



What NHS Shetland has done in the period April 2019 to March 2021 to make the Public Sector Equality Duty an integral part of the way it functions

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What NHS Shetland has done in the period April 2019 to March 2021 to make the Public Sector Equality Duty an integral part of the way it functions

1. What is the Public Sector Equality Duty?

The Public Sector Equality Duty is defined in the Equality Act 2010, Part 11, Chapter 1, Section 149 which states:

A public authority must, in the exercise of its functions, have due regard to the need 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.

The 9 “protected characteristics” as defined by the Equality Act 2010 are:

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

2. Why produce this report?

In Scotland the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, as amended, applies to public bodies such as NHS Shetland. This requires us to produce and publish a report every two years detailing the

work we have done to make the public sector equality duty an integral part of the way we function as an organisation. This is “mainstreaming” the needs of our local equality and diversity communities and mainstreaming equality and diversity within NHS Shetland.

This is the NHS Shetland mainstreaming report for the period April 2019–March 2021.

As required by the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, this Report has been put on the NHS Shetland website to make it easily accessible to local equality and diversity groups and the general public in Shetland. It has also been put on the intranet to make it widely available to staff.

Overarching work relevant to all 9 “protected characteristics” such as:

- Staff Training
- Production of Statutory Reports

are covered in Sections 4 and 5. The specific work we have done in the sphere of each of the 9 “protected characteristics” is covered in Sections 6 to 14.

By producing this Report we are not simply ensuring legal compliance. We wish to showcase the superb work going on in NHS Shetland and give recognition to the hard work of our staff. We also wish to give recognition to our partner agencies and the many local equal and diversity groups who work hard to inform and support our work.

Due to the COVID-19 crisis, some aspects of our equality and diversity work since March 2020, has been curtailed. This was necessary to enable us to focus on fighting the COVID-19 pandemic. However, a great deal of progress has still been made.

3. Enhanced equality and diversity input

From 1st April 2019, NHS Shetland entered into a Service Level Agreement with NHS Grampian. The NHS Grampian Equality and Diversity Manager is now also the NHS Shetland Equality and Diversity Manager. NHS Shetland has full access to their expertise, training and associated resources.

4. Staff Training which addresses all 9 “protected characteristics”

The UK-wide NHS Knowledge and Skills Framework (KSF) has been implemented for all NHS Shetland staff, excluding the Executive Cohort 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 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, provided by NHS Grampian. This Programme is essential to ensure that staff are aware of their responsibilities in this field and to ensure compliance. All of the materials used in training are checked and updated on a monthly basis, if required.

In the last two Financial Years, over 200 staff have completed this training. All attendances are recorded and feed into staff Personal Development Plans.

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 widened access to the training for NHS Shetland staff. We now have access to all NHS Grampian Equality and Diversity Training Seminars, a 700% increase.

When COVID-19 has receded, NHS Shetland will continue to access Seminars via TEAMS, but one Seminar, namely Impact Assessment, may 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

Staff book through the TURAS system. The names of all staff participating in each Seminar is recorded and feeds back into the TURAS Learn system and is included in 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 Seminar is designed for senior staff such as consultants, senior medical staff, GP's, managers senior charge nurses, charge nurses, and staff involved in the recruitment and interview processes. It includes detailed consideration of each of the 9 “protected characteristics”. It also includes:

- 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

The aim is to empower senior staff to **develop a culture** in their areas that promotes equality and values diversity and challenges discrimination. The Seminar comprises 2 x 90 minute sections. There is also time for discussion and questions.

This training also meets the Equality and Diversity Training Requirement of the various Royal Colleges and remains valid for 5 years.

e) Equality and Diversity KSF Level Two Seminar

This training is provided for supervisory and basic grade staff. It comprises one 2 hour Seminar. The syllabus covers the 9 “protected characteristics” but not in as much depth as in Level Four. It is designed to ensure staff are able to **support** a discrimination free environment.

