



Mainstreaming Report and Equality Outcomes 2021- 2025

- Equality mainstreaming
- Workforce employee data
- Equality outcomes 2021 – 2025: what we wish to achieve to progress equality for our staff and patients and in the services we provide to people across Tayside

April 2021

www.nhstayside.scot.nhs.uk

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Urdu

کیا آپکو انگریزی زبان سمجھنے میں مشکل پیش آتی ہے؟
اگر آپکو انگریزی زبان پڑھنے یا سمجھنے میں مشکل پیش آتی ہے
تو یہ دستاویز آپکی مرضی کی زبان اور برٹش سائن لینگویج
(بی ایس ایل) میں بھی دستیاب ہے
برائے کرم مارگریٹ ڈننگ، این ایچ ایس ٹے سائیڈ بورڈ سیکریٹری
سے فون، لکھ کر یا ای میل کے ذریعے رابطہ کریں -

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1. Why we need to Mainstream and have Equality Outcomes

This is NHS Tayside's third Mainstreaming Report which covers the period 2021 to 2025.

NHS Tayside has a corporate responsibility and a legal duty to set out what NHS Tayside wishes to achieve through its mainstreaming activities by publishing equality outcomes every four years. This report will set these out against each of the nine protected characteristics of equality as described by the Equality Act 2010.

The nine protected characteristics are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race - ethnicity
- Religion or belief
- Sex
- Sexual orientation

Equality is about treating everyone fairly but this does not mean treating everyone the same. Sometimes people are treated unfairly and discriminated against because of their protected characteristics. It is NHS Tayside's aim that those with protected characteristics have the same chance to achieve the same outcomes as others. NHS Tayside can provide support in a different way to ensure that no one is disadvantaged because of their protected characteristic should that be necessary. Equality matters are embedded across all NHS Tayside's planning and activity.

Although being a carer is not a protected characteristic under the Equality Act 2010 they are protected from direct discrimination and/or harassment if they are treated less favourably because of their association with someone who has a protected characteristic.

Some people are affected by poverty and poor social circumstances and this can affect those with protected characteristics even more and in turn can make it even harder for them to have the same life chances as others.

The Fairer Scotland Duty (the Duty) 1 April 2018 place a further legal responsibility on NHS Tayside to pay due regard to how it can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

This has been brought into sharp focus during the COVID-19 pandemic where the impact of the pandemic is exacerbating existing inequalities with those already experiencing disadvantage – minority ethnic communities, disabled people, older

and younger people and women have been disproportionately impacted as result of COVID-19¹. Therefore the unequal impact of the COVID-19 pandemic means consideration the Duty is more important than ever.

Promoting equality and paying due regard is not one single person's role. It is the responsibility of all who take part in the **planning and delivery** of services regardless of where they are in our organisation.

The development of equality outcomes will support the delivery of the General Equality Duty and also the Fairer Scotland Duty and which will most importantly make a difference to people's lives.

NHS Tayside has zero tolerance to any form of discrimination and takes an organisational responsibility to ensure that there are policies and processes in place to tackle discrimination in our organisation.

The leadership for corporate equality and diversity lies with the Board Secretary and the leadership for workforce equality and diversity lies with the Director of Workforce. One of Tayside NHS Board's Non Executive Members is the Board Equality and Diversity Champion. There is also a Corporate Equalities Team, led by the Head of Corporate Equalities, who are responsible for the provision of our Interpretation and Translation service. A number of managers within the Workforce Directorate have particular responsibilities for areas of workforce equality and diversity. NHS Tayside also has over the years trained staff to become Equality and Diversity Champions within the workplace and now has 308 Equality and Diversity Champions across Tayside in a wide range of services.

Over the last four years NHS Tayside has made progress with mainstreaming equality and managing diversity within our NHS services for patients, public, staff and our local communities, but we are also realistic that this is a long-term improvement journey.

NHS Tayside recognises the impact COVID-19 has had on our communities and staff, and in many areas of equality and inequalities and how this has increased some of the existing challenges. NHS Tayside is committed to continue to minimise or mitigate as far as possible these impacts to ensure our communities are afforded the best possible care.

The Legal background

The Equality Act 2010 helped to harmonised and streamline equalities legislation to ensure that there was a single approach to addressing inequality and discrimination for:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership

¹ Disparities in the risk and outcomes from COVID-19, Public Health Scotland, August 2020

- Pregnancy and Maternity
- Race - Ethnicity
- Religion or belief
- Sex
- Sexual Orientation

The Equality Act also introduced a new **Public Sector Equality Duty (PSED)** in April 2011. The PSED was designed to ensure that all public authorities consider the work that they do and how it impacts on all groups they provide services to, the people they employ, the partners they have partnership working with and those who they contract and procure services from.

It is a positive duty on public authorities and others carrying out public function and requires they give proper consideration to equality in their day-to-day work in shaping policy, delivering services and in their employment practice.

The PSED as set out in the Equality Act 2010 is referred to as the '**General Equality Duty**' and this requires public authorities, in the exercise of their functions, to have due regard to the need to:

- **Eliminate** unlawful discrimination, harassment and victimisation and other prohibited conduct.
- **Advance** equality of opportunity between people who share a relevant protected characteristic and those who do not by:
 - Removing/minimising disadvantage.
 - Meeting the needs of particular groups that are different from the needs of others.
 - Encouraging participation in public life.
- **Foster** good relations between people who share a protected characteristic and those who do not.

To help comply with and meet the legal requirements of the General Equality Duty, the Scottish Government and the Equality and Human Rights Commission put in place **Statutory (Specific Duties) (Scotland) Regulations (May 2012)** for all public authorities.

The Specific Duties in summary require listed public authorities to:

- report on mainstreaming the equality duty
- publish equality outcomes and report progress
- assess and review policies and practices
- gather and use employee information
- use information on members or board members gathered by the Scottish Ministers
- publish gender pay gap information (where they have at least 20 employees)

- publish statements on equal pay (where they have at least 20 employees)
- consider award criteria and conditions in relation to public procurement
- publish in a manner that is accessible.

Initially there were nine Specific Duties but in February 2016 the Scottish Government amended The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 to introduce a new requirement on listed public authorities to publish the gender composition of their Boards and to produce succession plans to increase the diversity of their Boards.

Therefore from April 2017 NHS Tayside was required to report on plans and progress in promoting Board diversity for all relevant protected characteristics, not solely gender. Another Duty was then added and from April 2018 Part 1 of the Equality Act 2010 came into force in Scotland which is the Fairer Scotland Duty. This Duty places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions and to publish a written assessment, showing how they have done this.

In October 2020 the Equality and Human Rights Commission published their report 'How coronavirus has affected equality and human rights'². This report advises that people who face discrimination are at the sharp end of inequality and poverty. People who are most negatively affected by inequality are also being identified as those who have also been most negatively affected by the pandemic. The Report says *'Poverty is expected to rise..... the groups most likely to be affected by the expected rise in poverty include young people, ethnic minorities, and disabled people, who are already closest to the poverty line.'*

In March 2021 the Scottish Government launched a consultation to seek views on the revised 'Fairer Scotland Duty: guidance for public bodies'.

2

https://www.equalityhumanrights.com/sites/default/files/equality_and_human_rights_commission_how_coronavirus_has_affected_equality_and_human_rights_2020.pdf

2. About NHS Tayside

NHS Tayside working in partnership with Angus, Dundee City and Perth & Kinross Health and Social Care Partnerships are responsible for meeting the health needs of around 490,000 people living in Tayside and North East Fife by delivering accessible, safe and high quality health and social care services. For a number of specialist services we rely on regional arrangements with neighbouring Health Boards.

NHS Tayside has approximately 13,000 staff and has an annual combined revenue and capital budget of approximately £1.1 billion.

NHS Tayside also works in close partnership with the three Tayside Local Authorities (Angus, Dundee City and Perth & Kinross) and has strong links with local educational providers such as the University of Dundee, Abertay University, St Andrews University, University of Highlands and Islands - Perth College, and Dundee and Angus College.

Ninewells Hospital and Medical School, Dundee is NHS Tayside's largest acute hospital, providing a wide range of secondary care services including a range of outpatient and elective services.

Perth Royal Infirmary also delivers a range of outpatient and elective services and a range of secondary care services.

Royal Victoria Hospital in Dundee provides Medicine for the Elderly services and also on this site is Roxburghe House which supplies palliative care services.

Stracathro Hospital, near Brechin, delivers elective, outpatient and diagnostic services. Medicine for the Elderly, Stroke Rehabilitation and Psychiatry of Old Age services.

