



# **NHS Shetland Equality Outcomes 2021 to 2025**

**This report is also available in large print and other formats and languages, upon request. Please call NHS Shetland on (01595) 743060 or email: [shb.nhs.uk/contactus.asp](mailto:shb.nhs.uk/contactus.asp)**

February 2021

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## **1. Why produce a Consultation Draft Outcomes Report?**

NHS Shetland has a legal duty under the terms of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, as amended, to produce and publish an Equality Outcomes Report every four years. This must set out what NHS Shetland wishes to achieve in the area of each of the 9 “protected characteristics” of equality as defined by the Equality Act 2010. The 9 “protected characteristics are:

- Race
- Disability
- Age
- Sex (male or female)
- Sexual orientation
- Gender reassignment
- Pregnancy and maternity
- Marriage and civil partnership
- Religion or belief

The equality outcomes are required to enable NHS Shetland to:

- Eliminate discrimination
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

We have a legal duty when formulating the outcomes to involve and consult local equality and diversity groups, other local organisations, partner agencies, individuals and the wider community of Shetland to help shape the future pattern of services in these 9 key areas of our work.

Consultation on draft document took place February - April 2021.

**Due to the current COVID-19 crisis, the Scottish Government and the main Regulatory Body in this field, the Equality and Human Rights Commission for Scotland have approved greatly reduced consultation arrangements and greatly reduced content for this Report,**

**acknowledging that this work must not take time away from our vital COVID-19 work.**

**We will continue to make progress in this field, but for understandable reasons, some aspects of this work may be delayed due to COVID-19.**

## **2. Information about NHS Shetland**

### **(a) What is NHS Shetland?**

NHS Shetland is an island Health Board responsible for providing a wide range of health care services to the people of Shetland. We work closely with Shetland Community Health and Social Care Partnership (CHSCP).

NHS Shetland front line services are supported by corporate services such as Finance and Human Resources. A Health Board made up of representatives from the local Shetland community oversees this work assisted by a management team. The headquarters are based in Upper Floor Montfield, Burgh Road, Lerwick.

### **(b) What does NHS Shetland do?**

The purpose of NHS Shetland is to:

- Improve the health of people living on Shetland.
- Provide safe, high-quality treatment, based on clinical need in comfortable surroundings and within the available resources, both on-Island and with our healthcare partner NHS Grampian.
- Help people to choose the best ways to look after their health.

We can only achieve these goals by working closely with our staff, patients, Shetland CHSCP, other partner agencies, carers, the local community and organisations/groups on Shetland and nationally.

### **(c) What is the size of the population served?**

NHS Shetland provides a comprehensive healthcare service to the population of Shetland. The National Records of Scotland in April 2020 estimated the population of Shetland to be approximately 22,920.

**(d) Where are services provided?**

The aim is to deliver services as close to the patients' home as it is clinically safe to do so. Services are provided in a range of community settings; workplaces, peoples' homes, in one of the 10 GP practices or in the Gilbert Bain Hospital. The Gilbert Bain Hospital had 56 beds and has two operating theatres, an Accident and Emergency Department, 2 inpatient units providing general surgical and medical care, a maternity unit, a laboratory, a radiology department, and an outpatient department. It also provides physiotherapy, occupational therapy and has a renal unit and a medical physics department. Work is at the planning stage to build a new hospital with enhanced facilities to replace the Gilbert Bain.

More specialist healthcare services are provided off-Island by NHS Grampian at Aberdeen Royal Infirmary, Woodend Hospital, Royal Aberdeen Children's Hospital, Cornhill Hospital and Aberdeen Maternity Hospital.

**(e) Resources used**

NHS Shetland had a revenue budget of 63 million for the 2020/21 Financial Year. As at 31.3.2020 there were 732 full and part time staff, (594.9 Whole Time Equivalent). The budget supports hospital services, community based services and primary care services for Shetland.