Feedback from staff surveys and individuals has shown that offering these two levels meets the equality and diversity requirement to both inform and empower NHS Shetland staff to challenge unacceptable behaviours.

f) Independent evaluation of Seminars

NHS Grampian collects independent feedback as a quality control measure on the equality and diversity training provided. This feedback is shared with NHS Shetland. This includes feedback collected from:

- National Education Scotland from FY2 doctors
- The NHS Grampian Nurse Induction Team
- Robert Gordon University
- Lime Surveys

The most recent Lime Survey was carried out in October 2020, when the Engagement and Participation Committee of NHS Grampian commissioned a survey which was sent out to a random sample of staff who had completed Equality and Diversity Training in the last 5 years. The aim was to gauge its effectiveness and its ability to motivate staff to challenge discrimination. The results were most positive. A copy of the full Survey is attached at Appendix I. Of particular relevance were the responses to Questions 6 and 7, which are shown below:

Question Six: On a scale of 1 to 5, 1 being the least and 5 the most, how confident would you feel to challenge unacceptable behaviour by a colleague, patient or relative?

Level of confidence	No of staff
Five	7
Four	24
Three	14
Two	2
One	0

Question Seven: Have you actually used the knowledge gained in the Seminar to challenge the unacceptable behaviour of a colleague, patient or relative?

Answer	Number of staff
Yes	15 staff
No	28 staff

It was particularly pleasing that from a sample size of 89 respondents, 15 staff (16.85%) had actually used their training to challenge unacceptable behaviour. This is most encouraging.

A similar Survey will be carried out of NHS Shetland staff who have attended the Equality and Diversity Training as a quality control measure.

g) Level One Equality and Diversity Impact Assessor Training Seminar

This is a One Day Seminar and equips staff to use the Rapid Impact Assessment Checklist approach to Equality and Diversity Impact Assessment. Due to the previous group of Impact Assessors being promoted or retiring, it was necessary to train a new group. Five NHS Shetland staff were trained as Level One Impact assessors on Tuesday 6th November 2019. This number will meet the NHS Shetland requirement for Impact Assessors for the foreseeable future. The Impact Assessors will continue to receive full ongoing support.

h) 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 trained Impact Assessors gain in experience, it is anticipated that full EQIA will be provided in-house at some point in the future.

5. NHS Shetland Statutory Monitoring Reports

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 require public bodies in Scotland to produce a number of Statutory Reports. The Statutory Reports required during the period April 2019 to March 2021 are:

a) An Equality and Diversity Workforce Monitoring Report

This Report must be produced and published annually and contain for each of the 9 “protected characteristics” details of:

- The number of staff and their relevant protected characteristics
- Information on applicants, shortlisted candidates and those offered posts
- Information on the development and retention of employees in terms of their protected characteristics
- Information on promotions and disciplinary action
- Details of the progress the public body has made to gather and use the above information to enable it to better perform the equality duty
- The gender make up of the NHS Shetland Board.

NHS Shetland has complied with these requirements and published a 2018/19 Workforce Report in the prescribed format. The Report can be found on the NHS Shetland website at:

<https://www.shb.scot.nhs.uk/board/equality/EaD-WorkforceMonitoringReport-20182019.pdf>

The Report showed that NHS Shetland recruitment, selection and staff retention policies, are fair and free from discrimination.

Due to COVID-19, a 2019/20 Report was not produced to avoid taking staff time away from vital COVID-19 duties. This omission was allowed under the terms of the Coronavirus (Scotland) Act 2020.

b) NHS Shetland Equal Pay Monitoring Report

This Report is published every two years and comprises detailed information to highlight any pay differentials between female and male staff. This information must be shown as any difference:

“... between the men’s average hourly pay (excluding overtime) and women’s average hourly pay (excluding overtime).”

It must also:

- Include details of any occupational segregation amongst our employees, being the concentration of men and women in particular grades and in particular occupations.
- The information published must be based on the most recent data available.
- Every second Report, i.e. 2017 and 2021, must also include information on any pay gap between staff of different ethnicities and staff who are disabled or not disabled.

A copy of the NHS Shetland Equal Pay Report published April 2019 can be found on the NHS Shetland website at:

<https://www.shb.scot.nhs.uk/board/equality/EqualPayMonitoring-Apr2019v4.pdf>

The figures indicated that there was a gender pay gap in NHS Shetland, much of this is a legacy issue. However, how much progress has been made to reduce the gender pay gap will become apparent in the April 2021 Equal Pay Report.

6. Race

The work carried out in the period April 2019 to March 2021 to mainstream race equality is detailed below:

Initiative 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 and Progress made April 2019 to March 2021

a) Interpretation is changing **the spoken** word from one language to another.

