



Spiritual Care, Diversity & Bereavement Support Department

Bi-annual Equality & Diversity Mainstreaming Progress Report 2019-20

Equality Act Statutory Report 2021

Authors

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Executive Summary

NHS Western Isles has a duty under the Public Sector General Duty, Equality Act 2010 and (Specific Duties) (Scotland) Regulations 2012 to work towards meeting the following aims:

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

This report provides evidence against these requirements. It also provides assurance to the public that the organisation is making progress to address any issue that affects mainstreaming of equality in its operations.

The severe impact of the COVID-19 pandemic on NHSWI service capacity and delivery has led to constraints on the width of data and content that was solicited and collated for this Report in the period from Autumn 2020 to the time of publication, in comparison with previous years. These COVID reporting repercussions are not unique to NHSWI, given that they are felt not just by the other NHS Scotland Boards but by all public bodies in Scotland.

The Equality and Human Rights Commission Scotland are aware of these challenges. While not issuing a moratorium on Equality Mainstreaming Reports publication in 2021, they have expressed a recognition of the pressures and an accommodation towards receiving what can best be feasibly assembled within the constraints. This was contained in guidance issued to public bodies in Scotland on July 27 2020 by them and subsequently clarified in a letter by the Scottish Government Minister for Equalities Ms Christine McKelvie.

Content of the Report

The report will give:

Assurance to the board of NHS Western Isles that the organization is making progress to address any issue that prevents mainstreaming of equality in its operations.

An account of steps the organisation has made to mainstream equality and the impact of these ventures.

The Equality Outcomes will relate directly to the 2010 Equality Act Protected Characteristics, and the updates given pertain both to the welfare of patients and staff.

The report will be published on NHS Western Isles public website and will be available to Equality Focus Groups locally and nationally, as well as our submission of evidence to the Equality & Human Rights Commission.

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NHS WESTERN ISLES

DEPARTMENT OF SPIRITUAL CARE, DIVERSITY & BEREAVEMENT SUPPORT

MAINSTREAMING REPORT FOR 2010 EQUALITY DUTY

APRIL 2021

1. Introduction

NHS Western Isles serves a population of 27,684 (2011 census initial estimate) residents over 8 populated islands, and works in partnership to provide Health and Social Care services to this population.

NHS Western Isles employs 1014 people in its operations (as of March 2021), a Whole Time Equivalent of 829.5 posts. It is therefore a hugely significant employer in the community, making a major contribution to the economy of the islands.

In addition to the Equality Act General Duty contained in the Executive Summary, we are required by the end of April 2021 to discharge the following Equality Act Specific Duties for Scotland:-

- Report progress on mainstreaming the public sector equality duty every two years
- Publish equality outcomes and report progress
- Assess and review policies and practices (impact assessment) on an ongoing basis
- Gather, use and publish workforce Equality and Diversity information in the mainstreaming report
- Publish statements on equal pay
- Publish gender pay gap information
- Publish in a manner that is accessible

This report, which is a bi-annual one, is a submission by NHS Western Isles to the Equality and Human Rights Commission Scotland, to demonstrate how we are meeting the requirements of the 2010 Equality Act. Equality Duty requirements are integral to the exercise of our functions. The following report covers progress on adherence on the part of NHS Western Isles as a Public Authority to the protected characteristics of the 2010 Equality Act.

Benefits to health boards in mainstreaming Equality and Diversity can be listed thus:-

- Equality is embedded in the systems, functions and culture of the board
- Policy making is improved by avoiding the development of policies and programmes that inadvertently sustain or compound existing inequalities
- Enhanced performance of core health practice and improved outcomes for patients and service users
- Improved quality of service design and delivery, i.e. equitable access and equity of informed, person-centred care
- Established transparency in relation to board functions such as procurement and workforce recruitment, development and equal pay
- Workforce is trained, supported and equipped to deliver an equitable and person-centred informed health care response
- Capacity maximised through collaborating with partner agencies and Community Planning Partnerships (CPPs)
- Maximised participation in decision-making by local people with protected equality characteristics and those with experience of social inequalities
- Able to demonstrate compliance with equality legislation to the Scottish Equality and Human Rights Commission

There is also a strong business case for Equality and Diversity. A substantial body of evidence shows that managing diversity is key to:-

- *an organisation's reputation* - a good reputation attracts talent from all communities, helping to meet service delivery needs
- *staff recruitment and retention* - valuing diversity enables employers to recruit and retain the best people for the job
- *productivity* - staff perform better in organisations that value diversity and are committed to employees' well being
- *mitigating organisational risks* - effective diversity management limits the risk of legal challenges and costly awards

2. NHS Western Isles Mission Statement

“To be the best at what we do”

The above mission statement applies not only to our clinical practice, but also how we treat our service users and our staff with equity.

Alongside the above statement, NHS Western Isles will aim to provide a dignified, safe and equal service provision for all its service users.

3. MAINSTREAMING IN STRATEGIC ASPIRATIONS

3.1 Embedding in NHS WI Corporate Plan

NHS Western Isles's commitment to fairness and diversity for all who come into contact with its services is made in a very transparent way in the organisations's Corporate Values and Objectives 2017-20. Three of the Corporate Values state, as follows:-

Dignity

We will respect and value the right of the individual to be the person they are.

Fairness

We will make judgements that are based on merit and free from discrimination, dishonesty and injustice.

Reinforcing this, in the list of Corporate Objectives:-

- *CO1 -To provide person-centred care, focusing on the evidence based health needs of our population, identifying and taking every opportunity to improve our patients health and experience.*
- *CO5 - To specifically target early years, health inequalities, vulnerable and hard to reach groups*

3.2 NHS WI Equality and Human Rights Policy

NHS Western Isles’s Equality and Human Rights Policy was completely refurbished and approved in 2016 to take account of national policy drivers and strategies in the field that had emerged since the first iteration of the Policy. Some of these drivers will be highlighted within this Report.

It was organised as well in a more concise and concentrated form, to improve engagement with it on a meaningful basis. It is embedded here:



Revised Equality &
Human Rights Policy 5

3.3 NHS Scotland Quality Strategy

The developments outlined herein across NHS Western Isles services and functions are compliant with the elements of the NHS Scotland Quality Strategy and the 2020 Vision for Health and Social Care in Scotland. The Quality Strategy has three Quality Ambitions – Safe, Person-Centred and Effective.

3.4 NHS Scotland Charter of Patient Rights and Responsibilities

This Charter, published for the first time in 2016, influenced as it was by the launch of Scotland’s National Action Plan for Human Rights in 2014, was fully revised in June 2019. The Charter enshrines the principle of mutual respect – that is, everyone who uses and provides NHS services has a right to be treated as an individual and with consideration, dignity and respect.

The 2019 revision for the first time incorporates a commitment to uphold the right to the provision of communication equipment and support and the right to access interpreter services. This is an explicit commitment of Part 4 of the Health (Tobacco, Nicotine etc.and Care) (Scotland) Act 2016, which placed a legal duty on NHS Boards for the first time to

provide or secure communication equipment. This is a welcome acknowledgement of those with Assisted and Augmentative Communication needs.

Patients in the Western Isles with conditions such as Parkinsons, suffering from the effects of a stroke or with a cognitive impairment are therefore benefiting from better recognition of the vital nature of thereapeutic communication aids such as Talking Mats, Makaton or the groundbreaking Gaelic Speech Therapy and Gaelic (STaG) resource. The multi-agency Western Isles Assisted and Augmentative Communication Pathway is proving a coherent framework for mobilising support to where there is need.