**3. Staff Training Seminars**

The UK-wide NHS Knowledge and Skills Framework (KSF) has been implemented for all NHS Shetland staff, excluding the Executive Cohort and Senior Managers and medical and dental staff, for whom separate arrangements apply. There is an ongoing cycle of review, planning, development and evaluation which links organisational and individual development needs; this is a commitment to the development of everyone who works in the NHS. KSF outlines are developed for all KSF category posts which detail the knowledge and skills required for the post covering six mandatory core dimensions of:

- Communication
- Personal and People Development
- Health, Safety and Security
- Service Improvement
- Quality
- Equality and Diversity

As can be seen, equality and diversity is one of the six mandatory core dimensions. In addition, there are specific dimensions which reflect the key activities of each post. Equality and Diversity training is an essential element in the personal and career development of staff.

NHS Shetland has in place a comprehensive Equality and Diversity Training Programme for staff. This Programme is essential to ensure that staff are aware of their responsibilities in this field and to ensure legal compliance. All of the materials used in training are checked and updated on a monthly basis, if required.

All of the work details below will continue for the next 4 years.

#### **a) Delivery method**

Until March 2020, all Equality and Diversity training was delivered “face to face” on-Island. Feedback and evaluation from participants showed that this was an effective and popular way to deliver training. However, due to COVID-19, since April 2020, all of this training is now delivered on-line by TEAMS. The content of the training has been amended and the presentation methodology adapted to maximise the benefits from this new method of delivery. Feedback from staff completing the TEAMS based training has been extremely positive.

This move to TEAMS has also enabled NHS Shetland staff open access to all of the many equality and diversity TEAMS Seminars provided by NHS Grampian. This has increased the availability of Seminars by a minimum of 700%.

When COVID-19 has receded, NHS Shetland will continue to use TEAMS, but some Seminars such as Impact Assessment, will revert to “face to face” presentation, in a “blended learning” model.

As always, after training, we encourage staff to apply their knowledge. All participants are welcome to contact the speakers for help or advice at any time.

### **b) Booking and Recording of Training**

The names of all staff participating in each Seminar is recorded and feeds into the TURAS Learn System and is included in their Personal Development Plans.

### **c) Evaluation of Training and validity**

All participants are encouraged to provide feedback from Seminars. To date feedback from the TEAMS Seminars has been extremely positive. All of the training remains valid for 5 years.

The main Seminars provided are:

### **d) Equality and Diversity KSF Level Four Seminar**

This training is aimed at senior staff such as consultants, GP`s, senior charge nurses, charge nurses, managers and assistant managers and staff who are Appointing Officers and staff and volunteers who serve on Clinical Ethics Committees. This training also meets the Equality and Diversity Training Requirement of the various Royal Colleges.

The training comprises two 90 minute Seminars which are very much interactive. The syllabus covers each of the 9 “protected characteristics” of race, disability, sexual orientation, religion or belief, sex, gender reassignment, age, pregnancy and maternity and marriage and civil partnership in detail. It is designed to ensure staff are able to identify and challenge any discrimination which they may see in their sphere of responsibility. The training also covers:

- The Human Rights Act 1998
- Unconscious bias
- A reflection on our own assumptions
- Potential issues in the interview/lecture situation
- The responsibility to act if we see discrimination or prejudice occurring

There is also time for discussion and questions.

#### **e) Equality and Diversity KSF Level Two Seminar**

This training is provided for supervisory and basic grade staff. It comprises one two hour Seminar. The syllabus covers the same topics as Level Four, but not in as much depth. It is designed to ensure staff are able to support a discrimination free environment.

Experience has shown that offering these two levels meets the equality and diversity training needs of all NHS Shetland staff.

#### **f) Level One Equality and Diversity Impact Assessor Training Seminar**

The aim of Impact Assessment is simply to avoid policies, strategies or re-organisational proposals being introduced, with the best of intentions, which discriminate against one or more of the groups with a “protected characteristic”.

This is a One Day Seminar and equips staff to use the Rapid Impact Assessment Checklist approach to Equality and Diversity Impact Assessment. Currently, NHS Shetland has 6 trained Level One Impact Assessors. The Impact Assessors receive full ongoing support from their trainer.

