

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Tuesday 28 March 2023
Title:	Mainstreaming Report including equality outcomes progress and workforce data
Responsible Director:	Jennifer Wilson, Nurse Director / Sarah Leslie, HR Director
Report Author:	Elaine Savory, Equality and Diversity Adviser / Craig Lean, Workforce Modernisation Manager

1. Purpose

This is presented to the Board for:

- Decision

This paper relates to:

- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Person Centred

2. Report summary

2.1 Situation

The attached documents have been developed in line with the Equality and Human Rights Commission (EHRC) guidance in terms of compliance with equalities legislation. The equality outcomes for 2021-2025 continue to contribute to the overarching high level, shared outcomes set previously with our partners across Ayrshire. However, in line with recent guidance from the EHRC, specific and targeted NHS Ayrshire & Arran equality outcomes are outlined within this document which will contribute to the shared vision.

The Board is asked to approve the content of the attached report as NHS Ayrshire & Arran's accountability for equalities, and for its publication in line with equalities legislation.

2.2 Background

In line with our legislative requirements under the Equality Act 2010, Public Sector Equality Duty and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, NHS Ayrshire & Arran require to publish a variety of information in relation to equalities by 30 April 2023 as follows:

- Report progress on mainstreaming the equality duty
- Publish equality outcomes 2021-2025 progress report
- Publish gender pay gap information
- Publish statements on occupational segregation
- Publish an equal pay statement
- Publish workforce equalities data

2.3 Assessment

The attached documents have been developed in partnership with staff and citizens of Ayrshire and are put forward as NHS Ayrshire & Arran's response to the aforementioned legislative requirements at point 2.2.

The documents must be published on our public facing website by 30 April 2023. Failing to do so will result in NHS Ayrshire & Arran not complying with the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

2.3.1 Quality/patient care

Driving forward the equalities agenda across the organisation will ensure the health and care provision provided to our citizens is safe, effective and person-centred and will support improved patient experience of our services.

2.3.2 Workforce

It is expected that the work to drive forward the equalities agenda will be met from within existing staff resources. Continuing to drive forward the equalities agenda will ensure staff are better able to provide safe and person-centred care to their patients, thus supporting improved staff experience.

2.3.3 Financial

It is expected that the work to drive forward the equalities agenda will be met from within existing resources.

2.3.4 Risk assessment/management

By not publishing the suite of equalities papers, this could result in NHS Ayrshire & Arran failing to meet their legislative requirements as outlined above which could result in the organisation being prosecuted for failure to comply with legislation.

2.3.5 Equality and diversity, including health inequalities

The content of this paper provides an account of NHS Ayrshire & Arran's equalities work during the period 2021-2023 as well as work being taken forward in the next two years to meet the requirements of the Public Sector Equality Duty and our requirements under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

An impact assessment has not been completed because the attached information is an account of some of the work which was undertaken to promote equalities within NHS Ayrshire & Arran and any of those areas requiring an equality impact assessment would have been completed separately.

2.3.6 Other impacts

The outcome of this work should have a positive impact on all staff and citizens covered under the protected characteristics outlined in the Equality Act 2010. This includes all the following areas of impact:

- Best value
- Vision and Leadership
- Effective Partnerships
- Governance and accountability
- Use of resources
- Performance management

Compliant with the corporate objectives specifically:

- Deliver services that are clinically effective, safe, efficient and patient-centred;
- Promote and embed the Caring, Safe, Respectful culture and support all staff to demonstrate the required behaviours and appropriately challenge when this does not happen.

2.3.7 Communication, involvement, engagement and consultation

The Board continues to carry out its duties to involve and engage external stakeholders where appropriate: Feedback from different protected characteristics groups in our communities allows us to consider ways to mitigate any adverse impacts.

2.3.8 Route to the meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Corporate Equalities Committee, 11 January 2023
- Corporate Management Team, 28 February 2023

2.4 Recommendation

- Decision

Members are asked to approve the content of the attached reports as NHS Ayrshire & Arran's accountability for equalities, and for its publication in line with equalities legislation by 30 April 2023.

3. List of appendices (where required)

The following appendices are included with this report:

- Appendix 1, Mainstreaming Report including Equality Outcomes Progress
- Appendix 2, Equality Outcomes Progress Report 2021-2025
- Appendix 3, Occupational Segregation and Equal Pay Analysis
- Appendix 4, Workforce Equalities Data

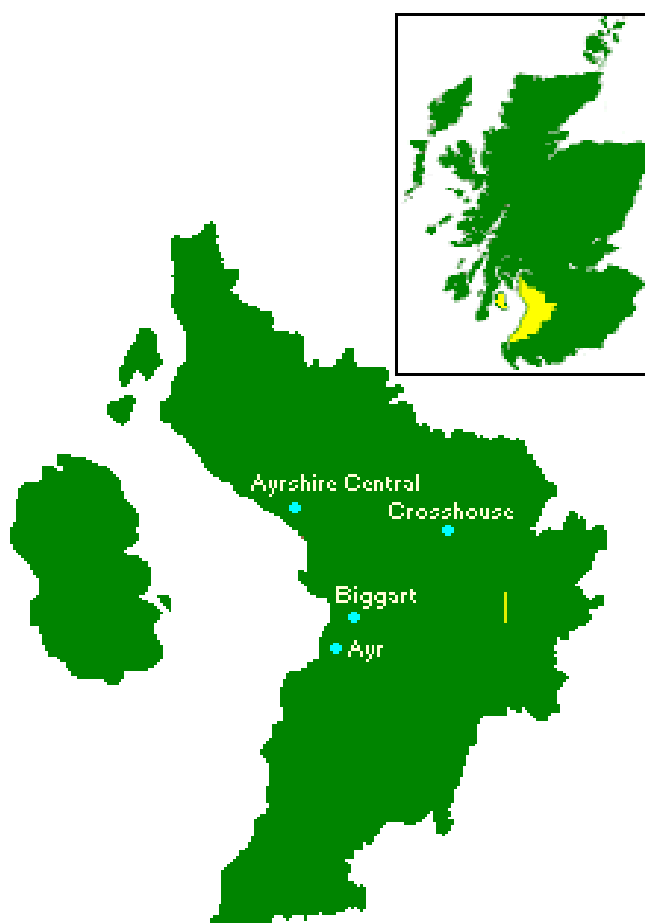


Working together to achieve the healthiest life possible for everyone in Ayrshire and Arran