The Easy Read version of the Charter is embedded here:



NHS Scotland
charter-patient-rights

3.5 Scottish Government's National Islands Plan 2019

A major national contribution towards achieving parity between the major urban conurbations in the Central Belt and remote and rural areas such as the Outer Hebrides has been the launch of the Scottish Government's National Islands Plan at the end of 2019. The Plan, built on the foundation of the Islands (Scotland) Act 2018 and assembled with the input of many islanders, provides a framework for action with 13 Strategic Objectives to mobilise outcomes for island communities such as ours. It is embedded here:



National Islands Plan
for Scotland SG 2019

3.6 Liaison with inter-agency Diversity and Equality Steering Group

As partnership working in mutual collaboration and respect is pivotal to achieving the outcomes we desire, NHS Western Isles is an active member of the inter-agency Diversity and Equality Steering Group (DESG). This forum echoes joint working & co-operation that is forming the basis of integration.

The remits of the Group are chiefly to advise the partner agencies of the requirements of the Diversity and Equality legislation, to support each other with regard to the implementation of Diversity and Equality policies and procedures flowing from this and to be a strong coalition articulating the voice of the archipelago in all dealings with the Scottish Equality and Human Rights Commission.

The dialogue intrinsic to the Group enables us as members as a corollary to maintain and sustain bridges of communication and consultation with the wider Outer Hebrides community. This is important for clarifying and upholding the needs, requirements and aspirations of the public whom we serve and support, and our responsibilities to them. This is illustrated by the Scotland National Standards for Community Engagement infographic below. The Standards were wholly refreshed & revised in the light of the Community Empowerment (Scotland) Act 2015. The publication of the National Islands Plan as already highlighted has consolidated the impetus of the Standards in safeguarding civic life in fragile remote communities such as our own.



3.5 Fairness Assessment Tool

It is now incumbent on public bodies to impact assess all new and reviewed policies, protocols and strategies for compliance with the Equality Act 2010 Public Sector General Duty, Equality Act 2010 and (Specific Duties) (Scotland) Regulations 2012 This is to ensure that any new policies are inclusive, and not discriminating against any group. A large number of Indirect Discrimination breaches occur because of the unforeseen impact of a new directive on one group, so, in seeking to minimise the risk of this happening, the importance of equality impact assessment is crucial.

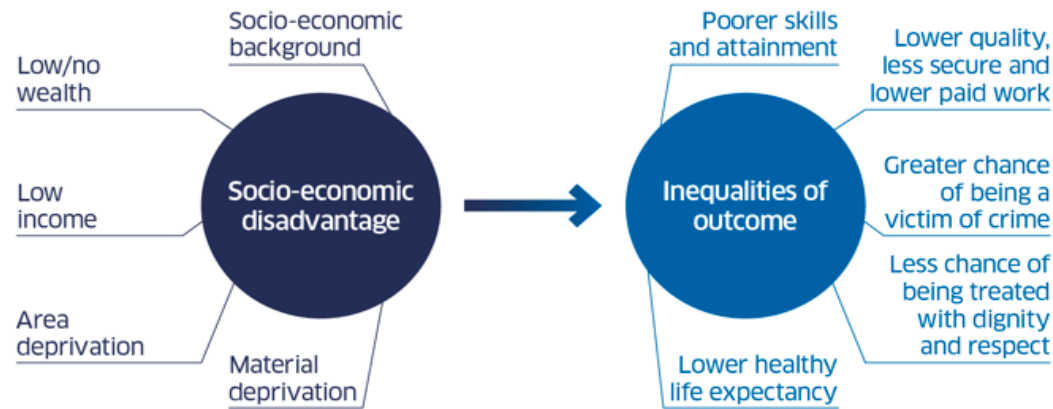
NHS Western Isles is now using a revamped equality impact assessment formula, the Fairness Assessment. This format examines any potential impact of a policy, protocol or strategy on the 2010 Act Protected Characteristics and the

European Convention of Human Rights requirements. Policies and procedures that potentially impinge on the whole population are being planned around the Fairness Assessment outreach approach. The Fairness Assessment can be viewed in Section 5, Appendix 2.

3.6 Deprivation

Research in Scotland has shown how crucial the social determinants of health are, and how penetrating their legacy is throughout the lifespan (The Economic and Social Research Council 2014, University of Stirling 2013, Scottish Government Communities Analytical Services 2010, Scottish Government 2009 and 2008). The recently published Health Inequalities in Scotland: A GP View cited that patients from deprived areas had more multimorbidity, more psychological problems, more chronic health problems and reported not having enough time to discuss these with their GP. Yet they had shorter consultations, had to wait longer for an appointment, GP stress was higher and patient empowerment lower. The Scottish Government's Persistent Poverty in Scotland Report of 2018 stated that between 2014 and 2018, 13% of people in Scotland were in persistent poverty after housing costs. This compares to 12% in 2013-2017.

A recent major national policy driver here has been The Fairer Scotland Duty, Part 1 of the Equality Act 2010, which came into force in Scotland from April 2018. This places a legal responsibility on particularly public bodies to actively consider (pay due regard to) how they reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The rationale behind this new Duty can be seen in the diagram on the next page.



Building on this, NHS Western Isles recognises the importance to health improvement that tackling deprivation will make to the health of the population of the Western Isles. The Health Promotion Department has been engaging with others to build a consensus of concern around the issue.

Since the creation of the multi-agency The Western Isles Poverty Action Group in 2012 from this concern, they have continued to do sterling work. These take on board not just the the concerns intrinsic to the Fairer Scotland Duty but the responsibilities emanating from The Child Poverty (Scotland) Act 2017. This Act works to set targets relating to the eradication of child poverty. It sets a duty requiring local authorities and territorial NHS Boards to publish an annual report on activity to tackle child poverty.

Thinking of our location, it has been estimated that rural poverty accounts for 16% of all poverty in Scotland, affecting approximately 160,00 people. Our island communities are beautiful yes, but the pushing up of house prices beyond the reach of locals to suit second home owners causes what is called spatial apartheid, making them far from a rural idyll for many. Fragile, short term employment and the necessity of car ownership with its corresponding impact on household expenditure are other distinctive characteristics of rural poverty.

The inaugural Outer Hebrides Anti-Poverty Strategy 2019-24, which contains the Local Child Poverty Action Report 2019 – 24 & published jointly by the local authority, the Outer Hebrides Community Planning Partnership and NHS Eileanan Siar, enshrines for the first time therefore the concerted response to the challenge illuminated by the Child Poverty (Scotland) Act.

It is embedded here:-



outer_hebrides_anti-poverty_strategy_20

The contributions of NHS Eilean Siar staff in Maternity Services, Health Visiting & Health Promotion are pivotal to the actions listed on Appendix 2 of the Strategy.

One of these has been the HIT Group which has been meeting in the Cearns area in Stornoway from 2019 onwards. This comprises young folk from vulnerable families who are on benefits and where there are issues with anti-social behaviour with its attendant risks. HIT stands for Hotspot Intervention Team, and is a targeted initiative which is supported by Community Education and NHS Eileanan Siar Health Promotion. Activities such as outings & IT skills are provided.

In addition, the Western Isles Poverty Action Group have continued to update the Western Isles Poverty Survival Guide.

Over the period 2019-20 65 people have attended the Action Group's Poverty Awareness Training sessions. This training is now done in conjunction with the Citizens' Advice Bureau- it was felt that their knowledge of the intricacies of the welfare system would be an asset. The training content has been modified accordingly, and has been well received.

The delivery approach of the training has also been amended to deal with the difficulties many NHS staff have in getting time off work to attend courses. Members of the training team have been delivering a concentrated two hour session in the hospital wards therefore. This has been much appreciated.

