

Equality and Diversity Mainstreaming and Equality Outcomes Report 2023

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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 Health and Social Care. 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, into IJB services, highlighting progress and areas for improvement.

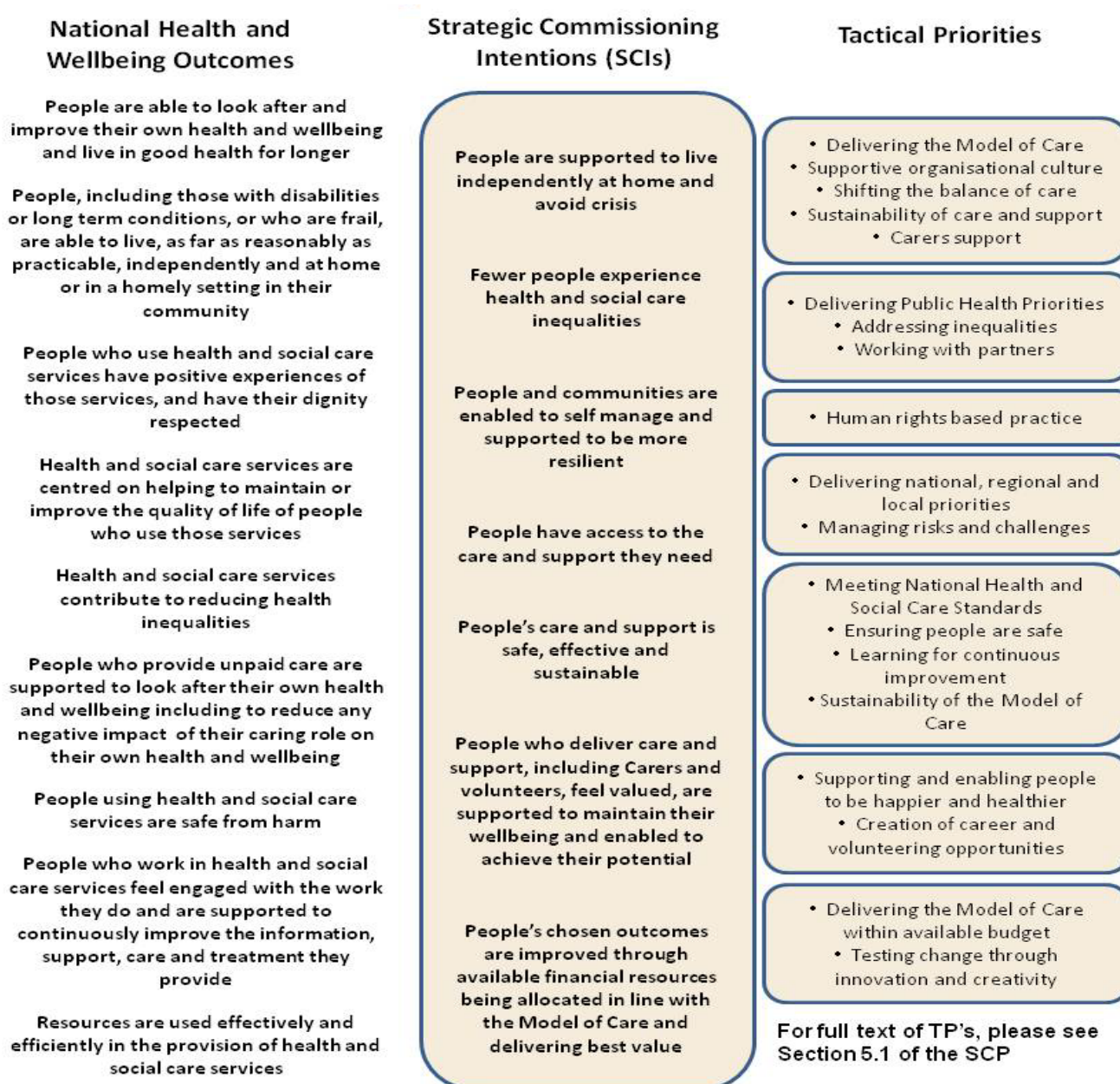
This is a joint mainstreaming report, developed on behalf of NHS D&G and the IJB. Dumfries and Galloway Local Authority also have a responsibility under the Specific Duties to publish an equality mainstreaming report. This report can be found [here](#).

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 integrating 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. These are backed by local Strategic Commissioning Intentions and Tactical Priorities. Further information can be found in the [Health and Social Care Strategic Commissioning Plan](#).



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 Equality Duty

The purpose of the Public Sector Equality Duty (PSED) 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.

The PSED is being reviewed in Scotland. This is intended to deliver improvements in the effectiveness of the legislation and in turn, deliver improved outcomes for equality groups.

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 on the 2021-2025 equality outcomes and up to date gender pay gap figures by 30 April 2023.

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.
- It helps organisations contribute to continually improve performance through growing knowledge and understanding.
- It 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 2021, 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 on the delivery of health and social care services since early 2020 has been significant. The ongoing, lasting impact of the pandemic is still being experienced by public bodies. Addressing the challenges of recovery from the pandemic remains a priority for the Dumfries and Galloway IJB and NHS D&G.

A review of the equality outcomes has been carried out to ensure that the objectives remain relevant and fit for purpose, as resource and capacity changed during the response to the pandemic.

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 public sector 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 Team, 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.

IJB Vision – People living happier healthier lives in Dumfries and Galloway

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”.