NHS Ayrshire & Arran

Mainstreaming Report 2021-2023



Accessibility

If you would like this document in a language or format of your choice including large print, audio or Braille contact us:

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Section 1

1.1 Introduction

NHS Ayrshire & Arran's Mainstreaming Report aims to inform our service users, their carers, visitors, staff and partner organisations how we as an organisation work towards ensuring that equalities is being mainstreamed into the functions and activities of our organisation. They also provide information on our employees, reported by their protected characteristics, and demonstrate the ways in which we are meeting the general and specific duties as set out in the Equality Act 2010.

This report signposts to what we have done over the two-year period since setting our third set of equality outcomes. It also communicates our commitment to ensuring the ever-changing demography and multiple identities of our population are person-centred and that our core function of providing health care and prevention of ill-health for all meets the needs of those who access it.

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

1.2 About Us

NHS Ayrshire & Arran is here to help our population stay healthy and provide safe, effective and person-centred care if you become ill. We are committed to providing a safe and high-quality service designed to meet the needs of patients and their carers and families. Our purpose is:

“Working together to achieve the healthiest life possible for everyone in Ayrshire and Arran”

NHS Ayrshire & Arran is also committed to ensuring patients, carers, families and staff are treated with dignity and respect, no matter their protected characteristics. This aligns with our values of Caring, Safe and Respectful. We strive to provide the best care and treatment we can, within the resources available to us, while ensuring everyone working in the NHS has the right training and skills for their job within a safe and clean environment.

NHS Ayrshire & Arran delivers a wide range of comprehensive services across East, North and South Ayrshire. Our vision is **Caring for Ayrshire**. The vision is that care shall be delivered as close to home as possible, supported by a network of community services with safe, effective and timely access to high quality specialist services for those whose needs cannot be met in the community.

The way some health and care services are delivered changed as a result of the Covid-19 pandemic and have continued as a result of effective change. For example, the use of telephone and video consultations has increased and access to urgent care has been redesigned to ensure our population see the right person in the right place at the right time.

We continue to work in partnership with our communities to further explore new and innovative ways of designing and delivering health and care services. Caring for Ayrshire is led by Ayrshire and Arran NHS Board and the three Ayrshire Integration Joint Boards.

NHS Ayrshire & Arran is also responsible for making sure the people of Ayrshire and Arran get community health services from:

- around 286 GPs and their practice teams (53 GP practices) providing a full range of general medical services across 83 sites, stretching from Ballantrae in the south to Wemyss Bay in the north, including practices on the Isles of Arran and Cumbrae;
- more than 190 general dental practitioners providing NHS dental services at more than 66 practices (4 of which are orthodontic practices), including Arran;
- 99 community pharmacies are the first port of call for common clinical conditions providing a range of pharmaceutical services; medicines care and review, NHS Pharmacy First Scotland and Public Health Service, including smoking cessation and sexual health;
- 50 optometry practices providing services ranging from NHS eye tests to minor optical ailments, diabetic eye screening and cataract follow-up across mainland Ayrshire and Arran, with eight domiciliary-only practices also providing care in people's homes.

1.3 NHS Ayrshire & Arran's population and health

National Records for Scotland (NRS) estimated the 2021 mid-year population of NHS Ayrshire & Arran to be 368,690. Of the three HSCPs areas in Ayrshire and Arran, East Ayrshire accounts for 33 per cent (122,020) of the total population, North Ayrshire 37 per cent (134,220) and South Ayrshire 30 per cent (112,450).

The population within NHS Ayrshire & Arran is older than the Scottish average and this pattern is expected to continue for the foreseeable future. It has been estimated that:

- over 35% of the population will be over 65 years of age in Ayrshire and Arran by 2030, compared to 23% across Scotland.
- the number of people aged 75 or over in Ayrshire and Arran is projected to increase by 23 percent by 2030, compared to an increase of 24 percent projected for Scotland.

Overall life expectancy in Ayrshire and Arran at birth has decreased slightly for both men and women which was 76.4 years and 80.4 years respectively in the period 2017-19 and 75.2 years and 79.9 years respectively in the period 2019-2021. This is similar to the trends in the Scottish average for men and women which was 77.2 years and 81.1 years respectively in the period 2017-19 and 76.5 years and 80.8 years respectively in the period 2019-2021.

Figure1 Life Expectancy at birth, for East, North and South Ayrshire Council areas by Scottish Index of Multiple Deprivation (2016 Quintiles), 2014-2018, Males and Females

Males	Quintile 1 (Most Deprived)	Quintile 5 (Least Deprived)
East Ayrshire	72.7	80.2
North Ayrshire	71.8	81
South Ayrshire	72.7	82.2

Females	Quintile 1 (Most Deprived)	Quintile 5 (Least Deprived)
East Ayrshire	76.4	83.6
North Ayrshire	75.2	84.5
South Ayrshire	77.5	84.4

[\[ARCHIVED CONTENT\] Life Expectancy for Administrative Areas within Scotland 2016-2018 | National Records of Scotland \(nrs.scotland.gov.uk\)](https://nrs.scotland.gov.uk)

Figure 1 shows the gap in life expectancy; people living in most deprived areas of East, North and South Ayrshire have a shorter life expectancy than those living in the least deprived areas. The confidence intervals are narrow for these data implying that these estimates are fairly accurate.