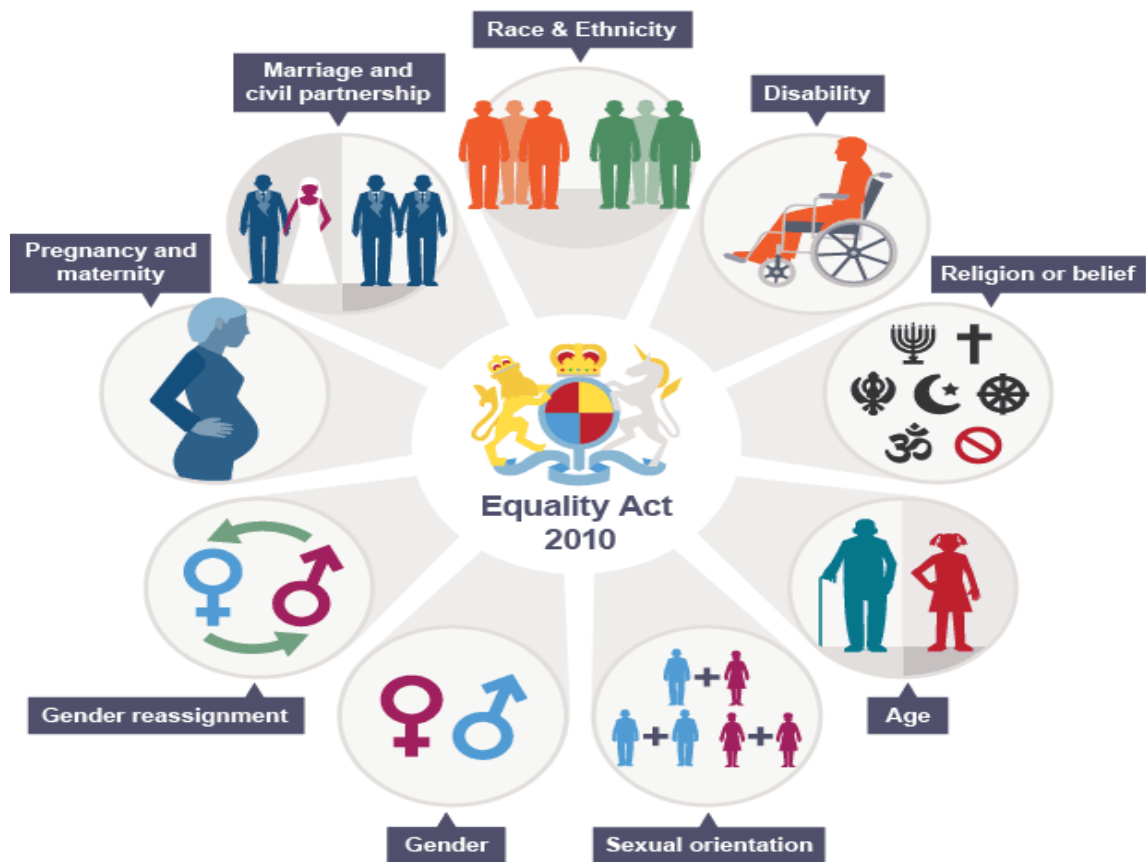
This reframed training has had the advantage too of raising awareness of the Outer Hebrides Community Planning Partnership's universal referral form for professionals to identify, and marshal assistance for, people who are in financial and penury risk.

4.0 MAINSTREAMING ACROSS THE FUNCTIONS AND PURPOSES OF THE SERVICE

Expanding on this preamble, progress thus far in instilling the Equality Duty into the heart of our functions and services will be here outlined. These will be listed centred on the Protected Characteristics, with reference both to Patients and Public, and staff.

The infographic on the next page shows all the Equality Act Protected Characteristics & the values instilling them.

2010 EQUALITY ACT PROTECTED CHARACTERISTICS



OUR RIGHTS FOR OURSELVES, OUR RESPONSIBILITIES TO OTHERS

4.1 RACE

Outcome

Patients from all backgrounds and ethnicities to be free from discrimination & harassment, with the safeguard of redress being open to all.

Rationale

In the UK as a whole, ethnic differences are most marked in the areas of mental wellbeing, cancer, heart disease, HIV, TB and diabetes. BME populations may face discrimination and harassment, and may be possible targets for hate crime. In the Western Isles, the 2011 Census showed that the percentage of people born outside the UK in the Outer Hebrides had increased from 2 per cent in 2001 to 2.9 per cent in 2011. This comprised of 1.1 per cent who were born within the EU & 1.7 per cent who were born in other countries excluding Northern Ireland and the Republic of Ireland. The Census also showed that Polish people in Scotland had the lowest level of English language skills of all the ethnic groups.

A recent major policy driver here has been the Race Equality Framework for Scotland 2016-30, followed by the Fairer Scotland For All Race Equality Action Plan 2017-21. The Action Plan is pivotal for advancing race equality, tackling racism and addressing the barriers that prevent people from minority ethnic communities from realising their potential.

What we've done

Communication and literary needs of racial groups are increasingly supported through the Health In My Language web resource, for provision of written materials, and via NHS WI Service Level Agreement with Language Line, for simultaneous remote interpreting.

NHS Eileanan Siar has had this SLA with Language Line for thirteen years. Language Line provides interpreting services for over 240 languages. The benefits this service affords to healthcare cannot be underestimated, given the serious safety implications of inaccurate communication in clinical consultations.

A very welcome development in 2019 that has flowed from this in NHSWI was the extension of our Service Level Agreement with Language Line for the procurement of their ground-breaking InSight Interpreter On Wheels portable video relay interpreting service. Through iPad methodology, this allows for a three-way dialogue between the patient, the

BSL interpreter and the clinician. The portability of the unit means that it can be easily wheeled to a patient's bedside in the wards, and the fact that it is height adjustable accommodates each patient's requirements. The establishment of the service has dealt with the major patient safety risk of family members of the deaf patient doing the interpreting for them, as well as with the cancelling of clinical appointments because of a lack of a BSL interpreting facility. It is stored in the Accident and Emergency Office, where it is easily accessed by staff wishing to use it via a booking and return system.

There are a number of NHS WI health information leaflets available in Polish and Latvian, as there are a large number of Polish and Latvian workers in the local community.

Following the groundwork laid by NHS Western Isles inaugural Gaelic Language Plan 2012-17, work has begun on the second iteration of our GLP from 2018-23. It is planned that this will further harness the use & stature of Gaelic throughout the organisation. This logically reflects our location, as the Western Isles is the Gaelic heartland of Scotland, with the number of Gaelic speakers in the parish of Barvas recorded at 64 per cent in the 2011 Census. It is therefore appropriate that this cultural asset is harnessed in the activities & outcomes of the Health Board.

Since our last Equality Mainstreaming submission, 14 colleagues have undertaken the Ùlpan learners' course over 2018-20 by means of our Service Level Agreement with Lewis Castle College. This is an important part of the Staffing commitment of the GLP, & reflects the Increasing the Use of Gaelic objective of the National Plan for Gaelic 2018-23. The NHSWI Operational Diversity Lead continues to provide Gaelic translation of written materials on request, and has produced a wide range of Gaelic literature & posters in the areas of Infection Control, Dietetics, Health Promotion and Mental Health amongst others.

Being a Language Plan partner of Bòrd na Gàidhlig has afforded NHSWI the opportunity to submit bids annually to their Gaelic Language Act Implementation Fund (GLAIF).

In relation to improving awareness in our community about the discrimination & persecution that people from minority ethnic/religious groups have historically faced, a key catalyst for this has been the WI Diversity and Equality Steering group's annual Holocaust Memorial Day seminar. Holocaust Memorial Day uses the experience of the 6 million Jews who were annihilated by the Nazis to reflect and commemorate in the UK all groups who have suffered, and continue to suffer, from genocide, harassment and forced displacement. The theme of the 2020 HMD commemoration was Stand Together, & this guided the 2020 Western Isles event which took place in January 2020 at the Lewis Castle College. The keynote guest speaker was Seumas Macphee, Scottish Gypsy Traveller Activist and Artist.