Carseview Centre in Dundee, **Murray Royal Hospital** in Perth, the Susan Carnegie Centre at Stracathro and the **Kingsway Care Centre** currently supply inpatient mental health services.

Child and Adolescent Mental Health Services including inpatient beds and outpatient services are provided in **Dudhope House** in Dundee.

Learning disability inpatient services are located at **Strathmartine Hospital** in Dundee and the **Learning Disability Assessment Unit in Carseview Centre**.

There are six operational community hospitals in Angus, Dundee and Perth & Kinross.

Around 368 GPs provide primary care services across Tayside along with approximately 246 General Dental Practitioners, 168 Optometrists and 92 community pharmacies acting as independent contractors.

Further information is available on NHS Tayside's website at the following link:

[NHS Tayside website](#)

NHS Tayside's Equality and Diversity governance arrangements

Tayside NHS Board has delegated to the Care Governance Committee the responsibility for the governance related to compliance with Equality and Human Rights legislation.

The Equality and Diversity Governance Group (EDGG) has been established to provide leadership and promote the importance of compliance with Equality and Human Rights legislation across NHS Tayside. The EDGG produces an assurance plan which details the reports that the Equality and Diversity Governance Group are required to consider during the year and which should provide assurance that NHS Tayside is providing leadership to mainstreaming this work, doing the right things and monitoring compliance with our legislative requirements.

The EDGG also provides the Care Governance Committee with assurance regarding the work of the Equality and Diversity Governance Group through regular assurance reporting and the production of an Annual Report.

The Staff Governance Committee is responsible through the Public Sector Equality Group, for the Employment / Workforce Duties and assurance is provided to the Committee on workforce diversity issues.

The Public Health Committee is responsible for the Fairer Scotland Duty.

3. NHS Tayside's population and health

The demography of a population is an important factor in tackling health issues. Many illnesses, conditions and health related behaviours are associated with age, gender or other demographic characteristics. An awareness of population distributions and attributes helps identify those likely to experience health inequalities.

Population Estimates

National Records for Scotland (NRS) estimated the 2019 mid-year population of NHS Tayside to be 417,470. Of the three local authority areas in Tayside, Angus accounts for 27.8% (116,200) of the population while Dundee City accounts for 35.8% (149,320) and 36.4% (151,950) reside in Perth & Kinross.

The population within NHS Tayside is older than the Scottish average. While 22% of the Tayside population are aged 65 and over, this proportion is 19% nationally and the median age of those living in Tayside is 44 years old compared to 42 years across Scotland as a whole. There is however, variation within the region with the average age in Dundee City being 37 years compared to 47 years in Angus and Perth & Kinross.

Population Projections

NRS report that the overall Tayside population is expected to change very little over the next 10 years (2018 – 2028), a slight decrease in the population of Angus and Dundee City will be offset by a slight increase in Perth & Kinross. However, any predicted change varies when further examined by age. While the 75+ years age group is expected to increase by 24.0% for Tayside (compared to 25.4% nationally), the increase in this older age group is predicted to be 30.3% in Angus, 8.5% in Dundee City and 30.8% in Perth & Kinross.

Deprivation

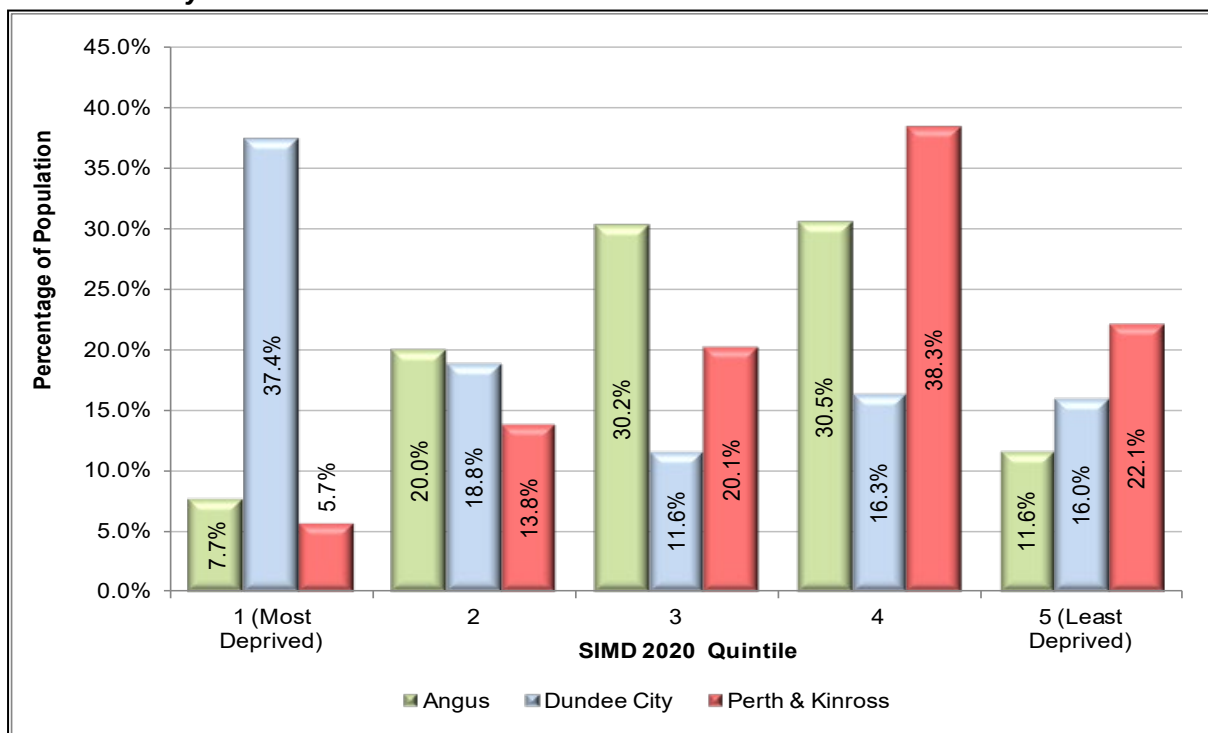
Deprivation across Scotland is measured using the Scottish Index of Multiple Deprivation³ (SIMD). This is an area-based measure of deprivation, combining indicators across various domains to give a *relative* measure of deprivation for small geographies called datazones (areas containing approximately 500 – 1000 people) which are then ranked from most to least deprived. Data are often presented by quintiles. In a standard population, 20% of the population would be expected to live within each quintile with quintile 1 being the most deprived areas and quintile 5 the least deprived. It should be noted that not all people experiencing deprivation live in

³ Source: www.gov.scot/SIMD

deprived areas and 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.

Across Tayside there are large variations between the differing levels of deprivation. **Chart 1** shows the population proportions residing in each deprivation quintile for all three of Tayside's local authority areas and shows that across Tayside, Dundee has by far the greatest proportion living in areas within the 20% most deprived in Scotland.

Chart 1: Proportion of Tayside's 2019 Population Estimates living in each SIMD2020 Quintile by Local Authority Area



Source: 'Small Area Population Estimates [SAPE]' based on Data Zones for 2019 via NRS and 'SIMD_2020' - Scottish Government

In 2019, there were 48,181 people in Tayside who were income deprived equating to 11.5% of the population, slightly lower than the Scottish average of 12.0%. The percentage of the population that are income deprived within each local authority varies, being highest in Dundee City at 16.3% of the population compared to 10.1% and 7.9% in Angus and Perth & Kinross respectively. In addition, there is considerable variation within each local authority. In Dundee City, the proportion of the population classed as income deprived varies from 32.0% in Linlathen/Mid Craigie compared to 2.7% in the Western Edge.

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 pandemic.

Life expectancy

Life expectancy at birth is the average number of years a newborn infant can expect to live if current mortality rates continue to apply and is reported by NRS. The life expectancy in Tayside (2017-2019) for men is 77.07 years (similar to Scottish average of 77.16 years) and for women it is 81.69 years (slightly higher than Scottish average of 81.14 years). Life expectancy trends across Scotland were improving year on year until 2012 but the majority of Scotland's council areas have experienced a slow-down or a stall in life expectancy growth since 2012-2014 and many areas now have decreasing life expectancy. Within Tayside, the male life expectancy rate has decreased in all three local authority areas and while female life expectancy has also decreased in Dundee City, it has increased slightly in Angus and Perth & Kinross.