The above IJB vision and NHS aim would not be achievable without consideration of inequalities and the protected characteristics.

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 NHS Dumfries and Galloway Board consists of 15 members; 5 Executive Directors, 1 Chair and 10 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 – 8	Men – 3
Executive Directors	
Women – 3	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 Chair 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 17 female members and 7 male members with one vacancy. This represents a 70:30 split in favour of female membership for the IJB as a whole.

Tackling Inequalities

A Short Life Working Group has been established to oversee the partnership approach to tackling inequalities, and maximising our status as an 'anchor institution', embedding this into the mainstream business of the partnership and ensure that appropriate monitoring around progress is in place. The Group is meeting on a regular basis and has undertaken

work to map current activity across the partnership in relation to inequalities against the Joseph Rowntree Foundation Progressive Anchor Organisation Framework, and identifying any gaps. Engagement has taken place with senior directors across the partnership to ensure that ownership is taken for a range of activities and actions, including the equality outcomes, and to agree reporting and governance mechanisms to support activity.

The group is also responsible for developing policy and guidance around Equality Impact Assessment and will be further developing the approach to Equality Impact Assessment around quality control and monitoring of assessments.

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.

EQIA has been 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. It incorporates the requirement to assess against the Fairer Scotland Duty and the Armed Forces Covenant Duty.

The COVID-19 pandemic 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 and Committee 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 Review 2023

During 2022, the Impact Assessment Policy, Impact Assessment Toolkit and Impact Assessment Guidance were reviewed. The Policy review was carried out by members of the Inequalities Short Life Working Group, in consultation with the Area Partnership Forum, Area Clinical Forum, Staff Equality Networks, Health and Social Care Leadership Group and the NHS Board Management Team.

The Impact Assessment Toolkit and Guidance was refreshed to ensure that terminology and recommendations are as up to date as possible. Both Toolkit and Guidance have been simplified and streamlined to ensure that the process of completing an Equality Impact is as straightforward and accessible as possible. Aligning the Toolkit and Guidance with the NHS Education Scotland EQIA training approach has ensured consistent messaging around key considerations related to access, experience, outcomes and participation of all protected characteristic groups.

The Toolkit now encourages consultation with members of the Staff Equality Networks in relation to workforce focussed Impact Assessments. This ensures that Staff Network members have their voices heard and those undertaking programmes of workforce related change can take into account learning from those with lived experience.

The Toolkit signposts staff to the Equality and Diversity Team's folders on Beacon which now contain resources collated to increase awareness around the experiences of protected characteristic groups. This will result in better informed Impact Assessments and ultimately more positive impacts on people.

These actions fed into a new EQIA Review Process for the Annual Delivery Plan 2022-2023. All actions described in the Annual Delivery Plan (ADP) have been reviewed in relation to their impact on inequalities. A group of specialists reviewed actions to identify across the Delivery Plan where the recommended approach to Equality Impact Assessment (EQIA) would be and identified, where appropriate, how each action contributes towards delivering the Equality Outcomes and the Public sector equality duties set out in Section 149 of the Equality Act (2010). Of 115 actions described within the plan, there were 19 that the review identified as likely to require an impact assessment that should be undertaken with key groups external to the organisation, 14 that required an impact assessment involving consultation with key internal stakeholders, 22 actions the review group assessed as being local implementation of national or regional plans which should already have been impact assessed (these were thought to need some reflection

on local mitigation with reference back to the master impact assessment: a light touch approach) and 14 actions that the review group assessed as being variations on a larger theme which should already have been impact assessed. These were thought to be useful to bundle together under a master impact assessment (a light touch approach). Suggested master impact assessments that would be helpful to develop, include:

- Changing services venues
- Technology upgrades
- Communications
- Prescribing
- Staff training

The group also identified opportunities for positive impact on protected characteristic groups, leading the way in a cultural shift towards EQIAs as opportunities to identify potential for positive impact as well as mitigation of negative impact.

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. The greatest asset across health and social care is the people who work within services. 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.

The percentage of staff that have undertaken mandatory training has increased from 73% in November 2021, to 80% in January 2023. Performance targets have been set in relation to mandatory training within NHS D&G, with a target of 94% set to be met by March 2023. 89% of the workforce had undertaken an up to date Equality and Diversity module as at February 2023.

In addition to the corporate equality and diversity training, the board have continued to look at options for specific, targeted training where required and to attempt 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 appraisal process and conversation 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. According to electronic records, 14% of staff had completed the online appraisal in October 2022. A target of 40% has been set to be met during the 2023-24 reporting period.

Case Study: Equality & Diversity Learning

A review of Equality and Diversity Training opportunities within the context of the UK Core Skills Training Framework (CSTF) was completed in January 2022. The CSTF identifies seven learning outcomes which should be incorporated into equality and diversity education and training for all staff in Scotland.