4.2 SEX

Outcome

Sensitive practice to be extended around gender-specific needs and conditions.

Rationale

In the 2011 Census, 49.4 per cent of the Western Isles population was male, while 50.6 per cent was female.

Breast cancer is the the most common cause of cancer in women in Scotland. Lung and colorectal cancers are the most common causes of cancer in men, followed by prostate cancer. The Scottish Public Health Observatory reports that women have a generally less positive experience than males as inpatients, but that with regard to health help-seeking behaviour, men consult their GP less often than women and are more likely to attend an emergency department.

With regard to domestic abuse, there were 15,852 of domestic abuse incidents recorded by Police Scotland over 2019/20. A male perpetrator represents 82 per cent of reported incidents. Many women never report the abuse to the police, so there is a hidden dimension to the issue that is disturbing.

A major legislative step forward here nationally in the field since our last Equality Mainstreaming Report has been the passing by the Scottish Parliament in April 2019 of the new Domestic Abuse (Scotland) Act, which criminalised for the first time coercive, controlling and abusive behaviours by domestic abusers. Since the legislation was approved and given Royal Assent Police Scotland recorded over the period from 1 April to 31 December 2019 1,313 crimes. The offence carries a maximum tariff of 14 years.

Of the 833 suicides in Scotland recorded by the Scottish Public Health Observatory in 2019, 620 were males and 213 were females. This is a rise from the figures of 581 males and 203 females in 2018.

What we've done

In relation to domestic abuse, a recent significant national policy driver here is the Equally Safe Delivery Plan for Scotland 2017-21- a Strategy to Prevent and Eradicate Violence Against Women and Girls, published by the Scottish Government

and COSLA. The Outer Hebrides Domestic Abuse Forum,,fully engaging with this, developed accordingly four strategic objectives over 2017-18.

These were:

- The consolidation and progression of the Western Isles MARAC (Multi-Agency Risk Assessment Conferencing)
- The mobilising of the training strategy in line with key national and local priorities
- Strengthening the focus on the wider continuum of violence against women
- Strengthen the approach to children affected by domestic abuse

In relation to MARAC, this was introduced to the Western Isles in April 2016, following a period of development by the Domestic Abuse Forum. NHS Western Isles is a key member of the group.

A MARAC is a meeting where information is shared about the highest risk domestic abuse cases between representatives of local agencies. After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and turn these into a coordinated action plan. The primary focus of the MARAC is to safeguard the adult victim. At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety.

The MARAC data for 2019-20 is shown in the table over the page. The number of cases in the archipelago has fallen since our last Equality Mainstreaming Report submission, which demonstrates the value of being able to compare the data of the last four years in a snapshot as we have here. In all cases women were identified as the victims of domestic abuse. All cases discussed have generated an increase in actions taken to improve the safety of victims and their children and mitigate the risks posed by the perpetrator. This data is shown in the table on the next page.

	1st April 2019 to 31st March 2020	1st April 2018 to 31st March 2019	1st April 2017 to 31st March 2018	1st May 2016 to 31st March 2017 *
Total number of MARAC cases for the year	22	36	26	17
Total number of children within households	22	47	31	21
Total number of repeat cases	1 (5%)	5 (14%)	6 (23%)	2 (12%)
Total number of referrals from each agency	Police 12 (54%) WIWA: 8 (36%) Housing 1 (5%) Criminal Justice: 1 (5%)	Police: 16.5 (46%) WIWA: 15.5 (43%) Primary Care (Health Visiting Service: 3 (8%) Other (MARAC Co-ordinator): 1 (3%)	Police: 14 (54%) WIWA: 10.5 (40%) CJSW: 1.5 (6%)	Police: 14 (82%) WIWA: 1 (6%) SW C&F: 1 (6%) MARAC Coordinator: 1 (6%)
Total number for each referral criteria	Visible High Risk: 10 (45%) Professional Judgement: 9 (59%) MARAC Repeat: 1 (5%) Potential Escalation: 2(9%)	Visible High Risk: 19 (53%) Professional Judgement: 13 (36%) Potential Escalation: 4 (11%)	Visible High Risk: 16 (62%) Professional Judgement: 8 (31%) Potential Escalation: 3 (12%)	Visible High Risk: 8 (47%) Professional Judgement: 8 (47%) Potential Escalation: 1 (6%)
Total diversity numbers	Women: 22 (100%) Men: 0 LGBT: 0 BME: 0	Women: 34 (94%) Men: 2 (6%) LGBT: 1 (3%) BME: 1 (3%)	Women: 26 (100%) Men: 0 LGBT: 0 BME: 1 (4%)	Women: 17 (100%) Men: 0 LGBT: 0 BME: 0
Total number of actions taken	126	168	134	125

The table below shows the number of patients who disclosed domestic abuse to NHSWI Health Visiting staff over 2019-20. If domestic abuse is disclosed, a risk assessment is completed to establish what type of support or intervention is required. These patients may then be referred onwards to another service such as women's aid.

Year	Total number of bookers
2019-20	135

It is important to state here that NHSWI has its own Gender-Based Violence Policy within the suite of their Human Resources policies, to provide a framework for delivering support to employees of the organization who are experiencing domestic abuse. In connection with raising awareness of domestic abuse in the workforce, the major employers in the Western Isles, including NHS Eileanan Siar, held the **16 Days of Action Against Domestic Abuse** campaign from 25 November to 10 December 2019. The Western Isles Violence Against Women Partnership (an effective multi-agency coalition) mobilised a collective response across the partner agencies for this, in addition to generating the publicity in the local media.

NHSWI is one of the coalition of agencies that contribute to the vital lifeline provided by Western Isles Womens' Aid in Stornoway for women and children fleeing domestic abuse. Having had a presence in the town for many years, they are now based in a much better building with superior facilities. They offer support, someone to talk to and information on benefits, legal advice and housing options. They also provide one to one counselling and telephone counseling, a safe and secure space way from the abuser with a direct link to the Police Station and support for women and children who have left a mainland refuge to return to the Western Isles. Being part of a national network of 35 refuges across Scotland is also a considerable advantage in terms of access to expert advice and resources.

In relation to the field of mens' health, NHS Western Isles has been proud to be a key partner of the Hebridean Mens' Cancer Support Group. The Group celebrated its tenth anniversary in 2018, having been set up in 2008. It meets weekly at the Lewis Retirement Centre in Stornoway.

The Support Group addresses every new diagnosis in the Western Isles, sending a welcome pack containing introductory leaflets about the group, as well as the benefits available from Macmillan Cancer Support. A cheque for a sum of money

to these newly-diagnosed men is included, serving as immediate practical help to the sufferer and their family with the sudden increases in expenses that follows the confirmation of a serious illness. Throughout the year, HMCSG sends over 90 packs to newly diagnosed men on the islands.

NHS Western Isles is an Equal Opportunity Employer, and, as a Public Authority in Scotland, we have to, in compliance with both the Equalities Act 2010 and the (Specific Duties) (Scotland) Regulations 2012, work towards a workforce that is representative of the organisation and shows equal opportunity of advancement i.e. our promoted posts should be as near as possible to the ratio of males and females in our organisation.

4.3 Equal Pay

An integral part of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 are a number of measures to monitor public bodies to ensure that there is no gender inequality in their pay rates.

Measures include

- A requirement to publish every two years from 30th April 2013 onwards information on any Gender Pay Gap. This information should be shown as any difference between the mens' average hourly pay (excluding overtime) and womens' average hourly pay (excluding overtime).
- The information published must be based on the most recent data available.

In line with the General Duty of the Equality Act 2010, our objectives are to:

- Eliminate unfair, unjust or unlawful practices and other discrimination that impact on pay equality
- Promote equality of opportunity and the principles of equal pay throughout the workforce
- Promote good relations between people sharing different protected characteristics in the implementation of equal pay

The NHS Eileanan Siar Equal Pay Statement for 2021 can be found in Appendix 1 at the end of this Report.

