



Equality and Diversity Mainstreaming and Equality Outcomes Report 2021

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01387 244042



dq.odl@nhs.scot

CONTENTS PAGE

	Page
Introduction	4
Health and Social Care Priorities	5
Legal Context	6
• Equality Act 2010	6
• Purpose of the Public Sector Equality Duty	6
• Specific Duties	7
Mainstreaming Report	8
• Impact of COVID-19	9
• Organisational Commitment	9
• Leadership and Responsibilities	11
• Board Governance	11
• Equality Impact Assessment	12
• Employment and Employee Information	14
• Gender Pay Gap and Occupational Segregation Information	17
• Equality of Access to Health and Social Care Services	18
• Service User Data and Monitoring	21
• Partnership Working	22
• Procurement	25
Equality Outcomes	26
Appendices	32

INTRODUCTION

NHS Dumfries and Galloway (NHS D&G) is committed to tackling discrimination, advancing equality of opportunity and fostering good relations, both within the workforce and the wider community to provide services and employment that is fair and equitable to all.

The Dumfries and Galloway Integration Joint Board Partnership (IJB) is responsible for a wide range of Health and Social Care services, provided by NHS D&G, Dumfries and Galloway Local Authority and Third and Independent Sector partners since 2016. The IJB must ensure that these services are delivered in a way that best achieves the aims set out in the Dumfries and Galloway Strategic Plan.

The equalities agenda continues to be an area of ongoing improvement and development for NHS D&G and its partners across the Health and Social Care Partnership. The purpose of this report is to provide a two yearly update on progress and continuing commitment to embed equality, diversity and person centred care as required by the public sector duties IJB services, highlighting progress and areas for improvement.

This mainstreaming report is written on behalf of NHS D&G and the IJB although it is recognised that much of the activity referenced this year refers to NHS D&G. The unique circumstances over the last 12 months have required us to take a slightly different approach to gathering information for this report, resources for sourcing and collation of mainstreaming practice have been affected by the increased number of priorities. We must also acknowledge that more work is required by all partners over the next year to mainstream equality practice in a way that reflects the excellent collaboration within the Health and Social Care Partnership. Dumfries and Galloway Local Authority also have a responsibility under the Specific Duties to publish an equality mainstreaming report. This report can be found [here](#).

The purpose of this mainstreaming report is to set out the progress made within the partnership whereby the organisations are working towards ensuring that equality is at the heart of everything it does and to integrate the General Equality Duty into day to day functions.

HEALTH AND SOCIAL CARE PRIORITIES

The main purpose of integration is to improve the wellbeing of people who need health and social care and support services, particularly those whose needs are complex and involve support from health and social care at the same time.

It is intended that integration, and therefore the work of the IJB, will achieve the nine National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act, namely:

National Health and Wellbeing Outcomes



THE LEGAL CONTEXT

The Equality Act 2010

The Equality Act 2010 brings together the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation into one piece of legislation,

All health boards and IJBs across Scotland are required to comply with the three aims of the Public Sector General Equality Duty (Equality Act 2010) and the (Specific Duties) (Scotland) Regulations 2012 and must have regard to this in the exercise of their functions.

The three aims of the Act's Public Sector General Equality Duty are as follows:

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

Purpose of the Public Sector Duty

The purpose of the public sector duty is to ensure that all public bodies mainstream equality into their day to day business by proactively advancing equality, encouraging good community relations and addressing discrimination. The current duty requires equality to be considered in relation to key board functions including the development of internal and external policies, decision making processes, procurement, workforce support, service delivery and improving outcomes for individuals.

Specific Duties

In Scotland, an additional set of specific duties were created by secondary legislation: the Equality Act (2010) (Specific Duties) (Scotland) Regulations 2012, which came into force in May 2012.

The specific duties listed below are intended to support public bodies, including health boards and IJBs, to meet the needs of the general equality duty effectively:

- **Report progress on mainstreaming the public sector equality duty**
- **Publish equality outcomes and report progress**
- **Assess and review policies and practices (impact assessment)**
- **Gather and use employee information**
- **Publish statements on equal pay**
- **Consider award criteria and conditions in relation to public procurement**
- **Publish in a manner which is accessible**

All public bodies are required to publish an updated mainstreaming report, an updated set of the equality outcomes and a report on progress towards meeting the existing outcomes, an up to date gender pay gap figure and occupation segregation information by 30 April 2021.

The implementation of the legislation is monitored by the Equality and Human Rights Commission (EHRC) in Scotland.

MAINSTREAMING REPORT

Mainstreaming equality and diversity is a specific requirement for public bodies implementing the Equality Act 2010. Mainstreaming is defined as integrating equality into the day to day working of both the IJB and NHS D&G, taking equality into consideration as part of everything the organisations do.

Both organisations recognise the benefits of mainstreaming equality:

- Equality becomes part of the structures, behaviours and culture of an organisation
- It supports organisations to ensure that services are fit for purpose and meet the needs of the local community
- It helps organisations attract and retain a productive workforce, rich in diverse skills and talents.
- Helps organisations contribute to continually improve performance through growing knowledge and understanding.
- Helps organisations to work towards social inclusion and to improve the lives of everyone living in Dumfries and Galloway.

By mainstreaming equality, the board and the IJB will experience improved quality of service design and delivery i.e. equitable access and equity of informed, person-centred care. This leads to improved outcomes for patients and staff.

Since the previous mainstreaming report which was published in 2019, NHS D&G and the IJB have continued to embed equalities into their functions. This report will provide examples as to how both organisations are continuing to achieve and improve on mainstreaming equality and diversity.

Impact of COVID-19

The impact of the COVID-19 pandemic has been significant on the delivery of health and social care services since early 2020. It should be recognised that due to the deployment of staff and prioritisation of services, the equality reports and data published in 2021 may not be as detailed as in previous years due to the data, time and resources available in the last 12 months.

A review of this mainstreaming agenda and the development of equality outcomes will be carried out on an annual basis going forward to ensure that these are fit for purpose, as resource and capacity changes during the ongoing pandemic response.

Organisational Commitment

Health and Social Care Services continue their commitment to ‘mainstreaming’ equality, promoting equality and diversity and working to ensure it is at the heart of carrying out their functions effectively and fairly.

Both organisations recognise that equality means treating everyone as an individual with equal dignity and respect, taking account of protected characteristics. Achieving equality requires removal of the discriminatory barriers that limit what people can do and achieve.

Mainstreaming also means trying to ensure that all staff take responsibility for equality and diversity issues; that this work is not solely the remit of the Equality Leads but a shared responsibility.

NHS D&G continues to adopt an incremental approach, setting realistic goals which recognise that mainstreaming is not an overnight process of change. This may appear to be a slow process, but it allows managers and staff to take time to build their knowledge and skills and then to put this into practice.

NHS D&G Aim - “to deliver care that is person centred, safe, efficient, reliable, as well as working with the communities and partner organisations to reduce health inequalities across the region”.

These would not be achievable without consideration of equality and diversity and the protected characteristics.