Deprivation is strongly linked to life expectancy. In 2014-18, males born in the 20% most deprived area within Dundee City could expect to live 14.3 years fewer than those in the 20% least deprived area. The equivalent gap in Angus and Perth & Kinross was 7.6 and 6.8 years respectively. While the deprivation gap in females is less prominent, it still exists with the difference being 3.6 years, 8.4 years and 5.7 years in Angus, Dundee City and Perth & Kinross respectively.

Early years

In the last quarter of 2019, the birth rate in Scotland fell to its lowest level since records began. There were 3,579 births in 2019 in Tayside, a standardised rate of live births of 9.0 per 1,000 (females aged 15-44 years) and similar to the Scotland rate of 9.1. There was variation across the region from 7.9 per 1,000 in Dundee City to 10.3 per 1,000 in Angus.

Where data were available⁴, the latest figures show that 17.5% of women in Tayside reported smoking at booking compared to 13.8% nationally and all three Tayside local authority areas showed higher proportions than the national average with Dundee City being the highest at 21.6%. The percentage of babies exclusively breastfed at 6 to 8 weeks was 32.5% in Tayside (varies from 27.0% in Dundee City to 40.2% in Perth & Kinross) compared to the national average of 31.6%. Eighty nine percent of babies in Tayside were an appropriate birth weight for gestational age, similar to the Scottish average of 90.1%.

Many factors contribute to inequalities in health and child poverty compounds this. In Angus, Dundee City and Perth & Kinross, the percentage of children in poverty is 24%, 27% and 22% respectively. This equates to 16,651 children living in relative poverty⁵ (after household costs) in Tayside.

⁴ *Scottish Health and Social Care Open Data* (www.opendata.nhs.scot)

⁵ <http://www.endchildpoverty.org.uk/child-poverty-in-your-area-201415-201819/>

Health risk behaviours

A number of behavioural factors are known to influence the health of the population. These include substance use, poor diet and nutrition, lack of physical activity, poor sexual health and tobacco use.

Table 1 summarises the prevalence and rate of selected health risk behaviours and compares the three Tayside local authority areas with the national average for the most recent data available.

While Tayside as a whole shows favourable rates compared to the Scottish average, there is large variation across the region and strong links with deprivation for these indicators. Dundee City shows much higher rates than the rest of Tayside and indeed Scotland.

Table 1: Various health risk behaviours in Tayside and Scotland

Health risk behaviour	Angus	Dundee City	Perth & Kinross	Scotland
Smoking prevalence (%) of adults aged 16+ years (2017)	17.9	21.2	11.4	18.0
Estimated smoking attributable deaths per 100,000 popn (2017/18)	285.2	447.5	239.5	327.8
Alcohol related hospital admissions per 100,000 popn (2019/20)	380.1	743.3	414.9	673.3
Alcohol-specific deaths per 100,000 popn (2015-2019)	16.2	27.7	14.8	20.4
Drug related hospital stays per 100,000 popn (2016/17-2018/19)	108.4	350.8	134.4	203.7
Drug related deaths per 100,000 popn (2013-2017)	20.7	53.0	18.1	31.4

Source: ScotPHO Health and Wellbeing Profiles (Tayside) & NRS

In Tayside, more than 66% of adults are overweight or obese and in 2018/19, 15.3% of Primary 1 school children were assessed as clinically at risk of being overweight, obese or severely obese. Being obese or overweight increases the risk of developing a range of serious diseases including type 2 diabetes, hypertension, heart disease and some cancers; as well as contributing to premature death.

NHS Tayside has created a public health standing committee of Tayside NHS Board. This is the first of its kind in Scotland, with a remit to monitor all aspects of

community health and wellbeing. Examples of this committee's focus are on smoking, obesity, alcohol and drug use.

The Getting it right for every child (GIRFEC) and early years framework provide an avenue for education and guidance for the population in leading healthier lives. It is recognised that much of the work of the Public Health committee is linked to third sector agencies who are commissioned by the partnerships to provide education and support to those in our more deprived areas.

Impact of Inequalities on Health Services

Many patterns of diseases and conditions demonstrate inequalities between genders, age groups or geographical areas.

It is estimated that one in four adults (aged 16+ years) report some form of long term condition (LTC), health problem or disability and by the age of 65 nearly two thirds will have developed a LTC⁶. Examples of common LTCs include diabetes mellitus (type 1 or 2), coronary heart disease (CHD), cancer and chronic obstructive pulmonary disease (COPD). Some of these people will need to be hospitalised at some point (either as an emergency or elective patient) as a result of their LTC.

The most recent data⁷ show that the number of preventable emergency hospitalisations for a chronic condition in Tayside per year is 3,174 hospitalisations while the most deprived areas in Tayside have 52% more hospitalisations than the overall average (Scotland is higher at 58%).

Other examples of the impact of inequalities on health services in Tayside are:

- The most deprived areas have 40% more repeat emergency hospitalisations in the same year than the overall average (Scotland 48%)
- Hospitalisations from COPD in the most deprived areas are 114% (Scotland 109%) higher than the overall average and hospitalisations would be 65% (Scotland 67%) lower if the levels of the least deprived area were experienced across the whole population
- The most deprived areas have 36% more CHD hospitalisations than the overall average (Scotland 36%) and hospitalisations would be 23% (Scotland 24%) lower if the levels of the least deprived area were experienced across the whole population
- Psychiatric patient hospitalisations in the most deprived areas are 81% (Scotland 74%) higher than the overall average and hospitalisations would be 52% (Scotland 42%) lower if the levels of the least deprived area were experienced across the whole population.

⁶ *Improving the Health & Wellbeing of People with Long Term Conditions in Scotland: A National Action Plan*

⁷ https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Mortality

There were 4,792 deaths in Tayside in 2019⁸, an age standardised rate of 10.0 per 1,000 and while this was lower than the national average of 10.6 per 1,000, the rate varied from 8.9 per 1,000 in Perth & Kinross to 11.7 in Dundee City. The three leading causes of mortality in Tayside were cancer, diseases of the circulatory system and diseases of the respiratory system with these causes accounting for almost two thirds (64.9%) of deaths in 2019.

Analysis of premature (< 75 years) death by deprivation shows a clear inequality gradient. The latest data show that:

- All cause deaths in the most deprived areas of Tayside are almost 64% higher than the overall average.
- Deaths from coronary heart disease in the most deprived areas are 96% (Scotland 83%) higher than the overall average and deaths would be 62% (Scotland 52%) lower if the levels of the least deprived area were experienced across the whole population.
- Deaths from cancer in the most deprived areas are 47% (Scotland 49%) higher than the overall average and deaths would be 29% (Scotland 33%) lower if the levels of the least deprived area were experienced across the whole population.

⁸ www.nrscotland.gov.uk

4. Mainstreaming progress with our equality outcomes during 2019 – 2021

During the years 2019 to 2021 in the second cycle of our Equality Outcomes, NHS Tayside has made inroads into mainstreaming equality within our services for patients, public, staff and our local communities. However, we are aware that much more is yet to be done on this equality improvement journey.

Last year saw the NHS suffer a significant impact on its services due to the COVID-19 pandemic with the pausing of a number of services particularly during the first wave of the pandemic. It is also important to recognise the impact of COVID-19 on our Black Minority Ethnic (BME) communities⁹ in Tayside and in many of these areas this has exacerbated challenges already faced.

Equality Outcome 1

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

Equality Impact Assessment (EQIA)

NHS Tayside's Equality Impact Assessment Policy was reviewed and updated. During the last year EQIAs have been undertaken for the Spiritual Care Service, the new Urgent Care redesign, Interpretation and Translation Service and Adult protection.

We will continue to increase scrutiny across the organisation to ensure that all new transformational programmes of work have an accompanying EQIA that actively demonstrate how equality and diversity considerations have shaped and influenced the genesis of each programme. We will initiate a communications programme across the organisation to ensure that all staff are aware of the importance of careful thought around equality issues and ensure that all staff are aware of the mandatory nature of EQIA submission.

All reports to Board and standing committees regarding changes or developments to services or functions must undertake an EQIA. Board members will be reminded of this requirement.

In addition all EQIAs developed will now be considered by the Equality and Diversity Governance Group to ensure that the EQIAs are developed in line with the guidance, and more importantly to build up a corporate picture of compliance.

⁹ Beyond the Data: Understanding the Impact of COVID-19 on BAME Communities, Public Health England.

Complaints / Feedback

We use feedback from our complaints processes to inform our actions on equality and fairness.

Interpreters can be arranged to facilitate the complaints process for NHS Tayside patients with limited English proficiency or Deaf/deafblind patients in international languages including British Sign Language interpreters and deafblind guides/communicators.

