it**					
Equality Outcome 3		**Women and children through access to localised and targeted service provision will experience improved mental health**					
Context		**Outputs**	**Actions**	**Measurement**	**Protected Characteristics**	**General Equality Duty**	**Lead Officer and Timescale**
3.1	Mental distress and illness are common in pregnancy and the first postnatal year, affecting up to one in 5 women, and the period after childbirth is a uniquely vulnerable time for development of severe mental illness for certain groups of women. The consequences of perinatal mental illness may be severe. Mental health related deaths	Improved perinatal mental health of women	Identification of and interaction with women who may require additional support during the perinatal period	SPSP measures MQUIP measures	Age, disability, pregnancy and maternity, sex	Eliminate Discrimination Advance Equality of Opportunity Foster good relations	Head of midwifery March 2024
			Signposting to necessary support mechanism	SPSP measures MQUIP measures			

	are now the leading cause of maternal death in the first postnatal year.						
3.2	Adverse Childhood Experiences (ACEs) such as sexual abuse can create harmful levels of stress which can affect brain development, resulting in long term detrimental effects on learning, behaviour and health outcomes. The ideal is to prevent ACEs happening in the first place but once the traumatic events have occurred the aim is to ensure that children and young people affected by childhood adversity and trauma have the right support in place where and when needed to improve their health and life outcomes.	Improved experience of children and young people who require access to sexual forensic services	Establishment of sexual forensic suite in paediatrics	Number of individuals accessing the service Number of individuals who did not require to travel to Glasgow	Age, sex	Advance Equality of Opportunity	Head of midwifery March 2023

High level Shared Outcome		**In Ayrshire public bodies will be inclusive and diverse employers**					
Links to National Outcomes		**We realise our full economic potential with more and better employment opportunities for our people** **We are better educated, more skilled and more successful, renowned for our research and innovation**					
Equality Outcome 4		**Our BAME, disabled and LGBT+ staff have safe and supportive work environments where they are able to share experiences and access peer support, improving their experience at work**					
Context		**Outputs**	**Actions**	**Measurement**	**Protected Characteristics**	**General Equality Duty**	**Lead Officer and Timescale**
4.1	People with certain protected characteristics face discrimination both in employment and the wider environment due to their protected characteristics. Whilst they will face discrimination due to this, they are often acerbated due to intersection of these characteristics. Employee network groups can transform the experiences of employees representing different and specific groups	Establishment of a safe and supportive environment for staff who identify with a particular protected characteristic	Explore with the workforce the desire to establish a Black, Asian and Minority Ethnic (BAME) staff network	BAME staff network established	Race	Eliminate Discrimination Advance Equality of Opportunity Foster good relations	HR Director December 2021
			Explore with the workforce the desire to establish a disability staff network	Disability staff network established	Disability		HR Director December 2022
			Explore with the workforce the desire to establish a Lesbian, Gay, Bisexual and Trans+ (LGBT+) staff network	LGBT+ staff network established	Sexual orientation, Gender re-assignment		HR Director December 2023

	from diverse communities						

Appendix 3

NHS Ayrshire & Arran

Equality Outcomes 2021-2025

Evidence Sources and Rational for Setting our Equality Outcomes

This document provides detail of the evidence sources considered as part of the development and production of NHS Ayrshire & Arran's equality outcomes. The document also outlines the process we went through in considering what our priorities would be for the coming 4 years and what the analysis of the relevant information told us. All of this together helped to shape and inform NHS Ayrshire & Arran's equality outcomes.

As a result of the impact of COVID-19, it was agreed to seek continue to work towards the high level, aspirational outcomes with short term targeted equality outcomes to be achieved within the 4 year period underpinning those. The process in arriving at our final decision on our equality outcomes is highlighted below:

Consultation on Draft Outcomes

Outline of decision-making process for agreeing outcomes

- Agreed to propose continuation of existing high level outcomes with short term outcomes to underpin this work
- Desktop based research
- Engaged communities and staff on proposal for continuation of existing high level outcomes and priority areas for short terms outcomes sought – due to COVID-19 this was undertaken using limited methods of engagement including online surveys, engagement with national organisations that represent people with protected characteristics, engagement face to face with staff, and telephone calls with local citizens.
- Gathered and collated feedback
- Considered and included feedback where appropriate and proportionate
- Developed final short terms outcomes
- Outcomes agreed through Board and Governance structures

The following tables within this document outline the decisions we made in relation to how we prioritised, set and agreed each of the equality outcomes for NHS Ayrshire & Arran.

NHS Ayrshire & Arran- EVIDENCE SUMMARY for Equality Outcomes

Evidence summary - Equality Outcome 1.1

Evidence Gathered & Sources

In 2017 North Ayrshire Council and the Scottish Government undertook an Inclusive Growth Diagnostic pilot which identified local constraints that if tackled over a sustained period could make a transformational difference to the local community and excluded groups. The top three barriers to achieving inclusive growth were skills, amount of local jobs and health. Four groups excluded from the benefits of traditional forms of economic growth (particularly labour market participation) were identified:

- Young People;
- Those experiencing long-term health problems;
- Those experiencing in-work poverty;
- Females.

As part of the development of the Ayrshire Growth Deal and Ayrshire Regional Economic Partnership (REP), the Diagnostic tool was rolled out across the region. Findings helped inform development of North Ayrshire's Community Wealth Building (CWB) strategy. CWB reconfigures local and regional economies and takes a preventative approach to improving long-term health and wellbeing.

Ayrshire is at the forefront of implementing CWB in Scotland and provision of essential dedicated capacity to embed CWB activities within Anchor Institutions would further support this, particularly NHS A&A. Anchors will then be better able to capitalise on local assets and spending powers, promote good employment and target actions towards excluded groups. Subject to funding, creation of an Ayrshire Anchor Network with organisation commitments, alignment to NHS A&A strategies and development of practical toolkits would ensure benefits are firmly embedded beyond funding timescales.

Further evidence can be found at:

https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-6-wider-determinants-of-health

https://cles.org.uk/community-wealth-building/what-is-community-wealth-building/

https://cles.org.uk/community-wealth-building/how-to-build-community-wealth/

Rationale for Equality Outcome

Community wealth building seeks to increase flows of investment within local economies. It does this by harnessing the wealth that exists locally, rather than by seeking to attract national or international capital. Community wealth building not only aims to improve employment opportunities but also worker rights by, for example, promoting recruitment from lower income areas, inclusive employment practices, committing employers to paying living wage and building progression routes for employees.

Often the biggest employers in a place, the approach anchor institutions take to employment can have a defining effect on the employment prospects and incomes of local people. Working with human resource departments within anchor organisations, such as NHS Ayrshire & Arran, can stimulate the local economy through progressive employment and local labour market activities and thus support improved life experiences of our local people.

Final Agreed Outcome:

High level shared outcome - In Ayrshire people experience safe and inclusive communities

Equality outcome - Our services will support young people, women and people with long-term conditions to experience improved health by:

- **Enhancing opportunities for employability**
- **Supporting perinatal health**
- **Improving birth experiences**

Evidence summary - Equality Outcome 1.2

Evidence Gathered & Sources

Wherever women and babies live in Scotland and whatever their circumstances, all women should have a positive experience of maternity and neonatal care which is focused on them, and takes account of their individual needs and preferences. All women, their babies, their partners and their families should be aware of the support and choices that are available to them in order that they can be partners in care and achieve the best outcomes for them and their family.

Since 2010 there have been between 3,300 to 3,800 maternities per year in NHS Ayrshire & Arran. The social and economic context in which women are living means that many could benefit from increasing their capacity to be healthy during pregnancy. Examples of the population health challenges include:

- Over 1 in 4 of children are living in families with limited resources after housing costs [26.5%] (these are families with low income who are not able to afford certain basic necessities). Source: Scottish Government 2014-17.
- One in 5 women are current smokers at time of antenatal booking appointment [19.6%]. Source: ISD 2017-18.
- Over half of women are either overweight or obese at the time of antenatal booking appointment [27.5% obese (BMI >30) and 27.8% are overweight (BMI 25-30)]. Source: ISD 2017-18.
- Only one in 5 babies are exclusively breastfed at 6 to 8 weeks of age [20.1%]. Source: ISD 2018-19.

Further evidence can be found at:

https://www.scottishwomensconvention.org/content/resources/Best-Start-Maternity-Grants.pdf

https://www.gov.scot/publications/best-start-five-year-forward-plan-maternity-neonatal-care-scotland/

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215869/dh_122844.pdf

Rationale for Equality Outcome

Person-centred, safe and high quality care for mothers and babies throughout pregnancy, birth and following birth can have a marked effect on the health and life chances of women and babies and on the healthy development of children throughout their life. The health, development, social, and economic consequences of childbirth and the early weeks of life are profound, and the impact, both positive and negative, is felt by individual families and communities as well as across the whole of society.

Truly family-centred care will maximise the opportunity to establish the building blocks for strong family relationships, and for confident and capable parenting. This can help to reduce the impact of inequalities and deprivation which can have longer-term health consequences for families. Good maternity and neonatal care will support the best possible outcomes for mothers, babies and the wider family.