Case Study: Dumfries and Galloway Plan for Remobilising Health and Social Care Services

Dumfries and Galloway's Plan for Remobilising Health and Social Care Services was developed as result of services being affected due to the COVID-19 Pandemic. The document sets out in detail how Health and Social Care Services will achieve and maintain expected levels of operational performance, factoring in the challenges around any upsurge in COVID-19 activity.

The plan sets out a clear organisational commitment to tackling inequalities, many of which have been exacerbated as a result of the pandemic and recognises the role of Health and Social Care services as 'anchor institutions', working with partners to 'support and accelerate local recovery from COVID-19 while at the same time addressing long term health inequalities'.

The plan also recognises the plethora of evidence that the COVID-19 virus disproportionately affects those who are more socio-economically deprived and vulnerable, as well the negative impacts around the restrictions e.g. impact on household incomes, the impact of social isolation and the disruption to key services. These impacts are also more likely to affect those people who already have fewer resources and poorer health.

There is recognition within the remobilisation plan that local services must work together to ensure the response to the pandemic, and the longer term social and economic recovery, are strongly focused on those who are most vulnerable and those who will be most susceptible to the negative impacts of the pandemic.

There is a focus on the organisational contribution to whole system population health approaches and early interventions which address the wider determinants of health including:

- Mental health and wellbeing
- Tackling poverty
- Service re-design focusing on those most vulnerable
- Employment and employability
- Supporting the increased community ownership and mobilisation and the role of voluntary sector

The plan also made a number of commitments to the need to build and nurture an inclusive culture, as well as the need to retain and attract staff from a diverse range of backgrounds. The plan commits the Board to participating in the national Ethnic Minority network, the development of an internal equalities group, the need to improve the level of data held on protected characteristics and the need to champion equality and diversity at all levels.

Leadership and Responsibilities

Mainstreaming the equality duty is an organisational responsibility, with leadership and staff awareness central to its success. Leadership must be demonstrated at all levels, providing a mandate for the workforce to integrate equality into all board functions.

The Chief Executive of NHS D&G and the Chief Operating Officer of the IJB are ultimately accountable for ensuring that equality legislation is upheld and that services are designed and delivered in a way that meets the Equality Act 2010. Within NHS D&G, this responsibility is delegated to the Workforce Director.

The Equality and Diversity Programme Board was established previously to champion and promote equality and diversity throughout the Health and Social Care Partnership, ensuring that the legislative requirements are met. Plans to develop this group, as well as a potential merge with a wider 'inequalities' group were put on hold due to resource pressures and staff roles changing as a result of the COVID-19 pandemic.

The 'Person Centred Health and Care Committee' has had responsibility for the implementation of the Spiritual Care Policy, ensuring that spiritual care is available to patients, carers and staff in ways that are responsive to their needs. In addition however, this group has overseen various programmes of work which includes measuring and improving both patient and staff experience, from a person centred approach, at which equality and diversity is at the heart. This Committee is currently under review.

Board Governance

The NHS Dumfries and Galloway Board consists of 14 members; 4 Executive Directors, 1 Chair and 9 Non-Executive members (appointed via Public Appointments). The Gender Representation on Public Boards (Scotland) Act 2018 sets a gender representation objective for the non-executive member component of public boards; that 50% of non-executive members are women and the steps taken towards achieving the objective. The intention of the Act is to help address the historic and persistent underrepresentation of women in public life.

The NHS D&G Board can be broken down as follows, and evidences that the 'Gender Representation Objective' has been met:

Non-Executive Members	
Women – 7	Men – 3
Executive Directors	
Women – 2	Men - 2

The recruitment materials for Board members encourage people from a range of backgrounds and particular underrepresented groups, and applicants are offered the opportunity to have an informal chat with the Chairman as part of the recruitment process. When Board vacancies become available the recruitment information and materials are distributed as widely as possible. These are advertised via contacts within local equality and diversity groups, community councils, local libraries and online. These are also promoted through partnerships and networks, including voluntary and third sector organisations. The long term aim is to have a Board representative of our local population and various protected characteristic groups.

The IJB consists of 25 members, comprised from members of the NHS Board, the Local Authority, Third and Independent Sectors. There are currently 20 female members and 5 male members 80:20 split in favour of female membership for the IJB as a whole.

Equality Impact Assessment

An Equality Impact Assessment (EQIA) is a careful examination of a proposed policy, guideline, strategy, service or function to explore if it may affect some groups unfavourably, especially minority groups who may experience inequality, discrimination, social exclusion or disadvantage. It applies equally to internal and external policy, strategy, functions and services.

Where barriers are identified, a plan should be developed to ensure that any negative consequences are minimised and opportunities for promoting equality maximised.

Health and Social Care Services use a shared template to carry out impact assessments. The 2019 Mainstreaming Report described EQIA as an ongoing area of focus and development since the initial legislation was brought in and the work to ensure that the paperwork and process was simplified while retaining key areas of focus - to assess any new policy, strategy, service review and development against the aims of the General Equality Duty. The 2018 review also added in the requirement to assess against the Fairer Scotland Duty.

The COVID-19 pandemic has meant that due to the pace of change and the requirements to potentially carry out a significant number of impact assessments, the documentation to support staff to carry out these assessments has been simplified further, and contains further guidance and support within the document.

All of NHS D&G Board papers and the IJB papers require the author to confirm if an impact assessment has been carried out.

The area of impact assessment is one which requires continuous promotion in order to fully embed the process within all of our decision making processes.

Case Study: Equality Impact Assessment Training

The 2019 Mainstreaming Report made reference to the commitment to develop face-to-face training sessions on the importance of performing Equality Impact Assessments and to give the relevant staff an opportunity to develop their skills and abilities in carrying out EQIAs.

The training was developed and a key focus in 2019 was the roll out of the bi-monthly training, across all four localities within Dumfries and Galloway. 68 members of staff from across the partnership were trained between August 2019 and January 2020. This training was subsequently paused due to re-prioritisation of workloads due to COVID-19.

A review of reports presented to the IJB during 2019/20 highlighted that 1 in 10 reports are associated with an Equality Impact Assessment. This is a higher rate than the previous year where 1 in 20 reports were associated with an Equality Impact Assessment during 2018/19.

The NHS D&G Annual Report 2019/20 makes reference to work undertaken during 2019/20, in which a group, with representation from Public Health, locality teams and the Performance and Intelligence Team, identified new performance measures that capture the contribution the Partnership can make to reducing health inequalities. These new measures were due to be introduced for 2020/21. It is expected that this work will progress once the teams are able to remobilise and return to core work post the current Covid phase.

Sustainability and Modernisation (SAM)

An ambitious change programme aimed at ensuring a modern, sustainable health and social care system was launched by Dumfries and Galloway Health and Social Care Partnership in 2019.

The Sustainability and Modernisation (SAM) programme has been developed to design, develop and deliver new models of care and support that better meet the changing needs of the population in Dumfries and Galloway and ensure the longer term sustainability of services by addressing financial and workforce challenges,

A key element of the SAM programme is engaging, encouraging and empowering staff and volunteers to identify and help take forward changes that enable them to be as effective as possible within their roles.