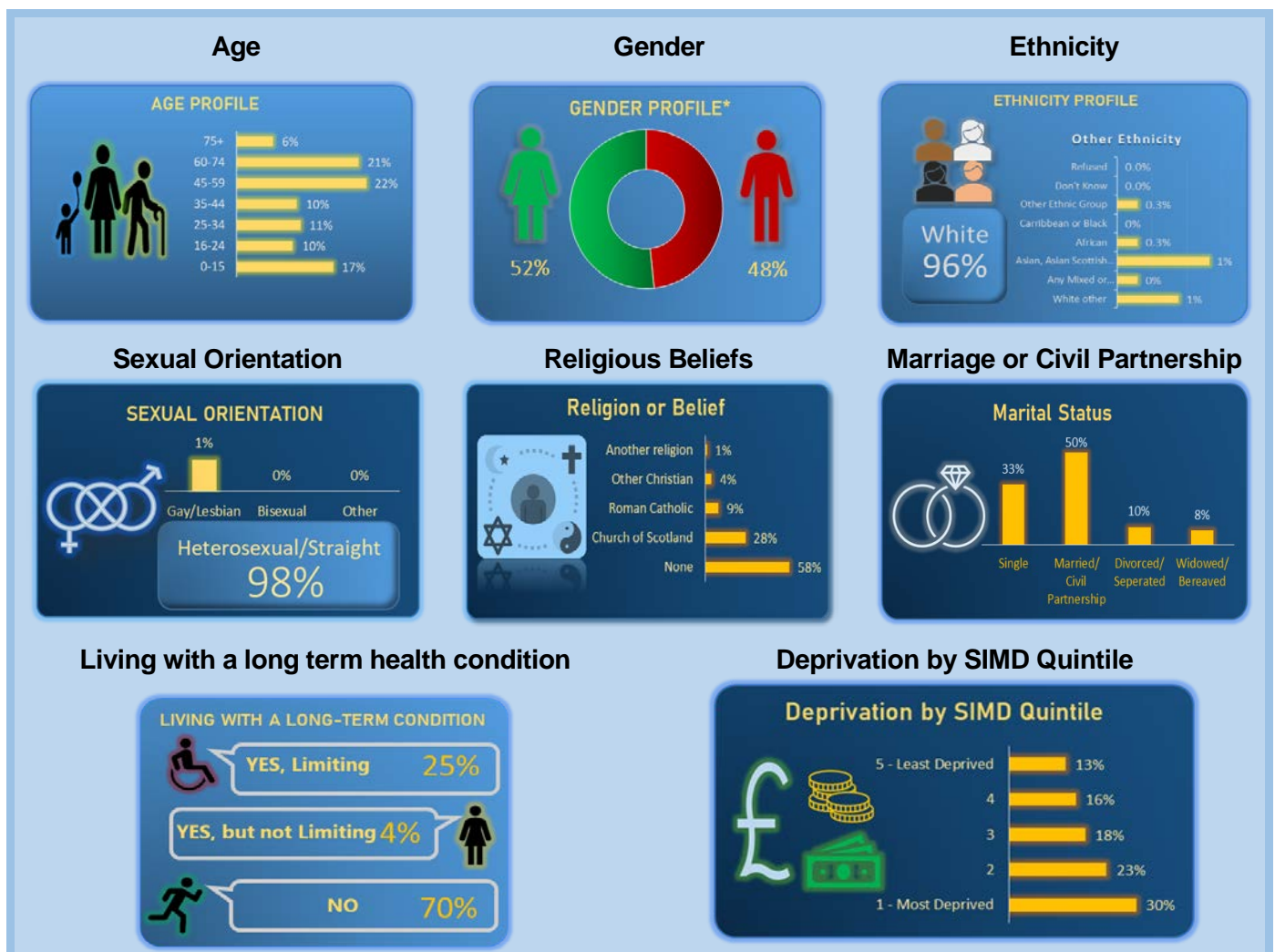
There were 3,137 live births in 2019, Ayrshire and Arran has a slightly higher birth rate at 51.3 per 1,000 women aged 15 to 44 compared to the Scotland rate of 48.4 per 1,000 women.

There were 4,752 deaths in Ayrshire and Arran in 2019. The three major causes of mortality were cancer, heart disease and stroke and these accounted for over 50 percent of all deaths during 2019.

[\[ARCHIVED CONTENT\] List of Data Tables | National Records of Scotland \(nrscotland.gov.uk\)](#)

1.4 Ayrshire Equality Profile

The Scottish Household Survey (SHS) 2019 is used to present the following graphics to highlight the equality profile of Ayrshire residents. The SHS is a Scotland-wide face-to-face survey of a random sample of people in private residences. The data collected shows the two largest protected characteristic groupings in Ayrshire are age and disability. In recent years we have noted a slight increase in relation to our black and ethnic minority communities due to recent refugee programmes, however this has not had a significant impact on the demographic profile.



* no responses to 'identify in another way' or 'refused'

Section 2

2.1 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 Ayrshire & Arran, taking equality into account in the way we exercise our functions. In other words, equality should be part of everything we do.

The Equality Act 2010 introduced the public sector equality duty (PSED) which requires public authorities, including Health Boards, 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.

The protected characteristics referred to in the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

2.2 NHS Ayrshire & Arran's Approach

2.2.1 Leadership

NHS Ayrshire & Arran's approach to continuous improvement and embedding of equalities into our functions continues through visible leadership, organisational commitment and staff training amongst other initiatives.

NHS Ayrshire & Arran has approved three integrated organisational statements – Board Purpose, Board Commitments and Board Values – which together help to define the organisation, provide clarity of Board purpose and goals and outline the key principles for how it will operate ([NHS Ayrshire & Arran - About us \(nhsaaa.net\)](https://www.nhsaaa.net)).

In line with NHS Ayrshire & Arran's transformation programme 'Caring for Ayrshire' (<https://www.nhsaaa.net/news/latest-news/caring-for-ayrshire/>), what is consistently and clearly important is creating space to listen. This is critical, if we want to provide the best possible healthcare to our citizens then we need to look after the wellbeing of those that are providing it.