Within NHS Ayrshire & Arran and the North Ayrshire Health and Social Care Partnership community midwifery team, we aim to improve the health and wellbeing of women during pregnancy. Establishing a programme of Maternity Care Assistants will improve engagement with pregnant women including referrals to the services that have been causing her concern.

By improving the health and wellbeing, including financial signposting, of women during pregnancy it is anticipated that bonding at an early age between the child and mother is established and future development of the child is improved. As well as the development of the child, it is also anticipated that the overall health and wellbeing of the mother is improved.

Final Agreed Outcome:

High level shared outcome - In Ayrshire people experience safe and inclusive communities

Equality outcome - Our services will support young people, women and people with long-term conditions to experience improved health by:

- **Enhancing opportunities for employability**
- **Supporting perinatal health**
- **Improving birth experiences**

Evidence summary - Equality Outcome 1.3

Evidence Gathered & Sources

It was commonly accepted that birth in hospital was safer than home birth until Marjorie Tew published her analysis of the risks of home birth. This analysis has never been refuted and further research has supported her findings. Research evidence indicates that the health outcomes of planned home birth are as good as or better than those for hospital birth, and that many women experience a range of emotional and practical benefits from giving birth at home.
Evidence also shows that women who have good interaction with their midwife during pregnancy, and are educated and empowered to have a home birth can experience reduced birth trauma and improved bonding with their baby. This experience can have a positive impact on both the health of the mother as well as the future development of the child.

Further evidence can be found at:

https://www.npeu.ox.ac.uk/birthplace

https://www.aims.org.uk/information/item/booking-a-home-birth#post-heading-1

https://www.aims.org.uk/assets/media/3/benefits-of-home-birth.pdf

https://www.aims.org.uk/information/item/choosing-place-of-birth

Rationale for Equality Outcome

The Royal College of Midwives (RCM) and the Royal College of Obstetricians and Gynaecologists (RCOG) support home birth for women with uncomplicated pregnancies. There is no reason why home birth should not be offered to women at low risk of complications and it may confer considerable benefits for them and their families. There is ample evidence showing that labouring at home increases a woman's likelihood of a birth that is both satisfying and safe, with implications for her health and that of her baby.

The rate of home births within the UK remains low at approximately 2%. In 2017, NHS Ayrshire & Arran recorded 7 home

births and more recently that number has increased to 47. Given the research and evidence around home births, and more importantly the benefits to the mother, baby and wider family, NHS Ayrshire & Arran is committed to improving this figure further.

Final Agreed Outcome:

High level shared outcome - In Ayrshire people experience safe and inclusive communities

Equality outcome - Our services will support young people, women and people with long-term conditions to experience improved health by:

- **Enhancing opportunities for employability**
- **Supporting perinatal health**
- **Improving birth experiences**

Evidence summary - Equality Outcome 2

Evidence Gathered & Sources

The future planning of healthcare requires to meet the changing demands of healthcare provision and the expectation of the patients who we serve. Digital healthcare provides continued delivery of services which has been key in 2020 during the coronavirus pandemic. Many services undertook massive changes in how they met the needs of their patients and carers. During the coronavirus pandemic, services were unable to provide face to face consultations, however with the use of digital technology they were able to provide virtual face to face consultations using Near Me. In February 2020 there were 57 consultations using the digital video consulting platform, Near Me, and by the end of January 2021 over 22,000 virtual consultations had taken place. Near Me has been used across Primary, Secondary, and Mental Health to sustain care and support to patients.

Future provision needs to continue to further develop and meet the diverse needs of our population.

One area for NHS Ayrshire & Arran to make improvements is to implement technology to allow patients with language barriers such as British Sign Language and Community Languages to be able to engage. Some test cases have commenced on Near Me. The Near Me test cases have shown that the platform has been successful to support consultations. This allows all involved to overcome language barriers, and avoids certain patients from being excluded to certain health care access points

Further evidence can be found at:

https://www.nhsaaa.net/services-a-to-z/near-me-attend-anywhere/

https://www.gov.scot/publications/evaluation-attend-anywhere-near-video-consulting-service-scotland-2019-20-main-report/

https://www.gov.scot/publications/near-video-consulting-programme-national-equality-impact-assessment/

https://www.gov.scot/publications/scotlands-digital-strategy-evidence-discussion-paper/

https://www.gov.scot/publications/realising-scotlands-full-potential-digital-world-digital-strategy-scotland/

It should be noted that the Scottish Government were consulting on a new digital strategy from September to December 2020 and the updated Strategy has not yet been released.

Rationale for Equality Outcome

In order for services to be efficient, effective and tailored to the needs of services users, we need to ensure that an equality impact assessment is carried out to highlight any areas where mitigating action is required. Through involvement with the national equality impact assessment process, NHS Ayrshire & Arran identified that new systems required to be put in place to support those with a communication or language barrier.

By implementing new systems and processes we aim to:

- Increase access to those with a communication or language barrier without discrimination
- Provide literature and guidance where English is not the person's first language
- Ensuring patient safety and delivering a service fit for the demands of modern life
- Improve patient experience of virtual consultations

<u>Final Agreed Outcome</u>:

High level shared outcome - In Ayrshire people have equal opportunity to access and shape public services

Equality outcome - Patients who require communication support can access digitally enabled health and care services which support them to manage and improve their health outcomes

Evidence summary - Equality Outcome 3.1

Evidence Gathered & Sources

Mental distress and illness are common in pregnancy and the first postnatal year, affecting up to one in 5 women, and the period after childbirth is a uniquely vulnerable time for development of severe mental illness for certain groups of women (Jones et al, 2014). The consequences of perinatal mental illness may be severe. Mental health related deaths are now the leading cause of maternal death in the first postnatal year (Cantwell et al, 2018). Men may also be more vulnerable to illness at this time and there is evidence that untreated maternal mental illness may adversely affect the mother-infant relationship and infant development (Stein et al, 2014).

The way in which services are traditionally organised is not responsive to the needs of pregnant and postnatal women. In community services, there is a need to respond rapidly to the timescales imposed by pregnancy and critical developmental stages in early infancy. Services require altered thresholds for referral, taking into account the particular demands brought about by pregnancy and caring for an infant.

The recognition that Adverse Childhood Experiences (ACEs) have a lasting impact on both mental and physical health has led to the development of prevention and early intervention services in at-risk populations, and trauma-informed therapeutic interventions for children and adults.

Those working with pregnant and postnatal women have a unique opportunity to prevent the development of illness in some women at highest risk and to improve outcomes for children growing up. There is good evidence that early intervention has better, and more cost-effective outcomes than later attempts to address child mental health problems.

In addition to maternal mental illness and the importance of promoting good infant mental health, there is an increasing understanding of the vulnerability of partners at this time. Five to 10% of partners may develop mental health problems in the perinatal period (Cameron et al, 2016) and they require support in their own right and as parents.

Further evidence can be found at:

https://www.mwcscot.org.uk/media/320718/perinatal_report_final.pdf

https://learn.nes.nhs.scot/10382/perinatal-mental-health-curricular-framework

https://www.nice.org.uk/guidance/qs115/chapter/Quality-statement-6-Psychological-interventions

https://www.gov.scot/publications/programme-government-delivery-planmental-health/

https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2018/12/programme-government-delivery-plan-mental-health/documents/better-mental-health-scotland/better-mental-health-cotland/govscot%3Adocument

https://www.pmhn.scot.nhs.uk/wp-content/uploads/2020/07/PMHNS-MNPI-service-development-guide.pdf#:~:text=MATERNITY%20AND%20NEONATAL%20PSYCHOLOGICAL%20INTERVENTIONS%20%28MNPI%29%20SERVICESREC.12%20NHS,and%20neonatal%20services%2C%20beginning%20in%20larger%20maternity%20units.

Rationale for Equality Outcome

The results of a survey outlining women's experiences of services for perinatal mental health was undertaken in collaboration with the Maternal Mental Health Scotland Change Agents, a group of women (and, in some instances, other family members) with lived experience who campaign for improved services. The findings provided evidence that women most value consistency of care during their antenatal and postnatal period, that they want to have information on which to make decisions about mental health treatments in the perinatal period and that they wish to feel comfortable about discussing emotional issues with professionals who have an understanding of mental health.

Aligned with these results it was also found that there was very limited, or no, specialist infant mental health input to mother and baby units, as well as limited capacity to provide a range of mother-infant psychological interventions.

Our local consultation work also identified that mental health of individuals was a key priority and therefore by implementing work into the perinatal field would support mother, child as well as wider family now and in the future.

Final Agreed Outcome:

High level shared outcome - In Ayrshire people have opportunities to fulfil their potential throughout life

Equality outcome - Women and children through access to localised and targeted service provision will experience improved mental health

Evidence summary - Equality Outcome 3.2

Evidence Gathered & Sources

In 2017 Healthcare Improvement Scotland published standards for the Healthcare and Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults.