By the end of December 2019, 813 ideas had been sent in to the SAM programme by staff and volunteers from across the Partnership. To develop these ideas further and put them into practice, 4 areas of work have been established:

Modernisation and Transformation (including making the best use of technology) Clinical efficiency Workforce Finance

All SAM projects are required to be Equality Impact Assessed. The Equality Impact Assessment documentation has been mainstreamed into the SAM 'mandate' which is required to be completed for each workstream.

Employment and Employee Information

Embedding equality and diversity practice in all we do is not only a core part of being a supportive employer, but also provides a strong foundation from which to begin the journey of improvement. NHS D&G value the contribution of its employees in the delivery of health services to our local communities. As an employer, NHS D&G is committed to equality and treating staff with dignity and respect, supporting them to reach their full potential at work. The board also recognise that a diverse organisation with a range of abilities, experience and skills is more likely to be sensitive to the needs of the diverse community which we serve.

The IJB does not have any direct employees.

Staff Awareness and Understanding

The requirement to mainstream equality and diversity provides NHS D&G with an opportunity to build the knowledge and understanding of all staff to consider and promote equality within their own roles. The board recognise that the success of the organisation in providing high quality, patient centred services and patient experience depends on the workforce being valuing, supported and developed. Equality and Diversity awareness training continues to be

mandatory for all new staff to the organisation and for all current staff, including Senior Managers and Board members, every two years.

All staff new to the organisation undertake equality and diversity awareness training as part of their induction programme on their first day. From the outset, they are aware that equality and diversity is an integral part of the organisation and the responsibility of everyone within it.

It is hoped that in addition to the corporate equality and diversity training, the board will continue to look at specific training where required and to mainstream equality into all training and awareness sessions that are being delivered.

Equality and Diversity continues to be a core requirement of the professional development of our staff as part of the NHS Knowledge Skills Framework. Staff are expected to demonstrate to their line manager, as part of their Annual Development Record, that they have promoted and acted in ways which support equality and diversity. They must provide examples of how they have done this, or are working towards this in their role.

NHS D&G is a Disability Confident Employer. The Board has an obligation to interview all disabled applicants who meet the minimum criteria for a job vacancy and consider the applicant on their abilities. When an employee becomes disabled, every effort is made to ensure that they stay in employment by making any reasonable adjustments required. The Board have set out to become a Disability Confident 'Leader', however, this work has been postponed due to COVID-19.



Employment Monitoring

The most up to date NHS D&G equality and diversity employee data can be found [here](#). The data within this report relates to staff in post as at 1st April 2019. These are the most up to date figures which have been gathered at present. The data gathering exercise for 2020 was postponed due to COVID-19 and will be reported as soon as possible.

Use of Equality and Diversity Workforce Data

Equality and Diversity workforce data is routinely used to support both workforce planning and Human Resources activities. The protected characteristics of age and gender have a particular focus within workforce planning and are routinely used and reported within workforce plans and intelligence.

Changes to the local population and labour market require us to plan our future workforce now. The current population of Dumfries and Galloway is substantially different from the Scottish population profile. There is a larger proportion of older people and a markedly smaller proportion of young people.

Given that we have an aging population locally, and in turn, an aging workforce, the need to attract and keep young people employed in local services is becoming more apparent. The partnership are currently working collaboratively on a range of programmes that will support and engage young people to work in health and social care. These programmes include partnerships between third sector and NHS services in catering to provide learning and employment opportunities, jointly run programmes within the local authority and NHS to provide 6 month placement and employment opportunities for Young People at risk of long term unemployment.

The lack of data on a significant proportion of the workforce continues to be an issue for the Board in terms of wider workforce planning and the ability to set meaningful equality actions. This issue has been addressed within the 2021 Equality Outcomes whereby there is a specific outcome on improving the data on both the workforce and people who access services.

Staff Support

- EU Settlement Scheme

There are a substantial number of people working in health and social care who are European Union (EU) citizens. Following the UK's withdrawal from the EU, the UK government has established a settlement scheme whereby EU citizens living in the UK can apply for Settle Status. This enables them to continue living and working in the UK. The Health and Social Care Partnership has actively supported people through this application process.

- Working Well

In 2019/20 the NHS Working Well Group was extended to include representation from Dumfries and Galloway Council to build on integrated programmes for Partnership workforce. The aim of the group is to oversee and prioritise the implementation of programmes, approaches and practices that support staff health and wellbeing for all staff across the Partnership.

An example of the support offered to staff is the series of events for menopause that had 120 people attend. The national TV show BBC Breakfast broadcasted live from Dumfries and Galloway Royal Infirmary on Tuesday 14 May 2019 as part of a week focusing on the menopause.

- Carer Positive

Carer Positive is a national award with 3 levels, recognising employers who offer best support to employees who have a caring role. Dumfries and Galloway Council have achieved the Exemplary Status (level 3). NHS Dumfries and Galloway were awarded Established Status (level 2) during 2019/20 and were due to be working towards Exemplary Status in 2020/21, however this work has been paused at present.

NHS D&G adopted 'Once for Scotland' Policies in 2019/20 around Attendance, Bullying and Harassment, Capability, Conduct, Grievance and the Investigation Process. NHS D&G also supported the national equality impact process for the policies.

Case Study: Development of Staff Networks

A commitment to developing staff networks was outlined in the 2017 Equality Outcomes. A Staff Network group on equality is a formal mechanism for enabling staff to come together, share information and provide mutual support.

Work began in 2019 to explore the options for development and organisation of an LGBT+ Employee Network. The LGBT+ Network has been developed in partnership with Dumfries and Galloway Council and was launched with a series of events with speakers in September and November 2020, attended by approximately 20 members of staff from both organisations.

The group is in the early stages of development but it is hoped that the Network will provide an opportunity for increasing understanding of LGBT+ issues amongst the wider population, provide support for LGBT+ staff and be an opportunity to contribute to the wider equality and diversity agenda within both organisations.

Plans are also in place to develop local staff networks for Black, Asian and Minority Ethnic staff and disabled staff.

Gender Pay Gap and Occupational Segregation Information

The NHS D&G Equal Pay statement and Gender Pay Gap Report 2021 can be found [here](#).

Equality of Access to Health and Social Care Services

NHS D&G and the IJB are aware that many people face difficulties either in accessing healthcare services, getting information or communication due to language, literacy or disability barriers.

Physical Access

All public NHS buildings have disabled parking and toilet facilities and hearing loop systems. Annually, NHS D&G submit a 'Property and Asset Management Strategy' which goes to the Board for approval, and which highlights any issues which require to be addressed.

Every five years, all of our properties are re-surveyed in relation to a range of maintenance issues but which also take into account compliance regarding physical access. Considering equality has become mainstreamed into this process, both in terms of new developments and any refurbishments.

Information

NHS D&G continue to have in place a Patient Information Policy which ensures that all written information for patients, carers and people who access our services is of a high standard and easily understood. This policy makes it clear that written information is not always the best form of communication for some people as not everyone can read, see or understand English.

The Patient Services team within NHS Dumfries and Galloway have developed around 40 leaflets in Easy Read format. These have been updated in relation to changes as a result of the impact of COVID-19.

