



NHS Lanarkshire Equalities Progress Report 2021-23 Covering:

- Equality Mainstreaming
- Equality Outcomes
- Workforce
- Workforce Data



Accessibility

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1. Introduction

The Equalities agenda continues to be a significant area of on-going improvement and development for NHS Lanarkshire, post publication of a range of documentation in 2021, which set out our commitment and direction of work for the following four years.

In this second year update report we highlight the progress being made to embed equalities throughout the organisation. Going beyond our legal requirements is a clear statement of our intent to deliver services that reflect and respond to the needs of all the communities we serve within NHS Lanarkshire.



At this time of producing this report we are still responding to the Covid-19 pandemic and severe service pressures. The pandemic has had, and will continue to have, a significant influence on us all, but our experiences will vary as Covid-19 has exposed and amplified pre-existing levels of social and economic inequality. This means it is more important than ever for us to ensure that the Equalities agenda continues to be a significant area of on-going improvement and development for NHS Lanarkshire.

It should be noted that the content of the report highlights progresses up to and including 31 December 2022 to allow for our internal governance processes prior to publication in April 2023.

2. Mainstreaming

Mainstreaming is a specific requirement for public bodies in relation to implementing the Equality Duty 2010. In simple terms it means integrating equality into the day-to-day working of NHS Lanarkshire, taking equality into

account in the way we exercise our functions. In other words, equality should be part of everything we do.

On 5 April 2011 the Equality Act 2010 introduced a new public sector equality duty (also known as the General Equality Duty) which requires public authorities, in the exercise of their functions, to have due regard to the need to:

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

3. About Us

NHS Lanarkshire is the third largest health board in Scotland. We serve a population of over 660,000 across rural and urban communities in Lanarkshire (2021 mid-year estimate) and employ over 14,000 staff working in communities, health centres, clinics and offices and at our three acute hospitals – University Hospital Hairmyres, University Hospital Monklands and University Hospital Wishaw.



We aim to continue to provide the best care and treatment we can, within the resources available to us, while ensuring everyone working in NHS Lanarkshire is trained and skilled for their job to deliver a safe and efficient, person centred service.

We are committed to delivering high quality, innovative health and social care that is person-centred. Our aim is that everyone is able to live longer, healthier lives at home, or in a homely setting. For more information about our organisation and services, please select the link below to access our website:

<https://www.nhslanarkshire.scot.nhs.uk/about-us/>

4. NHS Lanarkshire's Commitments

In NHS Lanarkshire's Equality Strategy 2021-2025 we set out a range of activities that we believed would help us meet our commitment to the equalities agenda and our legal equality duties.

The Equality and Diversity Steering Group oversees the delivery of the Equality Strategy actions and publishes progress reports:

- Bi-annual reports to NHS Lanarkshires: Board, Corporate Management Team, Staff Governance Committee, and the Population Health Primary & Community Services Governance Committee.



Equality Impact Assessment (EQIA)

NHS Lanarkshire continues to ensure the ongoing importance of embedding equalities into the organisation through the use of equality impact assessment.

In 2020 we incorporated considerations of socio-economic impact in line with the Fairer Scotland Duty and in 2022 we further adapted the EQIA tool to give consideration to the articles of the United Nations on the Convention of the Rights of the Child (UNCRC).

How we developed NHS Lanarkshire's Equality Strategy 2021-25

To inform the development of the 2021-2025 Strategy, NHS Lanarkshire Equality and Diversity Steering Group held a series of online workshops, the workshops identified key areas and actions which will be delivered over the next four years by the identified leads. Building on the range of good practice that already exists, the Equality Strategy 2021-2025 includes new areas of work to reflect local and national policies to ensure our equality strategy remains contemporary.

An important aspect of the Equality Strategy is recognising that an intersectional approach is key in the design and delivery of any area of work.

What this report includes

This report is a snap shot of some of the work being carried out in areas committed to in NHS Lanarkshire's equality strategy 2021-25.

These are:

- 4.1 Strategy, Leadership and Governance;
- 4.2 Community Engagement;
- 4.3 Health Inequalities;
- 4.4 Developing the Workforce.

Additional Reports attached to this publication evidence:

- Progress made towards achieving Equality Outcomes published in 2021.
- NHS Lanarkshire's two new Equality outcomes for 2023-25.
- NHS Lanarkshire Board Diversity Data
- Workforce Equalities Data.
- Gender Pay/Occupational Segregation Information.

4.1 Strategy Leadership and Governance

NHS Lanarkshire as an Anchor organisation



What has been done in the last two years?

In the Summer of 2021 NHS Lanarkshire along with its board members, held an inequalities seminar, a key focus of which was to reflect on the influence NHS Lanarkshire can have on the wellbeing of the local community, beyond the delivery of healthcare, through its role as an inclusive “anchor” organisation.

The term “anchor” refers to the responsibility NHS Lanarkshire has as a large locally rooted organisation who employs many people and deploys resources and assets for the benefit of the local population. We know health inequalities are driven by wider socioeconomic determinants such as poverty, employment, education and place thus we were keen to identify actions we could take to positively influence these wider determinants through our anchor role.

Over the last 12-18 months we have reviewed the NHS Lanarkshire baseline position against each of the anchor pillars in the Joseph Rowntree Foundation Anchor Progression framework.

The five pillars are:

- *employer;*
- *procurement;*
- *environment and assets;*
- *service delivery;* and,
- *corporate and civic responsibilities.*

This has entailed working with stakeholders to identify current and future actions for each pillar. Most recently we have recognised our role as a local anchor in mitigating the impact of the cost of living crisis and we have developed a delivery plan which outlines the actions we are taking across the five anchor pillars to support patients, communities and staff with their financial wellbeing.

What difference have these made?

We have identified a range of actions that contribute to our anchor ambitions and indicators of success have been identified for each action. Examples include:

- development of a Procurement Strategy with targets for increasing investment locally;
- investing in the Supplier Development Programme with key deliverables to be achieved after one year;
- promotion of the NHS Community Benefits Gateway to partners;
- the development of a Community Benefits Plan for the Monklands Hospital Replacement programme with specific targets for the successful contractor,
- development of a Staff Health and Wellbeing strategy; and,
- embedding Integrated Equality Impact Assessment into the work streams of the new NHS Lanarkshire health and wellbeing strategy *Our Health Together*.

How will outcomes be sustained?

We have worked closely with our Planning and Strategic Delivery Teams in order to ensure our anchor commitments are fully embedded within the ambitions of *Our Health Together* and the way we work as an organisation in the future. We have also embedded commitment to the anchor principles in the corporate objectives of all Executive Directors.

What challenges remain?

There are particular challenges around capacity to deliver on some of the ambitions of the anchor plan and in some areas there is only fixed term funding for developments. These risks are being identified and escalated as appropriate and opportunities for other funding sources explored. There are also wider system pressures post Covid-19 which have made it challenging to spread initiatives such as routine enquiry for financial wellbeing to all areas.

What next? Anticipated actions for next 2 years

NHS Lanarkshire's anchor commitments include enhancing NHS Lanarkshire's contribution to community wealth building through offering more targeted employment opportunities for local people, increasing procurement spend locally, and being a role model for environmental sustainability through our buildings, policies and practices. Through working in partnership with other local anchors and communities, we will also prioritise reviewing how we deliver our services to shift models of care towards prevention and early intervention, and to ensure services and programmes are proportionately targeted to those most in need through better understanding our data and the needs of our communities.

NHS Lanarkshire Digital Strategy 2023-28



What has been done in the last two years?

During 2022, a new five-year digital plan was created with wide-ranging engagement and equality central to its development.

To launch in 2023, the digital plan (2023-28) describes the benefits of technologies used by our operational staff, clinical colleagues and also the public and identifies digital equality as a strategic theme and dedicates a section to this topic. Important aspects of equality also feature heavily in the five-year vision.

Developing the plan involved engagement with over 400 individuals, 300 of which were public/patient responses. Authoring of the plan was intentionally designed to be inclusive, with 44 authors collaborating to produce this strategic plan.

What difference have these made?

The 2023-28 digital plan has made digital topics more relatable and easier to understand. This has been achieved by a concerted effort to widen inclusivity, interest, and involvement.

The strategy development team engaged with services to better understand their needs, 'pains' and missed opportunities. This included using plain language wherever possible and collecting a suite of digital-in-action stories from across a diverse range of Lanarkshire services and settings.

The stories were carefully crafted to provide a human perspective to any digital improvement or innovation, by making use of a story-telling method. Making digital more relatable was identified as a key factor in reducing barriers and people feeling supported to work together and improve health and social care services into the next five years. The approach has been well received as people have felt more empowered to share their opinion, challenges and ideas about digital health and technology.

Taking an empathetic, honest and open approach to the strategic engagement resulted in a higher quality outcome, deeper and more varied view-points and the resulting difference is a shared strategy that many people can feel they have co-created and can co-deliver.

How will outcomes be sustained?

Following development and publication of the digital plan, a further round of engagement will be undertaken to confirm the operational delivery plan across our strategic work streams and services. This will ensure that the right stakeholders are involved to co-deliver the strategic aims and objectives.

Behind the delivery plan, a programme of work will support the digital team to 're-gear' in readiness for delivering the plan. This will involve careful consideration of how the digital team will collaborate continuously with the public, clinicians, staff and partners by involving them and including digital equality in every aspect of their work.

Outcomes from the digital plan will be sustained by ongoing and close alignment to NHS Lanarkshire's 'Our Health Together' healthcare strategy, and the national digital health and care strategy.

What challenges remain?

Equality must remain central to delivery of the new digital plan. Digital equality has a variety of needs to consider, which require to be understood and acted upon during planning and implementation of new digital solutions.

Three important aspects of digital equality have been identified and will remain fundamental to ongoing work:

- How the Lanarkshire public access health and social care services online, sometimes described as the "patient experience".
- How our NHS colleagues deliver health and social care using digital systems.
- How we design services that make use of digital, to reflect the diverse needs of our population.

What next? Anticipated actions for next 2 years

Actively including equality into the digital plan has, without doubt, improved the overall outcome for everyone in Lanarkshire. The digital team has a more open and inclusive outlook and wider awareness of the challenges and opportunities available to NHS Lanarkshire. The outcomes of this work are best communicated by sharing two aspects of the five-year digital vision, which are:

- Be people centred; by ensuring that human needs are at the heart of existing and new digital solutions.
- Enhance care for everyone; by championing equal improvements for everyone, and ensuring we don't alienate anyone.

By keeping equality at the heart of this engagement, we have seen a distinct difference in the resulting language and tone of the digital plan, the more open and honest responses from people who have engaged, and the general willingness for people to get involved.

4.2 Community Engagement

Communications

What has been done in the last two years?

- A Community Champions Forum was established to communicate through the pandemic;
- Public consultation as part of the planning process for a replacement University Hospital Monklands.

What difference have these made?

The Community Champions Forum (CCF) was formed during the Covid-19 pandemic and had representatives from Lanarkshire diverse communities. The CCF represented and provided a greater understanding of the need of communities. The CCF supported the messaging, design and the sharing of the range of communications that were shared during the pandemic e.g. leaflets, posters, messaging in a range of visual (British Sign Language), written formats and social media materials.



The Monklands Replacement Project (MRP) pre-application consultation was facilitated online due to the pandemic. Anyone who required a printed version of consultation materials could contact the MRP team by email/phone/Freepost. Similar to the Community Champions, the MRP also has the Monklands Engagement Forum (MEF).

The MEF is a governance sub-group established to support and guide the Monklands Replacement Project team and provide scrutiny in how it informs, engages and consults with people on the MRP. This group is made up of public, patients, carers and third sector representatives. Healthcare Improvement Scotland – Community Engagement also participates.

Members offer their perspectives on how NHS Lanarkshire informs, engages and consults with patients, carers and the public on MRP as the project progresses

and share information/presentations given at meetings with the wider groups they represent.

How will outcomes be sustained?

Ongoing engagement with the Community Champions Forum will be used to inform future campaigns and communication material and make sure we continue to involve people in service planning and design. The Champions Network continues to meet regularly addressing issues such as Winter Planning and Cost of Living. With a view to enhancing the voice of young people in our engagement process, the MRP has established a partnership with North Lanarkshire Council's Health & Social Care Academy. The Care Academy provides opportunities for school students with a specific interest in health and social care to learn about the subject and potentially find their way to employment in the sector.

What challenges remain?

Work on identifying and developing relationships with Seldom Heard Groups still needs to be developed.

What next? Anticipated actions for next 2 years

We will continue to make best use of the Community Champions Forum, especially with regards to the updated NHS Lanarkshire healthcare strategy 'Our Health Together'.

'Our Health Together' will be the main focus of our engagement activities. Our aim is to develop a wide-ranging engagement programme involving patients, unpaid carers, our staff and local communities (including children and young people) and will work together to develop plans that deliver the best possible outcomes.

A successful engagement process for Our Health Together will ensure:

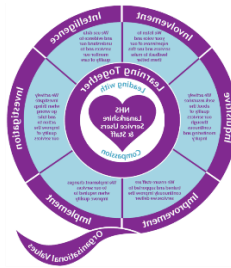
- People understand the case for change;
- A diverse range of people are motivated to get involved; and
- Innovative solutions are co-designed/co-produced with people.

To achieve this, people (public, patients, carers, staff and other stakeholders) will be at the heart of Our Health Together. This person-led approach will ensure Our Health Together is:

- About people;
- Produced by people; and
- Based on decision making that is informed by people.

Equally with the Monklands Engagement Forum as the Monklands Replacement Project we will continue to be supported and advised by the group.

Development of a New Quality Strategy 2023-28



What has been done in the last two years?

The quality team has been working over the past 11 months (April 2022 to February 2023) to develop a new Quality Strategy that will replace the existing one which ran from April 2018- March 2023. A core part of this process has been the engagement process put in place to ensure that we have consulted a wide range people both staff and service users while writing this strategy.

What difference have these made?

We have engaged with staff and service users in a number of ways. For staff we have ensured that early consultation was achieved by taking initial ideas to a number of governance groups in the Boards including the Equality and Diversity group, the North Care and Clinical Governance Group and the Area Clinical Forum. For service users, we developed an online survey that was available both electronically on a website and via a QR code. Quality staff also took this survey out into the community and asked service users attending vaccination centres for feedback. Over 400 service users and 290 staff provided feedback.

How will outcomes be sustained?

The survey will be analysed and the feedback used directly in the developed of the new quality strategy.

What challenges remain?

We are trying to reach out to some harder to reach groups with our engagement survey and will continue to work towards this over the next few months.

What next? Anticipated actions for next 2 years

The development and engagement process will continue until we are ready to publish in April 2023. The strategy will also feed into the yearly implementation plans which will be used to measure the main themes within the overall quality strategy.

National Model of Complaints Handling Procedure

What has been done in the last two years?