The “Language Line” telephone interpretation service continues to be used regularly, especially in Summer when large cruise ships visit Shetland. Pre-COVID-19, the number of cruise ship passengers disembarking often exceeded 5,000 per day.

In the period April 2019 to March 2021, NHS Shetland spent over £300 per year on the “Language Line” service.

b) **Translation** is changing the **written** word from one language to another.

All NHS Shetland policies, strategies and re-organisational proposals contain the offer at the front to make the document available in any other language or format upon request. This is in compliance with the Equality Act 2010 and the Disability Discrimination Act 2005. All requests have been met promptly.

c) Meeting the healthcare needs of our local ethnic communities and the promotion of good health

NHS Shetland meets the healthcare needs of our local ethnic communities. The promotion of positive health and wellbeing within our ethnic communities is an NHS Shetland priority. NHS Shetland will continue to do health promotion work within our local ethnic communities in liaison with Shetland Community Health and Social Care Partnership, Shetland Islands Council and local charity and voluntary groups.

Support has been provided to the campaigns of:

- Support for carers
- Know Who To Turn To

Work has also been ongoing since October 2020 to promote the uptake of the flu vaccine and since January 2021 to promote the uptake of the COVID-19 vaccine.

Initiative Two: Ensuring there is race equality within NHS Shetland. Any discriminatory conduct will be eliminated.

Supporting Actions and Progress made April 2019 to March 2021

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.

One complaint with a race equality element was received. Following a thorough investigation, the complaint was not upheld.

7. Disability

The work carried out in the period April 2019 to March 2021 to mainstream disability equality is detailed below:

Initiative 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.

Supporting Actions and Progress made April 2019 to March 2021

Communication support for people with a communication disability has been especially important during the COVID-19 crisis. We have continued to provide:

(i) British Sign Language (BSL)

An online Video BSL service for our local Deaf community in the absence of an on-Island BSL qualified interpreter. NHS Grampian has successfully piloted an alternative 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 so NHS Shetland managers and members of the local Deaf community can assess the relative merits of both systems.

If successful, this alternative system could 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 have been 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 comply 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.

The main points of the publication are:

- All material should be in a sans serif font, minimum font size 12.
- There should be a good colour contrast between the print and the background
- Text should be justified left, this gives a jagged edge at the edge of the right hand side of the page which helps people with a sight problem to see where the next line begins
- Text should not be in all capitals, often the shape of a word helps a person to identify the word. Capitals remove the recognisable shapes.
- Emboldening should be used to give emphasis rather than underlining. Underlining masks the shape of words.
- Documents intended for the general public should have a minimum Flesch ease of reading score of 40 and ideally, 50 if possible.

Initiative 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 and Progress made April 2019 to March 2021

We have continued 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.
- Since March 2020, NHS Shetland has been aware of the stress and anxiety felt by many members of our local community due to the COVID-19 restrictions. This problem has grown through time. Some of these mental health issues may take time to emerge. NHS Shetland will do everything possible to address the current and future issues and work closely with local partner agencies, community and voluntary groups.
- The mental health and wellbeing of NHS Shetland staff is also a priority. COVID-19 has placed many staff under extreme pressure for long periods of time.

Initiative Three: Disability equality within NHS Shetland: appointments procedures, training, promotion and monitoring arrangements. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Supporting Actions and Progress made April 2019 to March 2021

Information on the number of disabled people in the NHS Shetland workforce together with other monitoring data is contained in the annual NHS Shetland Equality and Diversity Workforce Monitoring Reports.

Any issues or complaints raised by members of staff with a disability discriminatory element will be promptly and thoroughly investigated and appropriate and follow up action taken if required. This will involve other bodies and agencies, where necessary.

An Equality and Diversity Workforce Monitoring Report for 2018/19 was produced and is available on the NHS Shetland website at:

<https://www.shb.scot.nhs.uk/board/equality/EaD-WorkforceMonitoringReport-20182019.pdf>

No disability discrimination issues have been raised by staff in the last 2 years.

8. Age

Most of the disability related work above, is also relevant to age. However, there were three specific age related pieces of work carried out in the period April 2019 to March 2021 to mainstream age equality. This work is detailed below:

Initiative 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.	
Supporting Actions	Progress made April 2019 to March 2021
Getting It Right For Every Child (GIRFEC) GIRFEC is a Scottish Government initiative to support children and young people. It is designed to ensure agencies supports families by making sure children and young people receive the right help, at the right time, from the right place.	NHS Shetland has continued to support this multi-disciplinary multi-agency approach and will continue to do so. NHS Shetland has also participated in multi-agency training.