Case Study: British Sign Language (BSL) Plan/Interpretation and Translation

Local public sector partners and BSL Users across the region collaborated to develop and publish the local British Sign Language (BSL) Plan in 2018 which can be found [here](#). The aim of the BSL Plan was to promote BSL culture and to ensure that BSL users have equitable access to services.

Since the 2019 Mainstreaming Report, a number of actions have been taken forward.

In 2019, 31 employees from NHS Dumfries and Galloway were funded to attend a Deaf/BSL Awareness Course at Dumfries College. Further sessions planned for 2020 were subsequently postponed. August 2019 also saw the launch of an online BSL Awareness module for NHS Dumfries and Galloway Staff. This has been completed by 52 employees to date.

In 2020, the national NHS Interpretation and Translation Policy was published and has been adopted by NHS Dumfries and Galloway. Work is ongoing to increase awareness of, and to ensure compliancy with the content of the policy.

Guidance has been developed and has been shared with all staff to support arranging interpretation and translation support at appointments and for patient information. Support has also been provided to ensure that this is available during the increased number of online appointments due to COVID-19.

Case Study: Health Facilitators

People with Learning Disabilities have some of the poorest health in Scotland. The Health Facilitators support adults with Learning Disabilities to reduce health inequalities and to ensure equal access to services across Dumfries and Galloway, working with Health and Social Care colleagues and Third Sector providers.

COVID-19 has changed the way the Health Facilitators work. The previous face to face contact for appointments has now moved online to NHS Near Me, along with other health services. Despite having excellent outcomes from using video appointments it was evident that these changes were causing significant confusion and anxiety amongst some of the patient group.

Working alongside the Patient Information Coordinator and TEC Project Lead, the Health Facilitators produced an easy read guide to having an appointment on NHS Near Me to support adults with Learning Disabilities understand and use the system.

Following excellent feedback from users of the service the team then developed several more easy read documents around issues raised by COVID-19, including an explanation of the COVID test procedure, the new hospital admissions process, why people will be wearing PPE, home visits from nurses and what happens when visiting hospital.

The Health Facilitators continue to overcome barriers around anxiety and communication when working with adults with profound learning disabilities, for example they have recently worked alongside GPs and district nurses to facilitate taking blood from a patient who has previously refused to engage. Since carrying out the work the patient is much happier to get blood taken and has much better control over his diabetes.

Case Study: Accessible Communication during COVID-19

A multi-disciplinary team was brought together to look at the impact of COVID on communication, particularly around the challenges of mask-wearing. Staff and patient feedback highlighted the fears around the wearing of masks; they were making it hard to hear people and hard to be heard. Shouting was bad for the voice and tiring, was more difficult to express non-verbal communication such as smiling.

Communicating effectively can support patients to understand advice on what to do if they are experiencing symptoms of Covid-19, and how to keep themselves and others safe, how to comply with specific treatment advice such as medical dosage, stay informed around their treatment plans and advice and to ensure that they can make their own decisions and give valid consent to any treatment.

The team considering this issue shared advice on communicating effectively in a mask via the NHS Dumfries and Galloway blog - ensuring people had any appropriate communication aids in place that they require, using short sentences and phrases, use of communication charts, use of visual cues, exploring the options of using clear visors and making reasonable adjustments as required. A poster highlighting some key tips was also developed and is shared below.



NHS Near Me

Video conferencing, using a device at a location of choice, enables people to have visual contact with each other. The Partnership promotes and supports the use of this type of technology for health and social care consultations.

NHS Near Me is a secure web based service which enables people to attend health and social care appointments by video. When attending their video appointment, people can use their own device and internet connection from home. For those without an internet connection, device or the confidence to use technology in this way, the Partnership is developing links with the Third Sector and programmes such as Connecting Scotland, alongside 6 video enabled consulting rooms located across Dumfries and Galloway.

The response to COVID-19 accelerated the roll out of NHS Near Me across the Partnership. At the end of March 2020 there were 49 active waiting areas being used for video consultations out of 118 total with 85 consultation hours recorded from 343 consultations. In comparison, during February 2021 there were 97 active waiting areas being used for video consultations out of 196 total with 1506 consultation hours recorded from 2862 consultations. Continuing to build on this progress is identified as a key challenge for the Partnership going forward, and will consider and embed the needs of protected characteristic groups.

Service User Data and Monitoring

Monitoring service user data continues to be an important aspect of NHS D&G's commitment to equality, diversity and inclusion.

NHS Dumfries and Galloway continue to use two systems to collect patient data – Emergency Department Information System (EDIS) and TOPAS, the Patient Administration System. The characteristics of age and sex are routinely collected and recorded, and we continue to regularly report on ethnicity monitoring above our target of 80%.

Previously, a local equality monitoring form was developed and agreed for use between the partners within the local Community Planning Partnership. The monitoring form was designed to be used when consulting and engaging with service users across all of the public bodies, to allow systematic collection and analysis on engagement by protected characteristic.

Data collection and equality monitoring enable the Boards to inform service development and improvement and take action where differences exist between groups. Both the IJB and NHS

D&G, recognise that improvement around data collection on electronic systems must be considered going forward. A short life working group has been established to consider how to improve data, particularly around access support needs.

Partnership Working

Partnership working and engagement are at the heart of how we operate, allowing us to respond more effectively to opinions of local communities and stakeholders around what our priorities should be.

Health and Social Care Integration has meant that partner organisations are increasingly working more closely together.

- *Equality and Diversity Working Group*

NHS D&G and Dumfries and Galloway Council continue to have representation on the Community Planning Equality and Diversity Working Group. The Working Group is a local group made up of a number of organisations who come together to ensure joint working between public sector organisations and local representative equality groups in relation to the duties under the Equality Act 2010. Membership includes:



- Public Sector – NHS Dumfries and Galloway, Dumfries and Galloway Council, Police Scotland, Dumfries and Galloway College, Scottish Fire and Rescore Service, University of the West of Scotland, Scotland's Rural College, University of Glasgow (Dumfries Campus) and Scottish Enterprise.
- Representative Diversity Groups – DG Voice, Dumfries and Galloway Interfaith Group, Dumfries and Galloway Multicultural Association, LGBT Youth Scotland, LGBT Plus and the Over 50s Group.
- Other Sectors – Dumfries and Galloway Citizens Advice Bureau, Dumfries and Galloway Chamber of Commerce and Dumfries and Galloway Third Sector.

- *Public Sector Diversity Officers Group*

Locally there is a Public Sector Diversity Officers group which is a peer support group of diversity leads from NHS D&G, Dumfries and Galloway Council, Police Scotland, Dumfries and Galloway College and the University of the West of Scotland which meet on a regular basis to share thinking and updates on equality issues.

Local partners have developed a poster which details the General Equality Duty and all of the Protected Characteristics. This poster was developed in conjunction with the local



Community Planning Partnership using the local Community Planning 'I believe in Equality' branding. This poster is displayed across a range of NHS and IJB venues, in both staff and public areas. The poster is seen as a reminder to staff of our obligation to equalities as a public body, and also to our service users in terms of what they can expect from us.

The branding from the poster has also been used to create a poster on equality monitoring, developed using the Stonewall 'What's it got to do with you' resources.