In the same year a taskforce for the improvement of services for adults and children who have experienced rape and sexual assault was convened by the Chief Medical Officer for Scotland. The taskforce vision was to provide consistent, person centred, trauma informed health care and forensic medical services and access to recovery, for anyone who has experienced rape or sexual assault in Scotland.

Any child can be affected by sexual abuse. But they may be more at risk if they have a history of previous sexual abuse, a disability, a disrupted home life or have experienced other forms of abuse. Both boys and girls can be sexually abused. Research suggests that girls are at a greater risk of being sexually abused by a family member and boys are at a higher risk of being abused by a stranger. Research has shown that teenage girls aged between 15 and 17 years reported the highest rates of sexual abuse.

Research confirms that a victim-centred and trauma-informed response to sexual crime can reduce further trauma and have a positive effect on the long-term recovery of an individual, continued engagement in any criminal justice process, and better quality evidence to support any criminal proceedings. Clear pathways which provide specialist support are essential and supporting individuals closer to home can improve this process. It should also be borne in mind that specific

forensic medical services for children and young people need to be adapted to their particular needs.

Further evidence can be found at:

https://www.legislation.gov.uk/asp/2021/3/contents/enacted

https://www.gov.scot/publications/clinical-pathway-healthcare-professionals-working-support-children-young-people-experienced-child-sexual-abuse/

https://www.gov.scot/publications/analysis-responses-equally-safe-consultation-legislation-improve-forensic-medical-services-victims-rape-sexual-assault/pages/6/

https://www.gov.scot/publications/forensic-medical-services-victims-sexual-offences-scotland-bill-crwia/

Rationale for Equality Outcome

NHS Ayrshire & Arran is committed to ensuring that people who have experienced rape, sexual assault or child sexual abuse receive person-centred and trauma-informed care. Scotland has a commitment to develop a trauma informed workforce to respond to people who have experienced trauma at any age, including children. A trauma informed workforce will provide opportunities for empowerment to individuals and ensure that physical and emotional safety, choice, collaboration and trustworthiness is offered.

We know that Adverse Childhood Experiences (ACEs) such as sexual abuse can create harmful levels of stress which can affect brain development, resulting in long term detrimental effects on learning, behaviour and health outcomes. It is not inevitable that ACEs will cause these negative outcomes and protective factors such as supportive relationships and appropriate care can mitigate their effects. The ideal is to prevent ACEs happening in the first place but once the traumatic events have occurred the aim is to ensure that children and young people affected by childhood adversity and trauma have the right support in place where and when needed to improve their health and life outcomes.

The immediate health needs of the child are paramount; these include the management of acute injuries, assessment of need for emergency contraception and post-exposure prophylaxis for blood-borne viruses. Therefore, examination should

occur as soon as appropriate. Establishing a sexual forensic suite in paediatrics within NHS Ayrshire & Arran will improve this.
<u>Final Agreed Outcome</u>: **High level shared outcome - In Ayrshire people have opportunities to fulfil their potential throughout life** **Equality outcome - Women and children through access to localised and targeted service provision will experience improved mental health**

Evidence summary - Equality Outcome 4

Evidence Gathered & Sources

People with certain protected characteristics face discrimination both in employment and the wider environment due to their protected characteristics. Whilst they will face discrimination due to this, they are often acerbated due to intersection of these characteristics. This has been brought to the forefront as a result of Covid-19 where some groups are disproportionately impacted more than others.

Employee network groups can transform the experiences of employees representing different and specific groups from diverse communities. The networks can provide peer-to-peer support to their members, create a sense of belonging that may not exist elsewhere in the organisation, raise awareness of equality inclusion but importantly be a critical friend to the employer in order to create a more inclusive environment. This latter is extremely important for organisations and can help to dismantle systemic and structural barriers that have hindered employee development, progression and retention in the organisation.

Further evidence can be found at:

Race
https://www.gov.uk/government/publications/race-at-work-2018-mcgregor-smith-review-one-year-on

https://www.england.nhs.uk/wp-content/uploads/2019/01/wres-leadership-strategy.pdf

https://www.england.nhs.uk/wp-content/uploads/2017/08/inclusion-report-aug-2017.pdf

Disability
https://onlinelibrary.wiley.com/doi/abs/10.1002/ajim.22818

https://www.londonleadershipacademy.nhs.uk/sites/default/files/Staff%20Networks%20Literature%20Review%20%28Final%29.pdf

LGBT
https://www.stonewall.org.uk/system/files/setting_up_an_lgbt_employee_network_group.pdf

https://www.emerald.com/insight/content/doi/10.1108/02610151211223049/full/html

Rationale for Equality Outcome

Staff Diversity Networks are a powerful resource to build upon what matters most. This is true for both network members and management, as the basis upon which staff diversity networks are created is to deliver shared understanding and improvement. Staff diversity networks have the opportunity to work with management to inform key decision-making, practices and policies.

Staff diversity networks can be useful in developing staff engagement and thinking to contribute to the development of the whole organisation diversity and inclusion agenda. They are pivotal in engaging staff and management around particular issues that face a body of diverse employees.

Staff diversity networks also provide a platform for:

- Peer group support
- Organisational change to address inequalities
- Networking, advice and support in a safe environment
- Advancing employees with similar social identities
- Understanding the viewpoints of staff groups that are under-represented and to develop processes for inclusion

It is also well documented that when staff feel supported and appreciated at work, they are more productive and for NHS Ayrshire & Arran means we can provide the best care possible for our citizens.

Final Agreed Outcome:

High level shared outcome - In Ayrshire public bodies will be inclusive and diverse employers

Equality outcome -	**Our BAME, disabled and LGBT+ staff have safe and supportive work environments where they are able to share experiences and access peer support, improving their experience at work**

Additional Evidence Sources

http://www.gov.scot/Topics/Statistics/SIMD Scottish Index of Multiple Deprivation 2016 (2016), Scottish Government

https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/perinatal/pqn-standards-for-community-perinatal-mental-health-services-4th-edition.pdf?sfvrsn=f31a205a_4

https://www.nice.org.uk/guidance/cg192

https://www.relate.org.uk/sites/default/files/relationship_distress_monitor_0.pdf

https://www.cipd.co.uk/knowledge/fundamentals/relations/diversity/employee-resource-group-black-ethnic-minorities

Hastings,Roscoe and Mansell,Oliver. "Somewhere over the rainbow: The challenges and opportunities open to LGBT* staff". 2015 19 4 122-126.

Robson, Linda, Patel, Mona. and Nicholson, Jacquie. National Association of Disabled Staff Networks (NADSN) – "Our Stories: Experiences from our Disabled Staff Networks across the UK". The Journal of Inclusive Practice in further and higher education. 2016 (7) pp. 28–33.

Wright, T., Colgan, F., Creegany, C. and McKearney, A. (2006), "Lesbian, gay and bisexual workers: equality, diversity and inclusion in the workplace", Equal Opportunities International, Vol. 25 No. 6, pp. 465-470.

Carter, Nigel Geoffrey. "Black Workers and BME networks organising against racism in the NHS workplace". 2018. Doctoral thesis, London Metropolitan University.

Richardson, Jennifer. "How The BMJ's racism special inspired a Leeds GP to set up an ethnic minority staff network". BMJ. 2020 370 m3477.

Ross, Shilpa. "Workforce race inequalities and inclusion in NHS providers". The Kings Fund. 2020.

Race in the workplace: The McGregor-Smith review: https://www.gov.uk/government/publications/race-at-work-2018-mcgregor-smith-review-one-year-on

Covid-19: the risk to BAME doctors: We have seen disproportionate numbers of BAME doctors and other healthcare workers die from COVID-19: https://www.bma.org.uk/advice-and-support/covid-19/your-health/covid-19-the-risk-to-bame-doctors

A Model Employer: Increasing black and minority ethnic representation at senior levels across the NHS: https://www.england.nhs.uk/wp-content/uploads/2019/01/wres-leadership-strategy.pdf

Identifying and Removing Barriers to Talented BAME Staff Progression in the Civil Service: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/417250/Ethnic_Dimension_Blockages_to_Talented_BAME_staff_Progression_in_the_Civil_Service_Final_16.12.14__1_.pdf

The “snowy white peaks” of the NHS: a survey of discrimination in governance and leadership and the potential impact on patient care in London and England. http://eprints.mdx.ac.uk/13201/1/The%20snowy%20white%20peaks%20of%20the%20NHS%20final%20docx%20pdf%20%283%29.pdf

https://lgbtnetworks.org.uk/the-final-event

Occupational Segregation and Equal Pay Analysis

Overview

The following tables are presented:

- Table A – Summary of overall gender pay gap across NHS Ayrshire & Arran;
- Table B1 – Gender pay gap by Agenda for Change (AfC) job families (summary);
- Table B2 - Gender pay gap by Agenda for Change (AfC) job families and pay band;
- Table C – Gender pay gap by medical & dental grades;
- Table D – Occupational segregation by ethnicity; and
- Table E – Occupational segregation by disability.