Significant development work to further embed the national model Complaints Handling Procedure (CHP) has continued.

This work has been underpinned and driven by acknowledging that an effective complaint handling procedure should be user-focused, accessible, simple, timely, thorough, proportionate, consistent, objective, impartial and fair. We are also striving to seek early resolution and to analyse complaint outcomes to drive improvement.

Examples of work include:

Stage 2 Investigation Toolkit

The toolkit has been deployed from October 2022. The overarching purpose is to ensure that NHS Lanarkshire Complaint Procedures:

- Take a consistently person-centered approach;
- Implement a standard process;
- Ensure that staff and people have confidence in complaint handling; and
- Ensure that learning from complaints is used to continuously improve services.

The toolkit includes:

- Person Centred Complaint Handling principles, which contains guidance on person centred investigations and responses, making information accessible and involving patients and families.
- Consent guidance.
- Guidance on agreeing the issues to be investigated with the complainant.
- Guidance on producing high-quality person-centred complaint responses.
- In summary, the toolkit provides an agreed set of guidance, templates, and tools to be used by complaint investigators at each stage, from the point of receipt through to closure.

The toolkit includes accessibility considerations.

Programme for assurance (of best-practice handling) and embedding learning from complaints

Developments include:

- The Healthcare Complaints Analysis Tool (HCAT) has been piloted on closed maternity complaints.
- A post complaint (Stage 2) satisfaction survey is in place and can be provided in different formats.

- Lessons learned from complaints are included in the organisational learning bulletin.
- Quality Assurance processes have been developed and implemented / reported – applying to a sample of closed complaint files.

What difference have these made?

- Staff and complainant feedback.
- Quality assurance mechanisms to reflect on best practice handling.
- Increasing the number of complaints resolved at Stage 1 .

How will outcomes be sustained?

- Quality Assurance of cases and analysis of complaint satisfaction results to monitor quality of complaint handling, and make improvements where required.
- Ongoing roll-out and embedding of Stage 2 toolkit across the organisation.
- Education and awareness raising.

What challenges remain?

Patient affairs activity continues to be variable, with national recognition of the changing nature of complaints, including increased complexity and challenging behaviours.

Transition and alignment of processes will take further time to embed. We are also seeking to reduce backlogs, to a refreshed era of higher risk/profile complaints taking priority, and diverting resources.

Whilst transition will contribute to alleviating previously outlined risks, it still be within the confines of the existing resource/budget.

What next? Anticipated actions for next 2 years

As above – further development to embed consistent and robust complaint handling mechanisms across NHS Lanarkshire.

Unsolicited service User Feedback



What has been done in the last two years?

In NHS Lanarkshire our main way of capturing unsolicited patient feedback is via Care Opinion. Care Opinion is a not-for-profit social enterprise which enables people to share the story of their care, and perhaps help care services make changes. We promote the use of Care Opinion by advertising in our hospitals and community health centres how service users can post their stories on the website.

We continue to train staff in the use of Care Opinion and how to be responders to stories posted about their service.

What difference have these made?

NHS Lanarkshire continues to receive a consistently high number of stories: 767 were posted by members of the public between 1st April 2021 and 31st March 2022.

61% of the stories received are of a positive nature and 39% are critical of the experience they received.

For the 767 stories posted there were 1,051 responses posted in response. This is due to the author having contact with more than one area or service.

Authors tag their story with words to reflect how they feel about the service they received; what was good and what could be improved. This information is used by the service the story relates to, to make improvements to their areas.

How will outcomes be sustained?

Monthly statistical reports on the information captured from Care Opinion including the number of stories, breakdown of positive/critical stories, changes identified as a result is shared with the Corporate Management Team and Operational Unit who then cascade this information to frontline teams.

The information and feedback within the stories is used for learning and to make improvements to services based on what the service user has told us.

What challenges remain?

We aim to respond to a story within five days however sometimes it takes longer to access information to be able to formulate a response and this will exceed the five days, however every story receives a response.

10% of stories took longer than five days to provide a response and a deep dive of these stories was carried out. This provided assurance that it was appropriate that more time was taken to provide the appropriate response.

What next? Anticipated actions for next 2 years

We plan to continue to promote use of Care Opinion and to explore how we can assist service users who may require assistance to use the website.

Feedback received via Care Opinion will continue to inform service planning and delivery.

4.3 Health Inequalities

Health Promoting Health Service

What has been done in the last two years?

Since January 2022, the Health Promoting Health Service (HPHS) team have worked with the NHS Lanarkshire Realistic Medicine Team to meet the broad outcomes of the Chief Medical Office HPHS Letter 2018:3 and the principles of Realistic Medicine, in particular, a personalised approach to care and shared decision making. Highlights are as follows:

Recruitment of a Health Improvement Senior (HPHS) for each of the 3 acute sites. Establishing the relationships to deliver on their programme of work and implementing tests of change (ToC) to demonstrate the benefit of using a holistic needs assessment to embed in routine care.

Development of a Holistic Needs Assessment (HNA) to understand the issues affecting patients and help address these to facilitate safe discharge home. The HNA is uploaded to Portal Care Plans to ensure there is a record of the action

taken. A webpage has been created to support patients in improving and maintaining a healthy lifestyle by providing information on different health topics and health services in their area.: <https://www.NHSLanarkshireanarkshire.scot.nhs.uk/services/health-improvement/health-promoting-health-service/>

Staff engagement sessions to ascertain the wellbeing of staff and what they need from the developing Staff Health and Wellbeing (SHWB) Strategy. Following these sessions and the results from the SHWB Survey, the acute hospitals held SHWB events with contributions from the agencies that staff wanted information on.

What difference have these made?

The HNA has highlighted the needs of people who suffer the greatest inequalities within our communities and connecting them with the support they require to return safely to home and maintain their health and wellbeing.

How will outcomes be sustained?

The aim is to demonstrate how to complete an HNA to further support staff to complete this as close to admission as possible. This will highlight needs at the earliest point possible to aid understanding of what the issues are and to signpost to support or have a referral made, timeously prior to discharge to ensure discharge is not delayed. This links in with the Discharge without Delay programme. Discussions have been ongoing with Practice Development to have the HNA embedded into the admission paperwork.

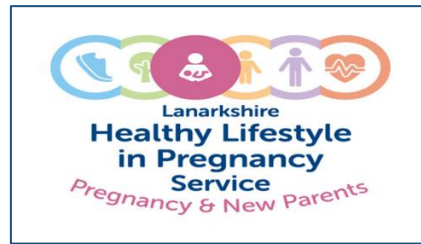
What challenges remain?

- On-site pressures in terms of workforce and workload has limited the integration of using a HNA amongst staff and there continues to be a reliance on referral to the Health Improvement Seniors (HPS).
- Time-limited funding.

What next? Anticipated actions for next 2 years

- Funding is only available until September 2023, therefore, initially actions will be concentrated on securing further funding.
- Should this be established, there will be a continuation of support of staff to undertake the HNA and to support the development of this into routine paperwork and care.
- There will be a continued support of staff health and wellbeing activities in line with the published NHS Lanarkshire Staff Health and Wellbeing Strategy and Action Plan.

Healthy Lifestyle in Pregnancy Service (HLiP)



What has been done in the last two years?

- Adapted in response to the first wave of the pandemic and lockdown restrictions to Attend Anywhere (Near Me) online consultations and telephone appointments depending on the patient's choice/digital access
- Adapted in response again to restrictions and went through a recovery process to move to a blended model of service delivery which continued with online and telephone consultations but face to face appointments were available again across Lanarkshire, following pathways and guidance within each individual healthcare setting.
- “Meet the Team” videos created and website platform developed to allow potential service users to find out more about the service and put faces to the professionals they will be meeting. This url was also included within the Badger.net app that is used throughout pregnancy and maternity staff can signpost to this and the leaflets available in the reading library as part of the discussion/referral process for this clinic. This has also been included as part of a social media campaign. The videos and website is available [Healthy Lifestyles in Pregnancy Service | NHS Lanarkshire \(scot.nhs.uk\)](https://www.scot.nhs.uk/healthy-lifestyles-in-pregnancy-service/)

What difference have these made?

- During the first wave of the pandemic where those pregnant had restricted access to support, the service continued to be able to support those with a Body Mass Index of 30 and above with lifestyle change to minimise risk and provide support for both physical and mental health. This support was then increased in the return to face to face appointments where service users were hugely grateful for the intensive support received where access to other support was still limited.
- Referrals have increased as a result of the increased awareness and midwives find it useful to have the resources to signpost to.

How will outcomes be sustained?

- A blended model of service delivery still exists however the majority of service users prefer face to face but online/telephone appointments are still available and in action.

- A continued improvement plan remains in pace to increase referrals and engagement to the service with ongoing training and awareness sessions commenced with future dates set.
- New resources (posters and flyers) are in development and will be available soon and are to be included as part of a new social media campaign in 2023.
- Future service user evaluations will also take place.

What challenges remain?

- The service is a pan Lanarkshire service however access to clinic space within some localities is not available meaning some service users need to travel to other locations.
- Local target of 40% eligible referred not met (Q1 18% referred, Q2 18% referred) therefore there are approx. 80% of eligible women not being referred. It may be that they have been offered referral and declined but there is no way of recording this on the system.
- Service is a 0.4WTE service therefore should referrals increase there is a risk of increased waiting times.

What next? Anticipated actions for next 2 years

- Continued improvement plan for increasing referrals and engagement with ongoing training and awareness raising sessions and social media campaign.
- Development of Gestational Diabetes (GDM) pathway in line with HLiP pathway for consistency with introduction of physiotherapist input.
- Continue to scope and explore with Obstetric colleagues' potential for metabolic clinic pathway for those with BMI \geq 50 kg/m²
- Increase reach with clinical space within other localities and areas of need.

Condom Distribution Schemes



What has been done in the last two years?

- Introduction of the Condoms by Post Service in response to standard service disruption during COVID-19.
- New partnership with local foodbanks to provide free condoms for individuals accessing these services directly.

What difference have these made?

In 2021, the team carried out a social media campaign to promote the Condoms by Post Service. Over a 7-week period, 1,472 requests were made and fulfilled with the majority of requests coming from Scottish Index of Multiple Deprivation (SIMD) 1-3 postcode areas. We asked some additional evaluation questions during the campaign 100% of those asked if this would be their preferred way to get condoms on a permanent basis, answered “yes”. We also received positive qualitative comments. The service now averages around 170 requests per month and has maintained a high level of requests from SIMD areas 1-3.

The partnership with the local foodbanks is measured more qualitatively via feedback from the volunteers and staff on site with our team and the condoms have been positively received, even within faith based settings.

How will outcomes be sustained?

The Condoms by Post Service was easily incorporated during the pandemic as condoms were not easily accessible in other areas, so in terms of time and cost, there was no issue as our focus could be shifted to the postal service. Now that our other services are fully operational again, we have had to consider some changes in terms of the number of packs per order and frequency of orders and will continue to monitor uptake to ensure it is manageable as there is no extra budget or staff time to fulfil this work.

The project co-ordinator will work a locality at a time, involving our department locality staff who have knowledge and links in their local areas. It is hoped that the process will become easier as the work continues as we will have more and more evidence of good partnership working and positive feedback from other staff and volunteers already involved.

What challenges remain?

Promotion of the service remains a challenge, our previous experience of paid for social media campaigns have been very positive and resulted in an increase in orders. However, the campaigns are expensive to run and the additional costs in products being requested make it cost prohibitive. As above, as we increase our reach and the number of foodbanks we provide condoms to, we need to cover this cost from our limited budget.

What next? Anticipated actions for next 2 years

The team will continue to offer Condoms by Post as a permanent part of the overall Condom Distribution Scheme and look at new ways of promoting the service. We are also involved in National conversations with other boards around the development of a postal testing scheme for sexually transmitted infections and the potential to also offer free condoms with these tests, which would increase demand locally, if a standard national offering cannot be put in place.

We are currently working across Clydesdale, Motherwell and Wishaw localities, with 5 foodbanks signed up to offer free condoms and information on the wider Condom Distribution Scheme and sexual health services for some of the most vulnerable in our communities. Over the next 2 years, we plan to increase the number of venues across all localities in Lanarkshire.

4.4 Developing the Workforce

Staff Health and Wellbeing Strategy



What has been done in the last two years?

- 'Your Health Matters- Your Opinion Counts' Staff Engagement Programme- implemented in April 2022 to allow staff the opportunity of reporting on what helped them manage their health and wellbeing during the previous 12 months. This platform also encouraged staff to consider what supports they would want to have in place going forward and to inform the Staff Health and Wellbeing (SHWB) strategy.
- The SHWB Strategy launched in November 2022 as a platform to ensure good health and wellbeing is at the core of the organisation and is everyone's responsibility.
- https://www.NHS Lanarkshireanarkshire.scot.nhs.uk/download/staff-health-wellbeing-strategy/?wpdmdl=48788&refresh=639c6bc22e62e1671195586&ind=1667907541132&filename=Staff-HWb-Strategy-A4_online_v3-1.pdf
- SHWB week (31 October – 4 November 2022) -the week was implemented to further support staff to manage their health and wellbeing and also offered a platform to launch the NHS Lanarkshire Staff Health and Wellbeing Strategy (2022-2025).

What difference have these made?

The findings from the Staff Engagement Programme contributed to the sessions that were implemented as part of SHWB week as well as informing the content of the SHWB strategy.

The SHWB Strategy outcomes will be reviewed in 12 months. The measures that are being monitored over the next year are:

- iMatter / Referrals to support services (Salus Staff Support, Staff Care and Wellbeing and Psychological Staff Support Service)/Workforce data.

- Attrition rates/Supplementary staffing/ Staff Engagement opportunities collating both quantitative and qualitative feedback from staff on their perception of staff health and wellbeing.
- ‘Your Health Matters –Your Opinion Counts’ engagement programme/Town Hall (virtual) Staff Health and Wellbeing week/Safety Culture Cards/Your Health Matters webpage analytics.

Evaluation of SHWB week is being finalised and will be circulated early 2023.

How will outcomes be sustained?

Outcomes will be reported to the SHWB Strategic group for discussion and review.

What challenges remain?

- Continuing to engage with staff recognising that capacity to do this will have limitations due to the current workforce climate.
- Consideration of different options to support staff to effectively manage their own health and wellbeing where possible with a focus on the ‘harder to reach’ staff groupings.
- The importance of staff health and wellbeing at work being a top priority for NHS Lanarkshire senior leadership team and ensuring SHWB is everyone’s responsibility.

What next? Anticipated actions for next 2 years

The Staff Health and Wellbeing Action plan is being drafted.
It is anticipated that it will be approved by the SHWB Strategic group early in 2023.

Employability



What has been done in the last two years

NHS Lanarkshire has provided paid work placements, for six months as part of the 'Kickstart' programme, which is aimed at under 25 year olds to enable them to build their transferable skill set, knowledge and confidence.