For all complaints, although the response letters are issued in English, they can be translated to international languages, for BSL users a BSL interpreter can be arranged to interpret NHS Tayside's response.

NHS Tayside will also act on feedback or complaints raised by our staff, for example front line clinical staff who may receive racist comments while caring for patients etc.

NHS Tayside will support staff to deal with this unacceptable behaviour and adopt a zero tolerance approach to this area of concern.

In 2020 NHS Tayside wanted to promote the use of Care Opinion to get feedback on its Interpretation and Translation Service. However at that time Care Opinion was only accessible to English speaking individuals. Care Opinion have now adapted the platform to give access to users who speak international languages. The Interpretation and Translation Team have started to collaborate with Care Opinion to see how NHS Tayside can promote this service and an EQIA is currently being developed. This will be progressed in 2021/2022.

Procurement

All public Bodies are required to comply with the specific duties on procurement when they award a contract or framework agreement. This is covered by the Public Contracts (Scotland) Regulations 2015:

- The contract or framework agreement should be awarded on the basis of the most economically advantageous offer, but have due regard to whether the award criteria should include considerations to enable it to better perform the equality duty.
- When a public authority proposes to stipulation performance conditions in a contract or framework agreement it must have due regard to whether the conditions should include considerations to enable it to better perform the equality duty.

The Procurement Team is committed to work towards preventing and eliminating discrimination between people on grounds of their protected characteristics by making sure that it builds equality and diversity into all working practices. In all dealings with suppliers and potential suppliers, the Procurement Team preserve the highest standards of honesty, integrity, impartiality and objectivity.

More specifically the Procurement Team works to ensure:

- We purchase goods, services and facilities in line with national equalities and diversity commitments.
- We do not use agencies or companies who do not share our values on equality of opportunity and diversity.
- We have procedures which ensure that businesses from diverse communities have an equal opportunity of competing for NHS contracts.
- We train all staff involved in procurement to adhere to our Equalities in Procurement Policy.

The Procurement Team acknowledges enforcement measures for failure to meet these duties but have not had to enact any enforcement measures on contractors for failure to meet Equalities requirements in the last five years.

The Procurement Team also supports Fair Work practices by using the Fair Work Practices in Procurement Policy. The policy is applied at the start of the Procurement Journey embedding Fair Work criteria where appropriate. Progress on this is reported in the annual Procurement Reports and evidence of benefits presented in the latest report includes:

- Dovetail Enterprises, Haven have received orders from NHS Tayside under the Scottish Government Supported Business Framework.
- Supported Businesses were engaged with via the P4H conference.
- NHS Tayside was able to have a number of community benefits delivered in year (2019-2020) based on the award of the Children's Theatre Suite, NICU and Zone 1 projects.

Training

There is executive leadership for Equality and Diversity, however it is all staff's responsibility to ensure that NHS Tayside delivers fair and equitable services.

NHS Tayside therefore places a high importance on all staff having an understanding of their responsibilities in relation to equality and diversity and the Equality and Diversity LearnPro is therefore a mandatory module for all staff. Currently the uptake on the Equality and Diversity LearnPro is 80%. NHS Tayside

will continue to promote this module as a core element of personal development plans and will seek to increase the completion of the LearnPro module.

In addition NHS Tayside will undertake training in response to specific identified needs. During 2020/21 two seminars were held by the Anti-Caste Discrimination Alliance (ACDA) for managers to raise awareness in relation to this element of discrimination.

NHS Tayside will build on partnerships with organisations like ACDA in order to develop the range of information which it can make available to staff and managers in relation to equality issues.

Equality Outcome 2

Patient Data Collection, Monitoring Patient Diversity Information and analyse this information to help improve access to services, reduce health inequalities and improve health outcomes for Tayside population, local communities and equality groups.

Healthcare data for individual patients is collected as a series of Scottish Morbidity Records (SMRs). The record type denotes the general type of healthcare received during an episode and/or the nature or status of the patient:

SMR00: Is used to collect data on new and return Out Patient attendances

SMR01: Is used to collect data on urgent and elective Acute In Patient and Day Case episodes

SMR02: Is used to collect data on Maternity In Patient and Day Case episodes

SMR04: Is used to collect data on Mental Health In Patient and Day Case episodes

The table below records NHS Tayside's percentage compliance with completing this data.

NHS Tayside Ethnicity Recording collected via SMRs 2017 - 2020

	January 2017 - December 2017 (Average %)	January 2018 - December 2018 (Average %)	January 2019 - December 2019 (Average %)	January 2020 - November 2020 (Average %)
% of SMR01 activity with ethnicity recorded	87%	85%	87%	89%
% of SMR02 activity with ethnicity recorded	91%	84%	84%	83%
% of SMR04 activity with ethnicity recorded	85%	83%	88%	86%
%of SMR00 activity with ethnicity recorded	77%	74%	77%	79%

We will continue to engage in national initiatives regarding data collection and in collaboration with our national partnerships including the National NHS Ethnic Minority Forum, further explore ways in which we can record ethnicity in order to improve clinical outcomes. For example, we would welcome a change to Community Health Index recording to include ethnicity. Through our partnerships, in the early stages of exploring ways to increase diversity by using data more effectively to reach out to protected groups who are currently under-represented in areas such as clinical trials.

We await the outcome of this group's research and plan to use the data to evidence and inform improvement in this area in collaboration with our BME staff networks.