Gender Pay Gap Analysis

NHS Western Isles employ staff on different sets of nationally agreed terms and conditions. We carried out analysis of womens' and mens' pay within each pay band of the Agenda for Change (AFC) Medical and Dental and the Senior Managers' contract groups. Through these arrangements posts are graded, not the individual. There is no evidence that gender informs the level of pay for any post within NHS Western Isles.

There were overall more female employees than male with AfC and Senior Manager terms and conditions and more male than female with Medical and Dental terms and conditions. This related to our substantive workforce and did not include temporary cover/locum arrangements.

There is some evidence of gender occupational segregation within NHS Western Isles, with women more likely to work in traditional caring roles and administration routes.

Gender Pay Gap Analysis Tables 2019-20

Mean Gender Pay Gap 23.79%	Due to high proportion of Medical Consultants being Male at the snap shot date
Median Gender Pay Gap 11.81%	Due to high proportion of Medical Consultants being Male at the snap shot date
Mean Bonus Gender Pay Gap N/A	No Bonus Paid
Median Bonus Gender Pay Gap N/A	No Bonus Paid

Proportion of males and females in each quartile band

Lower Male	18.86%
Lower Female	81.14%
Lower Middle Male	9.70%
Lower Middle Female	90.30%
Upper Middle Male	9.83%
Upper Middle Female	90.17%
Upper Male	21.05%
Upper Female	78.95%

4.4 DISABILITY

Outcome

We will engage and work with our patients & staff as diligently as possible to improve the experience of care and to enhance physical access.

Rationale

The 2011 Census showed that one in five people in Scotland reported a long-term health problem or disability. This is more or less replicated in the 2011 Census results in the Western Isles, where a percentage of 20.5per cent reported having a long-term life-limiting problem or disability. As healthcare patients, there is also the dimension of co-morbidity of disabling conditions that requires planning and treatment.

The causal link between disability and penury can be seen in the Scottish Government's findings that households in which one or more disabled person resides is likely to have no working members and to be at greater risk of financial difficulties. In the workplace, disabled employees are more likely than non-disabled ones to face barriers to work because of lack of confidence and attitudes of employers.

Progress made in Scotland nationally in relation to the welfare of disabled people is captured in A Fairer Scotland for Disabled People Progress Report, published at the end of 2019. This examines the policy developments and creative initiatives that have taken place over the two years preceding that flowed from the 93 Actions in the Action Plan to reduce barriers, as well as an exploration of the five Ambitions of the Plan.

This is embedded here. Given the importance of the accessibility of our documents to suit the lived experience of our disabled citizens, this is the Easy Read version.



A

fairer-scotland-disabl

In addition, the Scottish Government's 2019 review of the National Performance Framework outcomes for disabled people, while acknowledging some positive developments, illuminated some abiding areas of concern:-

- Higher levels of child material deprivation in households containing a disabled person – at 20% - compared to households without a disabled person at 8%.
- Higher rates of food insecurity among disabled people – 18% - compared to 5% among non-disabled people.
- Higher likelihood of living in relative poverty after housing costs with a disabled person in the household, i.e. 24% of families with a disabled member compared to 17% of families with no disabled members.
- Lower educational attainment among disabled people, in a context where 25% of disabled people have low or no qualifications at SCQF level 4, compared to 10% of non-disabled people.

The review can be read here.



scotlands-wellbeing-
measuring-national-o

It is important not to lose sight of the fact that many disabilities are hidden in plain sight. 93% of disabled people don't use a wheelchair. Under the provisions of the Equality Act, depression is classed as a life limiting disability.

What we've done

British Sign Language

Developments in BSL provision in NHSWI over 2017-18 have been informed by the historic British Sign Language (Scotland) Act 2015 and the subsequent BSL National Plan for Scotland 2017-23. These have made Scotland the first country in the UK to recognise BSL as a language in law, with all the rights, privileges and protections this affords. The Act is a major catalyst in dismantling the barriers to participation in civic life that BSL users, & indeed the deaf community as a whole, have endured for so long.

Tailoring the BSL National Plan to local needs & circumstances led to the milestone of NHSWI's first ever BSL Plan being assembled & then approved in May 2019. This carries up to 2024. The insights of a hearing-impaired member of staff in the Western Isles Hospital were pivotal to the narrative of the Plan. It's contextualisation of the local priorities has been acknowledged and welcomed by the BDA Scotland.

The NHSWI BSL Plan can be viewed here:-



Approved NHSWI
BSL Local Plan 2019-2

Crucially with regard to correcting a historic injustice around access to BSL interpreting in NHS Eileanan Siar, since the purchase of the LanguageLine InSight Interpreter On Wheels unit as described earlier in this Report, BSL video interpreting is available on demand between 9-5 Monday to Friday. This has made a huge difference to BSL speakers in receipt of care because of the lack of suitably qualified BSL interpreters locally.

The service has been exorted to our associates at the Western Isles Sensory Centre, run jointly by the Highland Sensory Project and Sight Action. This is a key supportive space & equipment repository for people in the archipelago with a sensory impairment, & the Lewis & Harris Deaf Club meets there monthly.

The launch of this video relay interpreting service, along with the clear benefits of collaboration with our associates at the WI Sensory Centre, shows clearly how a local BSL Plan gives impetus towards the commissioning of such assets.

As part of our obligation to speak not just for, but with, vulnerable groups in our community such as the learning disabled, NHS Western Isles has joined a range of public and third sector bodies in the Outer Hebrides to develop a three-year Advocacy Plan for health and social care services for 2018-21, which intends to support and guide the development of independent advocacy services in the Western Isles. The Plan aspires to a strong partnership between the statutory agencies, independent advocacy organisations and the people who rely on advocacy, creating a local environment in which:

- General advocacy, including the need to support patients and service users to articulate what matters to them, is recognised as a responsibility of all health and social care professionals;

- Independent advocacy is recognised as a specialist resource which offers assistance to people who need additional support to express their needs and preferences;
- Everyone who is in need of independent advocacy has access to it, across all of the communities of the Outer Hebrides;
- That people have choice and control over how they access independent advocacy and who provides it to them.

By working towards the realisation of these principles, we will be able to ensure that people are better able to articulate what matters to them and health and care outcomes improve as a result.

These aspirations will benefit Advocacy Western Isles especially. This organisation provides issue-based one-to-one, non-instructed and collective independent advocacy support to individuals in need throughout the Western Isles. Priority is given to those with mental health issues, people with a learning disability, older people, children and young people and parent/carers. It currently provides specialist advocacy for mental health which works closely with legal services for individuals who are subject to statutory measures. It also works with individuals with a diagnosis of mental illness and any other undiagnosed mental illnesses such as depression.

In addition Advocacy Western Isles facilitates a Collective Self Advocacy Group (The Speak Out Group) for adults with learning disabilities, which was established in 2006. The group deals with issues nationally and in the community that are of interest to and/or affect people with a learning disability. This group has actively engaged in feedback processes in regard to access issues in the Western Isles Hospital, including signage and clear information, with the active support of NHSWI's Patient Focus Public Involvement (PFPI) Officer.

The increasing confidence of the Speak Out Group in relation to influencing towards better services is demonstrated in them providing the Foreword to the Western Isles Health and Social Care Partnership's Learning Disability Strategy 2019-22. As a local response to the national Keys To Life learning disability strategy the key role the NHS plays in providing succor and support is acknowledged within it.

The Strategy can be viewed here:-



Western_Isles_Learn
ing_Disability_Strateg

The Autism Eilean Siar Support Group meets monthly at the Newton Ward Community Association in Stornoway. This provides support & raises awareness for the parents of children with conditions on the autism spectrum disorder. NHS Western Isles staff, such as Health Visitors and School Nurses refer children to this group subsequent to issues being picked up on the Universal Health Visiting Pathway.