- *NHS Scotland Equality Lead Network*

Nationally, NHS Dumfries and Galloway continue to be represented on the NHS Equality and Diversity Lead Network. This is a peer support network for equalities officers from all Scottish Health Boards. This is a group which allows an opportunity for information sharing, discussion and the sharing of knowledge and expertise around the Equality Act 2010 duties. There are also regular opportunities to engage with national bodies including Scottish Government and the Equality and Human Rights Commission.

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

NHS Dumfries and Galloway continue to develop and raise awareness of protected characteristics through a calendar of days and events including:

- LGBT History Month
- International Women's Day
- 16 days of action against gender based violence
- Scottish Interfaith Week
- Black History Month

Case Study: CoH Sync Project

Early recognition and prevention of long term conditions reduces the number of GP visits people make and hospital admissions. The Community Health Sync Project (CoH Sync Project) is a cross border programme involving the Republic of Ireland, Northern Ireland and Dumfries and Galloway. It aims to promote healthier lifestyles and focus on the risk factors associated with long term health conditions. The aim is to work with people to deliver 2,500 health and wellbeing plans across Dumfries and Galloway by December 2021.

The Community Health Synchronisation (CoH-Sync) project encourages people to self manage their own health and wellbeing by connecting people to local groups and clubs, apps, websites, advice and information that can support positive health behaviour change. Improvement is measured through a person centred health and wellbeing plan. In 2019, 384 people engaged with the project with 346 completing health and wellbeing plans.

Case Study: Public Protection

A new local public protection website was launched at the end of April 2019 (www.dgppp.org.uk). This site contains web links and information on:

Adult Support and Protection Domestic Abuse Violence against Women and Girls Child Protection Community Justice Social Work Services Women's Aid Rape Crisis Childline

A regional Child Sexual Exploitation (CSE) Campaign called 'It Happens Here' was promoted in 2019/20. The campaign was developed by the Health and Wellbeing team in partnership with Dumfries and Galloway Council, Police Scotland and NSPCC Scotland. The aim is to highlight the issue of child sexual exploitation and promote information on how to identify abuse and sources of help available.

Forensic health is a hosted service within Nithsdale locality. Previously all forensic examinations for victims of rape and sexual assault were carried out in a police setting. We opened the new forensic health examination facility at Mountain Hall Treatment Centre in July 2019. A true multi agency approach was required in establishing the centre outwith the police estate and involved Rape Crisis, Police Scotland, NHS Sexual Health Services and locality staff working together.

Procurement

The degree to which equality and diversity requirements are specified and incorporated within procurement documentation will vary according to the goods, services or works being purchased and are assessed on a case by case basis. Contractors are expected to demonstrate their compliance with the legislation around equality and diversity, and the degree to which is proportionate based on what service is being contracted. The Competitive Quotations and Tenders Procedure contains a section on Equality and Diversity as well as a link to the Equality and Human Rights Commission Procurement Guidance.

EQUALITY OUTCOMES

Progress on Equality Outcomes 2017-2021

Outcomes are not what we do, but the beneficial change or effect which results from what we do. These changes may be for individuals (both staff and service users), groups, families, organisations or communities.

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

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

In April 2017, NHS D&G and the IJB published four joint equality outcomes, with related actions. A summary of the work that has been undertaken to progress each of these outcomes can be found at [Appendix 1](#).

- **Service providers are better at using the equality monitoring information they collect to provide services that meet individual needs.**
- **Integrated services will help to make sure that everyone feels safe, respected and supported including staff, visitors and patients.**
- **All people, no matter their sexual orientation or gender will experience less unfair treatment.**
- **More young people and disabled people will be successfully supported to access workplace opportunities, reducing barriers so they feel part of the working community.**

Equality Outcomes – Looking Forward 2021-2025

A set of equality outcomes have been developed for the period 2021 – 2025. The impact of COVID-19 has had a significant impact of the development of the outcomes and the themes which have emerged.

Our approach to setting Equality Outcomes was developed by drawing on a range of sources. An evidence gathering exercise took place during the period September 2020 to February 2021, considering both national and local sources of evidence including:

- An online public consultation in partnership with Dumfries and Galloway Council. This was promoted through the Community Planning Partnership Equality and Diversity Working Group which includes representatives from DG Voice, LGBT Youth, LGBT Plus, Dumfries and Galloway Multicultural Association, Third Sector Dumfries and Galloway, Dumfries and Galloway Over 50s Group and Youth Work Services.
- The consultation was also shared wider with the Tackling Poverty Co-ordination Group, Tackling Poverty Reference Group, Youth Council, Participation and Engagement Network, Community Planning Partners, via NHS and Council Social Media channels and in the local press.
- Online consultation events held with the Equality and Diversity Working Group and a specific event for the local community who use British Sign Language.
- Information contained within Health and Social Care Remobilisation Plan
- A plethora of national research, including research that has emerged during the Covid-19 pandemic.

The Equality Outcomes for 2021-2025 have been set out on pages 27 - 31.

Equality Outcome 1: “Protected characteristic groups experience an improvement in accessibility to, and information about, health and social care services”

Evidence: During the COVID-19 pandemic there has been a significant increase in the use of digital technology to deliver essential health, care and support and reduce the risk of infection. This includes the use of video consultations, development of a national programme of work to increase the use of remote monitoring for long term conditions, online triage tools for GPs and some third sector organisations providing services virtually, having used this as an opportunity to develop new ways of working with people.

The increasing reliance on digital technology has highlighted the issue of digital exclusion. As many as 30% of people are unable to use technology to access health and social care because they don't have the confidence, necessary equipment or connectivity at home.

Digital technologies should be available to people whenever they need health and social care and support to experience the convenience, quality and choice that it can deliver. But this will only be possible if everyone has the potential to access care and support digitally.

COVID-19 has meant the implementation of unprecedented 'social distancing' strategies to reduce the spread of the virus. This has resulted in many vulnerable groups experiencing an even greater sense of social isolation and loneliness which can be reduced across Dumfries and Galloway for vulnerable and disadvantaged groups through increased digital inclusion.

Access to information in a variety of languages and formats has been lacking during the pandemic yet is vital to ensure that all people understand restrictions and health advice around COVID-19 and there is a need to ensure that this is regularly updated as guidance changes.

How does this outcome meet the PSED:

Eliminate discrimination
Advance equality of opportunity

Protected Characteristics covered:

Age, Disability, Race

What will success look like?

- Digital exclusion is reduced across Dumfries and Galloway
- The Digital Health and Care Strategy is implemented, taking local needs into account in relation to protected characteristic groups
- People have an increased level of choice in how they access services, where possible.
- Information relating to health and social care services and information can be easily and comprehensively accessed.
- There is an increase in wider understanding of the languages spoken and accessible formats required across the region.
- There is an increase in the amount of information available in alternative formats and an improvement in the promotion of accessible information for disabled people and for those where English is not their first language.

Equality Outcome 2: “Increased resources and communication illustrating the contribution those from minority protected characteristic groups make to health and social care services”

Evidence: People from Black, Asian and Minority Ethnic (BAME) communities have experienced poorer health outcomes during the COVID-19 pandemic. Mortality rates from COVID-19 are highest among minority ethnic communities.