Initiative Two: Continue to support the national “Childsmile” initiative. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Supporting Actions

Progress made April 2019 to March 2021

“Childsmile”

This is a national programme designed to improve the oral health of children in Scotland and reduce inequalities both in dental health and access to dental service. NHS Shetland will continue its active involvement in “Childsmile”.

The target is to have 60% of primary 7 age children with no dental decay.

NHS Shetland has continued its active involvement in “Childsmile”. This has had a positive impact on children’s dental health on Shetland.

Shetland had one of the best dental health results in Scotland for Primary 7 aged pupils, as shown in the National Dental Inspection Programme Report published in October 2019. The figures are:

- 76.4% of Shetland P7 aged children had their teeth inspected. The national average was 28.2%
- 88.6% of Shetland P7 pupils had no obvious decay in permanent teeth, the national average was 80%

NHS Shetland also scored highly in the national dental care index, a measure of the non-extraction treatment of dental caries in children. This indicates that we are

	catching caries at an early stage, where we are able to treat conservatively.
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Initiative Three: 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	Progress made April 2019 to March 2021
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • To avoid unnecessary admissions to hospitals • To help people be as independent as possible after a stay in hospital 	<p>NHS Shetland has continued its active involvement in this national initiative working closely with Shetland Island Council and from 2016 onwards, has also worked closely with Shetland Islands Health and Community Social Care Partnership.</p> <p>The most recent care Inspectorate Report in 2015 stated:</p> <p>“The Shetland Partnership’s performance in respect of its services for older people was strong. Most of the relevant data indicated its performance was better than the national average. Examples of this included: • emergency hospital admissions • the provision of care at</p>

<ul style="list-style-type: none"> • Prevent people having to move into a care home until absolutely necessary 	<p>home services • telehealthcare and telecare • respite provision. The reablement service was achieving positive outcomes for the older people it supported, but the service was relatively new and needed to expand.”</p> <p>Work to further expand the services have continued in the period April 2019 to March 2021.</p>
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9. Sex (male or female)

The work carried out in the period April 2019 to March 2021 to mainstream sex (male or female) equality is detailed below:

<p>Initiative 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.</p>	
<p>Supporting Actions</p>	<p>Progress made April 2019 to March 2021</p>
<p>NHS Shetland has developed and implemented a number of policies and strategies to address this issue since 2007. The work undertaken includes:</p>	<p>This work has been progressed and is ongoing.</p>

<ul style="list-style-type: none"> • The introduction 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. 	<p>This work has been progressed and is ongoing.</p> <p>This work has been progressed and is ongoing.</p> <p>This work has been progressed and is ongoing.</p>
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<p>Initiative Two: Improving 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.</p>	
<p>Supporting Actions</p>	<p>Progress made April 2019 to March 2021</p>
<p>GPs on Shetland 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.</p>	<p>This work has been progressed and is ongoing.</p>

<p>Over the next four years, NHS Shetland will continue to:</p> <ul style="list-style-type: none"> • Mount men’s health awareness campaigns • Promote the Healthy Workplace Initiative • Promote health care services through the “Know Who To Turn To” campaign • Supported National Health promotion initiatives 	<p>This work has been progressed and is ongoing.</p>
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<p>Initiative 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.</p>	
<p>Supporting Actions</p>	<p>Progress made April 2019 to March 2021</p>
<p>NHS Shetland produces an Annual Equality and Diversity Workforce Monitoring Report covering all of the 9 “protected characteristics”, as defined by the Equality Act 2010. The Workforce Report contains information on:</p> <ul style="list-style-type: none"> • The sex, female/male make up of the NHS Shetland workforce • Information on the sex of new starts and leavers 	<p>The NHS Shetland Equality and Diversity Workforce Monitoring Report 2018/19 is available on the NHS Shetland website at: https://www.shb.scot.nhs.uk/board/equality/EaD-WorkforceMonitoringReport-20182019.pdf</p> <p>The Report showed that NHS Shetland recruitment, selection and staff retention policies, are fair and free from discrimination.</p>