NHS Demonstrator Programme aimed at over 25 year olds who had been unemployed for over 12 months, NHS Lanarkshire provided paid work placements for 6 months to help build skills, knowledge and confidence.

Foundation Apprenticeships: Introduced Foundation Apprenticeships into the organisation for Social Services & Health care and Business Skills, fifth year school pupils have a work placement in NHS Lanarkshire one day a week during the academic term, this helps them understand the workplace whilst completing modules towards an apprenticeship. This is an attraction tool to encourage these young people to look at NHS as a career option.

What difference have these made?

In some cases, these opportunities have changed people's lives by bringing them into the workplace and supporting them to work independently and to be able to bring more income into the home.

The Foundation Apprenticeship's will help towards building a future workforce for NHS Lanarkshire.

How will outcomes be sustained?

By continuing to engage with these types of programmes and committing to funding the paid aspect of the programmes.

By having an infrastructure in place to support such activity.

What challenges remain?

Funding for infrastructure has now been confirmed for 2 years. However, funding from Board/SG for paid placements for those furthest from the job market is still to be secured. Also, commitment from service to recruit Modern Apprentices

What next? Anticipated actions for next 2 years

We plan on developing a Modern Apprenticeship Programme to attract more young people to work in NHS. There would also be a lot more school activity to attract young people to the NHS and assist with future workforce planning.

International Recruitment



What has been done in the last two years

Scottish Government devolved responsibility to the territorial boards to recruit Nursing, Midwives and Allied Health Professionals (NMAHP) with targets set for 2021/22, 2022/23. We recruited an International Recruitment Manager and administration support for this area of work. In addition, 1.6 whole time equivalent practice education facilitators were recruited to support the nurses through the Objective Structured Clinical Exam (OSCE) training required to join the Nursing and Midwifery Council register.

To date latest numbers as January 30 Adult nurses, 1 Physiotherapist and 1 Radiographer have joined NHS Lanarkshire.

We are expecting The next cohorts will arrive in April and July 2023. Pastoral support has also been put into place for these individuals.

What difference have these made?

An intense training programme has been put in place to support the nurses to pass their OSCE (100% pass required). To date everyone has passed and we are currently waiting December 22 results.

These Nursing, Midwifery and Allied Health Professionals have been able to fill vacancies across our Acute sites.

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How will outcomes be sustained?

These outcomes will be sustained by ensuring we keep these individuals in post and provide support when required as we would do with any other staff member.

What challenges remain?

Part of the package is to provide 12 weeks' accommodation for these individuals to settle in when they arrive whilst they are preparing to pass OSCE training. NHS Lanarkshire have limited access to accommodation provision. If we had more we could recruit more International Nurses, Midwives and Allied Health Professionals to help relieve further vacancy pressures on the organisation. The funding package would also need to be available to support them arriving into Scotland.

What next? Anticipated actions for next 2 years

Review the projected workforce gaps and determine where International recruitment could be of benefit, then consider the funding and infrastructure required to support this. Whilst this has been a focussed piece of work lead by Scottish Government, International recruitment has always existed within NHS Lanarkshire most apparent within the medical job family.



What has been done in the last two years?

We have actively targeted members of the staff equality networks to raise awareness of and encourage applications to leadership programmes and sessions offered by NHS Lanarkshire. This was delivered through the Organisational

Development Leadership training team presenting at EMEN meetings and through targeted articles in EMEN newsletters.

Current Leadership programmes:

- The 6 Critical Practices for Leading a Team - This programme has been designed to assist new Managers to help them excel in tough and demanding roles. It contains a collection of carefully selected content focusing on mind-set, skills and tools to provide new Managers with relevant and practical resources to use day to day.
- The 7 Habits of Highly Effective People - This programme equips existing Managers with the skills, knowledge and behaviours necessary to cope with leadership challenges and empower them to lead with character and integrity. This leadership programme is unique in that it is not just about what leaders do but also about who leaders are.
- The 4 Essential Roles of Leadership - This programme is aimed at Senior Managers and explores the four essential roles of leaders: Inspiring Trust, Create Vision, Execute Strategy and Coach Potential, which lay the foundation for effective leadership.

Leadership programmes are further supported by:

- 'Leadership Thinking Newsletter' NHS Lanarkshire's monthly newsletter directing leaders to handpicked materials designed to challenge leadership thinking on a range of relevant topics such as Resilience as A Leader, Managing Wellbeing as A Leader, Collaborative Leadership, Psychological Safety plus more.
- Leadership Thinking Lunchtime Club Monthly sessions focus on different aspects of Leadership and encourages participants to share their ideas and best practice. Group discussions focus on the monthly newsletter containing materials on '*Something to read, something to do and something to watch*' leadership content.

What difference have these made?

The number of people who have accessed our learning and organisational development offerings from the EMEN and LGBT+ staff networks has been noted by those managing our programmes.

Participants from all programmes and sessions have provided feedback on the impact our leadership programmes had on their work and personal lives.

The Leadership Thinking Lunchtime Club has been facilitated to embed inclusion through the use of diversity scenarios in learning activities which has resulted in positive feedback received from attendees.

How will outcomes be sustained?

We will continue to promote learning and organisational development programmes through the staff equality networks and will analyse feedback to ensure these programmes meet the needs of our staff members to enhance their leadership and management skills.

Future learning and development course development will have a 'golden thread' of equality, diversity and inclusion interwoven to ensure scenario based exercises, case studies and discussions are inclusive of minority communities and those with protected characteristics, and equalities are embedded across all learning.

What challenges remain?

Encouraging awareness of, application to and attendance of under-represented minority groups at learning and organisational development offerings may present a challenge as promotion is mainly through our staff equality networks and their newsletters. Those who are not part of these networks may be missed so we will continue to adapt how we promote opportunities to staff from under-represented groups in response to emerging knowledge and feedback.

What next? Anticipated actions for next 2 years

Protected characteristics of attendees are not recorded in Learning and Organisational Development but more detailed information on the demographics of all staff attending training is available in the workforce data later in this report which will enable us to compare data every two years.

We will continue to work with all staff groups to encourage participation and use feedback to ensure these programmes meet the needs of our staff members to enhance their leadership and management skills through measurable outcomes.

5. Equality Outcomes

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 stipulated that all Health Boards across NHS Scotland were required to develop and publish a set of equality outcomes to further one or more of the three needs of the Public Sector Equality Duty (PSED). The purpose of the specific duties in Scotland is to help public bodies, such as NHS Lanarkshire, in their performance of the PSED.

Due, to service pressures and limitations brought on by the Covid-19 pandemic NHS Lanarkshire only developed and published two Equality Outcomes in 2021, with a commitment to publish new equality outcomes in 2023.

The Equality Outcomes published in 2021 were:

- Equality Outcome 1: Near Me: To provide an alternative method of patient care that increases the ease of access for all patients in Lanarkshire.
- Equality Outcome 2: Staff Equality Networks: To provide a safe and supportive environment for staff to discuss issues relating to a particular protected characteristic.

The two-year update on the progress on these outcomes are documented below.

As part of development of NHS Lanarkshire's Equality Strategy 2021-25 two further Equality Outcomes were developed are being published to complement existing ones in 2023. These are

- Equality Outcome 3: Healthcare needs assessment of resettled populations in Lanarkshire: In partnership with public health and other key partners, design and undertake a holistic Health Needs Assessment (HNA) of the resettled population in Lanarkshire in order to inform a plan of health care delivery and health improvement.
- Equality Outcome 4: Greenspace and biodiversity: To protect, preserve, and enhance NHS Lanarkshire greenspace and ensure it is biodiverse and accessible to staff, service users, and the wider community.

5.1 Equality Outcomes 1 & 2: Update Reports. April to December 2022

Equality Outcome 1: Near Me



What has been done in the last two years?

Near Me is NHS Scotland's secure video consultation solution enabling patients, families and/or carers to have the option of virtual appointments with NHS Lanarkshire clinicians.

During the COVID-19 pandemic services were unable to provide face to face consultations and there was a rapid rollout of Near Me across NHS Lanarkshire. The number of Near Me consultations in NHS Lanarkshire reached a peak of 10,235 consultations in March 2021 at the height of the pandemic however as services entered recovery phase usage has decreased to an average of 3,500 consultations in 2022. In total 185,800 Near Me video consultations took place between March 2020 – November 2022.

YouTube Link: <https://youtu.be/L7-20V0gyHM>

Near Me has been used across Primary, Secondary, Mental Health, Social Work and Third Sector organisations to sustain care and support to patients. Psychology and mental health are the biggest users of Near Me in NHS Lanarkshire with 34,000 individual consultations carried out in 2021. This decreased to 24,000 individual consultations in 2022 to November 2022 however these services also carried out 1000 group consultations with a total of 3,800 participants in this time period.

Information leaflets for callers have been translated into 31 languages.

What difference have these made?

Benefits identified by patients during Near Me end of call survey with 24,500 respondents Dec 2021-Oct 2022:

- Don't have to travel to appointments.
- Saved time and money.
- Less chance of infection.

- Don't have to take so much time off work or change my usual activities.
- Feel more relaxed and find it easier to explain my situation.
- Improved access to services.
- Easier to have relative or carer join the consultation.

How will outcomes be sustained?

- Community Near Me resources will be set up in third sector and community facilities across Lanarkshire. These Near Me resources will be bookable, free of charge, private spaces supported by the resource staff.
- The Technology Enabled Care team will:
 - monitor the number of Near Me consultations and patient evaluations monthly and support services to increase usage.
 - provide on-going Near Me training for staff in a range of formats including in person, MS Teams and online and
 - increase public awareness of Near Me by in person information sessions, social media, public facing websites.

What challenges remain?

Challenges identified by survey of 26 clinicians from 5 specialties in University Hospital Monklands (2022):

- Clinician preference on consultation type.
- Uncertainty about when video consultations should be used.
- Clinician perception that patients prefer face to face or telephone consultations.
- No suitable private space for consultation.
- Don't have suitable equipment or Wi-Fi connection.
- Perception that patients don't have suitable digital devices or connectivity.

What next? Anticipated actions for next 2 years

Priorities:

- Work with services to identify opportunities to embed Near Me into service design.
- Digital inclusion: work with third sector organisations and other community resources to develop a network of community Near Me facilities.
- On-going training and education for staff and patients.
- Work with interpretation service and national TEC team to identify the number of video consultations using interpretation and BSL interpretation support.

Work with interpretation service to review available information and resources to ensure it is accessible to the widest range of citizens.

Equality Outcome 2: Staff Equality Networks.

What has been done in the last two years

In response national guidance, NHS Lanarkshire has established three staff networks to provide a safe and supportive environment for staff to discuss issues relating to a particular protected characteristic which are at various stages in their development:

- Ethnic Minority Employee Network (EMEN).
- LGBT+ network.
- Disability network.

What difference have these made?

Ethnic Minority Employee Network (EMEN):



The EMEN was launched in February 2021 and currently has 335 members.

It provides a space where staff from ethnic minorities are able to discuss issues they face and identify network actions that can be taken to address these or link into appropriate directorates to support them.

EMEN meetings are held quarterly with an average of 30-40 members in attendance.

Over the last two years, 16 speakers have been invited to speak on issues pertinent or of interest to the members, speakers have included:

- Neena Mahal, previous Chair of NHS Lanarkshire on 'Her leadership journey as an Ethnic Minority (EM) woman'.
- Lesley McDonald, NHS Lanarkshire Board Whistleblowing Champion.
- NHS Lanarkshire Quality Directorate – reporting racist and other hate crime incidents against staff.
- British Medical Association (BMA) – experience of racism by BMA ethnic minority members survey results.

To maintain on-going engagement with members unable to attend meetings, EMEN has published 4 newsletters which reflect key activities and areas of focus for the network.

The EMEN has also been accessed as a consultation platform for a number of projects which include:

- Staff health and wellbeing strategy.
- Datix (motivated incidents against staff) reporting.
- Digital Strategy.
- International Nurse Recruitment.
- International Medical Graduate mentorship.

The EMEN was central to promotion and distribution of the NHS Scotland inclusive pride badge, highlighting EM and LGBT+ intersectionality, which saw almost 2,000 badges distributed amongst staff.

Lesbian, Gay, Bisexual, Transgender Plus (LGBT+) Network:



The LGBT+ network was launched in February 2022 and currently has 43 members.

Its executive committee was agreed in November 2022 and it is anticipated that this vital step will generate momentum in forming an action plan.

The LGBT+ network has hosted a number of speakers including:

- NHS Lanarkshire Board Whistleblowing Champion.
- Equality and Diversity Team on 'Active Bystander' programme.
- NHS Lanarkshire Quality strategy engagement.
- This highlights the collective focus of the individual networks and how key drivers are intersectional across the protected groups.

Tabled agenda items included the use of gender pronouns in electronic signatures, promoting network membership, NHS Scotland inclusive pride badges and recognising key LGBT+ calendar dates.

In addition, the network has connected with the Scottish LGBTI Police Association to share best practice and learning and it is hoped that it will link with wider NHS LGBT+ networks as it develops.

Disability Network

The Disability network was launched on 31st October 2022.

The network was established following a staff survey which received 115 responses and overwhelmingly confirmed the desire for a disability network which currently has 86 members.

Network meetings will be held quarterly and it is hoped an executive committee will be established in the early part of 2023.

How will outcomes be sustained?

Network Support

- NHS Lanarkshire has named Board and Corporate Leads to support and champion the networks.
- Evidenced its support for Employee networks with a creation of a post to support the establishment of new networks, their co-ordination and ongoing work.
- The employee networks are a part of NHS Lanarkshire's Equality Strategy 2021-25.
- Network Executive groups are supported by the Organisational learning and development team with sessions to enable effective team working and planning.
- NHS Lanarkshire Senior Team have agreed protected time allocated for employees to attend network meetings identifying that they be members of more than one group.
- They have also agreed protected time for network executive group members to attend committee meetings and key actions.
- Named contacts have been identified in key employment/support areas: Human Resources and Occupational Health.

Action Plans

EMEN has a robust 3-year action plan (2021-24) that supports its work and identifies future development areas and direction. The action plan is steered by NHS Lanarkshire's statutory obligations under The Equality Act 2010. The action plan has been shared with a number of Boards across Scotland and has been recognised as an exemplar of good practice and will be used as a basis for the action plans of our other networks.

The LGBT+ & Disability staff networks will be supported to develop and implemented their actions respectively.

Consultation

The employee networks have been identified as key consultation groups and have already been accessed to gather feedback on a number of key NHSL strategies

and policies. The Networks will continue to be platforms for local and national consultations.

Wider Networks

The work of the EMEN extends outside of geographical boundaries as its Chair and vice-chair are members of the Scottish Government National Ethnic Minority Forum influencing National strategies and practice.