Workstep and Capability Scotland assisted schemes are in place for the provision of financial assistance for the procurement of aids and adaptations to enable supported employment for appropriate employees in NHS Western Isles. If practicable, flexible working arrangements for such are covered by Agenda for Change Terms and Conditions Section 34. This also meets the requirements of Positive Action for employees, as warranted by the 2010 Equality Act.

4.5 RELIGION AND BELIEF

Outcome

We will provide Spiritual Care within a professional framework to NHS WI patients and staff, to enable the finding of hope, meaning and comfort to all, not confining it to those who subscribe to an organised religious system.

Rationale

There can be no doubt that the need to make sense of one's circumstances becomes more pressing in times of illness. This desire does not only reside within the patient, but in their loved ones, who seek at least a listening ear, not just answers, in their distress. In serving the needs and aspirations arising from these concerns, spiritual care, as expressed through pastoral support, adds value to the whole organisation. This coming alongside people also impacts positively on staff morale, with the compassion and advocacy inherent in spiritual care mitigating strife and stress in the workplace.

Research conducted by the European Centre of Social Welfare Policy in 2013 showed that people with a faith or belief were better able to cope with shocks such as losing a job or divorce, and had higher levels of life satisfaction. Taking this wider to the exercise of Chaplaincy pastoral support to those of all faiths and none, Kirshnakumar and Neck (2002) suggested that the encouragement of spirituality in the workplace can lead to benefits in the areas of creativity, honesty, personal fulfilment and commitment, which will ultimately lead to increased organisational performance.

The legacy of the well-recorded Christian faith traditions of the Western Isles, both Protestant and Catholic, can be seen in the 2011 Census results, in which the archipelago had the lowest percentage of people in Scotland saying they had no religion, at 18.1 per cent, in comparison with the Scottish average of 36.7per cent. The Outer Hebrides also had the highest percentage of people stating that their religion was Other Christian (from the Church of Scotland), at 19.1per cent. However, nationally as a whole, increases in the Census of people recording a non-Christian affiliation in Scotland – with the largest religious group in this sphere, Muslims, increasing by 80 per cent from 2001 to 77,000 people – demonstrates how important it is for accommodation, sensitivity and respect to be given to the needs of all faiths who converge on the service.

What we've done

Spiritual Care in the NHS throughout Scotland is currently being guided by the pillars of the Person Centred Care approach. These four dimensions are Leadership, Care Experience, Staff Experience and Co-Production. This is a way of operating in which value is invested in each individual and what matters to them.

Openness and responsiveness to all is at the heart of the NHS Western Isles Spiritual Care Policy. Underpinned by this, the Chaplaincy service at NHS Western Isles consoles those of all faiths or none. This heterogeneous approach is underpinned by the CEL 2008 on Spiritual Care.

This need to promote inclusion within NHS Western Isles can be seen in the variety of faith groups that use the sanctuary. In addition to the weekly Christian Protestant service each Sunday, there is a Roman Catholic lunchtime service held once a month for Roman Catholic members of staff. There is also a Ba'hai gathering in the sanctuary every Saturday, and Muslim members of staff use it as prayer space regularly. A Muslim prayer mat was purchased a number of years ago, and this is provided for Muslim prayer requirements.

The sanctuary is also used as a quiet room for staff to use at any time, should they wish a tranquil space for reflection and calm. This is particularly appreciated in times of stress, such as bereavement. The move of the Spiritual Care & Diversity Department to its current location in 2017 in the former Acute Psychiatry Group Therapy room has benefited the weekly Sunday morning service, in that greater numbers are coming to it in the new Sanctuary. Since its refurbishment for an explicit Spiritual Care Purpose, the area is now compliant with faith observation requirements in a way that it was not in the old Chapel, particularly by the installation of appropriate ablution facilities for Muslim staff & patients in the enlarged bathroom. The presence of a toilet facility is also beneficial for elderly patients attending the Sunday service.

A successful Bereavement Support Group run by the NHSWI Chaplains has been running since 2018, held in the Sanctuary. Meeting once a month & advertised at GP Surgeries, it is source of mutual succour and understanding for those who attend, dealing with the sense of isolation that is so invidious in grief.

The Community Chaplaincy Listening Service has been running for 10 years now, following a successful pilot project. It is carried out within a pastoral care framework by the trained Chaplaincy Listener, who provides this in the different GP surgeries. It enables people who have been attending their GPs' to help themselves by identifying assets and resources

within themselves, via the telling of their story in a series of sessions. The impact of the service can be seen in that there has been a reduction in inappropriate GP appointments, an increase in patients' capacity to cope with challenging circumstances and a bolstering of community resilience.

AGE

Outcome

NHS Western Isles will listen to the views of the young and the old who access our services, and will promote the importance of dignity and respect for staff who work with them, in a way that identifies barriers and challenges.

Rationale

The 2011 Census showed that, in some age groups, the difference between the sexes was significantly marked in the Outer Hebrides. Up to the age of 65 there were more males than females, particularly in the 16-30 age group. However, from the age of 66 onwards, there were more females than males at every age apart from age 69 and 72.

Generally, epidemiology has revealed that health issues tend to be greater amongst the very young and the very old. The Census showed that there was a much higher level of disability in people aged 65 years or over in Scotland, and that four fifths of people aged 85 years and over reported that their day to day activities were limited by health problems or disability.

Increasing attention has been paid in the national discourse to protecting the human rights of Scotland's children. The publication early in 2018 of Progressing the Human Rights of Children in Scotland Action Plan 2018 -21 mobilised much interest and engagement across the relevant sectors in Scotland. This complemented extremely well the rights-based focus of the Childrens' Parliament Scotland, which has representation from the Western Isles.

A Progress Report to the Action Plan was published at the end of 2019. This outlined progress against the four Strategic Actions of Incorporation, Impact Assessment, Raising Awareness and Strategic Approach to Participation, in addition to highlighting policies & initiatives across the country that are helping to take forward childrens' rights. A pivotal aspect of this was the commitment within the Programme for Government to incorporate the United Nations Convention on the Rights of the Child (UNCRC) into Scots domestic law. It was intended to introduce this Bill in the 2019-20 parliamentary session.

The Progress Report to the Action Plan is embedded here.



progressing-human-ri
ghts-children-scotland

If we turn to a major mental health concern, suicide is the leading cause of death among young men in Scotland. In Scotland over 2019, the Samaritans reported that the suicide rate amongst young people aged between 15 and 24 increased by 52.7% from the previous year. This is the highest it has been since 2007.

What we've done

NHSWI clinicians who work with children follow the Getting it Right For Every Child framework National Practice Model. This is also adhered to by the local authority staff who work with children. This provides a foundation for identifying concerns, assessing needs and risks and making plans for children in all sectors of treatment. The NHSWI Child Protection Lead Nurse has made a significant contribution to improving our safeguarding, risk management and welfare support procedures. She works closely with the Child Health Commissioner and the Scottish Children's Reporter for the locality.

The NHS Western Isles Child and Adolescent Mental Health team sees children and young people and their families with a wide range of emotional difficulties. Its aim is always to help children and young people and their families understand about the factors that lead to mental health problems and help make sure that these factors do not lead to further difficulties. Members of the team include a Child and Adolescent Psychiatrist, a Clinical Psychologist, Child and Adolescent Nurses, and Child and Adolescent Mental Health Workers. The team also work jointly with statutory and voluntary children or young people's services to help and support a wide range of difficulties.

In relation to national CAMHS outcomes, in the closing months of 2019 NHSWI was one of only three Boards in Scotland who met the Scottish Government's 18 week waiting time target for referral to first appointment.