Barriers to effective communication because of language, stigma, prejudice and other cultural differences in health and social care settings are likely to lead to negative outcomes. This is particularly the case when people are attending primary care unaccompanied.

Ethnic minority groups are more likely to say that they don't have support in a time of crisis.

Public Health Scotland have identified the need to seek out and understand lived experience to inform service development to remove barriers for those most marginalised and excluded. They also recommend that opportunities for greater participation of marginalised communities in service planning, policy and strategy groups are identified and increased.

Consultation with local third sector groups also highlighted the need to involve people and raising awareness within service provision and employment.

How does this outcome meet the PSED:

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

Protected Characteristics covered:

- Age, Disability, Gender Reassignment, Marriage or Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation

What will success look like?

- There has been an increase in the work highlighting positive role models and materials to promote, recognise and celebrate the diversity of intersectional identities across the population.
- A clear work plan and resource has been established to support the delivery of recognition and positive modelling of minority ethnic communities across health and social care.
- Staff Networks established for key protected characteristic groups, recognising the intersectional identities which exist across these with clear leadership in place to support establishment and promotion.
- Working in partnership with people locally, regionally and nationally and internationally to help us identify, understand, develop and deliver care and support that is safe, high quality, effective, efficient and sustainable.
- A review has been undertaken as to how we engage and involve people from diverse communities in service development.
- A clear mechanism for long term representation for minority communities across health and social care services has been developed.

Equality Outcome 3: “An inclusive workplace culture is developed across Health and Social Care services within Dumfries and Galloway, taking into account specific protected characteristic groups”

Evidence: Some protected characteristic groups are more likely to experience discrimination and less fair treatment in the workplace which can create barriers to employment, progression and opportunities.

An inclusive workplace that supports and promotes equality and diversity will benefit from a workforce that are more likely to be happy and motivated at work, more likely to come up with new ideas, attract and retain good staff and will avoid more serious or legal issues arising.

Feedback from both local engagement and national evidence suggests that COVID-19 has negatively impacted on mental health across all groups. Local engagement suggested that the rurality of our region contributes towards poorer mental health and isolation.

Public Health Scotland identify that prolonged isolation with social distancing increases the risk of, or exacerbates mental health problems. Contact is limited with informal support networks such as families, friends and communities.

How does this outcome meet the PSED:

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

Protected Characteristics covered:

Age, Disability, Gender Reassignment, Marriage or Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation

What will success look like?

- A review of recruitment procedures and processes has been undertaken and implemented to ensure the local approach to recruitment is in line with best practice to increase diversity within the workforce.
- The Board is working in partnership with local protected characteristic communities to gain greater understanding of any barriers to employment and progression within the organisation and work together to address these.
- The organisation is participating in schemes to increase opportunities for underrepresented groups, for example via mentoring schemes, work placement opportunities.
- Options for workplace ‘charter mark’ schemes have been explored and adopted as part of developing best practice.
- Provision of mental health information resources which signpost staff to available support services which are accessible, safe and inclusive.
- Development of an organisational culture awareness programme and resources with a clear focus on equality and unconscious bias as part of a positive constructive culture. The programme is embedded into induction and mandatory training as well as into existing management programmes.

Equality Outcome 4: “Robust systems are in place to record equality data and provide accurate reporting”

Evidence:

The Scottish Government Race Equality, Employment and Skills Committee report 2020 highlighted that having the right data, analysed rigorously is crucial to tackling inequalities to better understand disparities and inequalities.

Without robust data, and reporting systems it is difficult to measure and evaluate the success of any measures identified to tackle inequalities.

In order to prioritise equality activity, organisations require data evidence to highlight inequalities and to benchmark progress.

There is a need to address a number of gaps in the data our organisations hold in terms of the protected characteristics of our staff. There are a number of protected characteristic groups under-represented across the organisations as a whole but particularly within senior roles, creating the potential for pay gaps.

How does this outcome meet the PSED:

Eliminate discrimination
Advance equality of opportunity
Foster good relations

Protected Characteristics covered:

Age, Disability, Gender Reassignment, Marriage or Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation

What will success look like?

- There is an increase in the level of data that we gather in relation to people accessing our services by protected characteristic.
- There is an increase in the level of information that people accessing our services share with us, in relation to their individual needs, for example, in relation to language or access requirements.
- There is an improvement to the collection of equality and diversity data of the existing workforce allowing more in depth, high level workforce monitoring.
- The development of equality monitoring in staff and patient data gathering processes is being prioritised.
- Focus groups have been undertaken and equality data programmes trialled with staff to develop ways of increasing accurate equality data reporting.

APPENDIX 1

Summary of Progress on Equality Outcome Priorities 2017 – 2021

Equality Outcome 1: Service providers are better at using the equality monitoring information they collect to provide services that meet individual needs.	
Identified Actions	Progress Updates
<ul style="list-style-type: none"> The new Equality Monitoring form is agreed by IJB and mainstreamed across all IJB partners 	<p>This action has been completed. The Community Planning Partnership Equality Monitoring form is subject to ongoing review to ensure that it is kept up to date with best practice and terminology and has been agreed and is being used by local partners.</p>
<ul style="list-style-type: none"> Equality monitoring is used in all engagements, registrations and assessments of an individual's journey of accessing services Staff are trained on how to use equality monitoring and how that improves their practice delivering services to a diverse population Data collected from equality monitoring is used to inform developing services, activities and deliver care that suits people's needs IT departments across the partnership work together to capture equality monitoring information that informs the delivery of services that suits people's needs Raise Public awareness of equality monitoring changes and purpose and the diverse needs of those with protected characteristics 	<p>Equality Monitoring is used across a range of services and recruitment. The local Equality Monitoring form is used as part of the recruitment process for the NHS Dumfries and Galloway Volunteer programme. This will allow the organisation to establish the makeup of its volunteer cohort and take action to address inequality as with employee data.</p> <p>Work has taken place within localities to start to roll out equalities monitoring form. A session on 'minimum data set' in terms of inequalities was delivered to Health and Social Care Locality Health and Wellbeing Leads in May 2019. Practice on equality monitoring is not consistent across all areas; therefore an outcome on data has been identified as a priority and will be covered under the 2021 Equality Outcomes.</p> <p>A short life working group was previously established to consider how the access needs of patients can be recorded on the patient systems that we are currently using, and how this links in with Primary Care recording and referrals. This was initially in relation to recording interpretation and translation needs but the group had agreed to look at wider support needs. This action is outstanding and will be considered as part of the 2021-2025 outcomes.</p> <p>Local materials encouraging people to update and share equality and diversity information have been produced and now must be used as part of a wider campaign.</p>

	Resources have been developed to try to raise awareness of equality monitoring and additional service needs. These must now be used to help both staff and patients understand why we collect this data, who is able to access the data and what it is being used for.
<ul style="list-style-type: none"> • Groups directly affected by service changes are consulted and involved in the design of best approaches • Population data from key partners' sources is shared to better inform service development 	The Equality Impact Assessment training sessions consider the importance of involving local communities and groups in the design of service change and design. The Equality Impact Assessment form asks for evidence in terms of available research, engagement and involvement to be documented.
<ul style="list-style-type: none"> • Easy Read versions of key information for people is made available where needed 	Work has been ongoing to develop a number of resources in Easy Read format. Approximately 40 leaflets have been produced in Easy Read format. Key leaflets have now also been updated to reflect any processes that may have changed due to COVID-19.
<ul style="list-style-type: none"> • Translation / Interpretation Policy is improved and linked to strategic plan 	A national policy for Interpretation and Translation was developed and launched in late 2020. This policy has been adopted by NHS D&G and work is underway to communicate this policy across the Board and increase awareness of the policy position

Equality Outcome 2: Integrated services will help to make sure that all different kinds of people feel safe, respected and supported; including staff, patients and visitors.