#### **g) Level Two Equality and Diversity Impact Assessor Training**

This is a follow on course to the Level One Equality and Diversity Impact Assessor Training Seminar. It takes one day and trains staff to carry out the full EQIA Equality and Diversity Impact Assessment, Health Impact Assessment and Budgetary Impact Assessment

When required, full EQIA Impact Assessment is provided by NHS Grampian. As our newly trained Impact Assessors gain in experience, it is anticipated that full EQIA will be provided in-house at some point in the future.

## **4. Race equality outcomes**

There are two main race equality outcomes:



**a) Outcome One: meeting the communication and health care needs of our local ethnic communities and the promotion of good health. This outcome will advance equality of opportunity, specifically equality of access to health care and health care information.**

The ability of all members of our local ethnic communities to communicate clearly and effectively their healthcare needs is essential if we are to achieve equality in healthcare. Hence the importance of interpretation services:

### **Supporting actions**

We will:

- Continue to make the “Language Line” telephone interpretation service available wherever non-English speaking patients require to access healthcare on Shetland.
- All NHS Shetland, strategies and re-organisational proposals will continue to contain the offer at the front to make the document available in any other language or format upon request. All requests will be met promptly.
- Continue to meet the healthcare needs of our local ethnic communities. NHS Shetland will promote positive health and well being within our local ethnic communities. NHS Shetland will continue to do health promotion work in co-operation with Shetland CHSSCP.

**b) Outcome Two: Ensuring there is race equality within NHS Shetland. Any discriminatory conduct will be eliminated.**

Work has continued to thoroughly and promptly investigate any issues or complaints raised by members of staff with a racial discriminatory element and take appropriate follow up action if required. This may involve other bodies and agencies, where necessary.

### **Statutory Reports**

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, requires NHS Shetland as a public body to produce a number of Statutory

Reports, at set intervals. In April 2020, the Scottish Government recognised that the priority for public bodies such as NHS Shetland was to fight the COVID-19 virus. Accordingly, the Scottish Government introduced the Coronavirus (Scotland) Act 2020 in April 2020, which has been extended until 31<sup>st</sup> March 2021. This allows public bodies not to publish Statutory Reports, which may take valuable time away from front line healthcare.

The Annual Equality and Diversity Workforce Monitoring Report for 2019/20 was not produced. However, the 2018/19 Report is still available on the NHS Shetland website. It is hoped to resume production of this Report when the COVID-9 crisis has receded.

## **6. Disability equality outcomes**

There are two main disability equality outcomes, these are:

**a) Outcome One: Continue to provide communication support. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.**

Communication support for people with a communication disability has been especially important during the COVID-19 crisis.

### **Supporting actions**

We will continue to:

#### **(i) British Sign Language (BSL)**

Look to provide a Video BSL service for our local Deaf community in the absence of an on-Island BSL qualified interpreter. NHS Grampian has piloted a successful Video BSL service which they have now rolled out in their Acute Sector and Mental Health Services. This same system will be piloted in NHS Shetland when individual travel is possible.

If successful, this system will also be offered to partner agencies such as Shetland Islands Council together with training, should they wish to participate and cost share as equal partners.

NHS Shetland will also continue to promote the National Contact Scotland Video Relay Service.

## **(ii) Published material**

NHS Shetland will continue to provide any of its published material in any other format or language, upon request. Our leaflets, booklets and other published material contain this offer at the front of each document, together with information on who to contact to obtain this. All requests are met promptly. This work will continue.

## **(iii) Royal National Institute for the Blind (RNIB) “Good Practice” Guidelines**

Most people with a sight problem can read written material without adaptation, if it is written clearly. All of our new information leaflets, booklets and published material complies with the requirements of the Royal national institute for the Blind (RNIB) publication: “See it right, making information accessible for people with sight problems”.

RNIB compliance is also an integral part of our Equality and Diversity Impact Assessment process.

**b) Outcome Two: Supporting national and local mental health initiatives. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.**

### **Supporting actions**

We will continue to:

- Support both national and local mental health initiatives, such as the “Butterfly Scheme” for people with dementia and the “See me” campaign to help overcome the stigma often associated with mental ill health.
- NHS Shetland will continue to work closely with local partners and NHS Grampian to address mental health issues in the wider community which may have been caused or exacerbated by the COVID-19 lockdowns.