The Mandatory E&D Training was rewritten in 2022 to align with the CSTF and update and refresh the content. Many, if not most, staff engage only with this element of E&D learning and as a result, have limited opportunity to consolidate their learning beyond the mandatory minimum. The E&D Team identified ***Continuous Learning*** as a useful approach to increasing knowledge around E&D whilst acknowledging the constraints of delivery priorities and limited time resources. This approach creates an environment

where the workforce are encouraged and supported to use a range of different ways to keep learning, including:

- **Formal learning:** internal or external training or workshops
- **Self directed learning:** independent learning through reading, research, webinars
- **Social learning:** learning through discussion with colleagues, exploring relevant blogs and social media, informal communications

A range of new formal E&D learning opportunities were offered, including workshops on Understanding Bias, Transgender Awareness, Spirituality and Religion, Gypsy/Traveller Awareness and Decolonising the Medical Curriculum. A number of these were offered as 45 minute 'Lunch & Learn' sessions enabling staff to increase knowledge without needing to commit substantial time in doing so. Between February and November 2022, 131 people participated in these sessions. On a scale of 0 (not useful) to 5 (very useful) the average score in evaluation for the sessions was 4.4. A sample of feedback follows:

- 'an informative and very practical session, these discussions are much needed' (Transgender awareness)
- 'Really enjoyed it, learned loads and it was a good mix of videos, break out rooms and listening/discussions (Understanding bias)
- 'The session was a nice length, informative and enjoyable' (Gypsy/Traveller Awareness).
- 'I enjoyed the conversation. It will help me raise questions about spiritual care with colleagues' (Spirituality and religion within healthcare)

A number of new self directed learning opportunities were provided through the E&D Team on Beacon. The Team folder currently offers opportunities to explore research, best practice guidance, videos and websites to increase knowledge about the experiences of disabled staff, LGBT+ staff and patients, ethnic minority staff and patients and gender based violence. These resources have been accessed a total of 76 times in the period February to November 2022.

Social learning opportunities were provided through a wide range of communications channels, including the Core Briefing, #ontheground, the blog and social media. These signposted people to external sites as well as providing 'top tips' for quick personal actions they could take to increase inclusion and challenge discrimination.

The attendance and evaluation for the formal events and the number of resources being accessed shows that there is a real appetite for knowledge that we can build on as we continue to increase and diversify E&D learning opportunities for all.

Disability Confident

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



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 2022. This data is gathered and reported annually.

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 2021-25 Equality Outcomes whereby there is a specific outcome on improving the data on both the workforce and people who access services.

Improvements in the quality of data can be observed. The number of 'unknown' records on staff around disability have decreased from 69.4% in 2021 to 62% in 2022 and in relation to ethnicity decreased from 34.4% to 32.2%. Specific performance indicators have been developed to improve the quality of the data on protected characteristics. By March 2025, the number of 'unknown' records relating to disability target is set at 50% and the number for ethnicity is set at 25%.

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. Dumfries and Galloway had a greater population of older adults than in other parts of

Scotland. This is combined with an ageing population, where the number of working age people will become fewer.

The [Health and Social Care Workforce Plan](#) details key workforce principles for all partners. This includes a commitment to using inclusive language and imagery to attract as diverse a candidate pool as possible and showcase the diversity of the Partnership workforce or which make efforts to target under-represented groups. It also outlines the principle to support employees to access their work remotely with an agile/hybrid approach. Finally, there is also a commitment to ensure a 'values based' approach to recruitment and training activity.

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 crucial. The partnership have delivered a range of programmes that will support and engage young people around working in health and social care; focused on developing people and attracting new talent to the region, promoting local career opportunities and the diverse range of jobs available in the region. With regards to the younger workforce the plan states that *"it is vital that the Health and Social Care Partnership understands who is available for work in the region and that there is engagement with them so they see the Partnership as an employer they would want to work for. The attraction and recruitment methods need to be as open and inclusive as possible and take account of the preferred ways of communication for that generation"*.

Case Study: Dumfries and Galloway Plan for addressing Workforce shortages across Health and Social Care Services

NHS D&G in 2019 set up a Workforce Sustainability (WS) team to tackle shortages of staff across the Health and Social Care sector. The work plan contains a series of ongoing projects including International Recruitment and the 'Grow Our Own' Youth Engagement programme. Throughout the planning stage of each project the team have ensured that considerations were made for inclusive practice, either through EQIA or the imbedding of good practice.

International recruitment

Scoping the programme included speaking with international nurses and programme leads in England to understand more about their experiences of education, pastoral and clinical support. With this learning, the team started engaging with the local Multicultural

Association, Interfaith Group, community police, the Ethnic Minority Staff Equality Network and with the Filipino Nursing Association. Friday sessions were set up as part of the welcome programme which cover support on finding accommodation, securing bank accounts and shopping including where to find speciality foods and signing up to NHS services. A social communication course was developed that covers idioms, humour, topics of conversations and local dialect to back up the international recruits' knowledge of the English language. Over time, and through feedback from the international recruits themselves and our partners, such as the local Multicultural Association, we have updated the training content to reflect the needs of the nurses.

During scoping, the team also learned how important it was to ensure our hosting wards, management and colleagues across our services were prepared to welcome international recruits and provide a supportive environment to work in. We held engagement sessions with the nursing leads that covered some of the challenges that international recruits may face and discuss how best to provide support to overcome these. We also created a Manager and teams handbook that was placed in each hosting ward, setting out the expectation of how our new recruits may feel in a new country and what support managers could provide in the training period.

As we come up to our first year anniversary of running the programme we are holding an evening of international dance with the Multicultural Association to encourage more networking with the wider community. The event, as with all our transition programmes, are available to our direct international recruits and have seen Doctors, nurses and AHP staff now starting to form relationships and network socially.

Grow Our Own Youth Engagement Programme

Our Youth Engagement Plan sets out our intention to provide a pathway for young people to enter the Health & Social Care workforce and aligns with the work of the NHS Scotland Youth Academy. Over the last year, we have worked with our partners across the region to inform and inspire young people to consider a career within Health and Social Care.