Data Definitions

The data utilised is as at 31st December 2020 for all tables A to C. Tables D & E use data as at 31st January 2021 hence the difference in totals between the distinct tables.

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

Detail is provided of what the comparator is and the meaning of what relative positive or negative percentage values represent.

Note that where data relates to 5 or less individuals (or where a total could potentially identify 5 or less individuals) detail has been replaced with an asterisk (*) in order to avoid potential identification.

Table A – Summary of overall gender pay gap across NHS Ayrshire & Arran

Note:

- Comparison is on the basis of average pay for males and females (excluding overtime) for the cohort detailed by row
- A positive percentage indicates a pay gap with males being paid more than females
- A negative (-) prefixed percentage indicates that there is a pay gap with females being paid more than males

Grade	Female			Male			Total headcount of cohort	Gender pay gap male to female %
	Headcount	Percentage of workforce for cohort	Average Hourly Rate £	Headcount	Percentage of workforce for cohort	Average Hourly Rate £		
Agenda for Change	8,900	86.80%	15.12	1,391	13.2%	15.41	**10,291**	**1.88**
Medical and Dental	273	42.90%	36.13	329	57.1%	39.19	**602**	**7.81**
Senior Managers	8	*	*	*	*	*	*	**16.00**
Total	**9,181**	**83.7%**	**15.76**	**1,725**	**16.3%**	**20.02**	**10,906**	**21.28**

Narrative

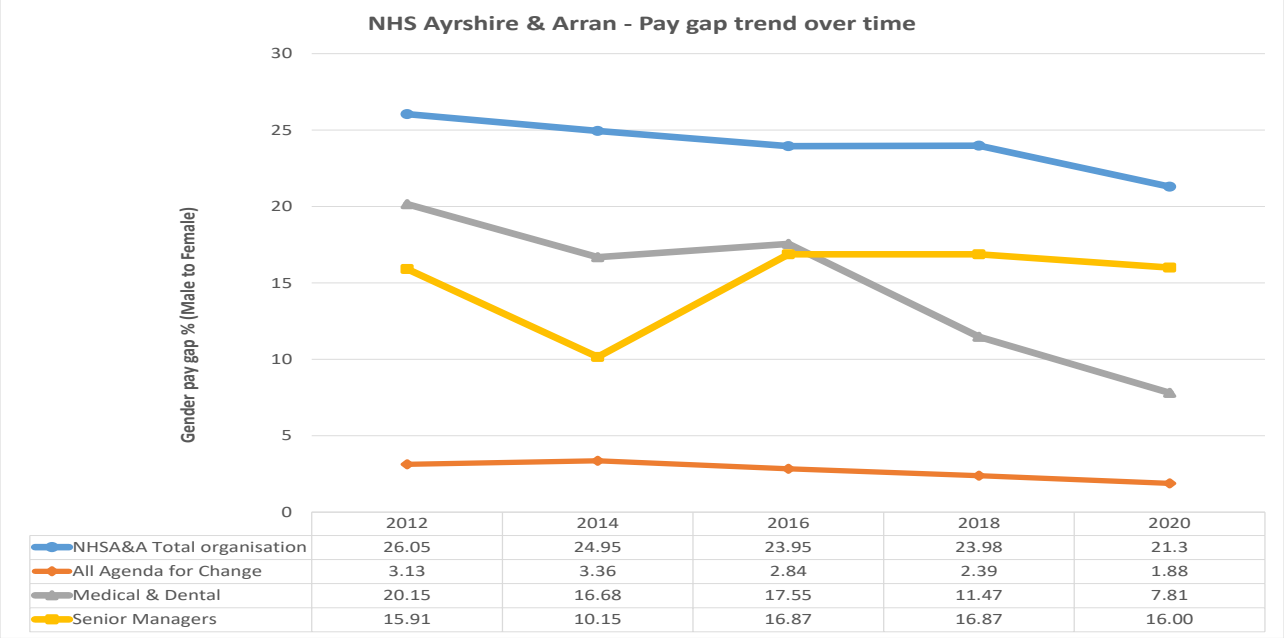
The overall organisational position, as illustrated in the table above, is of males being paid 21.28% more than women. It is important to note the skewing impact that both the medical & dental and senior manager cohorts have upon the organisational position. Whilst these cohorts are significantly smaller in size, than the Agenda for Change cohort, gender split (AfC = 13.2% males versus medical = 57.1%) coupled with the relatively higher pay, particularly in relation to senior medical staff, skews the overall organisational position. As Table B2 which follows illustrates the gender spread across grades,

specifically clustering at higher grades, has a direct and significant impact on the overall organisational position.

Note that due to the size of the Senior Managers cohort, headcount of 13, there is no further drilldown as data by specific grades as this encompasses less than 5 individuals therefore all the data contained within the analysis would be redacted, as per data definition, to avoid potential identification of individuals.

Trend

The chart below shows the gender pay gap trend since reporting commenced to fulfil the specific duties. Factors which will influence the position over time include incremental progression on pay scales as well as natural turnover within the organisation.



	2012	2014	2016	2018	2020
NHSA&A Total organisation	26.05	24.95	23.95	23.98	21.3
All Agenda for Change	3.13	3.36	2.84	2.39	1.88
Medical & Dental	20.15	16.68	17.55	11.47	7.81
Senior Managers	15.91	10.15	16.87	16.87	16.00

Table B1 – Gender pay gap by Agenda for Change (AfC) job families (summary)

Note:

- The same notes as Table A are applicable

Job Family	Female			Male			Total headcount of cohort	Gender pay gap male to female %
	Headcount	Percentage of workforce for cohort	Average Hourly Rate £	Headcount	Percentage of workforce for cohort	Average Hourly Rate £		
ADMINISTRATIVE SERVICES	1,499	87.7%	13.29	206	12.3%	17.14	1,705	22.46
ALLIED HEALTH PROFESSION	852	90.8%	18.36	85	9.2%	18.64	937	1.50
DENTAL SUPPORT	91	*	*	*	*	*	*	*
HEALTHCARE SCIENCES	257	74.9%	16.56	83	25.1%	18.43	340	10.15
MEDICAL SUPPORT	3	23.1%	14.90	10	76.9%	14.89	13	-0.07
NURSING/MIDWIFERY	4,610	91.4%	15.65	454	8.6%	15.55	5,064	-0.64
OTHER THERAPEUTIC	344	84.8%	20.59	62	15.3%	23.42	406	12.08
PERSONAL AND SOCIAL CARE	143	84.8%	16.80	26	15.2%	17.76	169	5.41
SUPPORT SERVICES	1,101	69.3%	10.71	464	30.7%	12.19	1,565	12.14
Total for all Agenda for Change grades	8,900	86.8%	15.12	1,391	13.2%	15.41	10,291	1.88

Narrative

AfC staff constitute approximately 94% of the NHS Ayrshire & Arran workforce. AfC is based on the principle of equal pay for work of equal value. The tables below show the gender pay gap summary by job family and the gap by individual grades within each job family. The relative gender split across bands within job families is a critical component in interpreting why there is a differential in male and female pay. As with all staff groups the reasons for this are multi-factorial e.g. societal, educational, child care and breaks in career. A higher proportion of either gender in a specific band can significantly impact upon the overall average hourly rate.

Table B2 - Gender pay gap by Agenda for Change (AfC) job families and pay band

The table below breaks job families down by AfC band:

Job Family	Grade	Female			Male			Total headcount of cohort	Gender pay gap male to female %
		Headcount	Percentage of workforce for cohort	Average Hourly Rate £	Headcount	Percentage of workforce for cohort	Average Hourly Rate £		
ADMINISTRATIVE SERVICES	Band 2	437	92.8%	10.39	34	7.2%	10.38	**471**	**-0.10**
ADMINISTRATIVE SERVICES	Band 3	303	94.5%	11.36	17	5.5%	11.09	**320**	**-2.43**
ADMINISTRATIVE SERVICES	Band 4	456	94.4%	12.63	26	5.6%	12.49	**482**	**-1.12**
ADMINISTRATIVE SERVICES	Band 5	100	71.8%	14.97	40	28.2%	15.06	**140**	**0.60**
ADMINISTRATIVE SERVICES	Band 6	102	66.2%	18.56	52	33.8%	19.27	**154**	**3.68**
ADMINISTRATIVE SERVICES	Band 7	48	75.0%	22.40	16	25.0%	22.56	**64**	**0.71**
ADMINISTRATIVE SERVICES	Band 8A	22	78.6%	25.93	6	21.4%	25.62	**28**	**-1.21**
ADMINISTRATIVE SERVICES	Band 8B	11	64.7%	31.06	6	35.3%	31.59	**17**	**1.68**
ADMINISTRATIVE SERVICES	Band 8C	13	59.1%	37.34	7	40.9%	38.09	**20**	**1.97**
ADMINISTRATIVE SERVICES	Band 8D	7	*	*	*	*	*	*	*
ADMINISTRATIVE SERVICES Total		**1,499**	**87.7%**	**13.29**	**206**	**12.3%**	**17.14**	**1,705**	**22.46**
ALLIED HEALTH PROFESSION	Band 2	20	*	*	*	*	*	*	*
ALLIED HEALTH PROFESSION	Band 3	93	92.3%	11.37	8	7.7%	11.30	**101**	**-0.62**
ALLIED HEALTH PROFESSION	Band 4	56	87.7%	12.45	8	12.3%	12.47	**64**	**0.16**
ALLIED HEALTH PROFESSION	Band 5	93	84.1%	14.18	16	15.9%	13.75	**109**	**-3.13**
ALLIED HEALTH PROFESSION	Band 6	383	95.1%	19.21	20	4.9%	18.22	**403**	**-5.43**
ALLIED HEALTH PROFESSION	Band 7	160	88.4%	22.91	21	11.6%	21.97	**181**	**-4.28**
ALLIED HEALTH PROFESSION	Band 8A	33	84.2%	26.63	6	15.8%	26.63	**39**	**0.00**
ALLIED HEALTH PROFESSION	Band 8B	12	*	*	*	*	*	*	*
ALLIED HEALTH PROFESSION	Band 8C	*	*	*	*	*	*	*	*
ALLIED HEALTH PROFESSION	Band 8D				*	*	*	*	*
ALLIED HEALTH PROFESSION Total		**852**	**90.8%**	**18.36**	**85**	**9.2%**	**18.64**	**937**	**1.50**
DENTAL SUPPORT	Band 2	*	*	*	*	*	*	*	*
DENTAL SUPPORT	Band 3	*	*	*				*	*
DENTAL SUPPORT	Band 4	51	100.0%	12.63				**51**	
DENTAL SUPPORT	Band 5	29	100.0%	15.88				**29**	
DENTAL SUPPORT	Band 6	*	*	*				*	*
DENTAL SUPPORT	Band 7	*	*	*				*	*
DENTAL SUPPORT Total		**91**	*	*	*	*	*	*	*
HEALTHCARE SCIENCES	Band 2	27	*	*	*	*	*	*	*
HEALTHCARE SCIENCES	Band 3	75	76.0%	11.43	22	24.0%	11.24	**97**	**-1.69**
HEALTHCARE SCIENCES	Band 4	7	*	*	*	*	*	*	*
HEALTHCARE SCIENCES	Band 5	26	*	*	*	*	*	*	*

HEALTHCARE SCIENCES	Band 6	64	74.7%	19.28	22	25.3%	18.71	**86**	**-3.05**
HEALTHCARE SCIENCES	Band 7	43	73.8%	23.10	14	26.2%	22.80	**57**	**-1.32**
HEALTHCARE SCIENCES	Band 8A	11	55.0%	26.38	7	45.0%	27.30	**18**	**3.37**
HEALTHCARE SCIENCES	Band 8B	*	*	*	*	*	*	*	*
HEALTHCARE SCIENCES	Band 8C				*	*	*	*	*
HEALTHCARE SCIENCES	Band 8D	*	*	*	*	*	*	*	*
HEALTHCARE SCIENCES Total		**257**	**74.9%**	**16.56**	**83**	**25.1%**	**18.43**	**340**	**10.15**
MEDICAL SUPPORT	Band 2				*	*	*	*	*
MEDICAL SUPPORT	Band 4				*	*	*	*	*
MEDICAL SUPPORT	Band 5	*	*	*	*	*	*	*	*
MEDICAL SUPPORT	Band 6				*	*	*	*	*
MEDICAL SUPPORT Total		*	*	*	**10**	*	*	*	*
NURSING/MIDWIFERY	Band 2	874	91.0%	10.43	110	9.0%	10.44	**984**	**0.10**
NURSING/MIDWIFERY	Band 3	393	90.8%	11.40	38	9.2%	11.42	**431**	**0.18**
NURSING/MIDWIFERY	Band 4	92	94.5%	12.47	6	5.5%	12.38	**98**	**-0.73**
NURSING/MIDWIFERY	Band 5	1,789	91.8%	15.29	162	8.2%	15.41	**1,951**	**0.78**
NURSING/MIDWIFERY	Band 6	842	92.3%	18.82	71	7.7%	18.59	**913**	**-1.24**
NURSING/MIDWIFERY	Band 7	538	91.1%	22.09	50	8.9%	21.90	**588**	**-0.87**
NURSING/MIDWIFERY	Band 8A	63	84.0%	26.53	11	16.0%	26.02	**74**	**-1.96**
NURSING/MIDWIFERY	Band 8B	15	*	*	*	*	*	*	*
NURSING/MIDWIFERY	Band 8C	*	*	*	*	*	*	*	*
NURSING/MIDWIFERY	Band 9	*	*	*				*	*
NURSING/MIDWIFERY Total		**4,610**	**91.4%**	**15.65**	**454**	**8.6%**	**15.55**	**5,064**	**-0.64**
OTHER THERAPEUTIC	Band 2	30	*	*	*	*	*	*	*
OTHER THERAPEUTIC	Band 3	18	*	*	*	*	*	*	*
OTHER THERAPEUTIC	Band 4	14	*	*	*	*	*	*	*
OTHER THERAPEUTIC	Band 5	55	*	*	*	*	*	*	*
OTHER THERAPEUTIC	Band 6	30	*	*	*	*	*	*	*
OTHER THERAPEUTIC	Band 7	87	77.8%	21.54	22	22.2%	21.24	**109**	**-1.41**
OTHER THERAPEUTIC	Band 8A	72	85.5%	26.49	12	14.5%	26.13	**84**	**-1.38**
OTHER THERAPEUTIC	Band 8B	27	*	*	*	*	*	*	*
OTHER THERAPEUTIC	Band 8C	9	*	*	*	*	*	*	*
OTHER THERAPEUTIC	Band 8D				*	*	*	*	*
OTHER THERAPEUTIC	Band 9	*	*	*	*	*	*	*	*
OTHER THERAPEUTIC Total		**344**	**84.8%**	**20.59**	**62**	**15.3%**	**23.42**	**406**	**12.08**
PERSONAL AND SOCIAL CARE	Band 2	8	100.0%	10.40				**8**	
PERSONAL AND SOCIAL CARE	Band 3	18	*	*	*	*	*	*	*
PERSONAL AND SOCIAL CARE	Band 4	20	*	*	*	*	*	*	*
PERSONAL AND SOCIAL CARE	Band 5	40	*	*	*	*	*	*	*
PERSONAL AND SOCIAL CARE	Band 6	31	78.0%	19.00	9	22.0%	19.75	**40**	**3.80**
PERSONAL AND SOCIAL CARE	Band 7	14	*	*	*	*	*	*	*
PERSONAL AND SOCIAL CARE	Band 8A	9	*	*	*	*	*	*	*
PERSONAL AND SOCIAL CARE	Band 8B	*	*	*				*	*
PERSONAL AND SOCIAL CARE	Band 8D	*	*	*				*	*
PERSONAL AND SOCIAL CARE Total		**143**	**84.8%**	**16.80**	**26**	**15.2%**	**17.76**	**169**	**5.41**
SUPPORT SERVICES	Band 1	*	*	*				*	*
SUPPORT SERVICES	Band 2	979	75.0%	10.40	299	25.0%	10.41	**1,278**	**0.10**
SUPPORT SERVICES	Band 3	91	68.6%	11.47	40	31.4%	11.50	**131**	**0.26**
SUPPORT SERVICES	Band 4	11	28.2%	12.76	28	71.8%	12.60	**39**	**-1.27**
SUPPORT SERVICES	Band 5	*	*	*	66	*	*	*	*
SUPPORT SERVICES	Band 6	7	*	*	*	*	*	*	*
SUPPORT SERVICES	Band 7	*	*	*	18	*	*	*	*
SUPPORT SERVICES	Band 8A				6	100.0%	26.29	**6**	
SUPPORT SERVICES	Band 8B	*	*	*	*	*	*	*	*
SUPPORT SERVICES Total		**1,101**	**69.3%**	**10.71**	**464**	**30.7%**	**12.19**	**1,565**	**12.14**
Total		**8,900**	**86.8%**	**15.12**	**1,391**	**13.2%**	**15.41**	**10,291**	**1.88**

Table C – Gender pay gap by medical & dental grades

Notes:

- The same notes as Table A are applicable

Narrative:

Medical and dental grades constitute approximately 5.5% of the NHS Ayrshire & Arran workforce. There are 10% more men than women within this staff group and a significant proportion are consultants, including clinical directors, (60% of all men in this job family compared to 49% of women). This has a direct impact upon the overall gender pay gap for this staff group. The reasons for the gender pay gap within the medical and dental cohort are multi-factorial e.g. societal, educational, child care and breaks in career, in common with other staff groups however the impact upon the pay gap is significantly more pronounced. Pay in this cohort is highly dependent upon experience and men have more opportunity, taking into account the examples of factors highlighted, to build up sufficient experience to attain higher pay levels than women. Of note in the medical workforce is the significant shift in the gender profile of individuals entering medical training, more females, who will ultimately emerge as the future medical workforce and this will have a direct impact on the gender pay gap in the longer term.