<ul style="list-style-type: none"> • The sex of staff promoted • The sex of staff applying for training and receiving training • The sex, female/male, make up of NHS Orkney Senior Managers <p>Any anomalies highlighted by the Report are followed up appropriate action taken if required.</p> <p>Any complaints and alleged incidents with a sex equality element, is promptly investigated and appropriate follow up action taken, involving other agencies, as appropriate.</p>	<p>No anomalies were highlighted.</p> <p>No complaints or alleged incidents with a sex equality element have been made in the last 2 years.</p>
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<p>Initiative Four: Production of Equal Pay Reports: Compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. This will eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act.</p>	
<p>Supporting Actions</p>	<p>Progress made April 2019 to March 2021</p>
<p>The equal pay part of the Regulations is designed to monitor public bodies to ensure that there is no</p>	<p>A copy of the NHS Shetland Equal Pay Report published April 2019 can be found on the NHS Shetland website at:</p>

gender inequality in their pay rates. The measures include:

- A requirement to publish every two years information on any Gender Pay Gap. This information should be shown as any difference: "... between the men's average hourly pay (excluding overtime) and women's average hourly pay (excluding overtime)."
- Every fourth year, the Report must also include a comparison of pay for disabled and non-disabled employees and employees of different ethnicities.
- The information published must be based on the most recent data available.

Any anomalies highlighted by the Report will be followed up appropriate action taken if required.

<https://www.shb.scot.nhs.uk/board/equality/EqualPayMonitoring-Apr2019v4.pdf>

The figures indicated that there was a gender pay gap in NHS Shetland, much of this is a legacy issue. However, how much progress has been made to reduce the gender pay gap will become apparent in the April 2021 Equal Pay Report.

10. Sexual orientation outcomes

The work carried out in the period April 2019 to March 2021 to mainstream sexual orientation equality is detailed below:

<p>Initiative: 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.</p>	
Supporting Actions	Progress made April 2019 to March 2021
<p>Men who have sex with men NHS Shetland will continue the safe sex awareness campaign.</p> <p>b) Blood Borne Virus (BBV) testing NHS Shetland will continue its BBV testing campaign and carry out further outreach initiatives.</p> <p>c) 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.</p>	<p>A campaign was run in late 2019 in co-operation with NHS Grampian Sexual Health Services. The campaign was designed to raise awareness about Hepatitis C. The testing process will also indicate the presence of Hepatitis A and B.</p> <p>This work has been progressed and is ongoing.</p> <p>This work has been progressed and is ongoing.</p>

Work will also continue to identify and meet any new information needs.

d) Training to help NHS Shetland staff to be sensitive to the sexual orientation of patients

LGB and T training is an integral part of the NHS Shetland Equality and Diversity Staff Training Programme.

The healthcare needs of our local LGB and T communities are an integral part of all NHS Shetland Equality and Diversity Training Seminars.

Rainbow Campaign

A new additional initiative since early 2019 has been the NHS Shetland “Rainbow Campaign”. NHS Shetland has always been LGBT friendly, but it is important to get this message across to both patients and staff. Many NHS Shetland staff are now wearing Rainbow Badges and Rainbow Lanyards to make this explicit. The badges and lanyards encourage both patients and staff to have LGBT discussions with staff who wear these items. To date the campaign has gone well.

11. Gender reassignment outcomes

The work carried out in the period April 2019 to March 2021 to mainstream gender reassignment equality is detailed below:

<p>Initiative: 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.</p>	
<p>Supporting Actions</p>	<p>Progress made April 2019 to March 2021</p>
<p>NHS Shetland contracts with NHS Grampian for the provision of a gender reassignment service. NHS Grampian provides the full range of 22 elements recommended by the Department of Health as comprising a gender dysphoria service.</p> <p>NHS Grampian has committed over the next four years to redesign the service to give improvements in all areas. The users of the service will be closely involved in the redesign process.</p>	<p>NHS Grampian Gender identity Clinic 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.</p> <p>Counselling service In 2020, NHS Grampian appointed an experienced counsellor to the Gender Identity Clinic. Trans and transgender communities had identified a need for the expansion of specialist gender dysphoria counselling services since 2017.</p> <p>Waiting times In the 2020/21 period, waiting times have been reduced.</p>

	<p>Location of Gender Identity Clinic Options to move the Gender Identity Clinic off the Royal Cornhill Site have been looked at. Some members of our local trans community feel that a more central location in Aberdeen would make it more accessible.</p> <p>Equality and Diversity Training All Equality and Diversity Training Seminars cover the topic of trans and transgender in detail.</p>
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12. Pregnancy and maternity