This has included:

- Inspiring Futures – Health, Emergency and Social Care Services multi agency event for young people at S4 level.

- Health & Care Week – an annual programme, including 1 day induction and introduction to our services, 3 days on placement and 1 day feeding back and celebrating successes
- Engagement with Primary schools
- Working with SDS, Education Partners and NHS Academy to pilot an in school Apprenticeship for Health and Care aimed at S4 and S5
- Working with D&G College to reduce entry age to 16 for local H&SC courses, thus improving placement opportunities across the partnership
- Delivery of the Kickstart and Princes Trust programmes

Case Study: Voices for Equality

During 2021 and 2022 the ‘Ethnic Minority Funded Project’ supported by the NHS Charities Together Fund, was set up to explore the lived experience of ethnic minority staff working across health and social care in Dumfries, and highlight the contribution made by minority ethnic staff and communities. Research conducted throughout the wider NHS highlights that ethnic minority staff disproportionately experience discrimination, harassment, and exclusion from those in senior positions, managers/team leaders, colleagues, patients and relatives. Evidence shows this population lack opportunities for promotion or career progression and are less likely to have a permanent contract.

The project set out to provide a safe space for ethnic minority staff to tell their stories and was produced alongside a staff & communities survey gathering quantitative data. Staff shared their experiences of living and working in Dumfries, what they liked about their job, what they found challenging and why. They were also asked about their experiences with colleagues and members of the public, whether they felt valued in their role, felt at home in their adopted region and their future here. Over 115 people engaged with the project and were mainly permanent, NHS employed staff.

The project linked closely with the Ethnic Minority Staff Network, launched in February 2022. Network members participated in the Project Steering Group, established links with the external consultants in the research project, and facilitated participation in the project from the wider community. The project was very effective in gathering critical evidence to empower Network members and inform practical action and we were keen to provide a similar opportunity for other Staff Networks as they launched and developed. Funding targeted towards disabled people and women via the Scottish Government’s Workforce

Equality Fund was secured in order to embark on the Voices for Change project in July 2022.

Voices for Change aims to increase knowledge and understanding of the experiences of women and disabled employees and result in long lasting positive outcomes for all women and disabled people across the workforce.

Research shows that disabled people and women experience inequalities within employment across the UK. We know that around 20% of the population in Scotland are disabled; 83% of the NHS Dumfries & Galloway workforce are women, so we want to find out more about how the workplace is for these groups of staff.

Voices for Change and the Ethnic Minority Funded Project will gather evidence that the Staff Networks, and NHS D&G as a whole, need to make relevant, appropriate and sustainable changes to create more inclusive workplace environments for women and disabled people and actively support workplace progression. These projects will report during 2023, providing evidence of local experience and need that will directly inform the Disability, Ethnic Minority and Women's Network's recommendations for practical steps to address inequality for members of the workforce.

Case Study: Equality & Diversity Communications

Staff in the Equality & Diversity and Communications Teams collaborated during 2022 to increase communication around equality, diversity and inclusion. Their aim was to:

- demonstrate the commitment of the organisation to value and support all members of staff, in particular those who may feel excluded as a result of their identity
- raise awareness of ways in which all staff can take action to increase equality
- celebrate diversity within the workforce and wider community

A number of week and month long campaigns marked international and national dates: LGBT History Month, Deaf Awareness Week, Mental Health Awareness Week, Gypsy/Traveller Month, Black History Month, Disability Awareness Month, and 16 Days of Activism against Gender Based Violence. During these campaigns, information and opportunities to explore further resources and opportunities to take action were shared widely through the Core Briefing. These campaigns were also marked via the NHS Dumfries & Galloway social media accounts reaching thousands of people across the region.

Social media posts also marked Bi-visibility Day, International Day of Women and Girls in Science, International Women's Day, Lesbian Visibility Day, Non-Binary Peoples' Day, International Disability Day, World Autism Awareness Day, International Roma Day, Pride Month, World Refugee Day, World Religions Day and World Day of Social Justice.

Throughout 2022, the online newsletter **#ontheground** has featured articles focussed on equality, diversity and inclusion. This newsletter included pieces on the new Staff Networks, the importance of sharing personal equality data, the use of inclusive pronouns, NHS Dumfries and Galloway's participation in the Equally Safe at Work programme and the Voices for Change project.

Personal stories bring everything to life, so we have been very grateful to the members of staff who have contributed to the **dghealth blog**, exploring inclusive practice and sharing their own experiences.

Regular and varied communications are an important element in mainstreaming equality, diversity and inclusion and play a vital role in cultural change. It has been very positive to know that equality and diversity communications have reached thousands of staff, patients and members of the Dumfries and Galloway community during 2022 as a result of this collaboration between the E&D and Communications Team.

Staff Support

Prioritising staff wellbeing is vital, particularly as staff continue to respond to unprecedented demand as a consequence of the COVID-19 pandemic and a significant increase in pressure across Health and Social Care.

The Staff Support team within the NHS D&G Psychology team offer support to staff across the Health and Social Care Partnership. The Psychological 1:1 therapy service was initially set up to support GPs, but is now a universal service that all staff can access.