As well as having our strategic framework in place, a new initiative is the 'Ask Me Anything' sessions. The Ask Me Anything sessions are face to face, hour-long opportunities to allow open dialogue for individuals to seek information and reassurance regarding any aspect of the workplace. These sessions are open to all staff and are being held on a monthly basis rotating across sites. Staff can also join via MS Teams. For staff members unable to attend these sessions there is an offer for specific team sessions on request.

An Ask Me Anything session mailbox has also been set up to allow staff to get in touch at any time with a questions and/or query. Our leaders are keen to continue to build valuable relationships with staff members and therefore a variety of mediums to allow this has been put in place.

2.2.2 Organisational Commitment

NHS Ayrshire & Arran continues to remain committed to putting equality at the heart of our organisation by shifting the focus from being a “bolt on” aspect of delivery to an integral part of the way we perform our functions.

An example of another way to embed equalities into the heart of our organisation is the Equally Safe at Work Accreditation Programme. Following on from the success of the Equally Safe at Work pilot in local authorities, Close the Gap has developed a tailored version of the programme to pilot in NHS Boards. This work supports the delivery of the Scottish Government’s Gender Beacon Collaborative initiative.

NHS Ayrshire & Arran are one of only four Boards in Scotland working towards this accreditation. Our Chair and Chief Executive have written a public statement in support of this work and our Chief Executive produced a short video linking the work of the programme to the 16 Days of Action ([NHS Ayrshire & Arran - Equally Safe at Work \(nhsaaa.net\)](https://www.nhs.uk/news/2016/11/16-days-of-action-nhs-ayrshire-and-arran)). Equally Safe at Work is a tiered programme which enables employers to progress from building a foundation for change to embedding a strong culture of gender equality within the organisation, building gender considerations into our working practices and ensuring work is seen as a safe place to be.

As a Board, we are fully committed to continually improving the ways in which we engage with people. Our engagement strategy to support and develop engagement with stakeholders across all protected characteristics underpins the progression of strategies and service reform. Equality and inclusivity underpin our engagement approaches. We have an important role to play in supporting and encouraging people to get involved as active partners in their own care or through engagement in wider discussions about health and care services. By ensuring that all engagement activity is appropriately impact assessed from the outset, we can identify any potential barriers for people to participate and take appropriate steps to mitigate or minimise those impacts.

2.2.3 Diversity in Medical Recruitment

When setting up interviews for the Clinical Development Fellows programme we emailed recruiting consultant leads to request that interview panels be mindful of diversity within recruitment. We advised that this should include both inherent diversity (race, age, sex) and acquired characteristics such as education, experience, values and skills.

A Harvard Business Review article showed that the ‘two in a pool’ model increased diversity, for example, two females in a candidate pool resulted in 79 times more likely to hire a female and having two minority candidates in a final candidate pool increased the odds of hiring a minority candidate by 194 times.

Recruiting teams certainly were more mindful of their recruiting choices and all adhered to the request for a diverse panel. One specialty recruitment lead reflected that they had actively tried to ensure diversity within their team and were disappointed that all minority candidates had declined their job offer. It was unclear what factors led to candidates withdrawing.

International medical graduates are the highest growing number of doctors entering the NHS and this trend is likely to continue. Recruitment in 2022/23 led to the recruitment of 24 doctors into NHS Ayrshire & Arran in their first 12 months of NHS Scotland. Again, it is difficult to know whether this is due to necessity or the implementation of diverse recruiting panels.

This approach has had no impact locally on increasing percentage of female doctors in specialties such as surgery which are traditionally more male dominated (4 females to 9 males). However, we will continue to promote diversity within panels, including requesting that a current doctor in training sits on the panel.

There have been positive outcomes from recruiting from diverse cultural backgrounds including implementation of a standardised induction programme which was developed and implemented by a group of international medical graduates with consultant support. This was presented at the national levelling up conference and won runner up for 'Best Oral Presentation'.

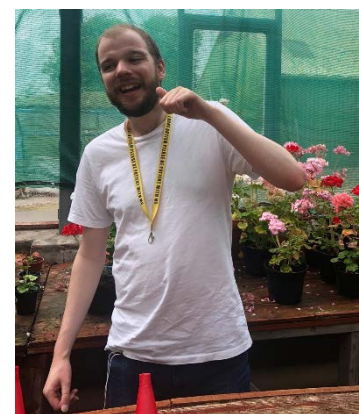
2.2.4 Volunteering

Volunteering is like anything else in life in that it can so easily fall into set patterns and without realising it, you limit what it is capable of and what it can become. The traditional volunteer profile is over age 70, post-retirement and wanting to give something back. These people are real assets for us and so important to welcome in; our service would be lost without them. However, over the past two years our volunteer programme has been rebranded resulting in an expanded and much more diverse cohort of individuals. We are continuing to develop this work further to generate reciprocal energy and benefit for everyone involved. To do this well, we need to enable people to develop a fuller understanding of what volunteering is and the roles available.

Our volunteer demographics are now wider than ever before, and our communication methods have allowed us to reach out to those who would never have previously considered volunteering. We have broken down social constructs of this invaluable act of 'giving freely' and are empowering people from all ages, stages, backgrounds and abilities to come forward and say 'I want to volunteer – I have something to give.'

Our volunteers are such an invaluable resource and NHS Ayrshire & Arran was keen to recognise their amazing achievements and contributions being made across the organisation. In November 2022, we held our first annual Compassion to Action Volunteer Awards ceremony. This event was an opportunity to showcase the wealth of skills and experience within our service, and highlight those who have challenged historical approaches and championed innovation.

The awards were split into nine categories, one of which was particularly significant in our journey 'Raising the profile of volunteering – breaking down barriers'. This award recognises individuals who challenge historical norms and approaches to volunteering and was presented to Euan Bryce, one of our gardening volunteers with Acorn Services. Euan is one of our youngest volunteers at the age of 28 and has Asperger's Syndrome. His previous experiences of volunteering across a range of organisations have left him feeling undervalued, underrated and excluded. However, since taking up his placement with NHS Ayrshire & Arran, Euan has found a new sense of self - He belongs; He is happy.