	Female			Male				
Grade	Headcount	Percentage of workforce for cohort	Average Hourly Rate £	Headcount	Percentage of workforce for cohort	Average Hourly Rate £	Total headcount of cohort	Gender pay gap male to female %
Associate Specialist	8	*	*	*	*	*	*	*
Clinical Director	8	27.6%	49.33	21	72.4%	48.97	**29**	**-0.74**
Clinical Fellow	49	52.7%	17.62	43	47.3%	17.39	**92**	**-1.32**
Consultant	125	40.6%	46.43	177	59.4%	48.65	**302**	**4.56**
Dental Core Training - Grade 1	*	*	*				*	*
Dental Core Training - Grade 2	*	*	*	*	*	*	*	*
Dental Officer	6	*	*	*	*	*	*	*
General Practice Specialty Training	*	*	*	*	*	*	*	*
Locum Appointment Service				*	*	*	*	*
Medical Director				*	*	*	*	*
Other	*	*	*	*	*	*	*	*
Salaried GDP	*	*	*	*	*	*	*	*
Salaried GP	7	44.0%	41.00	7	56.0%	43.98	**14**	**6.78**
Senior Dental Officer	*	*	*	*	*	*	*	*
Specialty Doctor	43	53.1%	31.66	37	46.9%	31.63	**80**	**-0.09**
Specialty Registrar	*	*	*				*	*
Other	*	*	*	8	*	*	*	*
MEDICAL AND DENTAL Total	**273**	**42.9%**	**36.13**	**329**	**57.1%**	**39.19**	**602**	**7.81**

Table D - Occupational segregation by ethnicity

Notes:

- Senior manager total includes Non-Executive Directors

There is clearly variation within and between job families however reasons for this will be multi-factorial. The size of cohorts within this analysis impedes the ability to undertake further vertical segregation analysis by grade within job families.

Ethnicity	Job Family										
	ADMINISTRATIVE SERVICES	ALLIED HEALTH PROFESSION	DENTAL SUPPORT	HEALTHCARE SCIENCES	MEDICAL AND DENTAL	MEDICAL SUPPORT	NURSING/MIDWIFERY	OTHER THERAPEUTIC	PERSONAL AND SOCIAL CARE	SENIOR MANAGERS	SUPPORT SERVICES
African - African, African Scottish or African British				*	11		8	*			*
African - Other					*						
Asian - Chinese, Chinese Scottish or Chinese British	*	*		*	11		*	*			
Asian - Indian, Indian Scottish or Indian British	*	*		*	53		*	*			*
Asian - Other	*			*	13		11				6
Asian - Pakistani, Pakistani Scottish or Pakistani British	*	*		*	12		*	*			
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British								*			
Caribbean or Black - Other	*				*						
Don't Know	378	183	13	97	111	5	1043	48	22	*	473
Mixed or Multiple Ethnic Group					13		11	6			*
Other Ethnic Group - Arab, Arab Scottish or Arab British					*						
Other Ethnic Group - Other	*				14		*	*			*
Prefer not to say	*	*		*	7		7	*			*
White - Irish	14	19		*	23		35	9	*		*
White - Other	14	10	*	6	40		24	11			9
White - Other British	84	43		14	73	1	211	23	9	*	48
White - Polish		*									*
White - Scottish	1260	679	77	213	223	7	3711	290	139	21	1017
Total	**1764**	**940**	**92**	**342**	**609**	**13**	**5074**	**405**	**172**	**27**	**1567**

Table E – Occupational segregation by disability

Notes:

- As per table D

Employees identifying as having a disability are 0.83% of the entire workforceIt is recognised in the Equality & Diversity Mainstreaming Report that this is grossly under the expected rate of disability we would expect to have if taking cognisance of the health status of our local population, of which a significant proportion of our employees will be. Data on employee disability is self reported and as such there is a need to engage with staff to improve understanding e.g. understanding that having a long term conditions in relation to disability, and encourage reporting. On this basis it is difficult to draw any meaningful conclusion from the data and the ability to undertake further vertical segregation analysis is impossible as the associated numbers would be rendered unreportable.

Job family	Don't Know	No	Prefer not to say	Yes	Total
ADMINISTRATIVE SERVICES	1066	674	*	21	1764
ALLIED HEALTH PROFESSION	540	391	*	8	940
DENTAL SUPPORT	70	21	*	1	92
HEALTHCARE SCIENCES	221	120	*	1	342
MEDICAL AND DENTAL	281	319	*	9	609
MEDICAL SUPPORT	8	5	*	*	13
NURSING/MIDWIFERY	2899	2138	6	31	5074
OTHER THERAPEUTIC	154	245	*	5	405
PERSONAL AND SOCIAL CARE	102	68	*	2	172
SENIOR MANAGERS	7	19	*	1	27
SUPPORT SERVICES	964	592	*	11	1567

Equal Pay Statement

This statement has been agreed in partnership and will be reviewed on a regular basis by the NHS Ayrshire & Arran Area Partnership Forum and the Staff Governance Committee.

NHS Ayrshire & Arran is committed to the principles of equality of opportunity in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their age, disability, ethnicity or race, gender reassignment, marital or civil partnership status, pregnancy, political beliefs, religion or belief, sex or sexual orientation.

NHS Ayrshire & Arran understands that the right to equal pay between women and men is a legal right under both domestic and European Law. In addition, the Equality Act 2010 (Specific Duties)(Scotland) Regulations require NHS Ayrshire & Arran to taking the following steps:

- Publish gender pay gap information by 30 April 2021, and every two years thereafter, using the specific calculation set out in the Regulations;
- Publish a statement on equal pay between men and women; persons who are disabled and persons who are not; and persons who fall into a minority racial group and persons who do not, to be updated every four years; and
- Publish information on occupational segregation among its employees, being the concentration of men and women; persons who are disabled and persons who are not; and persons who fall into a minority racial group and persons who do not, to be updated every four years.

NHS Ayrshire & Arran also recognises underlying drivers of pay inequality, including occupational segregation, inequality of unpaid care between men and women, lack of flexible working opportunities, and traditional social attitudes, and will take steps within its remit to address these factors in ways that achieve the aims of the NHSScotland Staff Governance Standard and the Equality Duty.

It is good practice and reflects the values of NHS Ayrshire & Arran that pay is awarded fairly and equitably.

National Terms and Conditions

NHS Ayrshire & Arran employs staff on nationally negotiated and agreed NHS contracts of employment which includes provisions on pay, pay progression and terms and conditions of employment. These include National Health Service Agenda for Change (A4C) Contract and Terms & Conditions of employment, NHS Consultant and General Practice (GP) and General Dental Practice (GDP) contracts of employment and. Some staff are employed on the NHS Scotland Executive contracts of employment (Executive Cohort) which are evaluated using national grading policies with prescribed pay range and terms of conditions of employment.

NHS Ayrshire & Arran recognises that in order to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent, or work of equal value, it should operate pay systems which are transparent, based on objective criteria and free from unlawful bias.

In line with the General Duty of the Equality Act 2010, our objectives are to:

- Eliminate unfair, unjust or unlawful practices and other discrimination that impact on pay equality;
- Promote equality of opportunity and the principles of equal pay throughout the workforce; and
- Promote good relations between people sharing different protected characteristics in the implementation of equal pay

We will:

- Review this policy, statement and action points with trade unions and professional organisations as appropriate, every 2 years and provide a formal report within 4 years;
- Inform employees as to how pay practices work and how their own pay is determined;
- Provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions to ensure fair and consistent practice;
- Examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave;
- Undertake regular monitoring of the impact of our practices in line with the requirements of the Equality Act 2010; and
- Consider, and where appropriate, undertake a planned programme of equal pay reviews in line with guidance to be developed in partnership with the workforce and Trade Union representatives.

Staff Governance Standard

NHS Boards work within a Staff Governance Standard which is underpinned by statute. The Staff Governance Standard sets out what each NHS Scotland employer must achieve in order to continuously improve in relation to the fair and effective management of staff.

The Standard requires all NHS Boards to demonstrate that staff are:

- well informed;
- appropriately trained and developed;
- involved in decisions;
- treated fairly and consistently, with dignity and respect, in an environment where
- diversity is valued; and
- provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

Delivering equal pay is integrally linked to the aims of the Staff Governance Standard.

Responsibility for implementing this policy is held by the NHS Ayrshire & Arran Chief Executive with the Human Resources Director having lead responsibility for the delivery of the policy.

If a member of staff wishes to raise a concern at a formal level within NHS Ayrshire & Arran relating to equal pay, the Grievance Procedure is available for their use.

Equality & Diversity Workforce Data

1.1 Data definition

Due to the nature of reporting, and the differing systems used, there are variances on the equal opportunities monitoring data presented in terms of the percentage (%) of the workforce cohort being analysed, as relative denominators will vary, as follows:

- Overall workforce characteristics – data reflects all substantive staff employed as at 31st December 2020 (excluding bank staff);
- Training – data reflects all learning opportunities undertaken in the calendar year 2020 for all staff (substantive and bank);
- Leavers – data reflects all substantive postholders who left during the calendar year 2020;
- Recruitment – data reflects all applicants (for substantive and bank posts) during the calendar year 2020; and
- Employee relations – data reflects all cases related to dignity at work, conduct and grievances in the calendar year 2020.