Equality Outcome 3

Accessible Information and Inclusive Communication

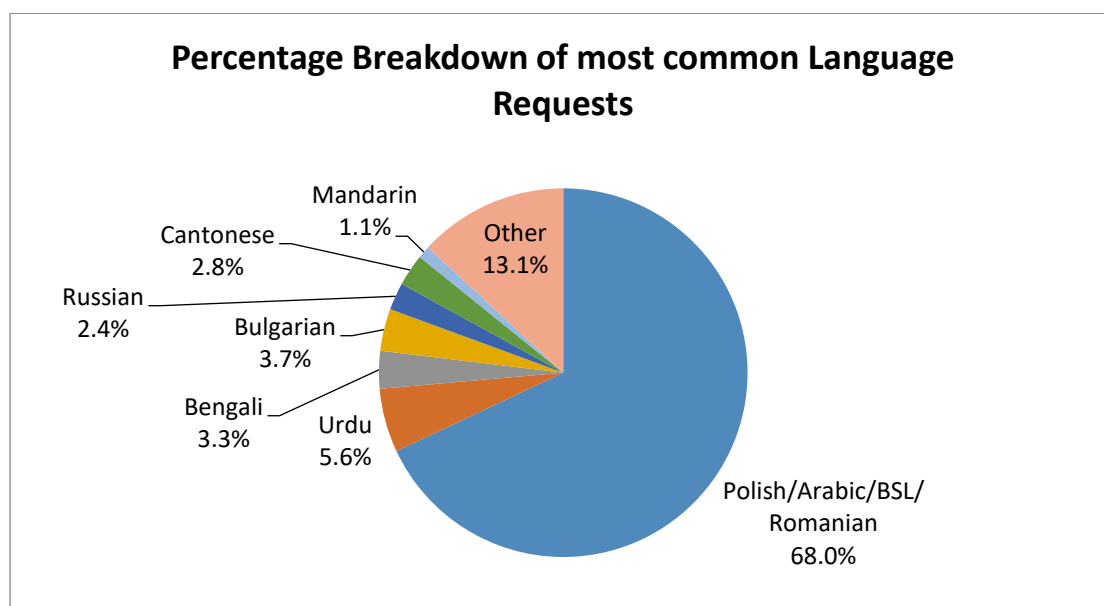
Interpretation and Translation Service

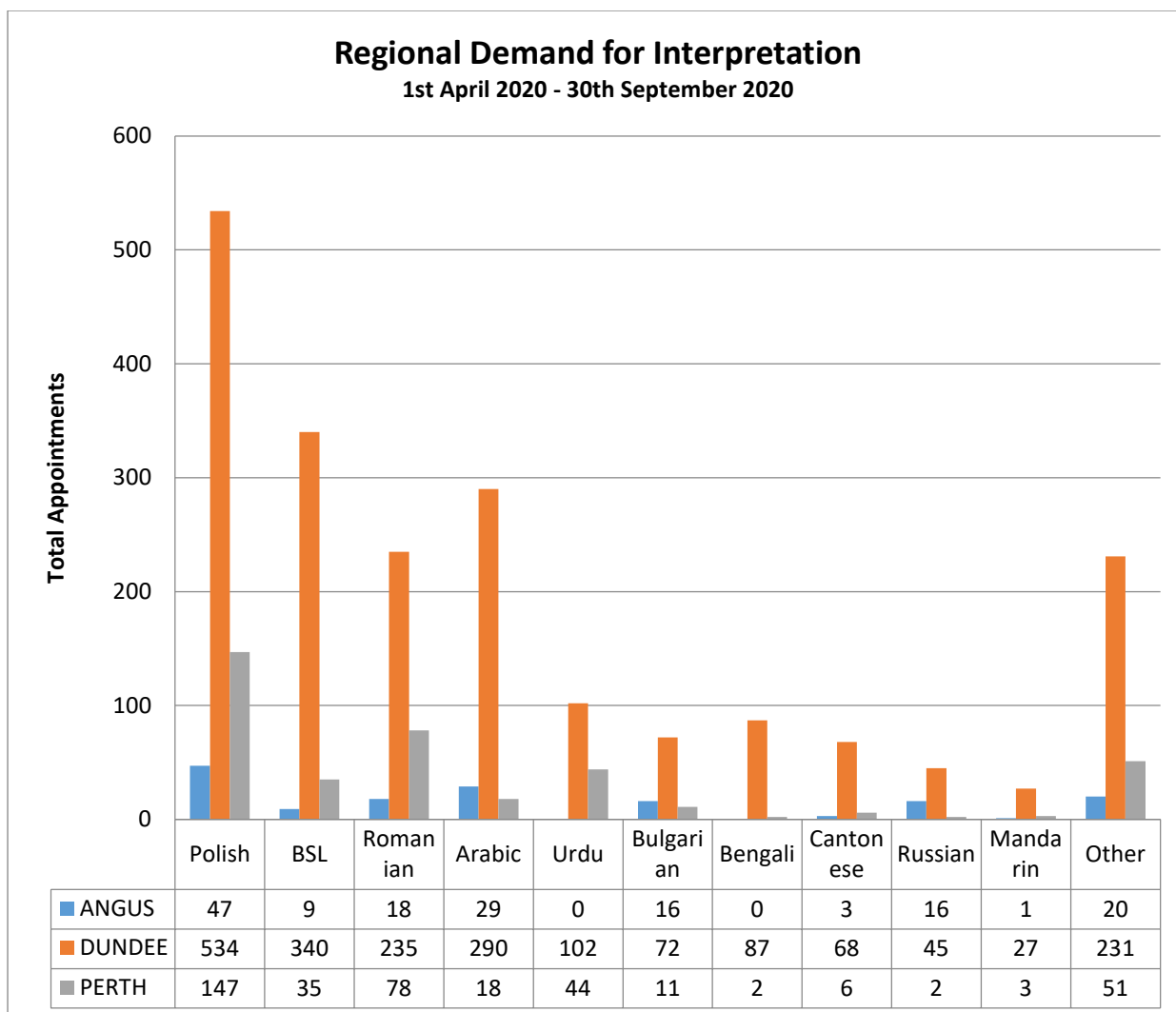
Our Interpretation and Translation (I&T) service is now into its third year of service having been established on 1 November 2017. The service is well used and is now being used more widely by Primary Care and by the Health and Social Care Partnerships (HSCPs) in Tayside.

	Language	Number of Requests
1.	Polish	782
2.	British Sign Language	393
3.	Romanian	357
4.	Arabic	354
5.	Urdu	155
6.	Bulgarian	105
7.	Bengali	92
8.	Cantonese	78
9.	Russian	67
10.	Mandarin	32

Top ten languages based the six months from 1 April 2020 to 30 September 2020

The top four languages of Polish, BSL, Romanian and Arabic account for 68% of all interpretation requests. This is in line with the statistics based in the previous year 1 April 2019 to 31 March 2020 see below:





The I&T service has created a quarterly newsletter to promote awareness of the service and share new developments.

New '*I require an Interpreter*' posters have been created in both spoken language and BSL to raise awareness with staff and patients. A successful pilot of this in Perth Royal Infirmary has now allowed this awareness pack to be further developed and plans are in place to distribute more widely across NHS Tayside and to our HSCPs.

The Interpretation and Translation LearnPro module has been reviewed and updated.

We will continue to ensure staff are aware of these modules through regular communication via our Vital Signs staff newsletters.

Spoken Language Interpreting

The I&T service also uses bank interpreters to augment and work alongside our in-house interpreters. This reduces our reliance on agency interpreters and language line. Over the last few years there has been an increase in the need for Cantonese, Urdu and Romanian spoken language interpreting.

The service now directly employs in house interpreters covering seven out of Tayside's top ten community languages which includes Cantonese, Urdu and Romanian

An in-house learning and development trainer has been recruited to the team and all spoken language interpreters who have not undertaken the training leading to Diploma in Public Service Interpreting (DPSI) will be required to undertake this training. DPSI is a nationally recognised qualification that serves as a benchmark for professional standards in the interpreting profession. This training is also provided to our bank interpreters.

The I&T service has also updated the booking request form so that as much information as possible about the appointment is provided to our interpreters to ensure they have the best understanding of what the appointment will involve. This in turn provides the patient with a more efficient patient / staff outcome from the appointment.

Interpreters are now providing training for staff to raise awareness around the important role of the I&T service and how this is accessed.

The I&T service developed a number of NHS Tayside Facebook pages to help share health information in community languages. To support this, posters and business cards were developed which the interpreters then distributed in the different communities through local businesses, places of worship, community centres etc.

When it was discovered that members of the Cantonese community were not accessing I&T services for maternity appointments but were using an unregistered freelance interpreter, our Cantonese Interpreter carried out engagement work with the Cantonese community firstly by word of mouth and then by the distribution of posters in local places of worship, community centres, supermarkets and local businesses. This helped to spread the word that the NHS service was available for all NHS Tayside and HSCPs appointments

The I&T service continues to monitor engagement through the number of 'reaches' and 'shares' through our social media platforms (Facebook/WhatsApp).

The I&T service has also now connected with local youth workers from the Pakistani community to discuss issues impacting on their community. Our in-house interpreter attends these meetings to report on any issues the community may feel they have with health inequality. This reaches over 700 community members. Our interpreter was also invited to join the Dundee International Woman's Centre as a speaker to

share awareness of the service. This raised awareness with the Urdu/Punjabi community and again highlighted that word of mouth was again identified as a popular means of communication due to limited English proficiency and reading ability in this community.

Links have also been created with Perth and Kinross Voluntary Action (PKVAS) to help reach Black Minority Ethnic (BME) communities. PKVAS have agreed to share all NHS Tayside translated health information.

Recently we have seen an increase in demand for Romanian Interpreters to support maternity care appointments due to engagement work carried out with a GP practice in Perth.

Links have also been made with the 'connection cafe', a local Arabic community that plan to meet over MS Teams to discuss health inequality and we are awaiting a date to progress this engagement

British Sign Language (BSL) interpreting

The BSL team has been expanded and now employs seven BSL interpreters, supported by a Team Lead who is also a BSL interpreter. The team also operates an on call rota so there is service available 24/7.

NHS Tayside BSL interpreters have developed a Facebook page to ensure the deaf community receives all relevant and important information.

A BSL WhatsApp group was established to enable our deaf community to have contact with the service. This will reduce our BSL user's requirements to use Contact Scotland for support.

The WhatsApp group has proved extremely beneficial especially when supporting patients invited to attend COVID-19 vaccination appointments.

The Interpretation & Translation service maintain links with Tayside Deaf Hub – Deaf Links to ensure all the feedback from Deaf community and people supporting this community is gathered and all relevant information is exchanged.

The BSL interpreters now also provide Deaf Awareness training sessions to NHS Tayside and HSCP staff.

Deafblind Interpretation

NHS Tayside has a process in place with Deafblind Scotland to provide a Deafblind guide communicator/Deafblind manual interpreter.

COVID-19

COVID-19 has had an impact on the interpretation and translation service with a reduction in face-to-face appointments. However progress has been made as more Near Me appointments are now offered across NHS Tayside. These appointments are undertaken by both our in-house and bank interpreters but all languages are supported through agency staff where necessary.

The Service has provided BSL Interpreters at the two largest vaccination centres in Tayside to facilitate the ease of access for BSL users.

Engagement work has also been undertaken by the Black Minority Ethnic employee network and the I&T service who have shared health information in relation to the COVID-19 vaccination programme with local religious leaders as it was identified that many myths surround the vaccine in the community. This engagement with local religious leaders has raised awareness of the service and in turn has improved access to health services.