The work carried out in the period April 2019 to March 2021 to mainstream pregnancy and maternity equality is detailed below:

Initiative One: Improved facilities for pregnant patients and nursing Mothers. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.	
Supporting Actions	Progress made April 2019 to March 2021
Improved facilities for pregnant patients and nursing Mothers	

<p>Work has begun to assess the options for future in-patient services for Shetland. The Gilbert Bain Hospital is extremely well maintained, but it is on a site surrounded by buildings which limits scope for expansion, it has aging building fabric and does not meet modern standards for space or privacy.</p> <p>Any proposals developments for improvements will also include improved facilities for pregnant patients and nursing Mothers and facilities for nursing Mothers who may be visitors to the Hospital.</p>	<p>Progress has been made. Options have been explored but no final decision has been made.</p>
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<p>Initiative: Continued 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.</p>	
<p>Supporting Actions</p>	<p>Progress made April 2019 to March 2021</p>
<p>Sex education for teenagers Teenage pregnancy rates in Scotland have been falling for several years. Over the last two years, the successful sex education campaign for teenagers on Shetland has continued. Island Health boards</p>	<p>This work has continued over the last two years and the results have been extremely positive. Island health Boards have the lowest teenage pregnancy rates in Scotland at 16.6 per 1,000 women. The next lowest is</p>

<p>now have the lowest rate of teenage pregnancy 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 Islands Council and Shetland Islands Health and Social Care Partnership.</p>	<p>Highland with 25.4 per 1,000 women. Separate Statistics are not available for individual Island Health Boards</p> <p>(The above figures were taken from a publication by National Statistics for Scotland)</p>
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<p>Initiative Three: Making sure pregnant staff receive their full maternity leave entitlements. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.</p>	
<p>Supporting Actions</p>	<p>Progress made April 2019 to March 2021</p>
<p>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.</p>	<p>All pregnant NHS Shetland staff have received their full maternity leave and pay entitlements.</p> <p>Whenever possible, NHS Shetland responds positively to requests from staff for amended working hours and flexible working for staff with babies or young children.</p>

13. Marriage and civil partnership

The work carried out in the period April 2019 to March 2021 to mainstream marriage and civil partnership is detailed below:

<p>Initiative: Training of 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.</p>	
<p>Supporting Actions</p>	<p>Progress made April 2019 to March 2021</p>
<p>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.</p> <p>Of necessity, healthcare staff focus on the needs of the person receiving care. However, sometimes the needs of spouses, civil partners, same sex 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 all partners fully informed and involved in the provision of care. This message is an integral part of our Equality and Diversity Training for staff.</p>	<p>The need to be aware of the possible existence of an undisclosed same sex marriage or civil partnership is an integral part of all NHS Shetland Equality and Diversity Training.</p> <p>This awareness message is also an integral part of all NHS Shetland Equality and Diversity Training.</p> <p>During the COVID-19 pandemic with restricted hospital visiting, staff have worked tirelessly to keep partners and relatives fully informed of the condition of their loved ones.</p>

14. Religion or belief outcomes

The work carried out in the period April 2019 to March 2021 to mainstream religion and belief is detailed below:

<p>Outcome: Ensure that patients and staff who wish it, have access to spiritual care of their choice. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.</p>	
Supporting Actions	Progress made April 2019 to March 2021
<p>Healthcare Chaplaincy and Spiritual Care Team The Team provide a comprehensive Healthcare Chaplaincy and Spiritual Care support service to patients, their relatives and staff</p>	<p>The NHS Shetland Spiritual Care Lead is supported by a team of volunteers who provide sensitive, non-judgemental and confidential spiritual care.</p> <p>They offer person centred care - which may be religious or non-religious, pastoral accompanying or simply listening, whatever the faith, beliefs, background or lifestyle of the individual patient or family member.</p> <p>They also liaise closely with other faith leaders or church ministers in case patients in hospital would like a visit.</p> <p>During the COVID-19 crisis, the role of providing support to patients and their families face to face has been extremely difficult, but telephone and online communication support has continued.</p>

	<p>The support provided to NHS Shetland staff has also been especially important during this time of the COVID-19 pandemic.</p>
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15. Comments or suggestions

All comments on this Mainstreaming Report will be warmly welcomed. Comments in any language or format can be made:

By e-mail to: shb.nhs.uk/contactus.asp

By letter to:

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

By voicemail to:

01595 743060 during office hours or a message can be left out of hours

Compiled on behalf of NHS Shetland by Nigel Firth, Equality and Diversity Manager, NHS Grampian and NHS Shetland, April 2019.