We will continue to invite people like Euan into our volunteering roles to gain confidence and experience, and importantly a feeling of self-worth. Interest in our wide range of volunteering roles continues to grow with a steady influx of enquiries and our team continue to network across the organisation to explore new opportunities, enabling us to build an exciting future for our volunteering service in NHS Ayrshire & Arran.

2.2.5 Equality Impact Assessment (EQIA)

NHS Ayrshire & Arran 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 given consideration to the articles of the United Nations on the Convention of the Rights of the Child (UNCRC).

NHS Ayrshire & Arran continue to access information on the Scottish Government [Equality Evidence Finder](#) local and national research, as well as engagement with local stakeholders to ensure our processes are robust and inclusive.

2.2.6 Equality of Access to NHS Ayrshire & Arran Services

Improved Access to Communication Support

Everyone deserves respect and good access to healthcare, and that is something we continuously strive for in NHS Ayrshire & Arran. In order for this to happen, good communication is a vital component.

Communication is a fundamental part of our everyday life that is often taken for granted. Communication links every part, or process, of health and healthcare. Effective communication with patients and their carers when they are anxious and vulnerable is a difficult skill which requires care and attention. Failure to communicate can have a very significant impact on an individual's treatment and general wellbeing, and none more than those with language barriers. Having a professional interpreter available is key to improving this.

The Covid-19 pandemic brought about many changes to the way we do things and none less than restricting physical contact and interaction in order to minimise the risk of spread of Covid. For those requiring communication support, this became an additional challenge. As we have seen, digital technology became a vital part of people's lives and thus NHS Ayrshire & Arran ventured into the world of remote video interpretation.

The online InSight interpretation service, provided by Language Line Solutions, offers direct connection to experienced and professional interpreters to ensure accurate, meaning-for-meaning interpreting between patient and clinician. It allows us to provide on-demand communication support at the touch of a button allowing limited-English speakers and Deaf individuals, to feel heard and seen by another person.

The ability to communicate in your chosen language is a basic human right and with the introduction of this service, available at



the touch of a button, our aim is to transform the patient / clinician experience through the provision of high quality interpretation.

This service was initially rolled out in our two Emergency Departments to support quick access to interpretation support and in 2021 has been expanded to all in-patient settings, through installing the app on over 130 iPads. This is currently being rolled out further across other areas of the organisation. One manager's team used it for the first time recently when an interpreter was required unexpectedly, and reported 'feedback from the patient, his wife and my staff nurse was excellent!'

2.2.7 Partnership Working

Child and Adolescent Mental Health Services (CAMHS) Leisure Project

In Ayrshire, Children and Young People waiting for an Autistic Spectrum Disorder (ASD) diagnosis received little pre-diagnostic support as they awaited the official diagnosis. Many of these children and families struggled to attend and be fully included in clubs that other children attend. In 2021, Child and Adolescent Mental Health Services (CAMHS) recognised that Neuro-developmental waiting lists were long and this was only exacerbated with Covid. However, by working in partnership with Leisure services across Ayrshire, these young people and families could really benefit from a programme that they helped to co-design. It was as much about the parents as it was about the children.



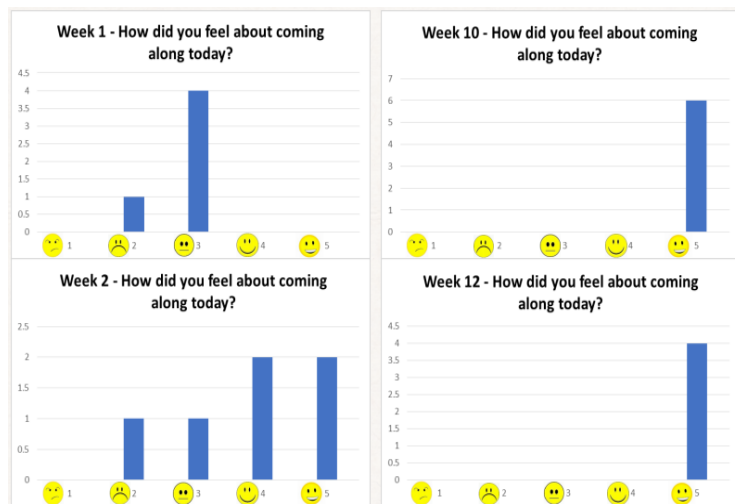
This project supports Integrated Care in its widest sense. Collaborative working with Leisure Services to enable families to participate in leisure programmes within their own community and help reduce health inequalities. The chosen families attended one to one sessions to meet the team alongside a member of staff from CAMHS. This gave the team a chance to find out more about their interests and to aid the choice of activities.

CAMHS and the three Leisure Services across Ayrshire have worked in partnership to co-produce a 10 to 12 week exercise programme to support the mental and physical well-being for children, young people and their families. This project won the Integrated Care poster at the NHS Scotland Event 2022 for its innovative way to support children and young people while awaiting diagnosis for an Autistic Spectrum Disorder.

Participating in the programme had benefits for the children and young people, as well as families. The children and young people had opportunities to learn new skills which would not have developed without the support of the programme. By attending the programme, their social interaction increased and they developed improved social skills, which help them to demonstrate improved social relationships and meet new friends. The programme also helped to increase participation in structured out of school group activity as well as increasing their weekly levels of physical activity participation.

Overall the children and young people showed marked improvement in their mental health and well-being, and for the families there was a feeling of being more connected to their community and support networks. To date 29 children and young people have participate in the programme along with their families.

The CAMHS team are working closely with the leisure services, Neurodevelopmental Empowerment & Strategy Team (NEST) Ayrshire and the Neuro-developmental Service to continue to support young people waiting on a Neuro-developmental Assessment. A number of cohorts of this programme have already taken place and we are working with the three Leisure Services to provide further cohorts of the project.