Case Study: Working Well

Working Well is Dumfries & Galloway Health & Social Care Partnership's approach to improving and maintaining staff wellbeing. The aim is to achieve an inclusive, supportive and compassionate culture as well as ensuring equity of access to support through a range of universal and targeted interventions. The action plan outlines three key areas of action: addressing emotional distress, improving organisational culture as well as early intervention/prevention approaches. It recognises the complex interplay of work and life

factors that influence staff wellbeing and acknowledges the direct links between inequalities and wellbeing.

There is an emphasis on addressing the needs of specific inequality groups as well as 'harder to reach' staff groups. Staff engagement is fundamental to ensure that culture change and interventions are based and designed on experience and needs. Addressing digital exclusion to information and support services is also recognised. The Plan aligns to Equality Outcome 3, in particular, by providing mental health information resources which signpost staff to available support services which are accessible, safe and inclusive.

Addressing mental health in the workplace is a key priority. Staff are able to access emotional support through a range of options such as the staff psychological service, spiritual care and occupational health. However, it is recognised that the level of social support from managers and co-workers is a key influence on mental health outcomes and can affect sickness absence. The mental health training programme for Managers and Staff seeks to increase understanding of mental health, responding to distress as well as signposting to available support. It in avertedly addresses stigma, barriers to accessing support as well as contributing to an open compassionate culture.

The workforce is predominantly female and there is acknowledgement to the gender inequalities that exist specific to women. Therefore, there are a number of initiatives that seek to address specific gender inequalities such as menopause information and support, support for Unpaid Carers as well as raising awareness of gender based violence.

Money worries can affect anyone, especially with current cost of living issues relating to rising fuel, food and energy prices. However, there are groups of staff that are more vulnerable to financial stress such as those with caring responsibilities, disabilities (physical and mental health) and on lower incomes. The staff financial information and support project seeks to support staff with their financial wellbeing and address socio-economic inequalities through education, awareness and access to specialist financial support.

The action plan is a 'live' plan and will change subject to needs. There will be continued effort to ensure that all staff feel supported within the workplace regardless of status and circumstance.

Carer Positive

Carer Positive is a national award with 3 levels, recognising employers who offer best support to employees who have a caring role. NHS Dumfries and Galloway were previously awarded Established Status (level 2) during 2019/20. Exemplary Status (level 3) was awarded in May 2022. Dumfries and Galloway Council have also achieved the Exemplary Status.

For NHS D&G to be recognised as a Carer Positive employer at exemplary level, it was required to demonstrate that it:

- Is recognised for its exemplary support for working carers
- Demonstrates creative and innovative approaches to supporting and involving carers
- Engages in wider awareness raising activities, whether community based/external promotional campaigns, or in forums to communicate the business case to other employers
- Encourages carers to lead on the development of new approaches to support carers
- Where practical, encourages carers to access employment within the organisation

Case Study: Development of Staff Equality Networks

During the course of 2022, 4 Staff Equality Networks were set up for employees of the D&G Health & Social Care Partnership: the Ethnic Minority Network, LGBT+ Network Women's Network and Disability Network.

The Networks were set up using best practice approaches identified in the National Standards for Community Engagement and were informed by extensive research to determine the conditions that lead to effective Staff Networks. Support and coordination for the Networks has embodied the values of self determination, empowerment, inclusion and collaborative working identified within the CLD Standards.

A Framework was developed to facilitate the development of each Network as a democratic entity with an empowered membership, aligned with Scottish Government's expectations around the facilitation of Staff Equality Networks. The Framework includes a supporting 'team' for each Network including the Networks Facilitator, a dedicated Board Champion, Workforce Sponsor, HR link and Staff side representative. Facilitated

engagement activities ensured that the Ways of Working, Terms of Reference and Action Plans were agreed collaboratively by all members.

The Framework and staff network coordination activity in D&G has been commended by the Scottish Government Workforce Policy Team.

Between February and November 2022, 140 members of staff have joined the Staff Networks. All Networks are keen to grow their membership and there are currently between 5 and 10 new membership requests each month.

Initial focus has been on establishing aims: members of all Networks are keen to both establish a sense of community and play a role in contributing to positive change. Several social events have been set up and Networks are now looking to diversify the ways in which members can participate in Network activities.

Gender Pay Gap and Occupational Segregation Information

The [NHS D&G Equal Pay statement and Gender Pay Gap Report 2023](#) has been published on the NHS D&G website and contains further information on the gender pay gap and occupational segregation information by gender.

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.

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.

Progress made in relation to Patient Information:

- The Patient Services team within NHS Dumfries and Galloway have developed a bank of around 50 leaflets in Easy Read format which staff can access on the internal intranet site.

- The 'Insight' app is available for staff to access to support non-English speaking people. The app offers remote interpreting and audio interpreting services. This can be accessed via an app and desktop link.
- There is standard guidance available for staff on the intranet to support the requesting of interpretation and translation of document. This is shared and promoted at regular intervals.
- The lack of local interpretation services is recognised as a barrier to interpretation. Access to interpretation can now be requested via the Cumbria Deaf Association

Case Study: CAMHS Youth Forum

Participation involves bringing together young people, parents, carers, families, staff and our wider communities as equal partners working to shape and deliver Children and Adolescent Mental Health Services for the benefit of everyone. We know that when care and services are designed and delivered in collaboration with young people, parents/carers, families who use them, there will be better outcomes for all.

Our CAMHS Youth Forum is one part of our participation work, this group was established during lockdown and meet once a month. We currently have 9 young volunteers from across Dumfries and Galloway, who are either currently accessing CAMHS or who have in the past. The young people talk about issues that are important to them relating to mental health services.