The post which supports NHS Lanarkshire employee networks is a member of the national NHS Staff Networks Co-ordinators group – to support sharing of good practice and resources.

It is anticipated that LGBT+ and Disability network chairs will sit on emerging National forums.

What challenges remain?

- Workforce and organisational pressures directly impact ability of members to attend the networks but the Board's continuing support of the networks is seen as a positive driver.
- Engagement with members unable to attend meetings has already been identified as a challenge however the EMEN produces regular newsletters to keep its members informed, share ambitions, opportunities and outcomes.
- Building staff trust in effectiveness of networks and benefits of membership will continue to be a challenge – this has been particularly identified as a key challenge across all networks.
- Encouraging membership, engagement and attendance to network meetings will be an on-going challenge. However, evidence that the networks have a positive influence on workplace culture, inclusion and recognition will hopefully address these.
- Changing local and national priorities/landscape may affect how the networks are view, respected and appreciated but we are confident NHS Lanarkshire is an exemplar for driving forward the equalities agenda and will address and challenge these as these change.

What next? Anticipated actions for next 2 years

- On-going development of the staff networks is a key action for the Equality and Diversity Team, with additional support for the newer LGBT+ and Disability networks.
- It is envisioned that all three networks executive groups will begin working collectively in identifying shared/intersectional outcomes as they evolve and strengthen.

- It is anticipated that all the networks will initially produce their own newsletters but it is anticipated that these will come together as a joint multi-networks newsletter which reflects key activities and areas of focus.
- We will continue promotion of the networks to all staff through staff communication channels.
- Continued membership of the National Ethnic Minority Forum by the EMEN Chair and the LGBT+ and Disability Network Chairs will join any new National forums.

5.2 NHS Lanarkshire Equality Outcomes 2023 – 2025



Equality Outcome 3: Healthcare needs assessment of resettled populations in Lanarkshire - In partnership with health Improvement and other key partners, design and undertake a holistic Health Needs Assessment (HNA) of the resettled population in Lanarkshire in order to inform a plan of health care delivery and health improvement.

If working in partnership outline which organisation this outcome is for.

NHS

Local Authority

H&SC Partnership

Third Sector

College / University

Other

Please state:
Other Community
Planning Partners

The aspects of the General Duty met:

- Eliminate unlawful discrimination, harassment and victimisation.
- Advance equality of opportunity.
- Foster good relations between people.

Protected Characteristic covered: Age, race, religion or belief, gender reassignment, disability, pregnancy/maternity, sex and sexual orientation.

Context and Evidence:

The UK Government has made a commitment to resettle refugees from various countries via the United Kingdom Resettlement Scheme (UKRS), and to provide Afghan Locally Employed Staff (LES) and their families with resettlement in the UK. The Scottish Government (SG) in conjunction with COSLA has made a continued commitment to support the UKRS, resettle some of the Afghan families and to take a proportionate number of the UASC.

In response to the crisis in Ukraine, the SG and COSLA have indicated their commitment to support Ukrainian people coming in to live with relatives and friends, via the Homes for Ukraine scheme or The Scotland Super Sponsor scheme.

In December 2021 the Home Office and MEARS established an emergency contingency accommodation for single male asylum seekers at an hotel in East Kilbride. The UK Government has recently indicated that as part of the widening Asylum Dispersal Strategy, most areas in the UK will be expected to participate in supporting the arrivals and integration of people seeking asylum.

In summary the current situation is that there are various groups of people coming to settle in Lanarkshire, who will require healthcare and support.

Resettlement is an evolving picture and as well as having a response team to quickly mobilise and coordinate activity in support of the health and social care needs of resettlement cohorts residing and arriving, a population health programme is also required to reduce health inequalities and improve health and wellbeing in the medium and longer-term.

In partnership with public health and other key partners, a holistic Health Needs Assessment (HNA) of the resettled population in Lanarkshire (recognising that this is not static) will be designed and undertaken in order to inform a plan of health care delivery and health improvement.

The HNA will be utilised to inform the development and implementation of a *Lanarkshire Resettlement Population Health Plan* incorporating health care, public health and health improvement activity which responds to the varying health needs of this heterogeneous population.

Why are you setting this outcome?

1. To deliver on the UK Government's Home Office Resettlement Policy and associated schemes.
2. To ensure that Lanarkshire's Resettlement Population have access to appropriate healthcare and support that optimises their health and wellbeing potential.
3. To reduce an escalation of ill health through prevention programmes that respond to the needs of varying cohorts of settled or incoming people.
4. To mitigate against the impact of health inequalities for the resettled population.

To inform prioritisation of Public Health, Healthcare and Health Improvement activity and use of multi-agency resources.

Measures/Indicators:

1. Fund and recruit a Senior Health Promotion Officer for the Resettlement Programme.
2. A HNA Steering Group with all key partner stakeholders established with terms of reference.
3. HNA tool identified and tailored.
4. HNA undertaken, report written and disseminated.

Evidence of recommendations and actions progressed.

Lead Area: Health Improvement

Link to Local and National Priorities:

<https://www.gov.uk/government/publications/resettlement-policy-statement>

<https://www.gov.uk/guidance/afghan-citizens-resettlement-scheme>

Link to local and national priorities: Scottish Government: Everyone Matters: 2020 Vision; Workforce Framework; Implementation Plan

Equality Outcome 4: Greenspace and biodiversity - Protect, preserve, and enhance NHS Lanarkshire greenspace and ensure it is biodiverse and accessible to staff, service users, and the wider community.

If working in partnership outline which organisation this outcome is for.

NHS	<input checked="" type="checkbox"/>	Local Authority	<input type="checkbox"/>	H&SC Partnership	<input type="checkbox"/>
Third Sector	<input type="checkbox"/>	College / University	<input type="checkbox"/>	Other	<input type="checkbox"/>

Please state:

The aspects of the General Duty met:

- Advance equality of opportunity.
- Foster good relations between people.

Protected Characteristic covered: Age, race, religion or belief, gender reassignment, disability, pregnancy/maternity, sex and sexual orientation.

Context and Evidence:

There is a growing threat to public health from the current climate crisis. If left unabated, these impacts will have negative consequences for the health and wellbeing of our communities, with those from more deprived communities most at risk and more likely to suffer health consequences.

We recognise that we can positively contribute to local areas in many ways beyond providing healthcare. NHS Lanarkshire's estate provides diverse greenspace resources for both people and wildlife and these natural environments form the foundation of a healthy environment.

Our outdoor estate is a valuable and under-used asset. If planned and managed well, it can make a significant contribution to the physical and mental health and wellbeing of our staff, patients, visitors and local communities.

The Lanarkshire Green Health Partnership (LGHP) was formed in April 2018 and is helping to connect health & social care with nature. Lanarkshire is rich in greenspace, parks and nature but this has historically been an underused asset. We are aiming to raise awareness and confidence of the workforce and community to access, promote and utilise our green health spaces.

Additionally, the LGPH is supporting work to increase active travel opportunities by improving the infrastructure within our sites to support this.

We have already had successes in this area over the last year and have:

- Introduced therapeutic gardening sessions for our patients across a number of sites.
- A number of participants in the programme were supported to achieve the John Muir Discovery Award.
- Food growing programme introduced in University Hospital Hairmyres.
- Donations of food harvested were donated to Clydesdale food bank.
- Delivered secure cycle parking units on some sites.
- Loaned bikes and e bikes to staff for active commuting.
- Promotion of health walks through 'Get Lanarkshire Walking'

Why are you setting this outcome?

A key aim of the Lanarkshire Green Health Partnership is to enhance the NHS estates to offer therapeutic spaces for hospital inpatients, outpatients and community volunteers by providing growing sessions (led by a third sector organisation - Clydesdale Community Initiatives). This not only helps to facilitate health and wellbeing outcomes for the individuals but also increases biodiversity to the greenspaces.

- Improves the health and wellbeing of user groups:
 - Enhanced physical and mental health.
 - Increased social connectivity.
 - Improved aspirations.
 - Improved employment/voluntary opportunities.
- Innovative volunteering:
 - Affords individuals who would not normally be able to access regular volunteering with opportunities as part of their treatment pathway.
 - Improved physical activity levels.

Measures/Indicators:

- Increased use of estate by patients, staff and visitors.
- Established connections between the NHS estate, community greenspaces and wider green networks.
- Increased awareness for the benefits and opportunities of increasing greenspace and biodiversity.
- Deliver opportunities for volunteering and development.
- Greenspace management plan developed.

- Greenspace design and practice incorporated into new buildings, refurbishment programmes and programmes of work for estates teams.

These will be monitored through:

- Annual biodiversity audit.
- Reporting progress through National Sustainability Assessment Tool and the Public Sector Climate Change Duties Report.
- Staff Surveys.

Lead Area: Lanarkshire Green Health Partnership.

Link to Local and National Priorities:

This area of work links with:

NHS Lanarkshire:

- Corporate Objectives.
- Sustainability and Climate Change Strategy.
- Pillar underpinning the development of the Boards Clinical Strategy 'Our Health Together'.

National:

- Direct Letter (2021) 38 – A policy for NHS Scotland on the Climate Emergency and Sustainable Development.
- NHS Scotland climate emergency and sustainability strategy: 2022-2026.
- International: UN Sustainable Development Goals.



6. NHS Lanarkshire Board Diversity Data

The table below outlines the number of men and women who are currently members of Lanarkshire NHS Board (as at December 2022)

- Executive Directors of the NHS Board are appointed to the NHS Board by virtue of their positions as: Chief Executive; Director of Finance; Executive Medical Director; Executive Nurse Director; Director of Public Health
- Two Non-Executive Directors are appointed to the NHS Board by virtue of their positions as Chair of the Area Clinical Forum and as Employee Director / Chair of the Area Partnership Forum
- Two non-Executive Directors are nominated by the Local Authorities to serve on the NHS Board
- The remaining eight non-Executive Directors (including the Chair) were appointed through a national recruitment process overseen by the Scottish Government Public Appointments Unit

	Female	%	Male	%	Total Members
December 2022	n=9	(47%)	n=11	(53%)	20

The gender composition of the 11 Publicly Appointed Non-Executive Directors of the Board (including the Chair) at February 2023 is 3 females (27%) and 8 males (73%).

7. Workforce Data



Data definition

Due to the nature of reporting, and the differing systems used, there are variances on the equal opportunities monitoring data presented in terms of the percentage (%) of the workforce cohort being analysed, as relative denominators will vary, as follows:

- Overall workforce characteristics – data reflects all substantive staff employed as at 31st December 2022 (excluding bank staff);
- Training – data reflects all learning opportunities undertaken in the calendar year 2022;
- Leavers – data reflects all substantive post holders who left during the calendar year 2022;
- Recruitment – data reflects all applicants (for substantive and bank posts) during the calendar year 2022; and
- Employee relations – data reflects all conduct cases during the calendar year 2022.

Presentation of the data

The data is presented in six distinct sections:

- 7.1 Workforce characteristics;
- 7.2 Training;
- 7.3 Leavers;
- 7.4 Recruitment;
- 7.5 Employee relations; and
- 7.6 Equal Pay Analysis

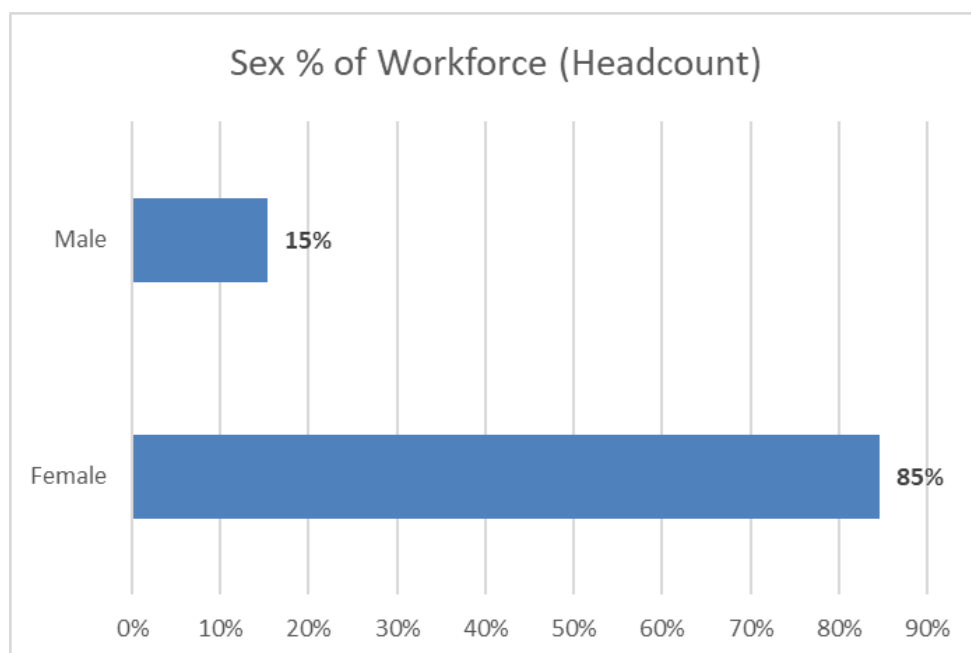
Each section provides detail on sex; disability; ethnic group, age; and sexual orientation.

The denominator relative to the subject area is detailed at the top of the page of each respective section.

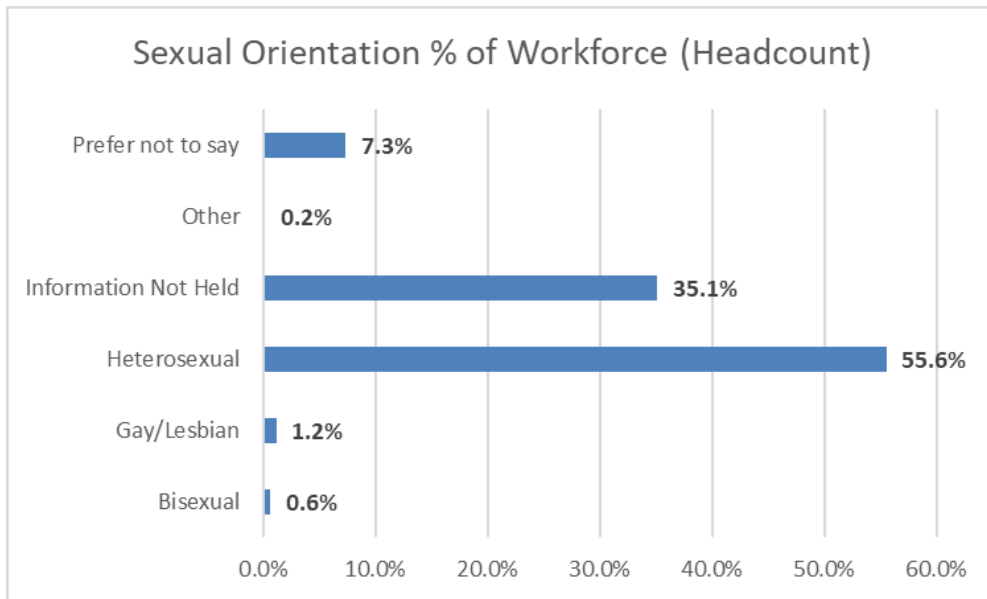
Data within the recruitment section details the proportions of staff that applied, were interviewed and subsequently were identified as preferred candidates and this is presented in a table format for all characteristics.