As reflected within the monitoring charts that follow there is a proportion of employees for which where there is no detail recorded for specific protected characteristics. This appears in the charts/data as blank / unspecified / unknown as the employee has not disclosed this detail.

1.2 Presentation of the data

The data is presented in five distinct sections:

2.1 Workforce characteristics;
2.2 Training;
2.3 Leavers;
2.4 Recruitment; and
2.5 Employee relations.

Each section provides detail on gender / transgender; disability; ethnic group, age; and sexual orientation.

The denominator relative to the subject area is detailed at the top of the page of each respective section.

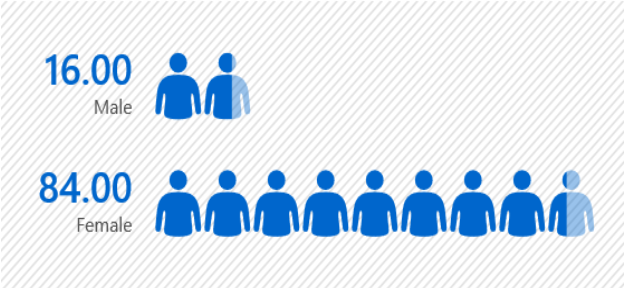
Charts have been used to illustratively display the data however in some instances the data table is reflected instead as there are multiple data items that would make a chart unviable to present the data.

Data within the recruitment section details the proportions of staff that applied, were interviewed and subsequently were identified as preferred candidates and this is presented in a table format for all characteristics.

In the employee relation section only conduct cases are presented. Our dignity at work and grievance cohorts are too small in size, 11 and 8 headcount respectively, to provide an analysis of characteristics as the associated drilldown could potentially identify individuals i.e. reporting figures less than or equal to 5.

2. **Workforce characteristics** as at 31st December 2020: **total headcount of 10,811**

Gender: % of workforce

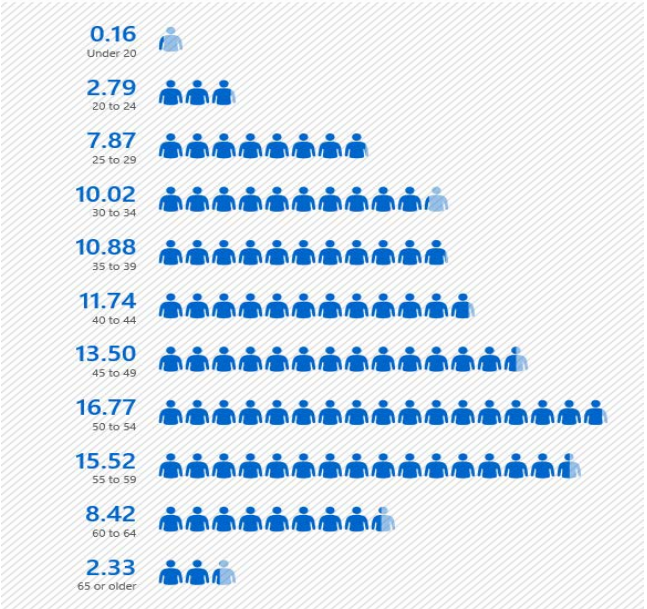


0.27% of the workforce identify as transgender, 0.04% preferred not to say and 97.22% have not detail.

Disability: % of workforce

Ethnic Group	% of wf
African - African, African Scottish or African British	0.21
African - Other	0.03
Asian - Chinese, Chinese Scottish or Chinese British	0.22
Asian - Indian, Indian Scottish or Indian British	0.60
Asian - Other	0.30
Asian - Pakistani, Pakistani Scottish or Pakistani British	0.21
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	0.01
Caribbean or Black - Other	0.02
Don't Know	21.57
Mixed or Multiple Ethnic Group	0.28
Other Ethnic Group - Arab, Arab Scottish or Arab British	0.01
Other Ethnic Group - Other	0.22
Prefer not to say	0.27
White - Irish	0.98
White - Other	1.04
White - Other British	4.61
White - Polish	0.02
White - Scottish	69.41

Age: % of workforce

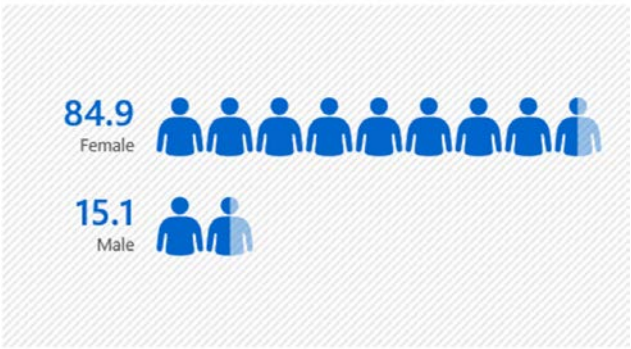


Religion & Belief: % of workorce

Sexual orientation: % of workforce

3. Training, 1/1/2020 to 31/12/2020, all training opportunities (inclusive of both face to face and eLearning packages) undertaken by staff: **training opportunities = 80,022**

Gender: % of workforce

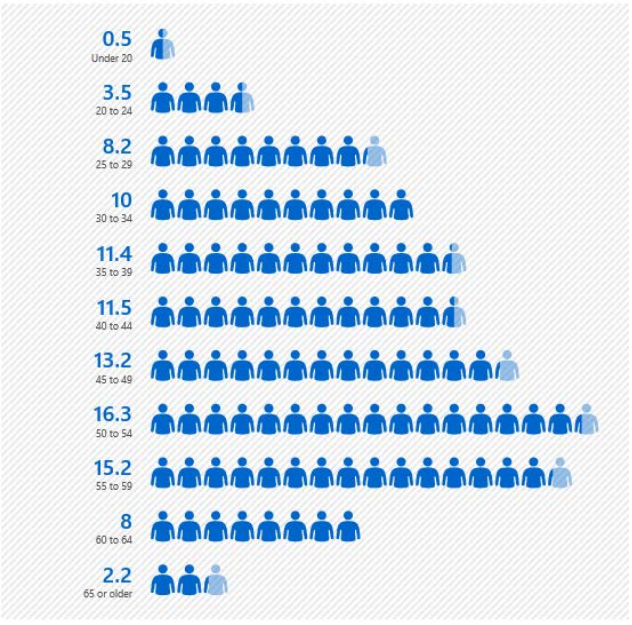


0.2% of all training opportunities were undertaken by individuals identifying as transgender.

Disability: % of workforce

Ethnic Group	% of wf
African - African, African British, African Scottish	0.2
African - Other	0
Asian - Chinese, Chinese British, Chinese Scottish	0.2
Asian - Indian, indian British, Indian Scottish	0.6
Asian - Other	0.3
Asian - Pakistani, Pakistani British, Pakistanti Scottish	0.2
Caribbean or Black - Carib., Carib. Brit., Carib. Scot.	0
Caribbean or Black - Black, Black British, Black Scottish	0
Caribbean or Black - Other	0
Don't know	19.9
Mixed or multiple ethnic group	0.3
Other Ethnic Group - Arab, Arab British, Arab Scottish	0
Other Ethnic Group - Other	0.2
Prefer not to say	0.3
White Irish	0.9
White other	1.1
White other British	4.8
White Polish	0
White Scottish	70.9

Age: % of workforce

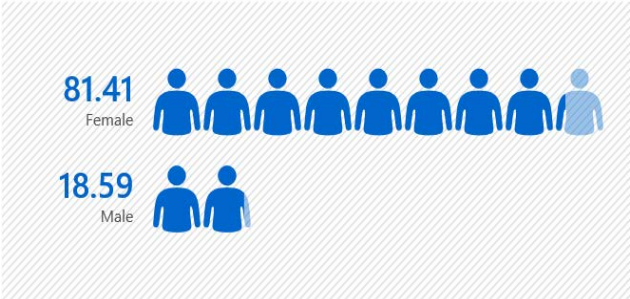


Religion & Belief: % of workforce

Sexual Orientation: % of workforce

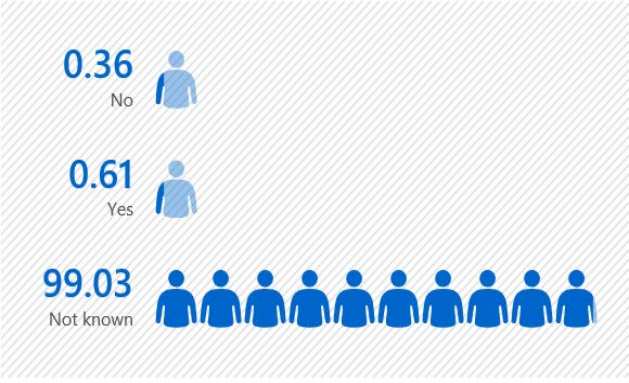
4. **Leavers,** 1/1/2020 to 31/12/2020**: total headcount = 823**