Identified Actions	Progress Updates
<ul style="list-style-type: none"> • The new hospital should aim to be an exemplar of new models of care and innovation which is used in partnership with community health and social care services • Working with volunteer programme to support effective approaches to new hospital opening date • Work with hospital General Managers to develop E&D approaches to support new models of care • People are supported in their life choices when staying in the single rooms of the new hospital to protect them from 	<p>During development of the Dumfries and Galloway Royal Infirmary, the project team engaged with Equality and Diversity Leads throughout and carried out engagement with the local Community Planning Equality and Diversity Working Group who provided feedback and advice to the new hospital team on best practice approaches.</p> <p>Equality and Diversity Training is mandatory at induction for all staff new to the organisation and is required to be updated every two years thereafter. E&D awareness session has been mainstreamed into the volunteer induction</p>

<p>isolation and to keep safe</p> <ul style="list-style-type: none"> • Accessible/gender neutral toilets and changing areas are introduced in the hospital that meet the needs of a wide range of people 	<p>process. This will continue to be developed as training approaches within the organisation are developed.</p> <p>All GMs previously had an agreed rep from their directorate/locality to represent their area on the Equality and Diversity Programme Board. The Programme Board had been undergoing a process of review with not all areas represented. The work on the development of the Programme has been paused at present.</p>
	<p>The NHS D&G 'We Welcome Your Feedback' leaflet is widely available and provides a number of options for people to provide feedback to the Board. The leaflet also provides details for Dumfries and Galloway Advocacy Service and the Patient Advice and Support Service. Both of these organisations regularly have representatives available within healthcare settings. Patient Services have linked in with a number of local established groups to share information about how feedback can be provided and to build direct relationships between the Patient Feedback Manager and potentially vulnerable groups (or those who support them). The Patient Experience Manager has previously visited Powerful Voices Together, LGBT Plus, the Older People's Consultative Forum and the Day Centre Managers Group. Contact details for Contact Scotland (a service which supports British Sign Language users to access services via video interpretation) are being promoted as a means of providing feedback.</p> <p>Hearing patient stories helps us find new ways to improve quality and different ways to support people and communities. There are many ways for people to get in touch to share their story including through social media, telephone, letters and websites. One such website is Care Opinion.</p> <p>Care Opinion is a national website which enables people to provide feedback and get personal responses about the health and social care services they have received. The majority of feedback received through Care Opinion is positive. There were 82 stories shared on the website in 2019-20. Most stories receive a response within 48 hours and all get a reply. Where stories have</p>

	<p>been critical, an opportunity has been offered for people to discuss their concerns directly. This has helped ensure advice and support can be provided to resolve any issues. Stories are shared with the relevant teams and, where possible, learning is identified from the feedback.</p> <p>All volunteers have received training around patient feedback and complaints to try to ensure that people are signposted to the appropriate channels for providing feedback. Going forward, focused work required on being able to gather data on people’s experiences based on their protected characteristics and ensuring that staff are aware of the different needs that people who share a particular protected characteristic may have.</p>
<ul style="list-style-type: none"> • Support unpaid Carers as valuable members of hospital teams & ensure their roles are recognised by staff and they are acknowledged for their contribution towards innovative practice 	<p>In terms of supporting the role of unpaid Carers, a health and social care strategy for unpaid carers was developed in 2017, with input from various partner agencies locally, as well as the Equality and Diversity Working Group. The equality monitoring form has also been rolled out for use by local carer organisations.</p> <p>The Health and Care Experience Survey 2017/18 highlighted that 1 in 5 Carers surveyed from Dumfries and Galloway did not feel supported in their caring role. To help understand what feeling supported means for Carers, a local survey took place in September 2018. Having someone to talk to and listen and promoting good mental health and wellbeing were key themes that emerged from this work.</p> <p>Since then, in 2019, a review of Carers Support Services was undertaken. This focused on delivering the outcomes within the Dumfries and Galloway Carer’s Strategy 2017–2021 and led to the recommissioning of Carer’s Support Services to include a new ‘Counselling for Carers’ service.</p> <p>Another key finding from the local survey was the need for a communications plan to support the wider community better understand what caring is and how they can help Carers in their caring role. This communications plan is due to be launched in 2021.</p>

	<p>Based at the Dumfries and Galloway Royal Infirmary, a new Carers Facilitator has been recruited to support Carer involvement in hospital discharge and provide education and awareness within staff teams.</p> <p>The 'Triangle of Care' approach in acute mental health services has led to Carers being more involved in the care and treatment of the person they care for. Building on this success, work started in 2019/20 to test this approach in Dumfries and Galloway Royal Infirmary (DGRI). A new set of indicators is being developed for this as this tool has not been piloted in a non mental health setting in the UK before.</p> <p>NHS Dumfries and Galloway have 2 e-learning modules 'Carer Aware – Level 1' and 'Equal Partners in Care'.</p>
<ul style="list-style-type: none"> • Work in partnership with community health and social care services so that people return from hospital to a safe caring environment 	<p>Nithsdale Locality has committed to adopting a Home Team model across Dumfries and Galloway. This will be a significant change to the way health and social care is provided in the community. The foundations for this are already in place in terms of:</p> <p>Rapid Response - The recent introduction of an Advanced Nurse Practitioner (ANP), has established a Virtual Community Ward which allows provision to care and support our people safely at home;</p> <p>Single Point of Contact (SPoC) - Established in Nithsdale with nearly all Dumfries and Galloway wide services operating within the locality involved in the SPoC.</p> <p>A new approach has been developed for district nurse teams looking after people in a care home. There has been a move away from the traditional model of care home residents being looked after by 'their' GP practice towards having 1 district nurse team for the care home. This is increasing efficiencies and care home managers have welcomed this change.</p> <p>The Short Term Assessment Re-ablement Service (STARS) is a multi professional team that supports people to be as independent as possible at home, working with them to identify what matters to them and their goals they</p>