Ayrshire Hate Crime Conference

In 2017, NHS Ayrshire & Arran in partnership with other public bodies across Ayrshire set an equality outcome about people experiencing safe and inclusive communities. One of the actions for this was to hold a conference to raise awareness with staff. Unfortunately due to Covid the conference was unable to go ahead, however, we were keen to progress this as soon as an opportunity became available.



With hate crime figures on the rise, the ever present need existed to support understanding of diversity and foster community cohesion, and thus in early 2022, the partners came together and began organising the conference which was subsequently held on 5 October 2022.

The conference offered opportunities to support learning about hate crime through the lived experiences of its speakers and the good practice demonstrated across Ayrshire and beyond to tackle it.

Dave Scott, Campaign Director from Nil by Mouth was the conference host with keynote addresses from Dr Christian Harrison, Reader in Leadership and Khadjia Mohammed, Senior Lecturer both from the University of the West of Scotland. The conference also offered workshops for participants to choose from including I am me charity (Keep Safe initiative); Scottish Refugee Council; Police Scotland Criminal Justice Authority and others.

Those who attended the conference deemed it to be a huge success in meeting its aim of raising awareness but moreover giving people the chance to consider what they can do in their role and workplace.



2.2.8 Procurement

NHS Ayrshire & Arran 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 European Single Procurement Document by Scottish Government which is used as a template for the selection of suppliers including Equality and Diversity.
- Agreement that the degree to which equality and diversity requirements are specified and incorporated within procurement documentation would vary according to the goods, services or works being purchased and these are assessed on a case by case basis.
- The majority of the main suppliers to NHS Ayrshire & Arran are awarded contracts by National Procurement – an example of where equality and diversity is considered is the national uniforms contract which was awarded to Dimensions UK Ltd working with Haven PTS. This is a supported business and provides 30 jobs for disabled people.

NHS Ayrshire & Arran Procurement 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. NHS Ayrshire & Arran's Procurement Department 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 The Procurement Scotland Regulations 2015. This ensures that the environmental, social, equality and diversity aspects of procurements are addressed appropriately.

NHS Ayrshire & Arran 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.

Section 3

3.1 Equality Outcomes 2021-2025

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 Ayrshire & Arran, in their performance of the PSED.

NHS Ayrshire & Arran published four equality outcomes in April 2021 with associated outputs and actions. How the actions and activities have progressed, what our plans are for the future and some examples of practice to showcase good practice and how this is being mainstreamed into business can be found ([insert hyperlink once published](#)). As we are currently mid-term in implementing these equality outcomes, it has not been possible to showcase a case study for every output being taken forward.

Section 4

4.1 Employee Information

NHS Ayrshire & Arran greatly values the contribution of its employees in the delivery of health services to local communities. As an employer, we are committed to equality and treat our staff with the dignity, respect and consideration they deserve, helping staff to reach their full potential at work. We 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 that we serve.

As outlined in our previous mainstreaming reports, NHS Ayrshire & Arran continues to provide opportunities for flexible working practices balancing both individual and organisational needs as we continue to offer employability training to staff in line with the Government's Work and Health agenda.

4.1.1 Employment Monitoring

NHS Ayrshire & Arran has established equalities monitoring and reporting systems but acknowledges the gaps which exist in its staff identifying themselves against the nine protected characteristics.

The table below provides an illustrative example of rates of staff disclosure against a selection characteristics over the last 10 years:

Period ending	31/12/2022	31/03/2013
Substantive staff in post headcount	11,017	10,445
Detail not known / undisclosed for ethnicity	17.8%	32.89%
Detail not known / undisclosed for religion	18.7%	34.17%
Detail not known / undisclosed for sexual orientation	21.4%	36.72%
Detail not known / undisclosed for disability	47.9%	98.82%

Broadly there has been improvement across rates of disclosure however we recognise that the prevailing rates of detail not known / undisclosed could be better. Our human resource system provides employees with self-service functionality to update their personal information, however, as the table above reflects there remains a proportion of our staff who have chosen not to disclose detail.

4.1.2 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 full range of equality and diversity strands are used in the context of employment relations, recruitment, redeployment, and promoting attendance undertaken by Human Resources staff.

Age and gender strands have a particular focus within workforce planning and are routinely used and reported within workforce plans and intelligence. Maternity detail also features in workforce planning discussions given the gender and age profile in some services correlates to elevated maternity leave rates in comparison to the overall organisational rate.

In our communications to staff about how the importance of gathering this data we highlight:

It helps us to understand our staff better. By being able to identify the protected characteristics of our staff, we are able to plan and take steps to better support and protect those staff who may be at risk.

Inclusive policy, practice and planning. Collecting this data also allows us to make sure our policies and practices are inclusive for all. This helps to support long term service and workforce planning, allowing us to reflect the demographics of our local population, which includes our workforce.

Improving staff health and wellbeing. By having comprehensive data on the characteristics of our workforce the organisation can take steps to ensure we are appropriately supporting the health, wellbeing and safety of all our staff at work.

We also emphasise this data is protected by the Data Protection Act 1998 and is kept confidentially. When diversity data is analysed and published, you cannot be identified.

4.2 Equal Pay

NHS Ayrshire & Arran is committed to the principles of equality of opportunity in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their protected characteristics.

To achieve this, pay systems require to be transparent, based on objective criteria and free from unlawful bias. The Agenda for Change pay structures implemented in the NHS were equality proofed to ensure this. Our equal pay statement <https://www.nhsaaa.net/media/6312/equal-pay-statement-2017.pdf> and occupational segregation and equal pay analysis ([insert hyperlink once 2023 report is published](#)) can be found on our website.

NHS Scotland is a Living Wage employer and, as such, the lowest available salary of £21,692 translates into an hourly rate of £11.09 per hour, which is above the Scottish Living Wage rate of £10.90 per hour.