Survey of NHS Grampian Staff who have completed Equality and Diversity Training in the last 5 Years, Compiled by Nigel Firth, Equality and Diversity Manager

1. Introduction

Feedback given by staff immediately after completing Equality and Diversity Training has been extremely positive for many years. This includes feedback gathered and collated by independent organisations such as National Education Scotland and Robert Gordon University, for whom the NHS Grampian Equality and Diversity Manager also provides seminars.

Following discussion at a recent Engagement and Participation (EPC) Committee Meeting, a number of questions about the longer term impact of the Equality and Diversity Training Seminars were posed. These questions included:

- Staff who have been trained are required to renew their training every 5 years, but how much information do staff retain in the 1-5 year period?
- Do staff who have been trained feel confident to intervene should they see an incident of discrimination?
- How many staff had actually intervened when an incident of discrimination occurred?
- What resources provided at the Seminars, had proved to be most useful?

To gather factual information to assist in answering these questions, a survey using the Lime Survey software was prepared and sent out to 170 staff who had completed equality and diversity training during the last five years.

2. Methodology

NHS Grampian holds a licence for the Lime Survey software. A short easy to complete survey was developed and sent out to 170 randomly selected staff. Although random, care was taken to ensure this included:

- Staff who had completed equality and diversity training in different years
- A mix of attendees at both Level Four and Level Two Training. Level Four Seminars are for senior staff such as consultants, senior clinicians and managers. Level Two is for basic grade and supervisory staff
- A mix of hospital based staff and community based staff
- Staff in different geographical areas of NHS Grampian
- Staff who were still employed by NHS Grampian

A copy of the text of the covering email is attached at Appendix I. A copy of the survey is attached at Appendix II.

3. Results

Of the 170 staff invited to complete the survey, 89 responded, a response rate of 52.4%. A response rate of 50% or above is generally considered excellent for surveys. Of the 89, only 47 completed all of the questions. Completion of the survey was entirely voluntary.

The results are shown below, question by question.

Question One: Which level of Equality and Diversity Seminar have you attended?

Training Level	Number
Level Two	29
Level Four	23

Question Two: How long ago did you attend the Seminar?

Timescale	No of staff
1-2 years	32
3-4 years	14
5 years or longer	2

Question Three: Which staff group best describes your role?

Role	No of staff
Allied Health Professional	7
Domestic and support Service	1
Management and Office Services	15
Medical and Dental	15
Nursing and Midwifery	7

Question Four: How many of the 9 'protected characteristics' can you remember? Please list below:

Staff who remembered:	Number
Nine protected characteristics	4
Eight protected characteristics	5
Seven protected characteristics	8
Six protected characteristics	14
Five protected characteristics	6

Four protected characteristics	2
Three protected characteristics	1
Two protected characteristics	1
One protected characteristics	0
No protected characteristics	4

From the responses, the most commonly remembered protected characteristics were:

Protected characteristic	Remembered by
Race	37 staff
Disability	37 staff
Religion/Belief	37 staff
Age	31 staff
Sexual orientation	30 staff

Question Five: Do you remember any of the practical examples, quiz questions or anecdotes used in the Seminar? Please list below:

Staff	No of staff
Staff who remembered no quiz questions or anecdotes	21
Staff who remembered one or more quiz questions	16
Staff who remembered one or more anecdotes	6

Question Six: On a scale of 1 to 5, 1 being the least and 5 the most, how confident would you feel to challenge unacceptable behaviour by a colleague, patient or relative?

Level of confidence	No of staff
Five	7
Four	24
Three	14
Two	2
One	0

Question Seven: Have you actually used the knowledge gained in the Seminar to challenge the unacceptable behaviour of a colleague, patient or relative?

Answer	Number of staff
Yes	15 staff
No	28 staff

Question Eight: Please select any of the resources provided at the Seminar that you have found useful.

Resource	No of staff
Religions and cultures in Grampian	33
Disability Communication "Z" Card	8
Human Trafficking Leaflet	23
Trans Booklet	10
Seminar Content Handout	21

Question Nine: Any other comments?