The CAMHS Youth Forum plays a role in achieving Equality Outcome 2: 'Protected characteristic groups experience an improvement in accessibility to, and information about, health and social care services.' In particular it helps us to have a better understanding of the needs of protected characteristic groups and young people with intersectional identities.

The group are passionate about sharing their lived experiences, raising awareness and breaking down mental health stigma, using creative, fun and innovative ways to do this. Young people from this group have also shared their experiences with policy makers when they had a conversation with Kevin Stewart MSP Minister of Mental Wellbeing & Social Care alongside See Me and BEAT Young Champions. This group received external funding, from See Me, to produce a short mental health animation and an educational resource local to Dumfries and Galloway. The CAMHS 'Be Kind' project has been included

as a Case Study within the Together's State of Children's Right report, which was shared by See Me, as a good practice participation example. Current Youth Forum Priorities:

- To work in partnership to improve pathways and co-design resources. Young people are going to be involved within re-designing the inside of clinical rooms within Children, Young People and Families Centres.
- To develop a website together alongside parents/carers and professionals, that adds value to others. This is an ongoing piece of work.
- To develop guidelines and training for involving young people within interviews for CAMHS workers. Young people were recently involved within the CAMHS Clinical Director post.

"Being part of the forum is such an amazing opportunity, I have been able to share my own personal experiences and feelings to try and help better the service. I have gained a lot of confidence through this forum and can now confidently talk to new people, meet new friends and realised that other people are passionate about the same things I am. It's amazing that young people are able to be involved and talk to professionals about what we feel needs improvement within CAMHS as although we are the future of the service, we are also the present and we know what our generation needs right now." (Youth Forum member aged 16 years old).

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. A 'Changing Places' toilet facility has recently been developed within Mountainhall Treatment Centre. These are larger facilities that have accessible equipment including a changing bench and a hoist to support disabled people

Video consultations

The Partnership promotes and supports the use of video for health and social care consultations. Video consultations enable people to have visual contact with each other using their own device while remaining at home.

NHS Near Me is the Partnerships chosen platform and offers a secure web based service which enables people to attend health and social care appointments by video. 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 and is a signatory of Scotland's Digital Participation Charter, committing to the five key pledges of the Charter.

While the response to COVID-19 accelerated the roll out of NHS Near Me across the Partnership, this did not come without challenges. 6 video enabled consulting rooms had been identified and setup during 2020 but technical issues with video quality has led to them remaining unused. This has not stopped the continued use of Near Me, with an average of 1,415 consultations each month during 2022 resulting in just less than 17,000 consultations in total across all directorates and services

There is a renewed focus nationally and locally to enable people without devices, access to the internet, confidence or digital skills to take advantage of Near Me for their appointments close to home in their community. Two different models of access are being tested – access in a local authority Customer Service Centre in Kirkcudbright and access through a local Third Sector organisation in Eskdalemuir. It is hoped these developments can outline a model for sustainable supported access in other areas across the region.

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 use three systems to collect patient data – TOPAS, the Patient Administration System, Cortix, a ward based system and Morse, a community based 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%.

Improvements to patient data have been identified as a priority within the equality outcomes.

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. This is reviewed regularly to ensure that it's fit for purpose with evolving terminology.

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, and this is highlighted in the Equality Outcomes.

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, Dumfries & Galloway LGBT Plus and the Over 50s Group.

- Other Sectors – Dumfries and Galloway Citizens Advice Bureau, Third Sector Dumfries and Galloway

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.

Case Study - Infant Feeding Team

Projects carried out over the last 12 months have made a contribution to Equality Outcome 1, increasing the information and support that people receive to access our services.

NHS Dumfries and Galloway is participating in the UK wide ABA-Feed randomised control trial of peer support for new mothers/parents. The trial is particularly focused on more economically deprived groups and young parents. The ABA (*Assets-based feeding help Before and After birth*) feed method uses volunteer “infant feeding helpers” to provide additional support to first time mothers/parents. It is not exclusively breastfeeding focused, although one of the aims is to improve breastfeeding rates, and non-judgemental support is offered to both breast and bottle feeding parents.

Our work also contributed to Equality Outcome 2, by influencing a more inclusive workplace culture around breastfeeding employees. The Infant Feeding Coordinator represented NHS Dumfries and Galloway on the national Breastfeeding Advocacy and Culture group, and was a member of the policy sub-group. In 2022 we explored the possibility of writing a template for a breastfeeding and return to work policy that could be used across NHS Boards and public services. A survey was developed to explore the experiences of employees who had previously returned to work while they were breastfeeding an infant. This survey was completed across several NHS Boards in Scotland including NHS Dumfries and Galloway. Overall the responses indicated that services and managers could provide better and more support to breastfeeding employees. As a result, a “Once for Scotland” Human Resources breastfeeding and returning to work policy is now on the national agenda, and is being developed by representatives from government, HR services and Unicef UK.

Case Study – Carers Hub

A dedicated 'Carers Hub' space for key partner services has been established within Dumfries and Galloway Royal Infirmary. Five organisations (Change Mental Health, formerly known as Support in Mind, Quarriers, Relationship Scotland, Alzheimer Scotland and the Carer's Centre) have come together, working together with the Health and Social Care Partnership to deliver support and advice in a space within the region's main hospital.