Gender: % of workforce



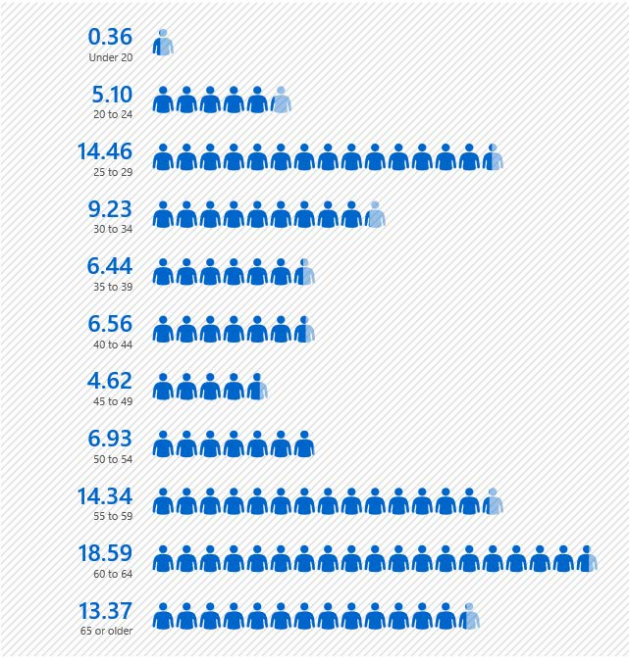
0.12% of all leavers identified as being transgender.

Disability: % of workforce

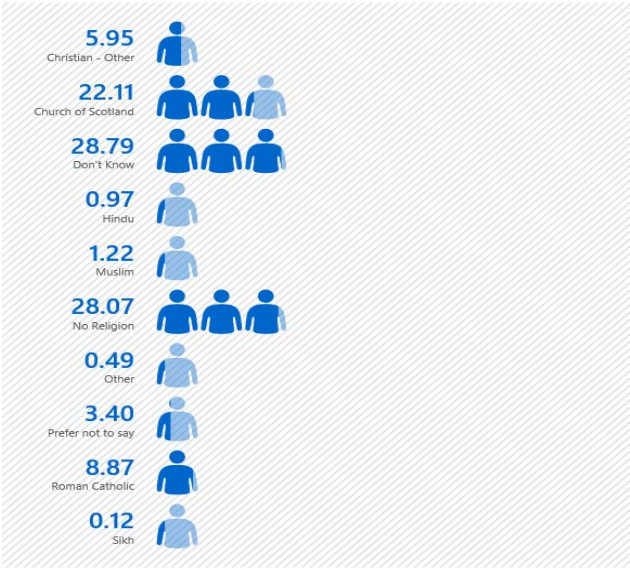


Row Labels	% of wf
African - African, African Scottish or African British	0.24
African - Other	0.12
Asian - Chinese, Chinese Scottish or Chinese British	0.97
Asian - Indian, Indian Scottish or Indian British	1.09
Asian - Other	0.12
Asian - Pakistani, Pakistani Scottish or Pakistani British	0.97
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	0.12
Don't Know	27.34
Mixed or Multiple Ethnic Group	0.61
Other Ethnic Group - Arab, Arab Scottish or Arab British	0.12
Other Ethnic Group - Other	0.24
Prefer not to say	0.73
White - Irish	1.22
White - Other	1.70
White - Other British	6.56
White - Scottish	57.84

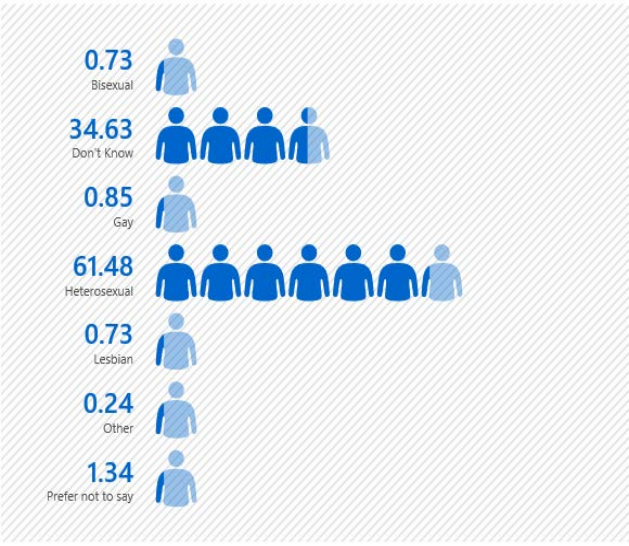
Age: % of workorce



Religion & Belief: % of workforce



Sexual orientation: % of workforce



5. Recruitment, 1/1/2020 to 31/12/2020: **16122 applicants, 5267 interviewed, 2279 preferred candidates**

Gender	Applicants%	Interview%	Pref cand.%
Female	63.17	81.62	81.44
Male	36.15	17.73	18.39
Prefer not to say	0.62	0.34	0.13
Not Specified	0.04	0.04	
In Another Way	0.02	0.27	0.04

Disability	Applicants%	Interview%	Pref cand.%
No	89.44	88.70	93.24
Yes	10.38	11.03	6.58
Not Specified	0.16	0.25	0.18
Prefer not to say	0.02	0.02	

Ethnicity	Applicants%	Interview%	Pref cand.%
White - Scottish	63.53	81.23	75.65
Any other White Background	6.49	5.58	6.77
Asian, Asian Scottish, Asian British - Pakistani	6.43	0.06	0.62
Asian, Asian Scottish, Asian British - Indian	4.47	1.62	1.19
Any other ethnic background	3.76	0.13	1.85
White - Other British	3.66	5.54	7.60
Any other Asian Background	2.71	0.19	0.31
Black, Black Scottish, Black British - African	2.43	2.65	0.84
Any Mixed Background	2.14		
Any other Black Background	1.37	0.36	0.62
Asian, Asian Scottish, Asian British - Bangladeshi	1.15	0.13	0.48
Prefer not to say	1.14	1.48	0.57
White - Irish	0.58	0.51	2.64
Asian, Asian Scottish, Asian British - Chinese	0.14		
Black, Black Scottish, Black British - Caribbean	0.02		

[to be added – reporting issue being resolved]

Religion & Belief	Applicants%	Interview%	Pref cand.%
No Religion (none)	39.62	51.90	67.65
Church of Scotland (Christianity)	19.92	19.78	14.55
Islam	18.87	0.17	2.46
Roman Catholic (Christianity)	9.23	17.89	7.38
Christianity (other)	6.15	3.60	4.92
Prefer not to say	3.51	5.90	2.46
Hinduism	1.10	0.15	0.13
Buddhism	0.60	0.02	0.18
Other faith/belief	0.58	0.59	0.26
Sikhism	0.40		
Judaism	0.02		

Sexual Orientation	Applicants%	Interview%	Pref cand.%
Heterosexual/Straight	93.66	94.94	93.14
Prefer not to say	2.94	2.89	3.12
Gay/Lesbian	2.08	0.84	2.15
Bi-Sexual	0.98	1.12	1.19
Other	0.34	0.21	0.40

6. Employee relations, conduct cases 1/1/2020 to 31/12/2020: **65 cases**

Due to the small size of this workforce cohort tables are used to reflect the data in this section. Where the number of individuals for a characteristic is less than (including zero) or equal to 5 (or where a total could be extrapolated to identify less than 5 individuals) an asterisk (*) has been inserted to avoid potential identification.

Gender: % workforce

There were no cases in the period where an individual identified as transgender.

Disability

There were no cases in the period where an individual identified as having a disability.

Ethnic Group	% of wf
African - African, African Scottish or African British	*
African - Other	*
Asian - Chinese, Chinese Scottish or Chinese British	*
Asian - Indian, Indian Scottish or Indian British	*
Asian - Other	*
Asian - Pakistani, Pakistani Scottish or Pakistani British	*
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	*
Caribbean or Black - Other	*
Don't Know	26.15
Mixed or Multiple Ethnic Group	*
Other Ethnic Group - Arab, Arab Scottish or Arab British	*
Other Ethnic Group - Other	*
Prefer not to say	*
White - Irish	*
White - Other	*
White - Other British	*
White - Polish	*
White - Scottish	66.15

Age	% of wf
Under 20	*
20 to 24	*
25 to 29	9.23
30 to 34	*
35 to 39	10.77
40 to 44	18.46
45 to 49	9.23
50 to 54	20.00
55 to 59	16.92
60 to 64	*
65 or older	*

Religion & Belief	% of wf
Buddhist	*
Christian - Other	*
Church of Scotland	15.38
Don't Know	23.08
Hindu	*
Jewish	*
Muslim	*
No Religion	35.38
Other	*
Prefer not to say	*
Roman Catholic	9.23
Sikh	*

Sexual Orientation	% of wf
Bisexual	*
Don't Know	24.6
Gay	*
Heterosexual	72.3
Lesbian	*
Other	*
Prefer not to say	*