4.3 Local Labour Market

As a public sector employer we are committed to being an Anchor Organisation and in positively supporting the health and prosperity of Ayrshire by creating Fair Work opportunities by recruiting from priority groups (the long term unemployed and disadvantaged groups who are far from employment), paying the living wage and building progressing routes for existing and future workers.

Our employability ambition also contributes to community wealth building within Ayrshire, as commonly supported by our community planning partners. As shown in the table below, compared to the Scottish average via Office for National Statistics data, Ayrshire has some of the most deprived areas in Scotland in terms of unemployment claimants:

CC01- Claimant count by local authority as at November 2022

Area	Claimant Rate	Number of claimants	Change from previous year
East Ayrshire	3.9%	2,975	-1.6%
North Ayrshire	4.5%	3,675	-1.1%
South Ayrshire	3.5%	2,300	-1.3%
Scotland	3.1%		-0.9%

Employment is one of the most strongly evidenced determinants of health, the WHO notes that 'unemployment puts health at risk' and 'unemployment has a direct bearing on the physical and mental health and even life expectancy for unemployed people and their families'. Unemployment therefore has a direct impact upon service provision.

4.4 Employability

Supporting employability is a shared goal across all three Community Planning Partnerships (North, South and East) in Ayrshire, and NHS Ayrshire & Arran is committed to contributing to this goal and works in partnership with local providers to help address issues of unemployment. The importance of employability is more acute given the labour market position.

As has been illustrated in previous reports, NHS Ayrshire & Arran provides and participates in a range of employability schemes, however as a result of the pandemic some of these schemes had to pause, with some beginning to be re-introduced.

We have engaged in the UK Government's 'Kickstart Scheme', providing meaningful paid employment for 17 young people to gain meaningful experience working in NHS Ayrshire & Arran across a range of job roles over a six month period. The Project Search programme recommenced, working in partnership with East Ayrshire Council and Ayrshire College supporting 10 young people on the autistic spectrum who have learning difficulties. This is the ninth year NHS Ayrshire & Arran has supported this programme as a key partner.

Recognising the average age of employee in NHS Ayrshire & Arran is currently 46 years, with 63% of our workforce over the age of 50 years, we are committed to promoting the benefits of Apprenticeships as an investment to grow our workforce of the future. We currently have Modern Apprentices in Dental Nursing, Healthcare Support (Clinical), Pharmacy and this is about to expand into the area of Business and Administration. We further recognise the importance of Graduate Apprenticeships available to both new starts joining our organisation and also our current staff. These programmes will provide the required knowledge, understanding to develop practice and experience to provide necessary management and leadership required to enhance personal and service development.

In promoting NHS Ayrshire & Arran as the largest employer in the county, including the careers and job opportunities available, we are committed to engaging with and supporting schools and colleges in the provision of Careers events including presentations to promote careers in Healthcare and NHS Ayrshire & Arran as an exemplar employer.

4.5 NHS Board Diversity Data

There are fourteen non-executive directors of the Ayrshire & Arran NHS Board. The gender split of non-executive directors is seven males, 50%, and seven females, 50%, and this represents a positive increase compared to the NHS Board makeup in 2012/13 whereby the percentage of female non-executive directors was 36%.

It should be noted that three non-executive directors are our local authority representatives and were elected to post by the public through existing local government processes.

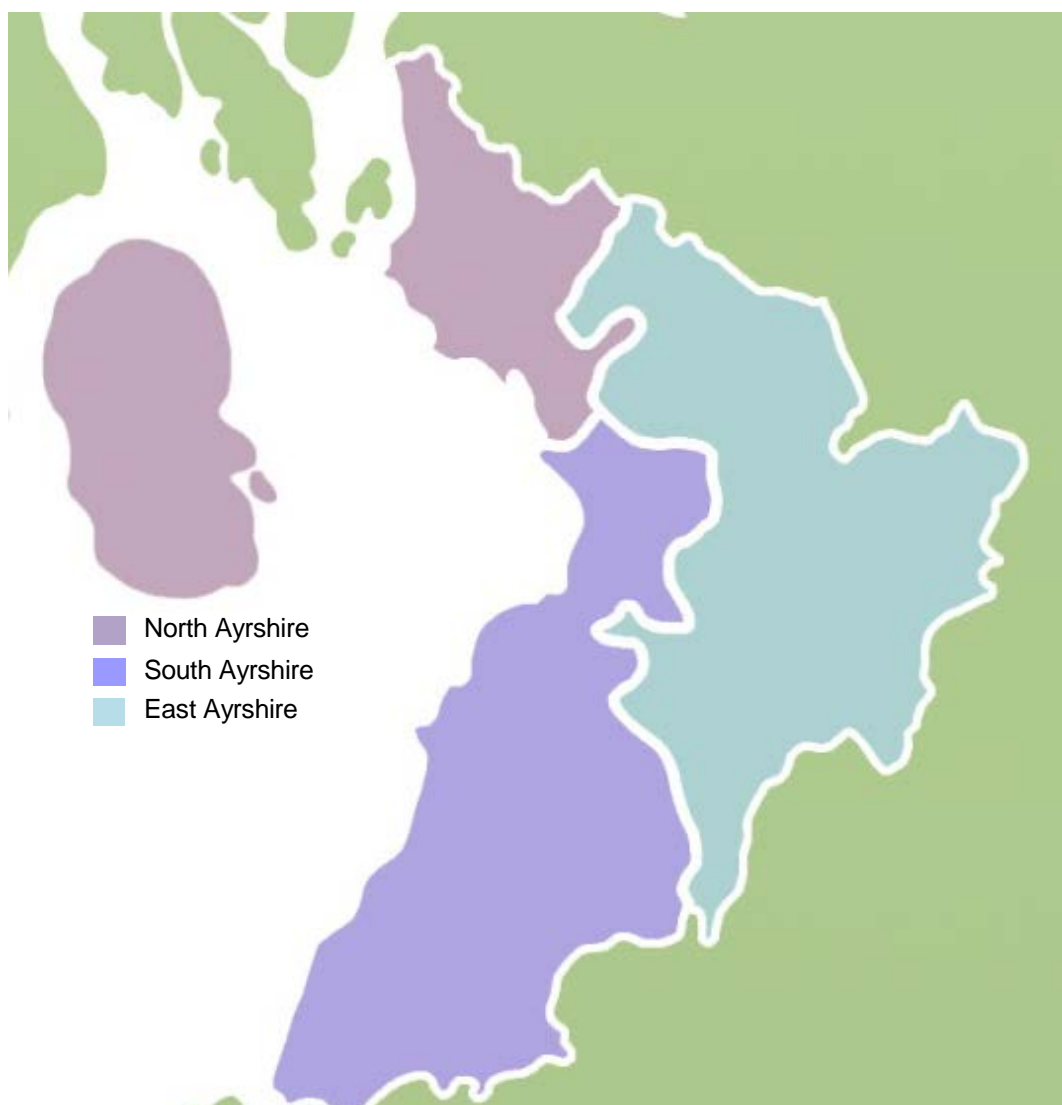
Recruitment to non-executive director roles of the NHS Board (with the exception of the employee director, chair of the area clinical forum and the aforementioned local authority representatives) is undertaken nationally by the Scottish Government on behalf of Scottish Ministers and these public appointments are made under a system regulated and monitored by the Commissioner for Ethical Standard in Public Life in Scotland