NHSWI Health Visiting Team continue to distribute the Bookbug early years reading materials, in both Gaelic and English, to help instill a reading habit between the mother and the child. Reading is pivotal to language & cognitive development, & is a key component therefore of the Universal Health Visiting Pathway in Scotland.

Older People

NHSWI Health Promotion has been investing in the Ceàrn Community Association in Stornoway with a view to reducing the isolation of elderly people in the scheme. A very successful initiative here that met throughout 2019 is the Ceàrn Spring Chickens Group. They have become motivated to the extent that they have been able to open a bank account for themselves and have also drawn up a constitution, with the support of Mary Maclean Health Promotion.

An encouraging development in relation to the reducing of barriers between this group and young folk in the vicinity was the holding of several meetings by the Spring Chickens over 2019/20 with members of the Ceàrn Youth Club. They drew up plans to work together on horticultural projects. The young folk – in an imaginative venture – showed them basic computer skills on iPads received from the Citizens' Advice Bureau.

Erisort Reminiscence Café

This weekly gathering in the Erisort Ward Dayroom continues to go from strength to strength since it started in 2016. The dedication & enthusiasm of the former Clisham Ward Activities Co-ordinator, Alzheimers Lewis and Harris and the Patient Focus Public Involvement (PFPI) Officer have made it a welcoming and relaxed space for older patients with memory issues to come together over tea and cake around a table set with mementoes and artefacts from the past. Local artisans with craft and art expertise have come in to give demonstrations, & frequent musical contributions from local musicians have been enormously appreciated. An annual Christmas Party has been held on the afternoon of the Café since 2016, to which families and friends of the patients are invited. Having childrens' choirs sing at this Party also has been meeting our inter-generational practice aspirations.

4.7 SEXUAL ORIENTATION

Outcome

We will endeavour to ensure that a person's sexual orientation, if declared, shall be no obstacle to them as a beneficiary of care.

Rationale

A Trades Union Congress survey of LGB employees in 2000 suggested that 44 per cent had experienced some form of discrimination. Gay or lesbian individuals may be possible targets for hate crime additionally.

Certain sexual health issues may be more prevalent in gay or lesbian populations e.g. gay men are in a higher risk group for HIV. Gay and lesbian people may be less likely to be screened for certain conditions, meaning problems are not picked up as early as they could be. Research done by de Montfort University in 2009 showed that lesbian and bisexual women were up to 10 times less likely to have had a cervical smear test in the preceding 3 years.

These health inequalities are particularly more acute around mental health, where evidence shows:

- Suicidal behaviour is 3 times more prevalent around Lesbian, gay and bisexual when compared to the general population; this rises to 8 times among transgender people
- Self-harm is 8 times more prevalent among LGB people; this rises to 20 times among transgender people

What we're doing

The second LGBT Pride March in Stornoway took place in October 2019, organised by NHSWI Public Health in conjunction with Mental Health Services & support groups.

4.8 GENDER REASSIGNMENT

Outcome

We will deal sensitively, & with discretion, any transgender or transsexual patient that comes into our orbit.

Rationale

Surveys have found that rates of mental ill health in this group are higher than the average. Transgender individuals can also face discrimination and harassment, and be possible targets for hate crime.

Under the terms of the 2010 Equality Act, the requirement for medical supervision to take place as part of a process of 'gender reassignment' has been removed for Gender Reassignment, so someone who simply changes the gender role in which they live without ever going to see a doctor is protected.

What we're doing

NHS Western Isles has a Policy and Action Plan in place for this, and sensitive awareness and the need for dignity has been stressed at the Equality Act training sessions.

More broadly speaking in the community, this comes under the auspices of the LGBT Working Group set up by DESG (the Western Isles multi-agency Diversity and Equality Steering Group).

4.9 MARRIAGE AND CIVIL PARTNERSHIP

Outcome

NHS Western Isles will give respect and support to all couples who either receive care from the organisation or work for it, in order to promote stable and loving unions.

Rationale

A wide body of research has shown how steadfast and stable couple relationships are vital to the security and welfare of children, and therefore to society as a whole. Domestic violence, as previously mentioned, is particularly corrosive here,

but is not the only variable. Difficulties in maintaining a healthy work/life balance can fracture family cohesion unless changes to lifestyle are made.

What we're doing

Health Visitors and Mental Health staff work effectively with Social Work colleagues to support vulnerable couples and families who are experiencing economic and social difficulties. Where relationships are coming under particular strain, there are referral pathways to the Family Mediation Service counselling support.

Employees who experience particularly stressful family circumstances, such as a child health crisis, can apply through their line manager for Special Leave, within the parameters of the Special Leave Policy.

Specialist interventions such as Family Therapy will be contingent on increased investment in Clinical Psychology and Psychiatry.

4.10 PREGNANCY AND MATERNITY

Outcome

We will give practical and sensitive assistance to expectant and new parents to make this time for them as positive as possible, and will uphold the rights and dignity of all women in pregnancy.

Rationale

There are still examples of women losing pay and status, and even their jobs, due to pregnancy. The number of maternity-related employment tribunals has been rising, even as other types of case decline. Over a tenth of sex discrimination claims in GB employment tribunals in 2009-10 concerned pregnancy.

There is limited data which suggests that there may be concentrations of lone mothers in the most deprived neighbourhoods, and that it can be difficult for authorities to engage with those in most need of support.

Most disturbingly, the incidence of physical abuse of women, and particularly domestic violence, increases during pregnancy and early maternity.

There are many common health problems that are associated with pregnancy, such as backache, constipation, sleeplessness and hypertension. There are also health issues such as morning sickness that are specific to pregnancy. This is why health screening and monitoring is such an important aspect of pregnancy care, from the first semester onwards.

What we've done

Following the recommendations of the 2019 MBRRACE Reducing Risk through Audits and Confidential Enquiry Report in relation to the prevention of sudden unexpected death from epilepsy and timely antenatal multi-disciplinary planning for pregnant women with complex needs, NHSWI Maternity Services risk management and recording procedures have been revised accordingly.

The former Bosom Buddies local support group for women who are breastfeeding, which offers professional and peer support, moved under the jurisdiction of NHSWI Health Visiting in 2019 and, through this, linked up to the UK-wide Breastfeeding Network. 12 ladies in the community, all mothers with experience of breastfeeding, have now been trained as Breastfeeding Network Peer Supporters. They liaise closely as required with the Health Visitors caseloads, assisted by a part-time BFN Peer Supporter Co-ordinator.

In connection with this, NHS Western Isles has achieved full accreditation for the UNICEF Baby Friendly Initiative, which is a global programme that aims to increase breastfeeding rates and continually improve care for mothers and babies. The internationally recognised award has been given to both hospital and community services.

Employees with more than one year's continuous service in the NHS are entitled to 10 days paid Paternity Leave. This leave can be utilised, contingent on approval, for attendance at ante-natal classes, the birth itself or any period within 6 weeks of the birth of the child. If a still birth occurs, the provisions of the bereavement leave policy shall apply.

In conclusion, NHS Western Isles is increasingly conscious of the duties incumbent upon us in relation to equity for those we serve, as well as those of equality. This is the acknowledgement fundamentally that the same approach to resolve an inequality problem will not work for everyone, and of the need to discuss solutions with the individual that are tailored to their particular needs and dilemmas in a way that will be distinct from the next person. This is intrinsic to the Person-Centred Care Strategy for NHS Scotland.



5.0 Appendix 1 NHSWI Equal Pay Statement

This statement has been agreed in partnership and will be reviewed on a regular basis by the NHS Eileanan Siar Area Partnership Forum and the Staff Governance Committee.

NHS Eileanan Siar is committed to the principles of equality of opportunity in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their age, disability, ethnicity or race, gender reassignment, marital or civil partnership status, pregnancy, political beliefs, religion or belief, sex or sexual orientation.