7.1 Workforce characteristics as at 31st December 2022: total headcount of 13,962

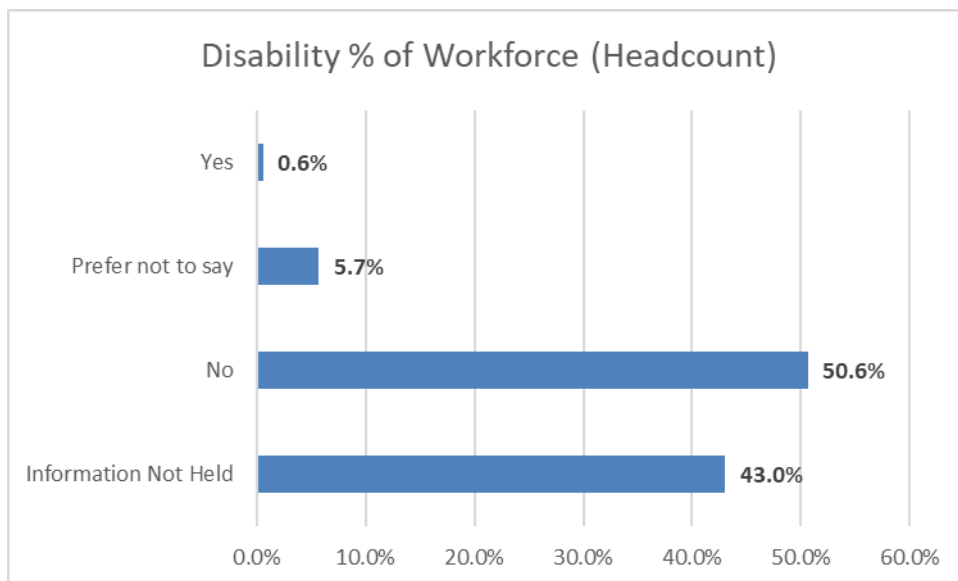
Sex of the workforce %.



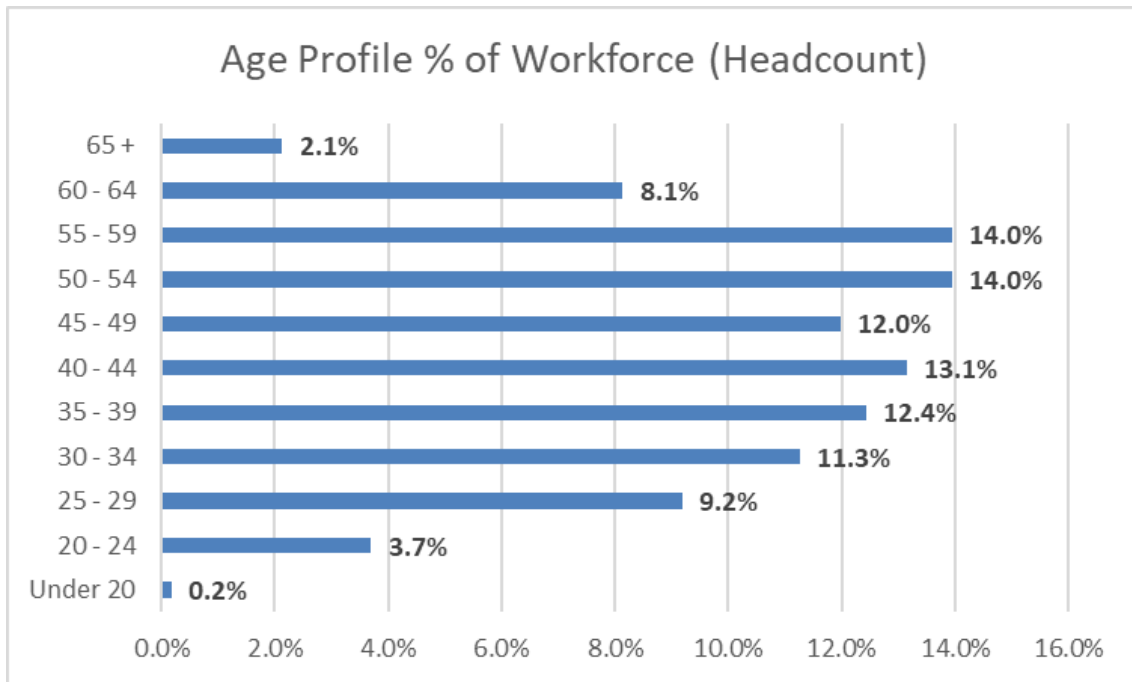
Sexual orientation of the workforce %.



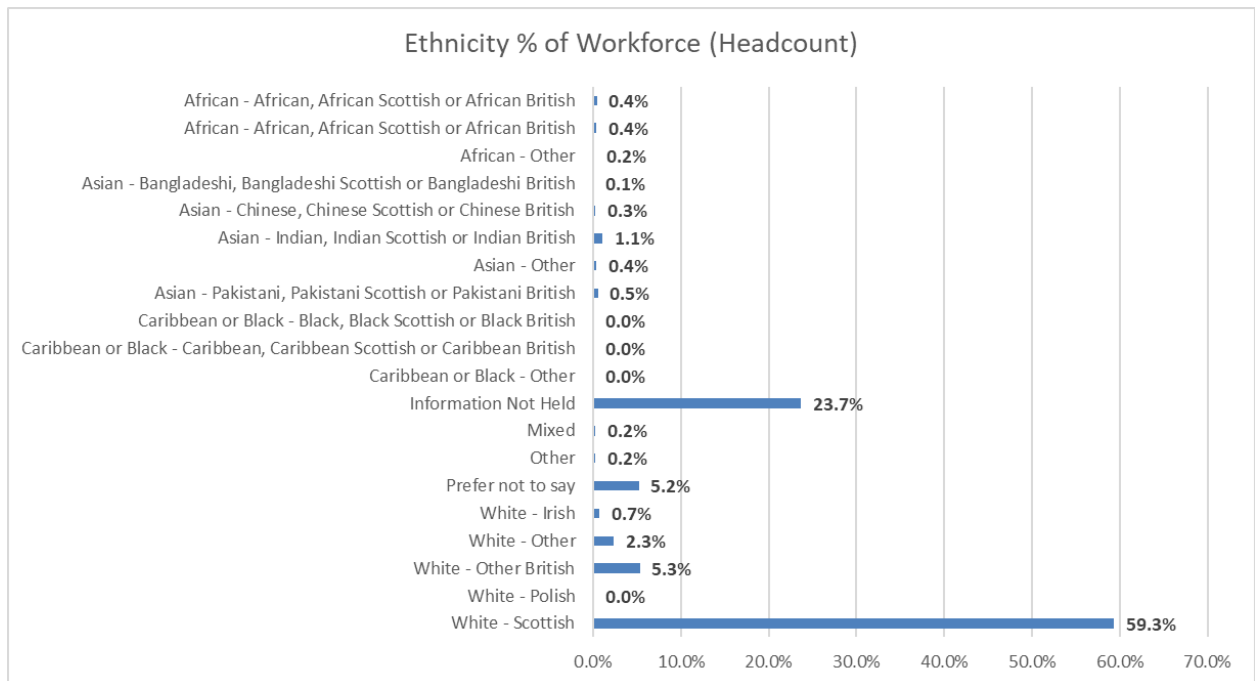
Disability declared % of the workforce.

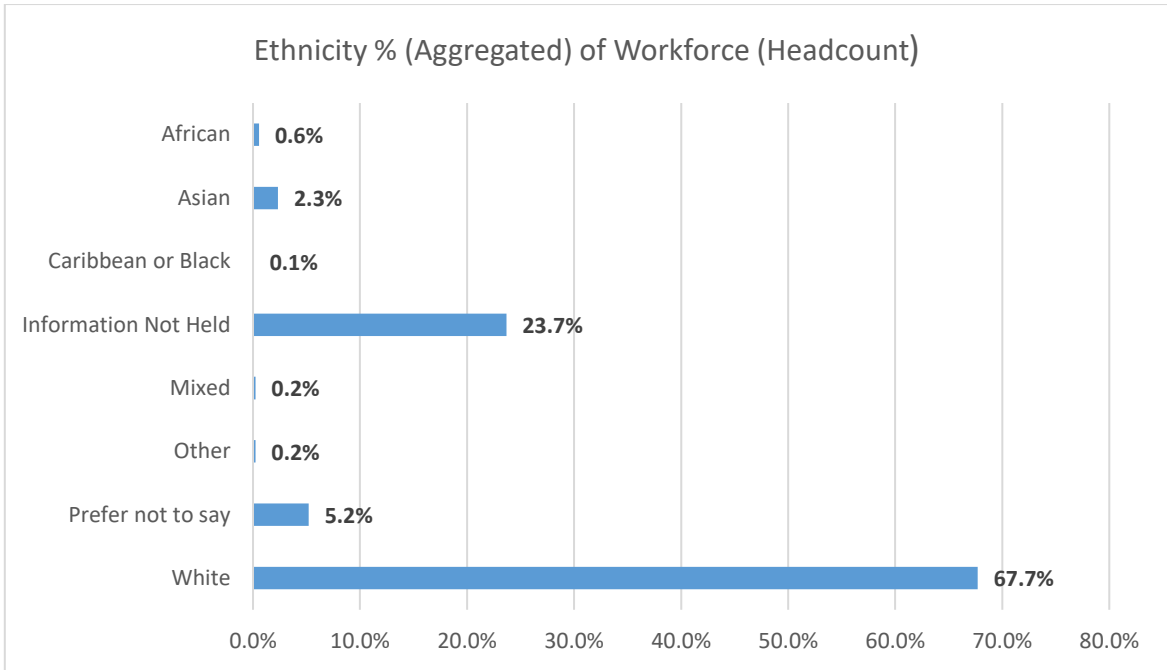


Age Profile % of the workforce.

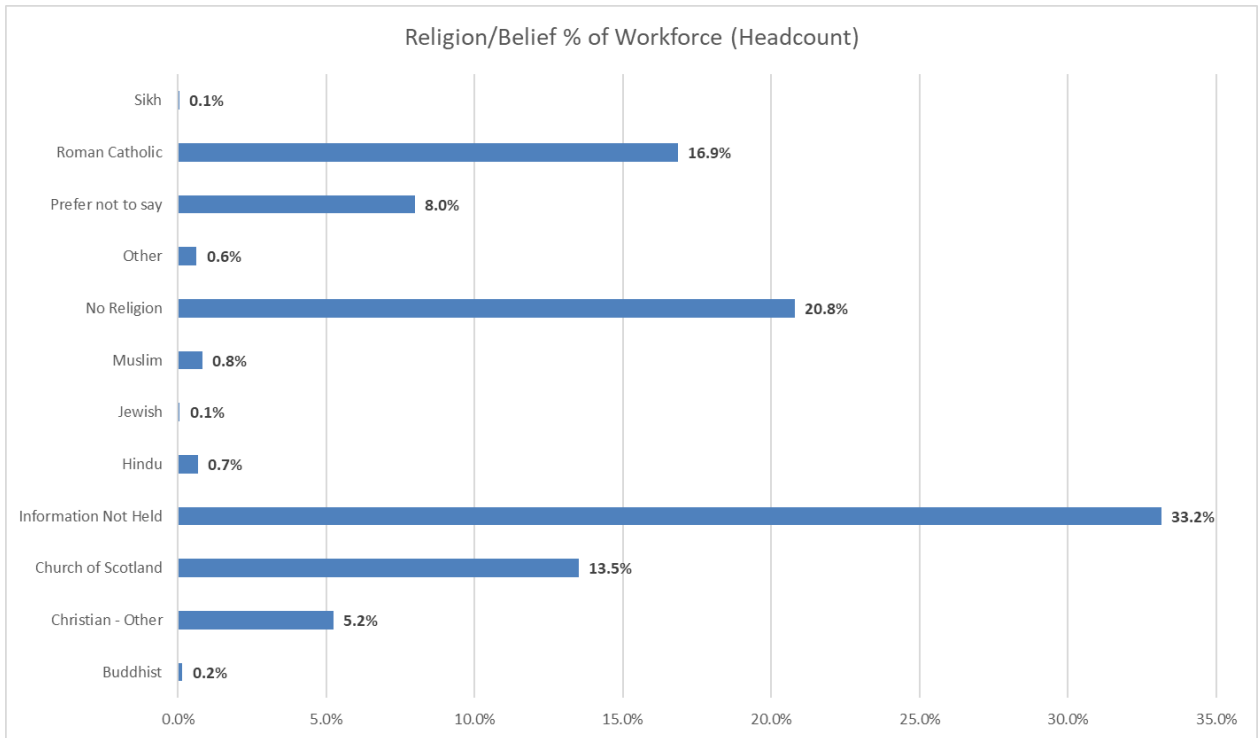


Ethnicity of the workforce %.



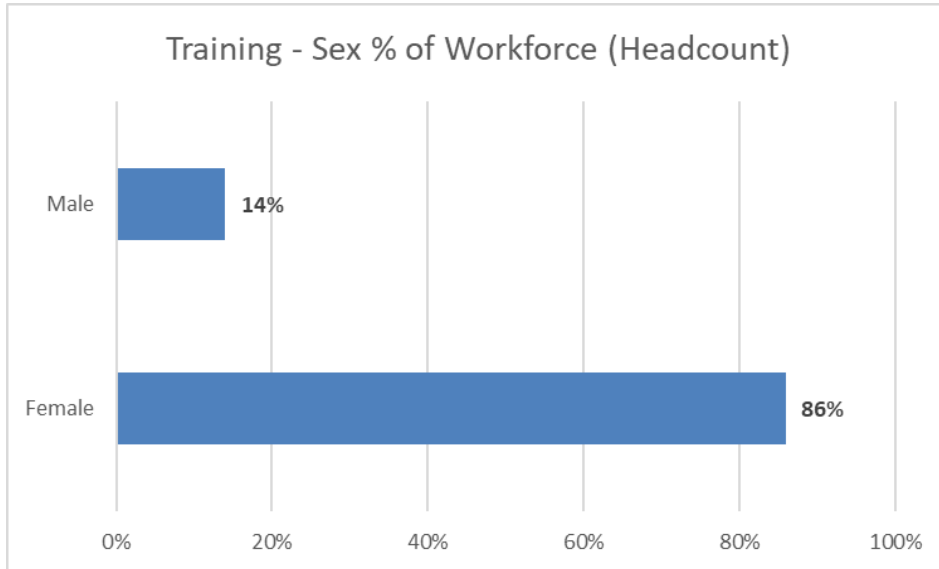


Religion/Beliefs of the workforce %.