All of the comments made are shown below, unedited:

I recall that I enjoyed the course. However, I think the issue of unconscious bias needs to be incorporated into the course as I think that is a more frequent issue in healthcare than frank discriminative behaviour (though I appreciate the two are related).

I enjoyed the course at the time as I found out information previously I was not aware of but after answering some of these questions, a refresher may be very useful.
Review of European Human Rights document was very interesting although sadly, it no longer applies. I think all NHS workers should spend much more time learning about equality & diversity issues. We are an institution which is still steeped in inequalities and prejudice and the only answer is education along with legislation. But mainly education.
I find these sessions and the requirement to attend level 4 if recruiting is a bit excessive.
This area of knowledge is really complicated given all the religions, cultures, diverse groups. I found the course really interesting and eye-opening and made me aware of issues I might not have even considered might cause problems. The trainer made the subject matter really engaging and gave lots of quick examples to get you thinking.
Would be good to have some self-assessment quiz / questions on TURAS to aid refreshing learning, or regular Global scenarios with questions, which would maintain the topic as a high priority
no
I would revisit the use of the term Transsexual with the LGBT forum and ascertain if Trans or Transgender is now a more acceptable term.
Review would be helpful
Sorry I have baby brain!
It was an interesting seminar, should be refreshed every so often.
Was useful course, well delivered and the networking supported the content well Not actually sure which level course I attended
I always find these courses interesting, I may not remember the specifics but the principles remain the same and help me to make the right decisions at work on a daily basis.

I thoroughly enjoyed the training as it made me realise that there was a lot of discrimination in society that people were oblivious to.
no
I think the session I attended was useful and it raised my awareness and potentially exposed some 'blind' spots. Like anything though I think reinforcement is helpful and while it need not necessarily be formal or extensive session I think availability of further opportunities and chance to just think about equality and diversity issues and the conversation around these will be valuable.
No.
It was almost 2 years ago to the day (02/11/18) when I did the training. I remember that these were interesting sessions, with other colleagues, who engaged well. I enjoyed the discussion element in small groups.
N/A
Thoroughly enjoy attending this Seminar on previous two occasions. Find it to be worthwhile, engaging, and informative; usually find it encourages group conversation about the topics covered which is enables better understanding and provide different insights. Nigel, on both occasions, was a brilliant presenter of the Seminar by using humour (in the appropriate areas) and his own personal experiences to explain the material in a way that is easy to understand.
In previous question it wouldn't let me exit until I had ticked something but I haven't consulted any of them.
I absolutely loved this training course and found it incredibly useful, however I do seem to have forgotten a few of the facts learnt in terms of practical characteristics. I would definitely be happy to complete this course again in the future as part of a group of colleagues.
I enjoy Nigel's courses - he delivers these in such an engaging way and truly seems to enjoy his job
I think this would be a good course to be compulsory every few years

This survey has made me aware that I probably need to refresh my knowledge and understanding in this area. I know that our last face to face training at City Hospital was very informative and created a lot of discussion. Many things in society have changed - some for the better - since then.

With regard to literature that I took away from the session - I can't put my hand on my heart and say I remember what I took or how useful it was.

4. Conclusions

- a) The response rate of 52.4% is high for this type of survey. Although not every respondent completed all of the questions.
- b) The answers show a high degree of information retention, justifying the face to face approach which gives staff the opportunity to discuss and ask questions.
- c) It is extremely encouraging that 45 of the respondents gauge their confidence to challenge discriminatory behaviour at 3 or above.
- d) It is extremely encouraging that 15 respondents have actually used the knowledge gained at a Seminar to actually intervene in a discrimination situation.
- e) The resources provided at the Seminars have proved useful.

5. Future Equality and Diversity Training Seminars

Sadly, due to COVID-19, since April 2020, Equality and Diversity Training Seminars are now provided by Teams, Video Conferencing and the internet.

These remote learning formats do not have the immediacy or impact of face to face training, nor do they offer the opportunity to discuss and ask questions as easily. However, the content and presentation methodology has been adapted to maximise the benefits arising from these remote learning methods.

5. Acknowledgement

Grateful thanks are expressed to Louise Ballantyne for setting up the Lime Survey and providing helpful advice.

Nigel Firth,
Equality and Diversity Manager,
NHS Grampian.
28th October 2020