- The mental health and wellbeing of NHS Shetland staff is also a priority. COVID-19 has placed many staff under extreme pressure.

## **6. Age**

The disability equality work described at 5 above also has applicability to older people on Shetland. In addition, there are two main additional age related equality outcomes, these are:

**a) Outcome One: Implementing the Scottish Government Policy “Getting it Right for Every Child” (GIFREC). This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.**

We will continue to support a multi-disciplinary multi-agency approach with Shetland CHSCP and other partners. We will continue to support multi-agency training.

**b) Outcome Two: Promote Independent Living for Older People. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.**

### **Supporting actions**

We will continue to:

#### **Promote Independent Living for Older People**

Since 2012, the Scottish Government have promoted Intermediate Care Services to patients, usually older people, after leaving hospital or when they are at risk of being sent to hospital. The service offers a link between places such as hospitals and people’s homes, and between different areas of the health and social care systems. The three main aims of intermediate care are:

- To avoid unnecessary admissions to hospitals
- To help people be as independent as possible after a stay in hospital
- Prevent people having to move into a care home until absolutely necessary

NHS Shetland will continue its active involvement in this national initiative. This work will continue, on a joint basis with Shetland CHSCP and Shetland Islands Council.

In August 2010, NHS Shetland and Shetland Islands Council produced and published a joint: **“Discharge Protocol for Hospital Patients in Shetland** to further support Intermediate Care. This work will continue.

## **7. Sex (male or female) equality outcomes**

There are three main sex equality outcomes. These are:

**a) Outcome One: Continue to identify and provide targeted healthcare to patients who are victims of gender based violence such as rape, sexual abuse or who have been trafficked. This will help to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act.**

### **Supporting actions**

We will continue to:

Develop and implemented a number of policies and strategies to address this issue, including the continuation of:

- The routine inquiry of gender based violence in priority areas.
- Providing training for front line NHS Shetland managers and staff to recognise the signs of gender based violence and to have the knowledge and skills to respond.
- Producing information on the sources of help and support and making these readily available.

**b) Outcome Two: Improve the uptake of health care by men. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.**

### **Supporting actions**

We will continue to:

- Over the next four years, NHS Shetland, in co-operation with Shetland CHSCP will continue to offer a range of health checks specifically for men. However, men still visit their GP on average 33% less than females. In addition, on average, 65% of men are overweight or obese, compared to 60% of women.
- Mount men's health awareness campaigns
- Promote the Healthy Workplace Initiative
- Promote health care services through the "Know Who To Turn To" campaign
- Support national health promotion initiatives

**c) Outcome Three: Ensure there is gender equality within NHS Shetland. This will eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act.**

### **Supporting actions**

We will:

Produce an Equality and Diversity Workforce Monitoring Report covering:

- The sex, female/male make up of the NHS Shetland workforce
- Information on the sex of new starts and leavers
- The sex of staff promoted
- The sex of staff applying for training and receiving training
- The sex, female/male, make up of the NHS Shetland Senior Management Team.

**Due to COVID-19 the production of this Report may be delayed.**

Produce an Equal Pay Report which will include an analysis broken down by:

- Gender
- Disability

- Ethnicity

**Due to COVID-19 the production of this Report may be delayed.**

## **8. Sexual orientation outcomes**

There are two main sexual orientation outcome. These are:

**a) Outcome One: Meeting the specific healthcare needs of our local LGB and T communities. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.**

### **Supporting actions**

We will:

#### **(i) Men who have sex with men**

NHS Shetland will continue the safe sex awareness campaign.

#### **(ii) Blood Borne Virus (BBV) testing**

NHS Shetland will continue its BBV testing campaign and carry out further outreach initiatives.

#### **(iii) Increase the availability of information**

Over the next four years, NHS Shetland will continue to provide healthcare information of particular interest to our LGB and T communities. Work will also continue to identify and meet any new information needs.