Equality Outcome 4

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

COVID-19

It has been widely recognised during the COVID-19 pandemic that ethnicity has been a factor associated with increasing risk for staff. There has also been a wider national debate about inequality in society and the differential impact it has across different ethnic groups and those with other protected characteristics.

During the COVID-19 pandemic evidence arose that age, sex and ethnicity all contributed to an individual's risk of developing severe illness. As a result NHS Tayside managers were asked to undertake and record risk assessments for their staff in order to identify if they were in a higher risk category. These risk assessments were used to identify if action(s) should be taken to mitigate any identified risks. These risk assessments will continue to be reviewed.

In 2020 NHS Tayside worked with our Black Minority Ethnic staff to establish a Black Minority Ethnic Staff Network. In March 2021 a new National NHS Minority Ethnic Forum was created to coordinate a consistent approach to race issues within the NHS Scotland workplace. We were advised that this new network would:

".... in addition to being a formal structure for gathering qualitative data about the experiences of ethnic minority staff, it is intended that this Network facilitates a clear, strong and credible voice providing an effective and robust structure for agile engagement in the development of Scottish Government national workforce policies and initiatives, planning and effective use of equality data."

Within the context of NHS Scotland this Network will initially focus on three key areas of employment, workforce culture and mental health.

NHS Tayside will support our Black Minority Ethnic network to engage with the new National Network so they in turn can support the work of this new National Network going forward.

NHS Tayside has implemented a range of initiatives to support the wellbeing of staff. These have included:

- The provision of 14 Rest, Recovery and Recuperation rooms (RRR rooms).
- 24 hour online counselling service.
- Flexible and agile working, including working from home
- Provision of speciality occupational health service
- Promotion of the NHS Tayside Wellbeing Centre and also the National Wellbeing Hub.

Data

In 2020, the Public Sector Equality Group undertook a review of the employee data that NHS Tayside routinely collects in order to fulfil our reporting requirements set out in the Equality Act 2010 General Duty and the Specific Duties Scotland Regulations 2012.

A refresh of the NHS Tayside Equal Opportunities Monitoring Form was also undertaken at the same time. Information about the easier to use Equal Opportunities Monitoring Form was circulated to all staff along with an explanation as to the importance of gathering information on protected characteristics and what we do with the information.

Improving the quality of NHS Tayside employee data has been identified as a key priority in order that NHS Tayside can identify areas of under representation within job families or job grades and take steps to reduce the gaps. A reporting compliance timetable was developed, identifying what data needs to be covered when, by whom and using which data gathering systems.

The reporting timetable also identified a process to analyse the data. Oversight of data collection and analysis is carried out by the Staff Governance Committee which determines what actions need to be taken in response to recommendations made by the Public Sector Equality Group and the Equality and Diversity Governance Group.

Employee networks

As previously described, as an early response to specific concerns raised as a consequence of the impact of COVID-19, in 2020 NHS Tayside worked with staff to set up a Black Minority Ethnic Employee Network. Tayside staff have also developed a National Black and Ethnic Minority Toolkit which is now in use across Scotland.

Two further employee networks are in the process of being established: a Disability Employee Network and a Lesbian, Gay, Bisexual, Queer and Questioning (LGBTQ+) Employee Network. The LGBTQ+ network will hold its first meeting on 10 May 2021. We have also put together a comprehensive LGBTQ+ toolkit, including terms of reference, action plan and resources which has also been used by other Boards.

In 2019, the Scottish Government estimated that there were approximately 750,000 carers in Scotland. As a result of COVID-19 the number of carers in Scotland has now risen to over one million. These carers provide care and support that in 2015 was valued at £10.8 billion.

Although carers are not a protected group under the Equality Act 2010, we acknowledge the rights of carers and are creating a “staff who are carers” Network to ensure that those staff are not adversely impacted within the workplace because of their carer responsibilities.

To support these new Employee Networks the Tayside Employee Network Support Group comprising senior staff was set up and this Network will have regular meetings with the Employee Networks to help facilitate future work and actions.

Employability

NHS Tayside, in conjunction with some of its partners, is involved in a number of joint initiatives aimed at promoting NHS Tayside as a local inclusive employer.

Due to the way the various programmes are organised, recruitment of participants tends to be done by partner organisations. Where individuals are successful in gaining employment with NHS Tayside from participation in joint initiatives, information on their protected characteristics is captured in the NHS Tayside Equal Opportunities monitoring data.

To date examples of positive action initiatives include:

Age

- School work placements for secondary school pupils in years 4 to 6
- Medic Insight for secondary school pupils in years 5 and 6
- Developing Young Workforce Dundee and Angus
- Prince's Trust
- Modern apprenticeships at foundation to graduate level

Disability

- GCIL (Glasgow Centre for Inclusive Living) and NHSScotland joint Disabled Graduate Traineeship Scheme
- Project Search (learning disability)

All protected characteristics

- Administration Academy
- Barnardo's Work placements
- Healthcare Academy
- Health and Social Care Academy SVQ Level 2

The Staff Governance Committee received a report in relation to action regarding employability and modern apprenticeships. Actions are geared towards enhancing youth employment by providing skills which will enable them to commence successful careers within the health or care sectors. NHS Tayside recognises that for many young people, particularly for those who have experienced disadvantage in the labour market, action is required to be taken to increase youth employment opportunities which will help build the workforce of the future.

These initiatives have been based upon successful partnership working with schools, Further Education Colleges and Government agencies.

Although employability programmes have been affected due to COVID-19, these will recommence following the lifting of lockdown restrictions. NHS Tayside will also continue to support youth employment through its employability programmes and modern apprenticeships. However, in the period when it has not been possible to offer the normal placements, guaranteed interviews will still be given for those candidates completing their academic studies.

NHS Tayside, through the community mental health team in Dundee, supports those with enduring mental ill health to gain sustainable employment through their Individual placement support (IPS) service. (This support is provided by the occupational therapists group in the team).

Disability

NHS Tayside is currently a Level 2 Disability Confident employer. Steps are underway to ensure that this status is maintained when the NHS Tayside membership of the scheme is up for renewal in the autumn of 2022.

Longer term, NHS Tayside has an aspiration of becoming a Disability Confident Level 3 employer. This means becoming a Disability Confident Leader employer in the Tayside area helping and assisting other local employers in the area to become Disability Confident.

NHS Tayside recognised that the staff experience of those with a disability could be enhanced and has therefore during 2020-2021 supported the creation of an Employee Disability Network. Around 50 members with a disability or disability allies have so far indicated an interest in getting involved with the Disability Employee Network. Network leads have now been identified and a communication has been sent out asking for staff to participate in this Network.

As part of NHS Tayside's response to COVID-19, shielding arrangements were put in place for those staff who were at particular severe risk and although the requirement for shielding was stood down in July 2020, it was reintroduced in the later part of 2020-2021. NHS Tayside undertook a survey of shielding staff to ensure that they felt properly supported.

Sexual Orientation

NHS Tayside recognises that the staff experience of those from the LGBTQ+ community could be enhanced and has therefore supported the creation of an LGBTQ+ Network. Network Leads have been identified and they are in the process of arranging initial meetings of the Network.

NHS Tayside's key focus in this area will be to ensure that the views and insights of LGBTQ+ staff are clearly heard.

We are particularly alert to issues of intersectionality and the impact of cumulative discrimination and are keen to ensure that our LGBTQ+ staff have

the confidence to bring their whole selves to work without fear of facing prejudice. We have seen significant progress in terms of key rights for LGBTQ+ staff, particularly for transgender staff and we are keen to sustain this progress.

The agreed members of the LGBTQ+ network will endeavour to represent the interests of all LGBTQ+ colleagues alongside other staff networks in order to:

- Establish a reporting structure to allow senior leaders to be informed and demonstrate appreciative inquiry of issues that affect LGBTQ+ staff and members of our wider community in Tayside.
- Develop an effective forum for LGBTQ+ staff to share concerns, experiences and problems.
- Build relationships and allies across the organisation including with other staff networks with a strong focus on intersectionality (disability, ethnic minority networks, women's networks, unions, HR, Board etc)
- Offer a strong, credible voice for LGBTQ+ staff, facilitating effective decision making.

Stonewall Workplace Equality Index

NHS Tayside participated in two Stonewall Scotland workplace surveys in 2018 and 2019 and the 2019 Stonewall Scotland Equality Index. A decision was taken not to participate in the 2020 Workplace Equality Index but due to COVID-19 this was cancelled. NHS Tayside has focused efforts on the implementation of the action plan that had been developed from the 2019 submission. NHS Tayside plans to participate in the 2022 Workplace Equality Index if it is re-established in 2021.