	<p>want to achieve for themselves.</p> <p>To support the integration of services, STARS received new investment in January 2020. This investment has enabled STARS to provide a 7 day service with staff available from 8am until 10pm. As a result, it is estimated that at least 260 additional people per year will be able to access the service, helping them to live independently at home. Re-ablement can reduce both the demand for care and support at home and the length of time people stay in hospital. Housing with care and support is the term used to describe a holistic approach to planning the provision of health and social care and support that meets people’s needs where they live. It is recognised by the Partnership that this is an important factor in improving the health and wellbeing of people and supporting people to be in a homely setting in their community.</p> <p>During 2019/20, engagement with a broad range of people and partners got underway to develop a Housing with Care and Support strategy. The strategy considers the specific housing support needs of older people, people with learning disabilities, people with mental health conditions, physical disabilities or sensory impairment and those at immediate risk of homelessness. The emphasis of the strategy is on new and flexible approaches to housing with care and support and on collaborative working to achieve the best possible outcomes for people. The strategy will provide the framework that supports a direction for housing development and personal support in the future.</p>
<ul style="list-style-type: none"> • Explore the opportunity to make appointment access to the hospital more suitable to the individual by looking at appropriate appointment times, transportation considerations and IT systems 	<p>This action will be carried forward.</p>

Equality Outcome 3: All people, no matter their sexuality, gender or sexual expression will experience less unfair treatment.	
Identified Actions	Progress Updates
<ul style="list-style-type: none"> • Up skill all staff to enhance ability to recognise and deal with bullying and harassment and work collectively to prevent incidents • Work with key partners in training & development to develop effective training modules • Identify appropriate resources to support training 	<p>Bullying and Harassment policy has been updated in line with national 'Once for Scotland' policy approach.</p>
<ul style="list-style-type: none"> • Understanding LGBT Issues is integrated into the daily functions of all staff working in integrated services 	<p>LGBT Plus previously delivered monthly LGBT Awareness training, open to all Health and Social Care Staff. Work required to understand how many staff have attended and from what areas.</p> <p>LGBT Plus have previously engaged with specific areas to increase understanding, for example, session with staff from Day Surgery to share good practice about caring for trans patients and sharing patient stories.</p> <p>Stonewall e-learning module available to staff.</p>
<ul style="list-style-type: none"> • Provide submission to the Stonewall Workplace Equality (WEI) Index 2017 	<p>Submission was made to the Stonewall WEI in 2017. Results were shared with Boards in March 2018 and feedback session took place with Stonewall representative. Feedback from WEI shared with Staff Governance Committee for noting in May 2018.</p>
<ul style="list-style-type: none"> • Explore the options of LGBT Champions • Explore options for LGBT staff network/focus groups • Undertake further LGBT 'kite mark' for both adult and youth services • Ensure lessons learnt from this approach are applied to growing evidence of other identified protected characteristic local groups experiencing unfair treatment in services 	<p>Staff Governance Committee agreed the development of staff networks in late 2018, with an initial focus on networks for LGBT and Disabled staff. Development of a joint NHS/Council LGBT+ Employee network took place in 2019 and the Network was launched in September 2020.</p> <p>The Network will advise and lead on any 'next steps' in terms of undertaking a 'kite mark' scheme and what approach will work best across both organisations.</p> <p>The concept of employee networks will be considered for roll out to other protected characteristic groups.</p>
<ul style="list-style-type: none"> • Ensure this outcome links to national public awareness 	<p>Work must continue in partnership with Stonewall to take part in campaigns</p>

<p>campaigns and the opportunity to raise public awareness</p>	<p>and national pieces of work. NHS D&G were represented at NHS Stonewall Roundtable Event in May 2018 and February 2019 to consider key issues for NHS Scotland and identify opportunities for sharing good practice.</p> <p>Both NHS Dumfries and Galloway Council regularly support annual campaigns for LGBT History Month. In 2021 this involved the publication of a blog post as well as supporting partners at an LGBT event hosted by Dumfries and Galloway College.</p>
<ul style="list-style-type: none"> • Ensure all groups identified as experiencing unfair treatment are supported in the development of their care plan and given the self management tools to engage with services and manage their own health and well-being 	<p>LGBT Youth Scotland delivered a Trans Family Learning Programme between January and March 2020. This was a 7 week programme of information and support for transgender and gender non-conforming young people and their parents/carers. The aim of the programme was to enable trans young people and their parents/carers to meet on a regular basis to gather and share information and explore a wide range of issues relating to the experience of trans young people. Informal workshop sessions were facilitated by LGBT Youth Scotland and include input from a range of professionals. Staff from Speech and Language Therapy, CAMHS and the Gender Identity Clinic supported this programme.</p>
<ul style="list-style-type: none"> • Implementation of a Gender Pay Gap Action Plan 	<p>Gender Pay Gap Action Plan was agreed by Staff Governance in 2017. Work planned to further develop actions around the gender pay gap was planned with Close the Gap in March 2020, however, this had to be postponed due to COVID-19.</p> <p>Updated gender pay gap figures will be published in April 2021 and appropriate actions will require to be set.</p>

Equality Outcome 4: More young people and disabled people will be successfully supported to access work place opportunities, reducing barriers, so they feel part of the working community

Identified Actions	Progress Updates
<ul style="list-style-type: none"> Implementation of the NHS 'Developing the Young Workforce Strategy' key actions with IJB partnership 	<p>NHS and Council have been working in partnership to develop a strategy to develop a future workforce. This will include a number of workstreams including volunteering, apprenticeship opportunities, engagement with schools around the various careers available in the NHS, Project Search and a focus on employability support. Many of the actions within this work have been paused due to the Covid-19 pandemic and will be considered as part of future planning looking ahead.</p> <p>NHS D&G have worked with a number of Project Search interns who have come to Dumfries and Galloway on a twelve week placement. This has been implemented across a range of areas. The board have also engaged with the Glasgow Centre for Inclusive Living Disabled Graduate Scheme and are currently taking part in the second cohort of this programme having appointed a graduate in February 2018. This programme offers a two year placement to provide graduates with a job position, building on key skills which can be applied to future employments opportunities</p>
<ul style="list-style-type: none"> Gain Disability Confident Level 2 award within 12 months and begin working towards level 3 	<p>NHS D&G have been successful and currently hold the Disability Confident Level 2 Award. Work towards the level 3 award was started but has been paused due to staff resources.</p>
<ul style="list-style-type: none"> Training and awareness raising for staff on unconscious bias. Exploring with workforce development existing input & where this can be improved 	<p>Awareness around unconscious bias is included within Recruitment and Selection Training as well as Competency Based Interview Training. Consideration will be given to whether this mainstreaming approach to unconscious bias training must be supported with more specific targeted training.</p>
<ul style="list-style-type: none"> More recognition of the value of transferable skills. Raise awareness with young and disabled people of the skills they have that can be applied to employment Work with employers to identify key skills and opportunities for employment positions 	<p>NHS Dumfries and Galloway have continued to engage with the Glasgow Centre for Inclusive Living Disabled Graduate Scheme, and have worked with 2 graduates from the 2 cohorts to date. This scheme is a 2 year placement, providing disabled graduates with an opportunity to gain work experience in a 'real' job position, building on key skills which can then be applied to any future employment opportunities.</p>

	<p>The board is also engaging with Project Search. Project Search in Dumfries and Galloway provides a one year internship for students who are disabled or have additional support needs. The aim is to support and build on the work skills necessary for individuals to progress into paid employment in a competitive job market. These approaches must be considered and rolled out across the organisation as a whole.</p>
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