NHS Eileanan Siar understands that the right to equal pay between women and men is a legal right under both domestic and European Law. In addition, the Equality Act 2010 (Specific Duties)(Scotland) Regulations require NHS Eileanan Siar to take the following steps:

- Publish gender pay gap information by 30 April 2021; and
- Publish a statement on equal pay between men and women by 30 April 2021, and to include the protected characteristics of race and disability.

It is good practice and reflects the values of NHS Eileanan Siar that pay is awarded fairly and equitably.

National Terms and Conditions

NHS Eileanan Siar employs staff on nationally negotiated and agreed NHS contracts of employment which includes provisions on pay, pay progression and terms and conditions of employment. These include National Health Service Agenda for Change (A4C) Contract and Terms & Conditions of employment, NHS Consultant and General Practice (GP) and General Dental Practice (GDP) contracts of employment and. Some staff are employed on the NHS Scotland Executive contracts of employment (Executive Cohort) which are evaluated using national grading policies with prescribed pay range and terms of conditions of employment.

NHS Eileanan Siar recognises that in order to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent, or work of equal value, it should operate pay systems which are transparent, based on objective criteria and free from unlawful bias.

In line with the General Duty of the Equality Act 2010, our objectives are to:

- Eliminate unfair, unjust or unlawful practices and other discrimination that impact on pay equality;
- Promote equality of opportunity and the principles of equal pay throughout the workforce; and
- Promote good relations between people sharing different protected characteristics in the implementation of equal pay

We will:

- Review this policy, statement and action points with trade unions and professional organisations as appropriate, every 2 years and provide a formal report within 4 years;
- Inform employees as to how pay practices work and how their own pay is determined;
- Provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions to ensure fair and consistent practice;
- Examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave;
- Undertake regular monitoring of the impact of our practices in line with the requirements of the Equality Act 2010; and
- Consider, and where appropriate, undertake a planned programme of equal pay reviews in line with guidance to be developed in partnership with the workforce and Trade Union representatives.

Responsibility for implementing this policy is held by the Chief Executive with the Human Resources Director having lead responsibility for the delivery of the policy.

Staff Governance Standard

NHS Boards work within a Staff Governance Standard which is underpinned by statute. The Staff Governance Standard sets out what each NHS Scotland employer must achieve in order to continuously improve in relation to the fair and effective management of staff.

The Standard requires all NHS Boards to demonstrate that staff are:

- well informed;

- appropriately trained and developed;
- involved in decisions;
- treated fairly and consistently, with dignity and respect, in an environment where
- diversity is valued; and
- provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

Delivering equal pay is integrally linked to the aims of the Staff Governance Standard.

If a member of staff wishes to raise a concern at a formal level within NHS Eileanan Siar relating to equal pay, the Grievance Procedure is available for their use.

5.0

Appendix 2 NHSWI Fairness Assessment Tool

Fairness Assessment Toolkit

This toolkit is designed to be used by those

1. Writing Policies, Procedures & Protocols from scratch
2. Reviewing existing Policies, Procedures, Protocols and services
3. Planning new services or redesigning existing ones.

IT IS IMPORTANT THAT AT THE *BEGINNING* OF THE POLICY DESIGN PROCESS YOU CONSIDER THE REQUIREMENTS OF THIS TOOL. IT IS DESIGNED TO ASK THE QUESTIONS AROUND WHICH POLICIES, PROTOCOLS, STRATEGIES AND SERVICES SHOULD BE DESIGNED, AND THEREFORE REDUCE THE RISK OF DISADVANTAGE.

Author/Reviewer Name	
Name of policy, protocol, procedure, strategy or service	
Line Manager responsible for signing Off	
Date Started	

Date Completed	
-----------------------	--

Key steps for doing Fairness Assessment

1. Identify the key aims & outcomes of the policy
2. Gather information & evidence around protected characteristics & identify the gaps
3. Assess the impact - consider alternatives & mitigate negative impacts
4. Involve & consult on impact assessment - internally & externally
5. Make a decision; develop an Action Plan based on evidence
6. Sign off; send to Strategic Diversity Lead for sign off
7. Final Fairness Assessed policy to be published on NHS WI Show website
8. Monitor & review the final assessment

Section 1.

About your project

Please answer the following questions

1. Is this a New Policy, Protocol, Strategy or Service?

YES

NO

If yes, please explain why it is being done and what the effects of it will be.

2. Have you checked if there are any other current guidance on this topic in the Board?

YES

NO

If the answer is No, please stop and check now.

3. Please list who is likely to be affected by this project and how they will be affected.

Who?	How?

4. Please tell us how you are going to involve these people in the project.

Section 2 Protected Characteristics

Read the following, as these are about people or groups of people whose rights are specifically protected under the 2010 Equalities Act.

This page gives you information on each of the nine protected characteristics.

Age

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds, 65-80 year olds).

How will these groups be affected?

Disability

A person has a disability if s/he has 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.

How will this group be affected?

Gender reassignment

The process of transitioning from one gender to another.

How will this group be affected?

Marriage and civil partnership

Same-sex marriage has now been enshrined in legal statute, in England in March 2014 & in Scotland in December 2014 respectively. Therefore, both mixed-sex and same-sex couples can now marry in the eyes of the law, while respecting the freedom of religious bodies and celebrants not to perform these ceremonies.

Couples in a civil partnership in England can now convert this into marriage in England, although this option is not yet available in Scotland. Civil partnership is not available to mixed-sex couples throughout the UK.

How will this group be affected?

Pregnancy and maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. Under the terms of the 2010 Equality Act, action can now be taken in the civil courts when a person has suffered a disadvantage because of unfair treatment because of pregnancy, breastfeeding or having given birth.

How will this group be affected?

Race

Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

How will this group be affected?

Religion and belief

Religion is the term given to a collection of cultural belief systems based on narratives, traditions and symbols that give meaning to life and instill a moral framework of conduct. Belief includes religious and philosophical beliefs including lack of belief (e.g. atheism). Generally, a belief should affect your life choices for it to be included in the definition.

Does your proposal discriminate or disadvantage any religious or non religious group?

Sex

A man or a woman.

Does your proposal discriminate between men and women, if so how and why?

Sexual orientation

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

How will this group be affected?

Negative Findings

If you have found negatives in the above assessments, how do you intend to deal with these, and why?

SECTION 3 - HUMAN RIGHTS

It is unlawful for a public authority to act in a way which is incompatible with a European Convention of Human Rights requirement.

There are 15 protected rights which public authorities must ensure that they comply with in their policies, services and practices. Those listed below are the ones which can directly be affected by Healthcare provision.

The right to life – protects your life, by law. The state is required to investigate suspicious deaths and deaths in custody.

Does your proposal affect this right?

The prohibition of torture and inhuman treatment – you should never be tortured or treated in an inhuman or degrading way, no matter what the situation.

Does your proposal affect this right?

The right to liberty and freedom – you have the right to be free and the state can only imprison you with very good reason – for example, if you are convicted of a crime

Does your proposal affect this right?

The right to a fair trial and no punishment without law - you are innocent until proven guilty. If accused of a crime, you have the right to hear the evidence against you, in a court of law.

Does your proposal affect this right?

Respect for privacy and family life and the right to marry - protects against unnecessary surveillance or intrusion into your life. You have the right to marry and raise a family.

Does your proposal affect this right?

Freedom of thought, religion and belief – you can believe what you like and practice your religion or beliefs, so long as this does not harm others.

Does your proposal affect this right?

No discrimination – everyone’s rights are equal. You should not be treated unfairly – because, for example, of your gender, race, sexuality, religion or age.

Does your proposal affect this right?

EQUALITY LEADS USE

Received for review :-

Checked By;-

Owner of Fairness Assessment

Comments & Recommendation

*Signed
By Strategic Diversity Lead*

Date.....