5. Workforce Employee Data Collection and Analysis

Duty to gather and use employee information on employee composition by protected characteristics covering recruitment, development and retention information used to better perform the equality duty.

2020 employee data on age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, pregnancy and maternity, sex, and sexual orientation relating to employee composition, recruitment, development and retention. This information is provided in:

Appendix One – NHS Tayside Workforce Monitoring Report

Publishing of gender pay gap information using most up-to-date information not previously used.

2020 male basic hourly rate (BHR) compared to female BHR expressed as a %. Report this information as part of the occupational segregation data for gender by job family and grade. This information is provided in:

Appendix Two – NHS Tayside Occupational Segregation Analysis

Publish Equal Pay Policy and statement including occupational segregation data for gender, race and disability including an analysis and proposed mitigation measures to reduce gaps.

2020 employee data for gender, race and disability listed by both job family and job grade. Gender also to include equal pay information. This information is provided in:

Appendix Two - NHS Tayside Occupational Segregation Analysis and

Appendix Three - NHS Tayside Equal Pay Statement

Gender Representation on Public Boards (Scotland) Act 2018 and of information on members or board members.

This information is provided in:

Appendix Four – Tayside NHS Board Gender Representation

Proposed actions 2021-2025

It is recognised that the quality of data held by NHS Tayside in relation to protected characteristics could be improved to enable better decision making. The data is dependent upon that which is provided by staff. NHS Tayside has taken action to highlight the importance of this data and the need for it to be updated should any changes occur.

An audit of current employee data reporting systems will be undertaken to establish a benchmark position of the data NHS Tayside is currently able to gather and an assessment made regarding any additional resources needed in order to improve the equality of employee data collection.

In order to improve the depth of data held for all protected characteristics, a twice yearly all-staff communication will go out asking staff members to update their personal circumstances on the NHS Tayside Equal Opportunities Monitoring form. Staff will be given an explanation as to why they are being asked to do so. Information will also be given regarding what is done with the monitoring data.

Once the employee networks are fully established, NHS Tayside will seek their support in promoting the need to ensure that protected characteristic data should be updated and the importance of having a positive response to protected characteristic data.

Also, once the NHS Scotland eESS self-serve platform (an employee information system) becomes available, staff will be encouraged to use this to record and update their personal information. This will allow staff to update protected characteristic data at any time during their employment with NHS Tayside.

The percentage of recorded data for each protected characteristic will be regularly monitored and targeted steps taken to promote higher levels of the protected characteristics being reported.

Along with a plan of action for reducing the numbers of 'declined' or 'don't knows' for Disability, Ethnicity and Sexual orientation improvement targets will be set in conjunction with the associated staff employee network.

One of the objectives of the new National NHS Ethnic Minority Forum is to ensure recruitment and progression processes are culturally competent and the Forum will be working with NHS Board Chairs to ensure they have Equality and Diversity objectives that directly and meaningfully support the work of staff.

A Minority Ethnic Recruitment Toolkit has been developed and NHS Tayside will be seeking to ensure that it adopts best practice in line with the toolkit.

Through our Black Minority Ethnic staff network we are increasing the focus on career opportunity and advances for those staff.

6. Equality Outcomes 2021 – 2025

Health Boards across NHS Scotland (as public bodies) are required to produce and deliver a set of equality outcomes to further one or more of the three requirements of the Public Sector Equality Duty (PSED) also known as General Equality duty.

The General Equality Duty aims to shift the responsibility from individuals to organisations. It places an obligation on bodies, when they are carrying out public functions, to have due regard to the need to:

- **Eliminate** unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010,
- **Advance** equality of opportunity between people who share a relevant protected characteristic and those who don't, and
- **Foster** good relations between people who share a relevant protected characteristic and those who don't.

This is now more important than ever because COVID-19 has been the biggest challenge faced by the NHS in its lifetime and given the unequal impact of the pandemic entrenching some existing inequalities and widening others. It is therefore important in moving from a crisis response to a renewal phase that our services take an equality-led and human rights based approach.

NHS Tayside is committed to improving equality outcomes across the organisation. We will work in partnership with staff, trade unions and national partners to seek to develop resources for best practice in addressing equality issues within the workforce so that all staff have access to the information and resources to make changes within their departments.

This would align with emerging themes around corporate accountability and employment, providing increased scrutiny and challenge around recruitment and progression of staff with protected characteristics. Working in collaboration with equality networks we will ensure that all staff have the opportunity to be involved in shaping culture.

We will work actively to increase the understanding and visibility of key equality issues and crucially, that any potential unintended impacts upon our communities in terms of service change are carefully considered at Board level.

In 2021-2022, in collaboration with our national colleagues at the National NHS Ethnic Minority Forum, we will introduce nationally-agreed initiatives which will come from the three following workstreams:

- Employment.
- Workplace culture.
- Mental health.

For this Mainstreaming Report we have developed Equality Outcomes for each of the nine protected characteristics to allow us to be more explicit with our actions. Each outcome will therefore contribute to advancing the equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

For each of NHS Tayside's 11 Equality Outcomes there are a number of supporting actions which will be monitored and reported on through our governance structure for Equality and Diversity. More importantly, the intention is to further develop actions during the four year period to ensure we respond to developing priorities.

Governance Reporting

The following NHS Tayside's Equality Outcomes for 2021- 25 will be presented for approval by Tayside NHS Board in April 2021. The Board will then delegate the monitoring of these Equality Outcomes to the Care Governance Committee and the Staff Governance Committee.

Assurance reports will be provided to these two Board Committees by the Equality and Diversity Governance Group which is a multi-disciplinary group of NHS Tayside staff with representatives from the three Health and Social Care Partnerships and Local Authorities in Tayside and the PSED Group.

Equality Outcome 1:

Meet our legal duty to comply with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 and produce the required statutory reports.

Actions 2021 – 2025

- Equality outcomes report published every four years. This sets out what NHS Tayside wishes to achieve with regard to each of the nine protected characteristics over a four year period and with a two yearly progress update.
- A mainstreaming report every four years with a two yearly progress update. This sets out what NHS Tayside has done to make equality and diversity an integral part of the way it functions as an organisation with regard to each of the nine protected characteristics.
- An annual equality and diversity workforce monitoring report. This is a report examining all aspects of the NHS Tayside workforce. This includes an analysis of recruitment, retention, training, promotion and disciplinary action processes in terms of each of the nine protected characteristics.
- An equal pay report every two years to ensure there is no gender differential on pay between female and male staff. Every fourth year, the report must also

include information to ensure there is no pay differential in terms of race or disability.

- Seek to explore how the roll out of eESS self-service as a tool which might improve the quality of protected characteristic data held by it and to seek to improve the quality of the data held.
- NHS Tayside will evaluate local wellbeing initiatives put in place in response to COVID-19 and consider their ongoing development.
- NHS Tayside will evaluate flexible and agile working, including working from home, to assess the beneficial impacts or otherwise to staff.

Actions 2021 – 2022

- Promote the importance of the collection of staff data with our Staff Networks to seek their support in promoting the need to ensure that protected characteristic data should be provided and updated to allow the organisation to make informed decisions.
- Review the Equality and Diversity LearnPro awareness training module.
- Engage with staff to ensure all staff complete our Equality and Diversity LearnPro awareness training module on an annual basis.
- Support the introduction of a revised Once for NHS Scotland Embracing Diversity and Human Rights Policy.
- Work with Care Opinion to facilitate feedback from users of our I&T services and to ensure that this platform is accessible to all regardless of any disability or language barrier.
- Review NHS Tayside's Feedback and Complaints procedures to ensure accessibility to this regardless of any disability or language barrier.
- Work will also be progressed in the area of complaints to ensure ethnicity data is collected.

Age equality outcomes

Age: A person belonging to a particular age or range of ages.

Equality Outcome 2:

Promote Person Centred Care and address ageism.

Actions 2021 – 2022

- Support a multi-disciplinary multi-agency approach with the three Health and Social Care Partnerships and other partners in Tayside to share best practice, training resources and knowledge.
- Undertake equality impact assessment of changes to service provision including discharge planning.
- In collaboration with educational partners seek to re-establish the employability programmes to enable career opportunities for younger people who are at disadvantage in the labour market.

Disability equality outcomes

Disability: A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Equality Outcome 3:

Meet the communication and health care needs of our disability communities and prioritise the promotion of good health to advance equality of opportunity and access to health care and health care information.