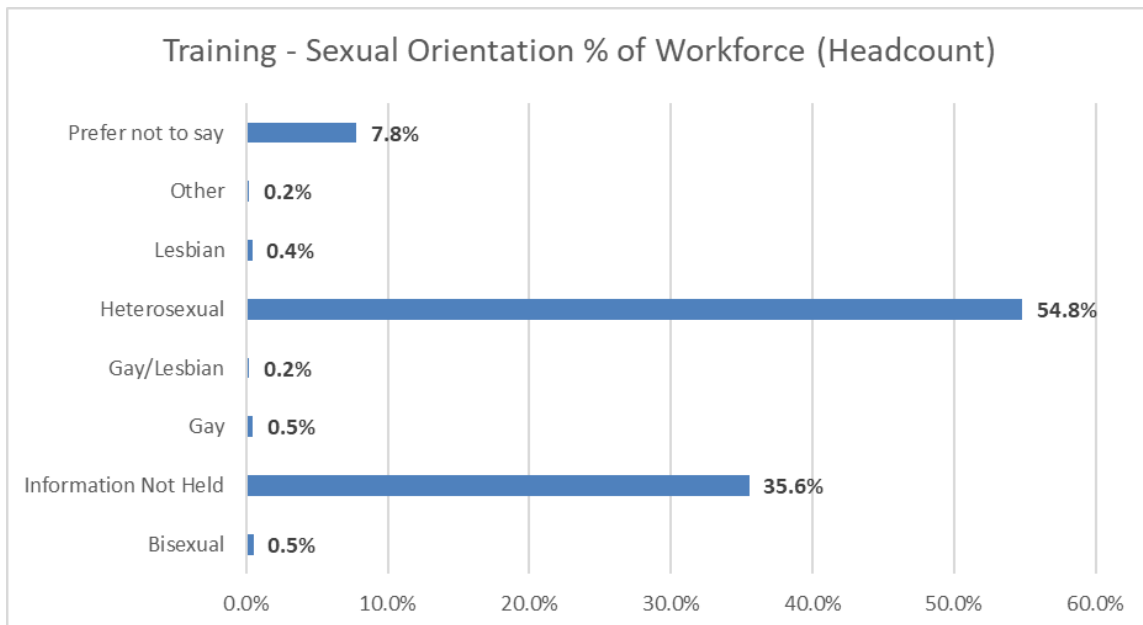


7.2 Training. 1/1/2022 to 31/12/2022, all training opportunities (inclusive of both face to face and eLearning packages) undertaken by staff: training opportunities = 179,666

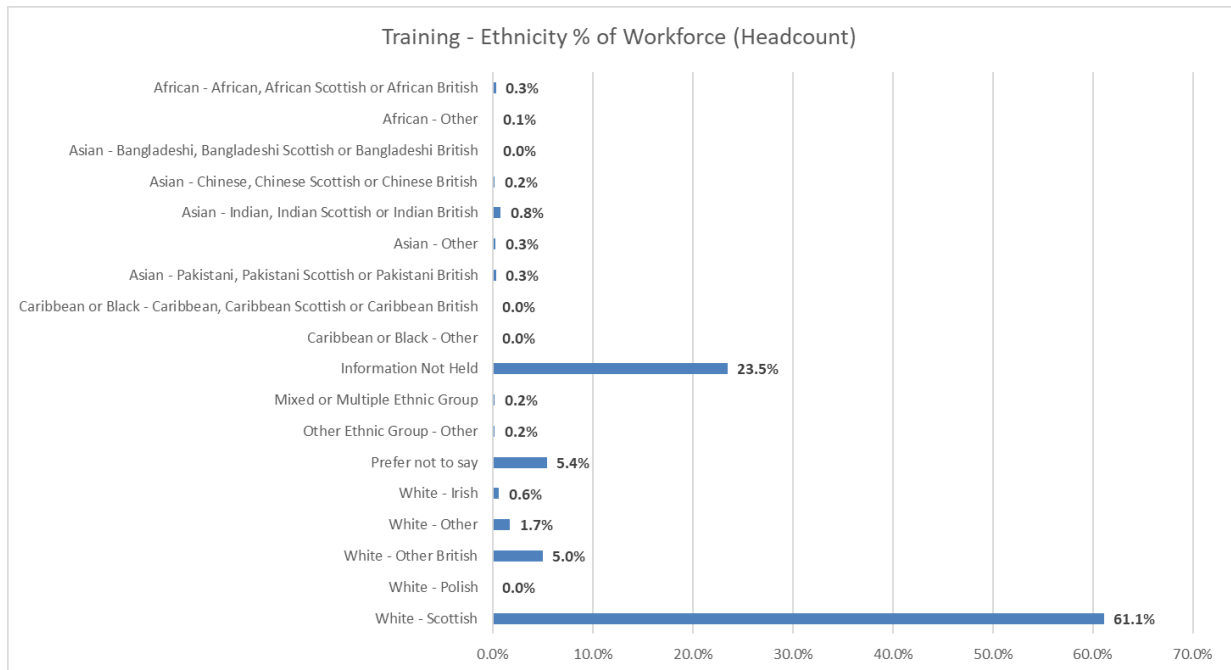
Sex %.



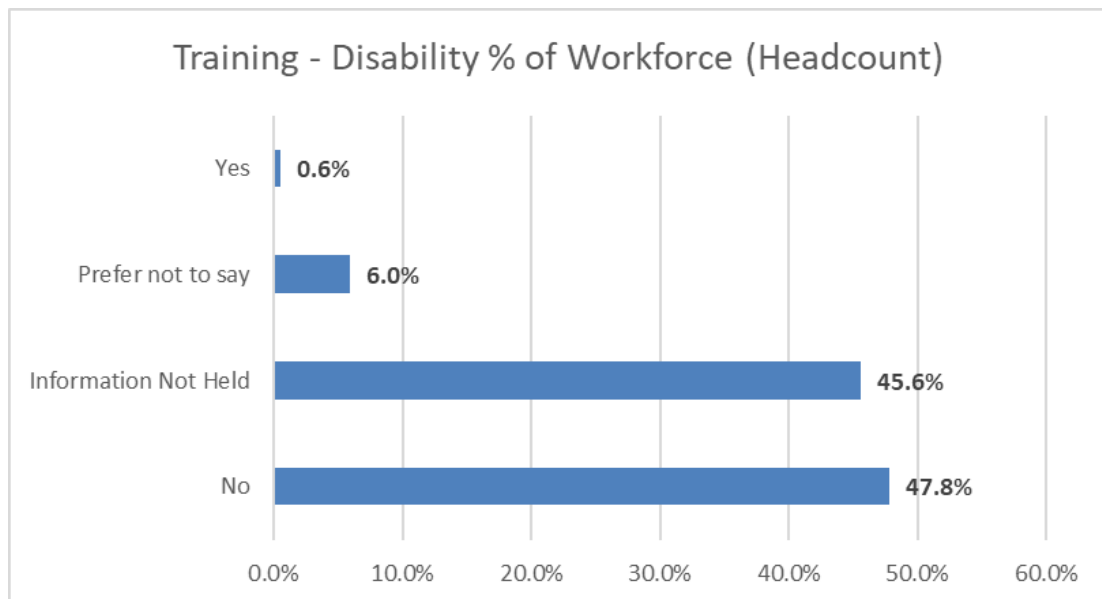
Sexual Orientation %.



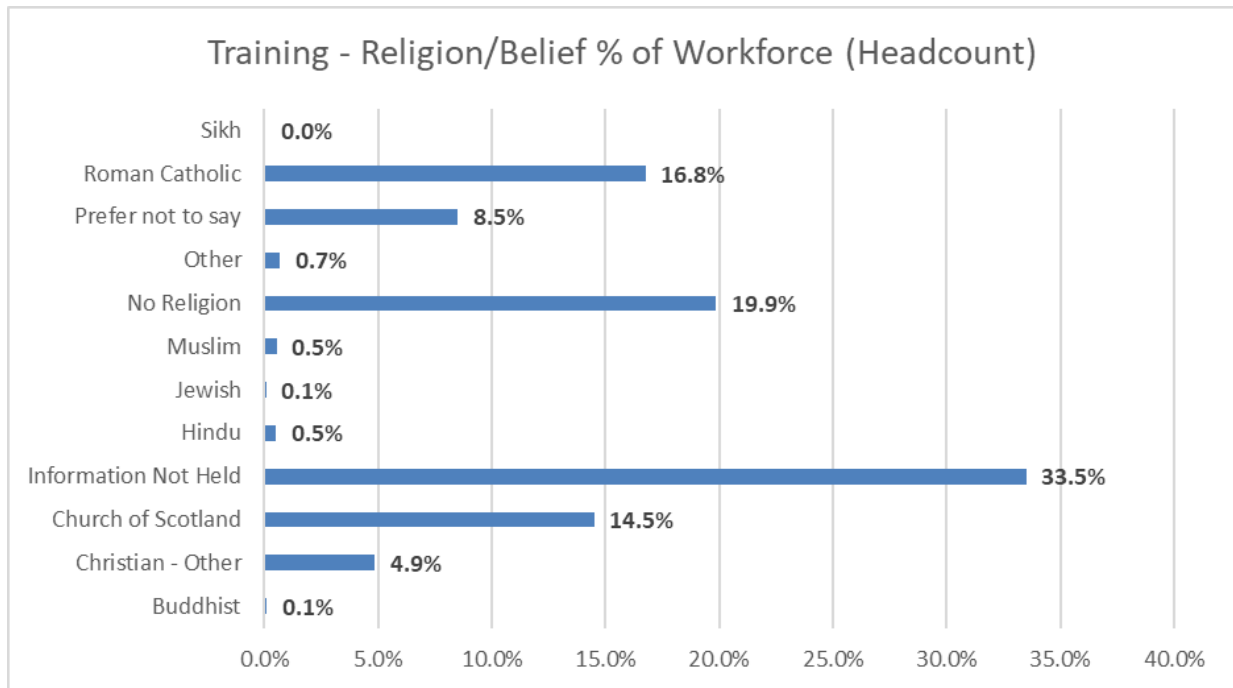
Ethnicity %.



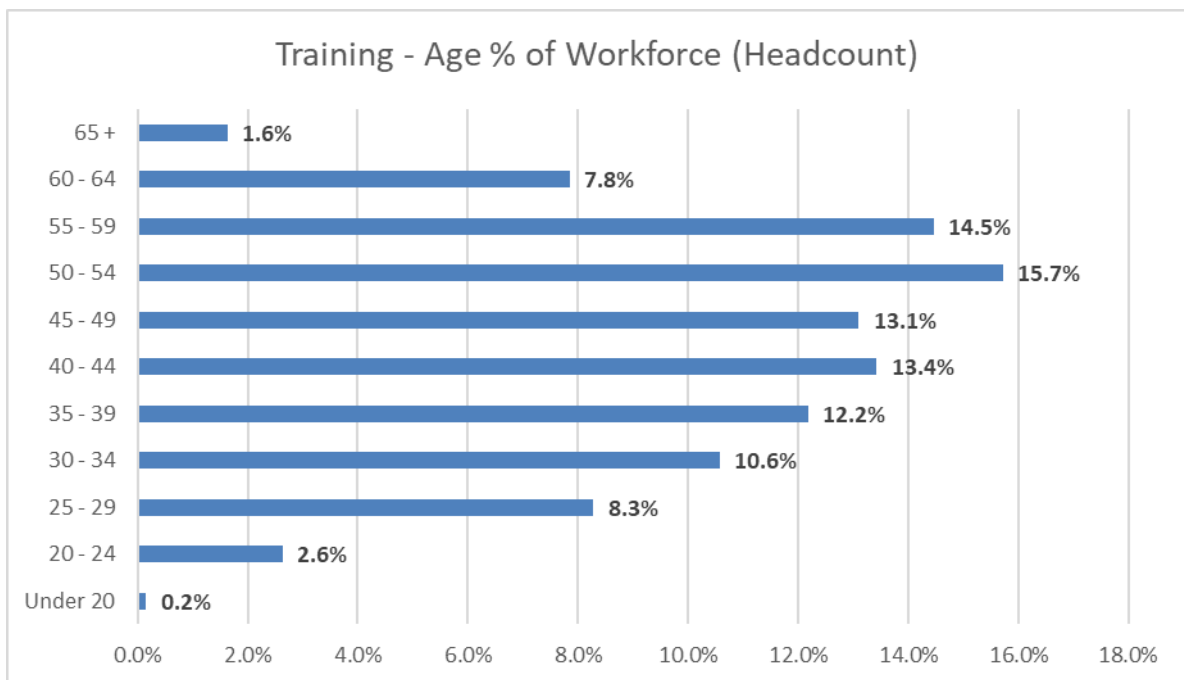
Disability %.



Religion/Belief %.

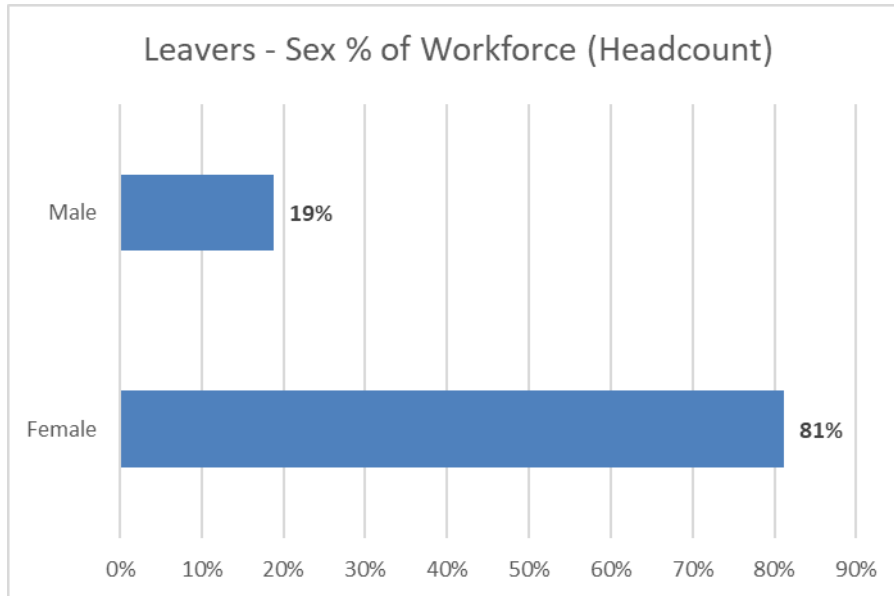


Age of Workforce %.