**b) Outcomes Two: Commence a “Rainbow Campaign” within NHS Shetland. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.**

### **Supporting actions**

We will:

- Make available NHS Shetland Rainbow Lanyards and Rainbow Badges to staff to make explicit to patients and staff that NHS Shetland is LGBT friendly.

- LGBT awareness is already an integral part of our Equality and Diversity Training Seminars

## **9. Gender reassignment outcomes**

There is one main gender reassignment outcome. This is:

**The provision of a comprehensive gender dysphoria service. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.**

### **Supporting actions**

NHS Shetland contracts with NHS Grampian for the provision of a gender dysphoria service. NHS Grampian provides the full range of 22 elements recommended by the Department of Health as comprising a gender dysphoria service.

Over the last two years, NHS Grampian has increased the number of consultants providing the gender dysphoria service from one consultant to two. This has helped to reduce waiting times.

Another welcome development during 2020, was the appointment of a gender dysphoria counsellor.

NHS Shetland will look to NHS Grampian for further similar improvements over the next four years.

NHS Shetland Equality and Diversity Training Seminars already contain a substantial segment on gender dysphoria, to raise the awareness of staff.

## **10. Pregnancy and maternity**

There are two main pregnancy and maternity equality outcomes. These are:

**a) Outcome One: Continue the development of sex education services for teenagers This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.**



Teenage pregnancy rates in Scotland are at the lowest level since 1994. Over the last two years, the successful sex education campaign for teenagers on Shetland has continued. Island Health Boards now have the lowest teenage pregnancy rates in Scotland.

However, there is no room for complacency. The sex education initiative will be continued and enhanced over the next four years, working closely with Shetland CHSCP, and the Shetland Islands Council Education Department.

**b) Outcome Two: Making sure pregnant staff receive their full maternity leave entitlements and appropriate advice and support. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.**

NHS Shetland will ensure that pregnant staff receive their full maternity leave and pay entitlements. In addition, NHS Shetland will respond positively to requests from staff for amended working hours and flexible working for staff with babies or young children.

## **11. Marriage and civil partnership**

There is one main marriage and civil partnership outcome. This is:

**Outcome: Train staff to be aware of the possibility of undisclosed same sex marriage or civil partnerships and the needs of the partners of patients. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.**

All NHS Shetland Equality and Diversity staff training includes information on the need for staff to be aware of the possible existence of an undisclosed same sex marriage or civil partnership. This is to ensure the rights of the same sex marriage partner or civil partner are respected.

Of necessity, healthcare staff focus on the needs of the person receiving care. However, sometimes the needs of civil partners, marriage partners and common law partners can be great, especially if one partner is a carer for the other. It is important for staff to keep partners fully informed and involved in the provision of care. This message is an integral part of our Equality and Diversity Training for staff.

## **12. Religion or belief outcomes**

There is one main religion or belief equality outcome. This is:

**Outcome: Continue to ensure that patients and staff who wish it, have access to spiritual care of their choice and provide educational resources for staff to enhance their awareness of the specific religious and spiritual needs of patients in the healthcare setting. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.**

NHS Shetland has in place a Spiritual Care Lead. Their role is to lead the development of spiritual care for both patients and staff, in liaison with volunteers, colleagues and senior managers. They have developed spiritual care networks and close links with other denominations and faith groups.

The Spiritual Care Lead works with staff to enhance their knowledge of religion and spiritual care. The “religions and Cultures” booklet has also been made widely available through the Equality and Diversity Training Seminars to provide a ready reference for staff.

Over the next four years, this work will continue.

## **13. How to make Comments or suggestions**

All comments on this Consultation Draft Equality Outcomes Report will be warmly welcomed. Comments in any language or format can be made:

By email to: [shb.nhs.uk/contactus.asp](mailto:shb.nhs.uk/contactus.asp)

By post to:

Feedback Service,  
NHS Shetland Board Headquarters,  
Upper Floor Montfield,  
Burgh Road,  
Lerwick  
ZE1 0LA

By voicemail to: (01595) 743060

**The closing date for comments is Friday 2<sup>nd</sup> April 2021.**

Report compiled by Nigel Firth, Equality and Diversity Manager, NHS  
Grampian and NHS Shetland  
February 2021