Actions 2021 – 2022

- Retain our Disability Confident Employer Level 2 status at renewal in autumn 2022 then work toward achieving the next level as NHS Tayside has an aspiration of becoming a Disability Confident Level 3 employer. This means becoming a Disability Confident Leader employer in the Tayside area helping and assisting other local employers to become Disability Confident.
- Support the further development of the Staff Disability Network to enhance the work experience of our staff with disability.

- Establish a Carers Network recognising during COVID-19 many staff have carried out unpaid caring roles.
- Facilitate all requests for a BSL interpreter both in hours and out of hours.
- Promote the appropriate use of Contact Scotland Video Relay Service.
- Ensure portable induction loops and install fixed induction loops are put in place when new buildings are commissioned or existing buildings upgraded.
- Identify improvements to facilitate better access to NHS Tayside's premises for people with a disability or age-related mobility issues.
- Support 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.
- Continue to consult our local disability and age communities on relevant services and proposed service developments and ensure Equality Impact Assessment are carried out as a result of any service changes.

Gender reassignment outcomes

Gender: The process of transitioning from one gender to another.

Equality Outcome 4:

Meet the specific healthcare needs of our transgender staff and communities.

Actions 2021 – 2022

- Develop a gender reassignment policy for patients.
- Develop transitioning guidance for staff to help them understand gender and transgender including the wide terminology used in this area.
- Ensure services meet the needs of transgender patients and that EQIAs are undertaken for any service changes or developments.
- Review the Equality and Diversity LearnPro awareness training module regarding gender reassignment to ensure improved understanding in relation to gender reassignment.

Marriage and civil partnership outcomes

Marriage: This is a union between a man and a woman or between a same-sex couple.

Civil Partnerships: Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).

The Civil Partnership (Scotland) Act 2020 makes civil partnership available to mixed sex couples in Scotland. Intentions can be submitted from 1 June 2021.

Equality Outcome 5:

Ensure we do not discriminate against staff or patients because they are married or in a civil partnership.

Actions 2021 – 2022

- Ensure that married staff or staff in a civil partnership are not treated differently from other staff and that our policies or way of working does not put staff who are married or in a civil partnership at a disadvantage.
- Raise awareness through staff training of the possibility of undisclosed same sex marriage or civil partnerships to ensure the rights of the same sex marriage partner or civil partner are respected.
- Remind staff that needs of marriage partners, civil partners and common law partners need to be considered, especially if they are a carer and of the requirement to keep partners fully informed and involved in the provision of care.

Pregnancy and maternity outcomes

Pregnancy: This is the condition of being pregnant or expecting a baby.

Maternity: This refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Equality Outcome 6:

Meeting the specific health care needs of pregnant and nursing mothers.

Actions 2021 – 2022

- All pregnant staff should have a workplace risk assessment.
- Respond positively to requests from staff for amended working hours and flexible working for staff with babies or young children.
- Ensure that pregnant staff receive their full NHS maternity leave and pay entitlements.
- Work to improve the outcome of Black Minority Ethnic mothers.

Race equality outcomes

Race: This refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Equality Outcome 7:

Meet the communication and health care needs of our ethnic and other communities and prioritise the promotion of good health to advance equality of opportunity and access to health care and health care information.

Actions 2021 – 2022

- Promote positive health and wellbeing and carry out health promotion work within our ethnic communities in co-operation with our three Health and Social Care Partnerships and other partner agencies in Tayside.
- Continue to develop NHS Tayside's Interpretation and Translation Service by directly employing spoken language interpreters for the most used non English languages in Tayside to support face to face interpretation.
- Promote the use of NHS Tayside's Interpretation and Translation services and alternatives to this, for example Language Line and Global Connects. Ensure all non English speaking patients receive face-to-face interpretation or telephone interpretation service and ensure both are also available to support all NearMe video consultations.
- Engage with staff to ensure they complete the Interpretation and Translation LearnPro awareness training module to raise awareness of the range of support available to meet the communication needs of our different communities.
- Publish relevant healthcare information including information regarding COVID-19 translated into the most used non English languages in Tayside.
- Promote and encourage our ethnic communities to have the COVID-19 vaccination when offered.
- Translate NHS Tayside's key public documents in the most used non English languages in Tayside or alternatively ensure that these documents contain the offer at the front to make the document available in any other language or format upon request.
- Continue to develop NHS Tayside non English Facebook pages to promote NHS Tayside's public health messages and as a way to engage with our ethnic communities in Tayside.
- Further develop the role of our spoken language and BSL interpretation and translation staff to encourage our ethnic and other communities to engage with NHS Tayside on an ongoing basis.

This will allow the sharing of NHS Tayside's service plans and developments to promote proactive engagement and involvement with our local communities to ensure information received is used to directly inform our healthcare planning process and address any issues highlighted.

Equality Outcome 8:

Ensure there is race equality in NHS Tayside and thereby eliminate discrimination and increase awareness of opportunity for minority ethnic employees in the context of employment and career progression.

Actions 2021 – 2022

- Promptly investigate any issues or complaints raised by members of staff, patients or the general public with a racial discriminatory element and take appropriate follow up action if required.
- Support the continued development of the Tayside Black Minority Ethnic Network as an effective method for workforce engagement.
- Promote links to the National NHS Ethnic Minority Forum and link to the work to be progressed around employment, workplace culture and mental health.
- Review NHS Tayside's recruitment procedures and practice against the Scottish Government's Minority Ethnic Recruitment Toolkit to identify any gaps and make necessary changes.

Religion or belief outcomes

Religion: This refers to any religion, including a lack of religion.

Belief: This refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Equality Outcome 9:

Ensure we understand the needs and wishes of patients with religious beliefs and that staff have the confidence to act on these wishes.

Actions 2021 – 2022

- Support the work of the Department of Spiritual Care.
- Work with the Department of Spiritual Care to review NHS Tayside's Spiritual Care Policy.

- Raise awareness of the Spiritual Care Department, ensuring equality of access and information for religious care to all who access NHS Tayside for medical needs and their families; and all staff and volunteers.
- Ensure wide communication and understanding across NHS Tayside of the [NHS Education for Scotland Spiritual Care: A multi-faith resource for healthcare staff.](#)
- Ensure equality impact assessment of those services which affect religion and belief.
- Support the department of Spiritual Care in a review of the Spiritual Care spaces in the main hospital sites.

Sex equality outcomes

Sex: A man or a woman

Equality Outcome 10:

Provide healthcare support to patients who are victims of gender based violence such as rape, sexual abuse, or who have been trafficked to improve their health outcomes. We will work with our multi agency partners to provide support and staff learning in how to recognise and report gender based violence and how to support those who are being abused in this way.

Actions 2021 – 2022

- Refresh existing work (policy/protocols) regarding gender based violence.
- Continue the routine inquiry of gender based violence in priority areas such as maternity services and Emergency Departments.
- Continue to provide training for front line staff and managers to help them recognise the signs of gender based violence and to have the knowledge and skills to respond.
- Review our Equality and Diversity LearnPro awareness training module regarding gender based violence to ensure staff can recognise the signs and know how to act.

Sexual orientation outcomes

Sexual orientation: Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Equality Outcome 11:

Meeting the specific healthcare needs of our LGBTQ+ staff and communities.

Actions 2021 – 2022

- Support the development of our LGBTQ+ Staff Network.
- Work with the LGBTQ+ Staff Network and Stonewall in order to recommence participation in the Workplace Index.
- Review our Equality and Diversity LearnPro awareness training module regarding sexual orientation to ensure improve understanding in relation to sexual orientation.

NHS Tayside's Equality and Diversity staff organised engagement sessions to ask people what was important to them when using NHS Services and how their protected characteristic affected their health.

This feedback was used in developing these equality outcomes for 2021-2025 and will inform the actions over the next four years.

Those we discussed our Equality Outcomes 2017-2021 and 2021-2025 with included:

- NHS Tayside Equality and Diversify Champions
- Tayside NHS Board Equality and Diversity Champions
- NHS Tayside BME staff network
- NHS Tayside Interpretation and Translation Team
- Members of the public via NHS Tayside's Corporate Facebook page and NHS Tayside Facebook pages in BSL, Polish, Romanian, Urdu, Arabic and Cantonese
- Tayside BSL Community
- Perth and Kinross Voluntary Action Services
- Dundee Health and Social Care Partnership
- Angus Health and Social Care Partnership
- Perth and Kinross Health and Social Care Partnership
- Dundee International Woman's Centre

- Connection Cafe
- Local Youth Workers
- PRI colleagues
- COVID-19 Vaccination Leads
- Equality and Diversity Governance Group
- Public Sector Equality Duty Group
- Executive Leadership Team