There is increasing recognition the role of Unpaid Carer is fundamental to the success of delivering Health and Care Services. The Hub space is available for both members of the public and staff. It is staffed during the day but is accessible 24 hours a day, seven days a week for people to access leaflets and to leave their details if they require further support and information.

Case Study – Covid-19 Vaccine Inequalities

In 2021, a Short Life Working Group came together tackle inequalities related to uptake of the Covid-29 vaccine and to oversee the Inequalities Plan to ensure that all steps had been taken to maximise impact and mitigate barriers.

This partnership approach brought together colleagues from different areas within the Health and Social Care Partnership – Equality and Diversity, Public Health, Nursing, Learning Disability Service, Health Visiting, along with partners from the Homeless, Anti-Poverty and COVID-19 testing teams at Dumfries and Galloway Council. Importantly, membership also came from local protected characteristic community representatives from the local Equality and Diversity Partnership and the local Multicultural Association.

Activity included outreach with local specialist retailers from ethnic minority communities, the development of a film in partnership with the Multicultural Association to address some questions and concerns about the vaccine, promotion of community specific events to address concerns and ensuring that information and posters were readily available in accessible formats on vaccine sites.

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 –2021-2025

A set of equality outcomes were developed and published in April 2021, covering the period 2021 – 2025. The impact of COVID-19 had a significant impact on the development of the outcomes and the themes which emerged in terms of priority setting in 2021. This has continued to have an impact in terms of what objectives could realistically be delivered as the Partnership deals with unprecedented challenges and pressures since.

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, Dumfries and Galloway 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 set out on pages 33 to 37 have been updated in 2023 to ensure that they are relevant to current circumstances and to increase the ways in which we are able to gather evidence demonstrating that they have been achieved. An update on progress towards meeting each of the objectives is provided below. Each outcome describes:

- The evidence/reason for developing the outcome and objectives
- Which Public Sector Equality Duty aim and protected characteristic(s) it covers
- Objectives
- Lead Officer

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 was a significant increase in the use of digital technology to deliver essential health, care and support and reduce the risk of infection. This included 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.

Findings from local research undertaken by Third Sector Dumfries and Galloway in 2022 has implications for health and social care and our partners in how we design digital and on-line services and develop a more inclusive relationship with service users and, importantly, involve them much earlier in the decision making and design process. Themes identified include:

- There are now fewer people with no digital access. Instead the main concerns are around quality of access. This includes connectivity (speed and reliability), quality of device (type and age) and the move towards on-line access.
- Motivation to use digital technologies is now the main barrier. There are many people who know how to, but do not want to, use online services. These individuals appear to have a strong preference for face-to-face service interactions and using friends and family to undertake transactions. Due to motivational issues, there is also a challenge in convincing people that there are benefits to them in learning to use the internet.
- A substantial literacy barrier and a smaller English language issue which affects more than just digital inclusivity.

The pandemic highlighted that access to information in a variety of languages and formats is often lacking, yet it became vital to ensure that all people understood restrictions and health advice around COVID-19 and that this was updated as guidance changed.

<p>How does this outcome meet the Public Sector Equality Duty: Eliminate discrimination Advance equality of opportunity</p>	<p>Protected Characteristics covered: Age, Disability, Race</p>
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Objectives	Lead
1.1 Implement the Digital Health and Care Strategy taking local needs into account in relation to protected characteristic groups and reducing digital exclusion.	Director of Strategic Planning and Transformation
1.2 Increase the support people receive to access our services e.g. via increased digital inclusion, considering how we communicate with patients; ensuring appointment letters are inclusive and can be understood, inclusive appointment scheduling.	Director of Strategic Planning and Transformation
1.3 Increase wider understanding of the languages spoken and accessible formats required across the region. Ensure that information relating to health and social care services and information can be easily and comprehensively accessed.	Workforce Director/Nurse Director
1.4 Increase the health and social care 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.	Nurse Director

Updates 2023:

- A Digital Transformation Programme Board has been established to oversee the implementation of the Digital Health and Care Strategy and to ensure that equality impacts are a key consideration of this work. Objectives 1.1 and 1.2 will be taken into account as part of the workplan for this Programme Board in 2023/24.

- Engagement has been taking place in 2022 with local Deaf/BSL users. This has been an opportunity for local representatives to share what has been working well and where improvement is required and will be an ongoing process of improvement.

Equality Outcome 2: “Increased resources and communication illustrate the contribution that those from protected characteristic groups experiencing inequality 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.

Evidence and research shows that there is a particular need to focus on specific protected characteristic groups. This outcome is focused on Disability, Gender Reassignment, Race, Religion or Belief, Sex and Sexual Orientation.

How does this outcome meet the Public Sector Equality Duty:
Eliminate discrimination
Advance equality of opportunity
Foster good relations

Protected Characteristics covered:
Disability, Gender Reassignment, Race, Religion or Belief, Sex and Sexual Orientation

Objectives	Lead
2.1 Increase the work highlighting the contributions made by people from groups experiencing inequality and develop and share materials to promote, recognise and celebrate the diversity of intersectional identities across the population.	Workforce Director
2.2 Establish a clear action plan and resource to increase the understanding of the wider population of the experiences of employees from minority ethnic communities across health and social care.	Workforce Director
2.3 Undertake a review as to how we engage and involve people from diverse communities in service development.	Chief Operating Officer
2.4 Develop a clear mechanism which supports long term representation and involvement in service development for minority communities across health and social care services.	Chief Operating Officer

Updates 2023:

- The Ethnic Minority Funded Project gathered evidence of the experiences of employees from

minority ethnic communities across health and social care. This project also highlighted the contribution of ethnic minority staff to healthcare with the region. Findings from the project have been gathered and are in the process of being shared via relevant internal groups and committees, along with a set of recommendations to be agreed and implemented. This includes recommendations around the employee experience but also how we can engage with local stakeholders effectively.