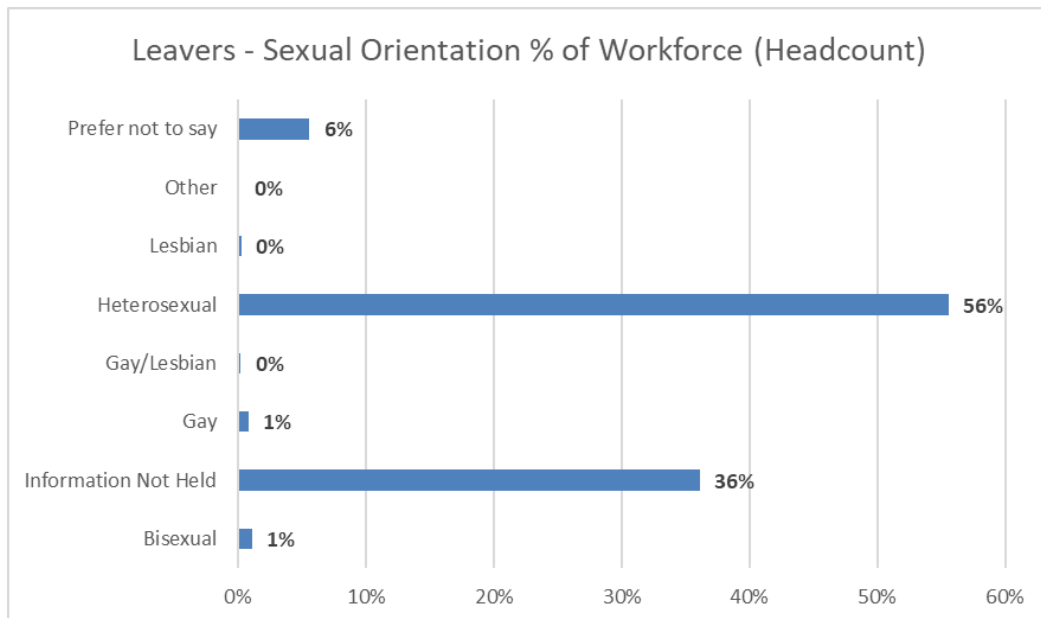


7.3 Leavers 1/1/2022 to 31/12/2022: total headcount = 2,087

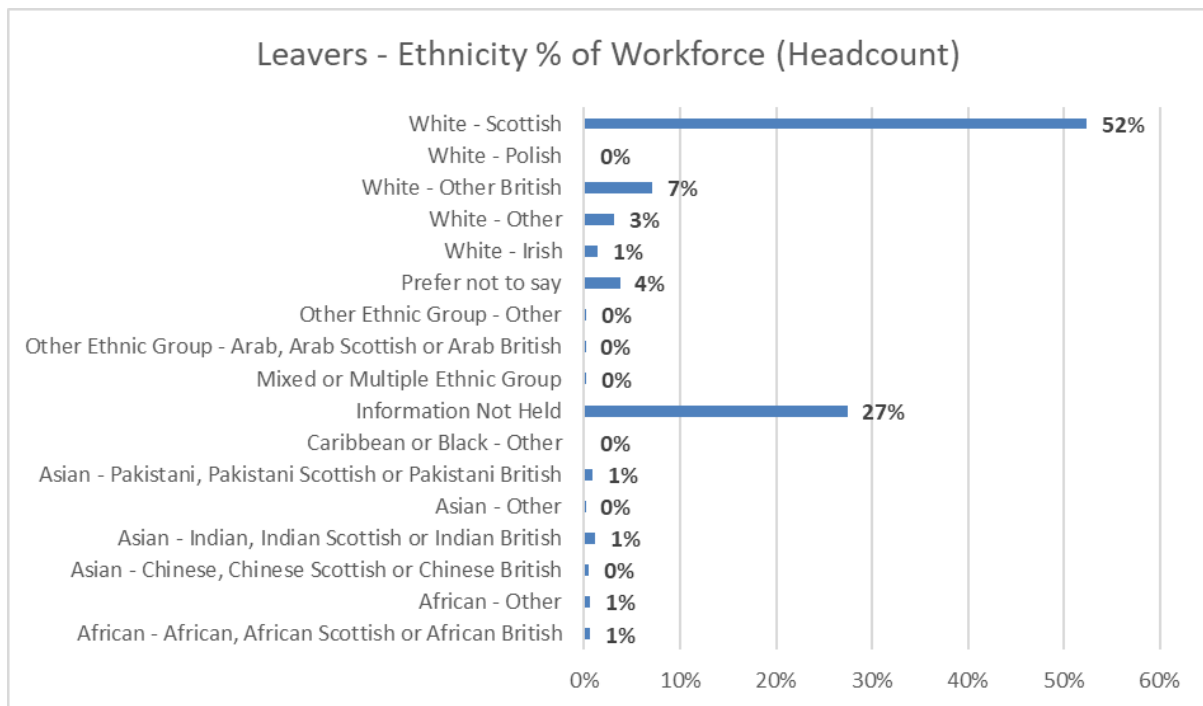
Sex of Leavers %.



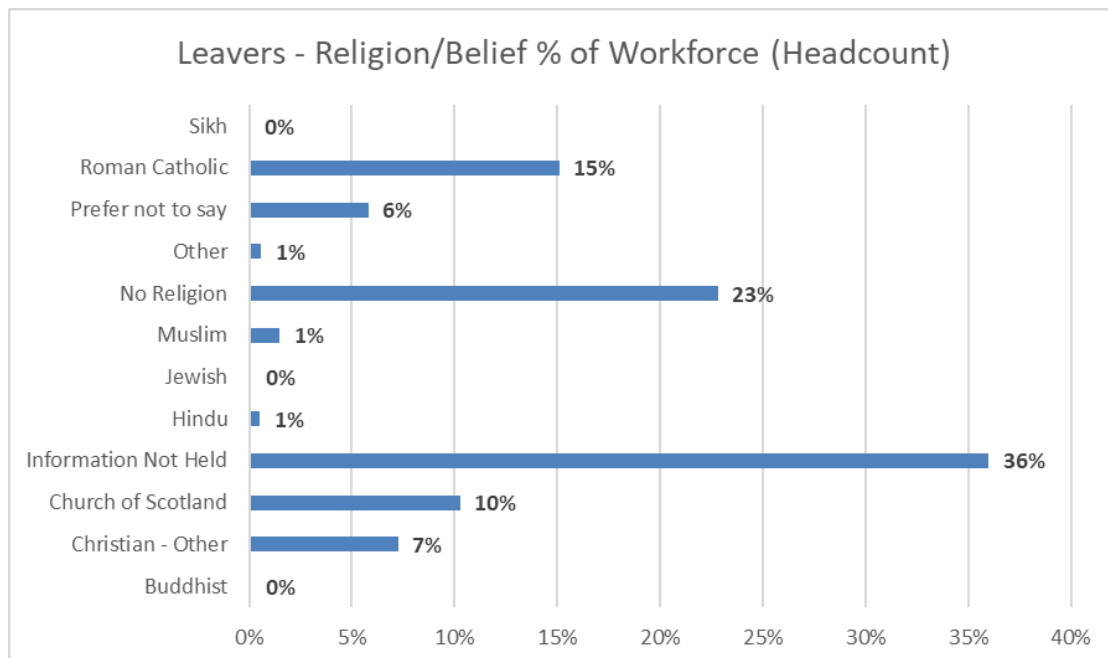
Sexual Orientation of Leavers %.



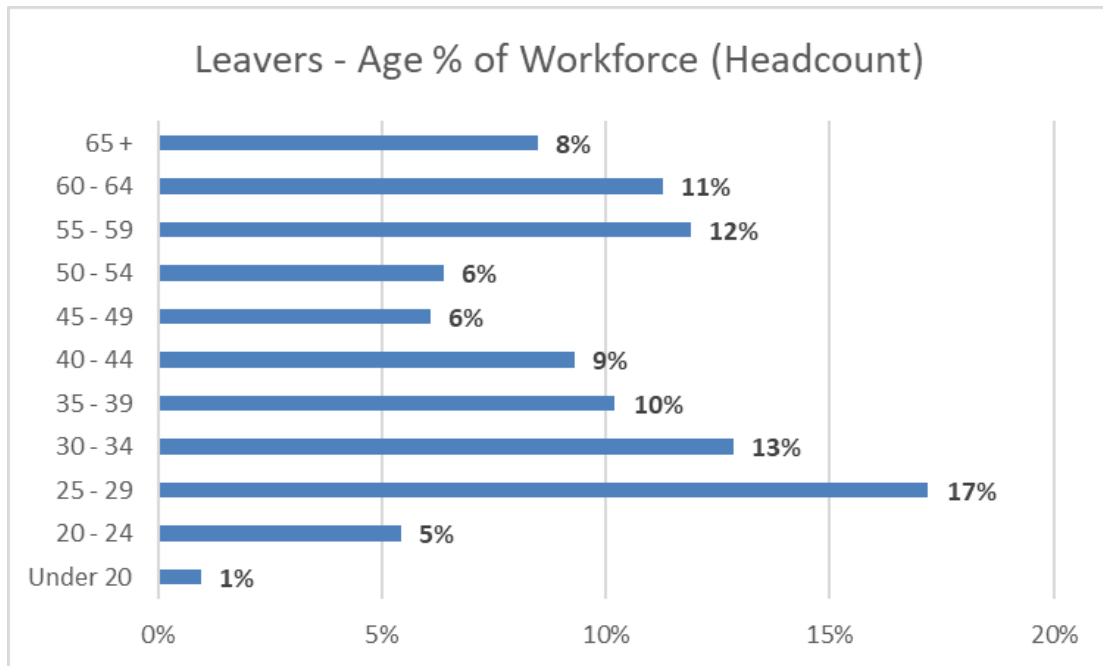
Ethnicity of Leavers %.



Religion/belief of Leavers %.



Age Profile of Leavers %.



7.4 Recruitment. 1/1/2022 to 31/12/2022: 26,260 applications, 7,131 interviewed, 4,901 preferred candidates

Sex.

Sex	Applicant	Interviewed	Preferred candidate
In another way	0.4%	0.4%	0.5%
Female	68.1%	77.3%	80.2%
Male	27.4%	18.7%	16.6%
Information not held	3.9%	3.6%	2.6%
Prefer not to say	0.2%	0.1%	0.0%

Disability.

Disability	Applicant	Interviewed	Preferred candidate
Yes	2.3%	2.9%	2.2%
No	93.8%	93.5%	95.1%
Information not held	3.9%	3.6%	2.6%

Religion.

Religion	Applicant	Interviewed	Preferred candidate
Buddhist	0.4%	0.3%	0.2%
Christian - other	33.1%	16.1%	10.2%
Church of Scotland	6.7%	13.3%	12.3%
Information not held	4.6%	4.6%	3.8%
Hindu	2.9%	1.1%	1.1%
Jewish	0.0%	0.1%	0.0%
Muslim	11.1%	4.2%	3.2%
No Religion	23.3%	36.4%	43.4%
Other	0.9%	1.1%	1.0%
Prefer not to say	2.4%	3.9%	4.0%
Roman Catholic	14.3%	18.6%	20.6%
Sikh	0.3%	0.3%	0.1%

Sexual Orientation.

Sexual Orientation	Applicant	Interviewed	Preferred candidate
Bisexual	3.1%	2.0%	2.0%
Information not held	4.3%	3.7%	2.8%
Gay/Lesbian	1.8%	2.5%	2.7%
Heterosexual	85.8%	87.6%	87.8%
Other	1.6%	1.0%	0.8%
Prefer not to say	3.3%	3.2%	3.9%

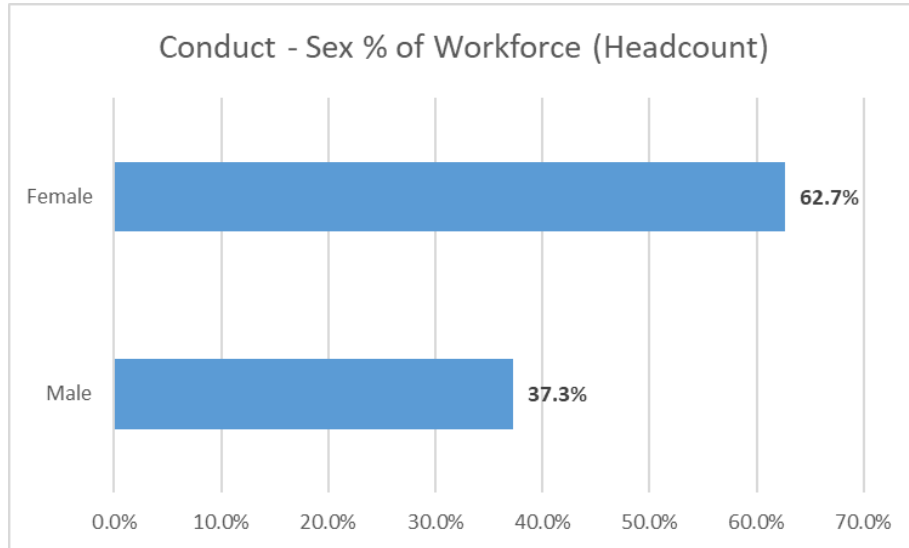
Ethnicity.