- A short life working group was set up to respond to the recommendations of the Mental Welfare Commission in 'Racial Inequality and Mental Health in Scotland: A Call to Action',
- A range of E&D communications promoted, recognised and celebrated the diversity of intersectional identities across the population.

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.

A significant level of sickness absence is linked to anxiety and stress. The impacts of the pandemic has led to increased levels of burnout, low mood, overworked, stress, anxiety and fatigue which can lead to increased risk of mental health distress and Post Traumatic Stress Disorder. Stigma may also play a role as a barrier to accessing help.

People experiencing inequalities may have poorer mental wellbeing due to direct or indirect discrimination.

Social isolation and loneliness can have a significant impact on mental wellbeing as well as physical health impacts. It is estimated that social isolation and loneliness leads to an estimated annual cost of £2.5 billion to employers through absence, caring activity, reduced productivity and staff turnover. People spend a significant amount of time at work, and an integral part of maximising wellbeing is an inclusive culture where employees feel supported and connected.

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

Objectives

Lead

3.1 Undertake a review of recruitment procedures and processes to ensure the local approach to recruitment is in line with best practice to increase diversity within the workforce.

Workforce Director

3.2 Work in partnership with local protected characteristic communities to gain greater understanding of any barriers to employment and progression within the NHS/Health and Social Care Partnership and work together to address these.

Workforce Director

3.3 Develop and increase opportunities for underrepresented groups, for example via mentoring schemes, work placement opportunities.

Workforce Director

3.4 Explore options for workplace 'charter mark' schemes and adopt at least one as part of developing best practice.

Workforce Director

3.5 Provide mental health information resources which signpost staff to available support services which are accessible, safe and inclusive.	Workforce Director
3.6 Develop an organisational culture awareness programme and resources with a clear focus on equality and understanding bias as part of a positive constructive culture. Embed the programme into induction and mandatory training as well as into existing management programmes.	Workforce Director
3.7 Establish Staff Networks for key protected characteristic groups, with clear resource in place to support establishment, promotion and ongoing sustainability.	Workforce Director
<p>Updates 2023:</p> <ul style="list-style-type: none"> • Four Staff Equality Networks were established in 2022: the Ethnic Minority Network, Disability Network, LGBT+ Network and Women’s Network. The Networks are supported by a dedicated Facilitator, Board Champions, Workforce Sponsors and link staff within HR and staff side and have a clear governance route to ensure the voices of members are heard at a senior level. • The Board embarked on the Equally Safe at Work programme which supports employers to review, update and develop employment policies and practices to advance women’s equality in the labour market and prevent violence against women. • The Kickstart programme offered 18 six month paid placements for young people aged 16-25 to develop skills within Health and Social Care • ‘Working Well’ is the HSCP’s approach to improving and maintaining staff wellbeing. An action plan has been agreed and developed. The aim is to achieve an inclusive, supportive and compassionate culture via three key areas of action: addressing emotional distress, improving organisational culture as well as early intervention/prevention approaches. • The induction and mandatory training programmes have been updated to include new content on equality, diversity and inclusion • New training materials on Understanding Bias and Taking Action have been developed, piloted and delivered to a range of staff in leadership roles. 	

Equality Outcome 4: “Robust systems are in place to record equality data, improve the quality of the data and integrate awareness and understanding into key priorities ”

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.

There is also a need to prioritise ‘flags or ‘alerts’ on our patient data systems, to ensure that people accessing our services have the reasonable adjustments they require in place, and any language support needs. Feedback from local British Sign Language (BSL) users has indicated that interpretation

and translation support is not always provided or arranged in advance when accessing services. This action is also highlighted within the NHS D&G BSL plan.

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

Objectives

Lead

4.1 Increase the level of demographic, high level data that we gather in relation to people accessing our services by protected characteristic.

Director of Strategic Planning and Transformation

4.2 Increase the level of information that people accessing our services share with us, in relation to their individual support needs, for example, in relation to language or access requirements.

Director of Strategic Planning and Transformation

4.3 Improve the quality of equality and diversity data of the existing workforce to allow more in depth, high level workforce monitoring.

Workforce Director

4.5 Undertake activity to increase understanding within the workforce around the value of sharing data and seek commitment to updating personal data, via promotion and awareness raising.

Workforce Director

4.6 Undertake activity to increase inclusion of workforce data when setting Board and team priorities across the wider workforce.

Workforce Director

Updates 2023:

- Promotion and awareness raising around the benefits of sharing equality and diversity data, and the reasons why we gather this information has been undertaken through a range of communication channels including core briefing, #ontheground and social media. A number of communications have also been sent via email directly to staff teams to encourage staff to update their information. Plans are being developed to engage with staff who do not routinely access computers to ensure that all staff are aware of the benefits of sharing their protected characteristic and are encouraged to do so.
- We can see an improvement in employee data – the number of ‘unknown’ fields in disability and ethnicity have decreased from 69.4% in 2021 to 62% in 2022 and from 34.4% in 2021 to 32.2% in 2022 respectively.