Ethnicity	Applicant	Interviewed	Preferred candidate
African – African, African Scottish or African British	15.2%	5.5%	1.7%
African - Other	19.7%	5.2%	1.0%
Asian – Bangladeshi, Bangladeshi Scottish, Bangladeshi British	0.3%	0.1%	0.1%

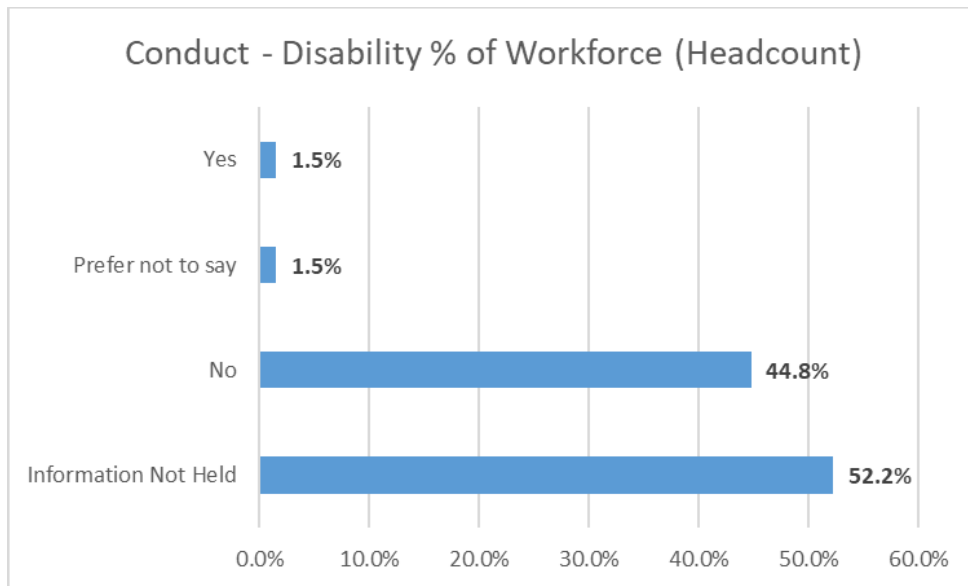
Ethnicity continued	Applicant	Interviewed	Preferred candidate
Asian – Chinese, Chinese Scottish, Chinese British	0.3%	0.2%	0.4%
Asian - Other	5.4%	3.1%	2.5%
Asian – Bangladeshi, Bangladeshi Scottish, Bangladeshi British	1.6%	0.9%	0.7%
Asian – Pakistani, Pakistani Scottish, Pakistani British	5.5%	2.6%	2.1%
Caribbean or Black – Black, Black Scottish, Black British	0.1%	0.0%	0.0%
Caribbean or Black – Caribbean, Caribbean Scottish, Caribbean British	0.0%	0.1%	0.1%
Caribbean or Black – Other	0.1%	0.0%	0.0%
Mixed or Multiple Ethnic Group	0.5%	0.5%	0.6%
Information not held	3.9%	3.6%	2.6%
Other Ethnic Group – Arab, Arab Scottish, Arab British	1.3%	1.1%	0.9%
Other Ethnic Group – Other	0.4%	0.2%	0.1%
Prefer not to say	0.6%	0.6%	0.7%
White – Gypsy Traveller	0.0%	0.0%	0.0%
White – Irish	0.5%	0.9%	1.1%
White – Other	2.1%	2.0%	2.0%
White – Other British	3.7%	6.8%	6.8%
White - Polish	0.4%	0.6%	0.6%
White - Scottish	38.5%	66.1%	75.8%

7.5 Employee relations conduct cases 1/1/2022 to 31/12/2022: **67 cases**

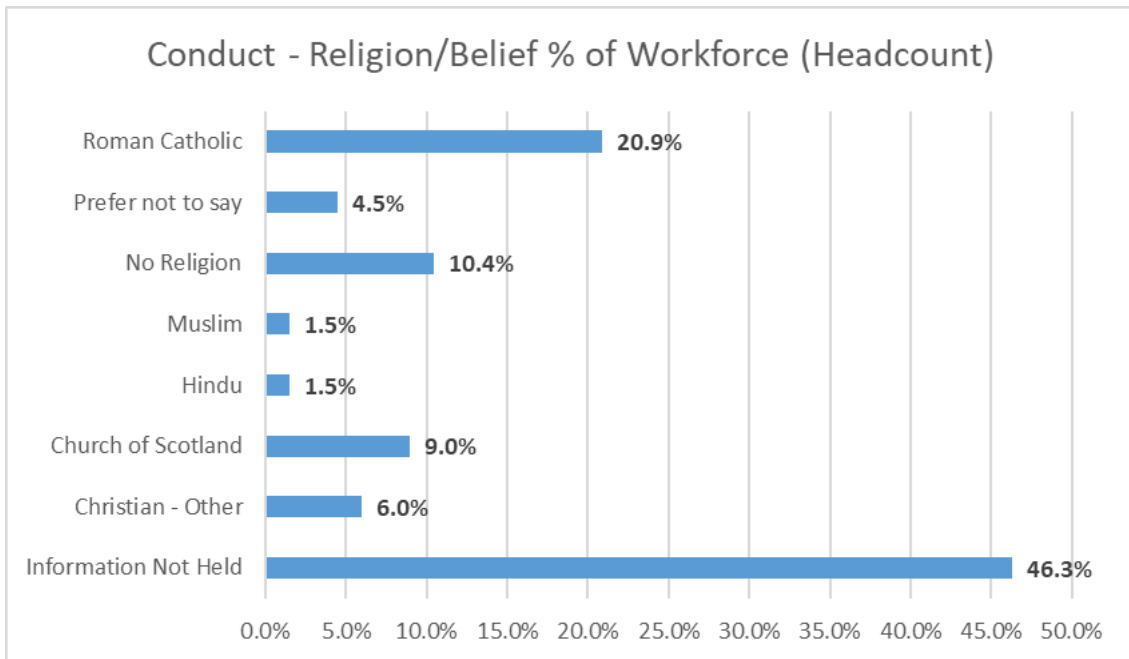
Sex.



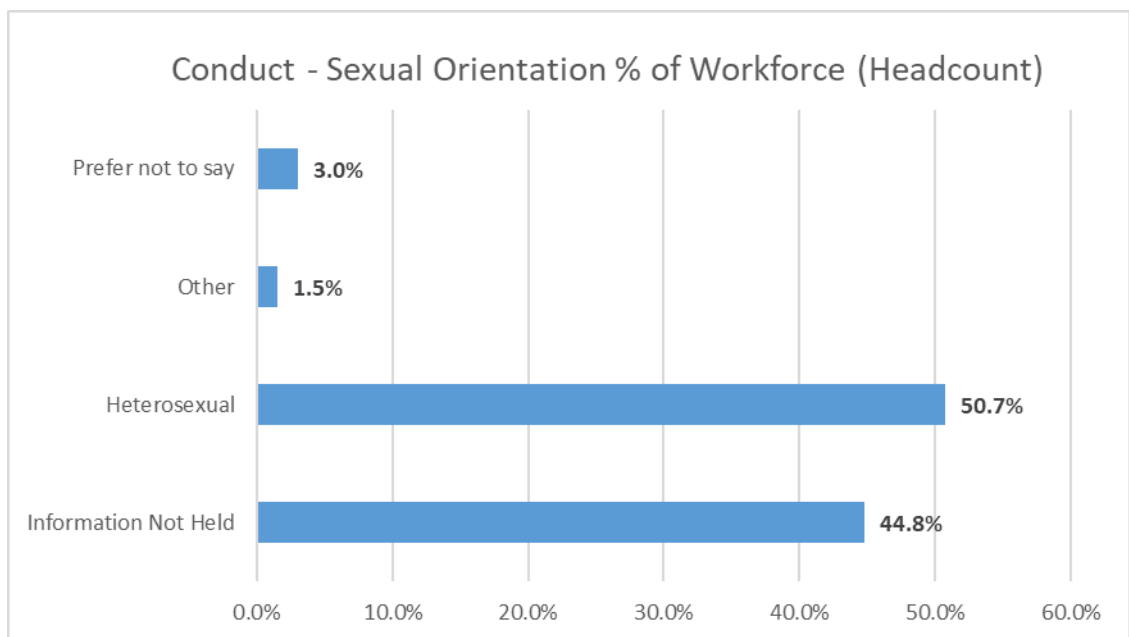
Disability.



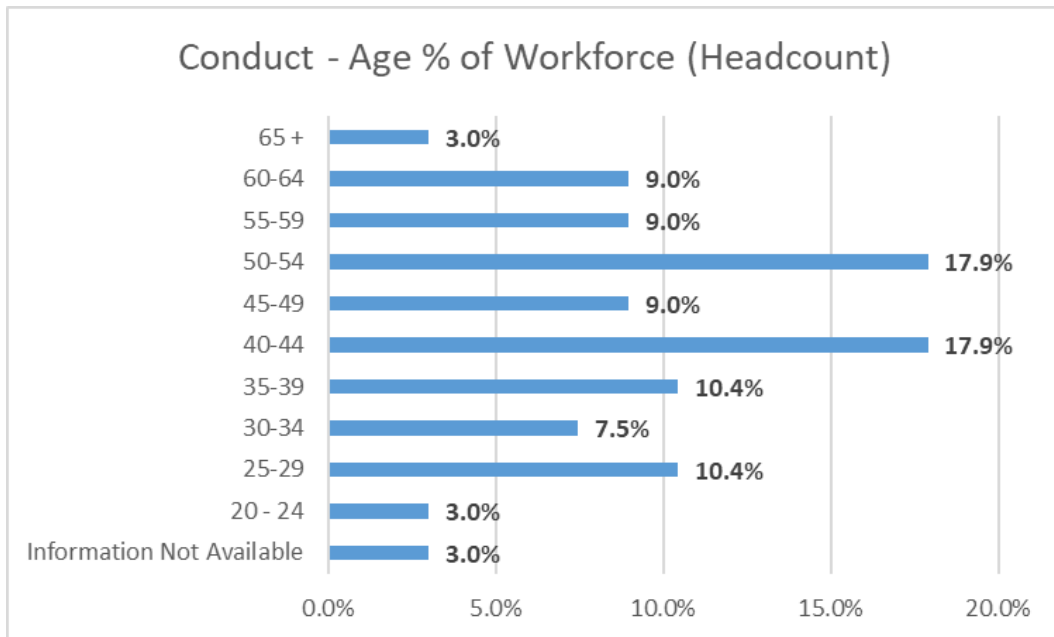
Religion.



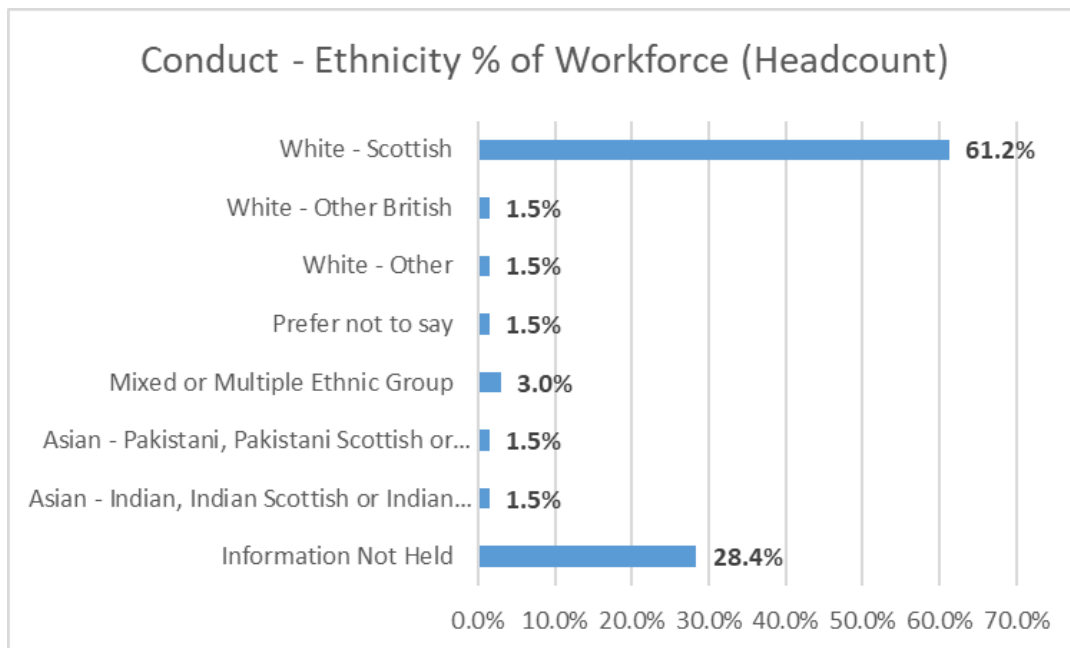
Sexual Orientation.



Age Profile.



Ethnicity.



7.6 Equal Pay Analysis

The data utilised is as at 31st December 2022 for all tables.

The data presented covers all substantively employed staff and the average hourly rate of basic pay i.e. excluding overtime.

Note:

- Comparison is on the basis of average pay for males and females (excluding overtime) for the cohort detailed by row.
- A positive percentage indicates a pay gap with males being paid more than females.
- A negative (-) prefixed percentage indicates that there is a pay gap with females being paid more than males.

Job Family	F-GC	F-GC as % of JF Total	Average BHR (F)	M-GC	M-GC as % of JF Total	Average BHR (M)	BHR variance (£)	BHR Variance (%)	Total
Agenda for Change Staff	11,341	87	17.50	1,681	13	17.50	0.00	0	17.56
Medical and Dental Staff	443	50	44.48	448	50	45.81	1.33	3	45.15
Senior Manager	26	53	38.25	23	47	30.92	-7.33	-24	34.81
Total for Organisation	11,810	85	18.56	2,152	15%	23.87	5.31	22	19.38

F-GC = Female Gender Count.

M-GC = Male Gender Count.

JF = Job Family.

BHR = Basic Hourly Rate.

BHR variance (£) = Variance in £s of hourly rate for male vs. female.

BHR variance (%) = BHR variance / average M-BHR.

8. Procurement

NHS Lanarkshire continues to ensure equality is mainstreamed into our procurement processes including:

- Carrying out public procurement, and mainstreaming the general equality duty through use of the Scottish Government's Single Procurement Document, which is used as a template for the selection of suppliers including Equality and Diversity.
- In developing methodologies and strategies for the procurement of goods, works and services, NHS Lanarkshire ensures that it gives due regard to all of its duties under the Equality Act and pursuant Regulations, and considers how inequalities of outcome caused by socio-economic disadvantage may be reduced through the conduct of procurement processes.
- NHS Lanarkshire seeks to use collaborative contracts and frameworks where possible in order to help achieve its equality aims. An example of where equality and diversity is promoted is the NHS Scotland uniforms contract which was awarded to Dimensions UK Ltd. Part of the contract is subcontracted to Haven PTS, a Scottish based supported business where at least 30% of employees are disabled or disadvantaged persons.

NHS Lanarkshire continues to recognise that our activities have an effect on the society in which we work, and that developments in society affect our ability to work successfully, and operates to a procurement strategy which is committed to achieving environmental, social and economic aims that tackle these effects.



Our tendering activity has increased in recent years and the governance increased through development of Standing Financial Instructions, Procurement Operating Procedures and work instructions in line with the Public Procurement Reform (Scotland) Act 2014 and Public Contracts (Scotland) Regulations 2015. This ensures

that the environmental, social, equality and diversity aspects of procurements are addressed appropriately.

NHS Lanarkshire also actively promote the use of national frameworks, as mentioned above, and these have been awarded under the same procurement regulation requirements. The use of contracts is mandated through the use of electronic ordering from catalogues thus reducing off contract spend and maximising the environmental, social and economic benefits achieved.

9. Conclusion

In this two-year update report we have given some examples of our progress over the last two challenging years. In a post Covid-19 world we clearly recognise that Equality and inequalities are no longer add-ons, but an integral part of everything NHS Lanarkshire does.

We continue to evidence the on-going commitment of the organisation's leadership and staff as advocates for change and endeavour to make systematic and targeted changes that make a real difference.

We hope we have shown our strong commitment to improving and changing the experiences of our service users and staff in a meaningful and inclusive way.