Scottish Ministers particularly welcome applications from groups currently under-represented on Scotland's public bodies, such as women, disabled people, those from minority ethnic communities, and people aged under 50.



Equality Outcomes 2021-2025

2023 Mid-term Progress Report



1. Introduction

All public authorities in Scotland must comply with the Public Sector Equality Duty (PSED) set out in the Equality Act 2010. This means that all public authorities, as part of their day to day business, must show how they will:

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

The protected characteristics referred to, as listed in the Equality Act are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 stipulate that public bodies require 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).

In April 2021, we published our third set of equality outcomes. In this mid-term update report we highlight the progress being made to embed equalities through our equality outcomes.

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

2. What are Equality Outcomes?

National guidance on setting equality outcomes notes that these should be proportionate and relevant to the functions and strategic priorities of the organisations setting them, and that they may include both short and long term benefits for people with protected characteristics.

From the outset of the development process, the following definition was applied to ensure consistency and rigour.

Outcomes are not what we do, but the beneficial change or effect which results from what we do. These changes may be for individuals, groups, families, organisations or communities.

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

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

Our equality outcomes were developed on the basis that they are short to medium term (one to four years) and link with the longer term shared equality outcomes set in partnership, as well as national outcomes.

3. Shared High Level Equality Outcomes

A number of organisations across Ayrshire deliver public services to local communities. In delivering services, these organisations must ensure that no person or group are discriminated against on the basis of any protected characteristics they may possess.

Public sector organisations require to develop and publish a set of equality outcomes. In 2017, considering the close working links between many of the public sector organisations in Ayrshire, a decision was taken to work jointly around the development and setting of equality outcomes. Therefore, a shared set of high level equality outcomes were developed whilst partners maintained individual accountability for their part or specific shorter term outputs.

For the period 2021-2025, the partners agreed to seek to continue to work towards the high level, aspirational outcomes but to set individual targeted equality outcomes for the four year period underpinning those.

The following tables outline the progress made to date and what further work we seek to do over the next two years.

Equality Outcome 1.1:

Our services will support young people, women and people with long-term conditions to experience improved health by:

- **Enhancing opportunities for employability**
- **Supporting perinatal health**
- **Improving birth experiences**

What we set out to do:

Output – Increase in young people, females and those with health issues in employment.

Action – NHS A&A Community Wealth Building (CWB) Diagnostic and Action Plan

Measurement – CWB Diagnostic and Action plan in place

Output – Increase in young people, females and those with health issues in employment.

Action – Creation of Ayrshire Anchor Network

Measurement – Ayrshire Anchor Network established

Output – Increase in young people, females and those with health issues in employment.

Action – Development of Anchor Network toolkit

Measurement – Anchor Network toolkit developed

What we did:

Development of Anchor Workstream and Community Wealth Building (CWB) Programme

The Scottish Government Anchor workstream has a vision to support communities, third, public and private sector organisations working jointly to reduce health inequalities and drive improvement in health and wellbeing within local communities.

NHS Ayrshire & Arran (NHS A&A) signed the Ayrshire CWB Anchor Charter in October 2020. The Ayrshire CWB Commission brings together all major Anchor Institutions in Ayrshire with the aim of developing a collaborative approach to CWB in Ayrshire and supports Anchors to develop and adopt CWB initiatives. A work plan of activities was agreed by the CWB Commission in December 2020 alongside the formation of a Lead Officer Working Group.

The Ayrshire Anchor Fair Employment Lead Officers Group has three working groups focusing on actions to improve recruitment, apprenticeships and volunteering in Ayrshire.

NHS A&A as a large Anchor institution has established a Community Wealth Building Programme Board as well as developing an [Employability Strategy](#). Our Employability Strategy which aligns to NHS A&A's Workforce and People plans sets out our ambition to create employment opportunities for all with a focus on supporting key groups who experience barriers to employment including: young people, single parent households, those currently in the benefit system and other groups.

Our three year workforce plan includes our commitment to employability and it is increasingly important that NHS A&A understand the local employment market and are able to use initiatives to create where possible, a sustainable source of workforce supply. Our Employability strategy describes our commitment to achieve this and a detailed implementation plan for services will be developed based on the plan. Four priority areas have been identified within our Employability plan:

- **Enhanced youth experience opportunities** - programme of interventions engaging with schools and colleges to promote roles and career opportunities within NHS A&A.
- **Develop Modern Apprenticeship** - Working in partnership with SDS, education institutions and local services to increase the number and range of MA opportunities within NHS A&A.
- **Social inclusion opportunities** - Working closely with partners to develop targeted interventions to improve the opportunities for minority groups to access employment.
- **Equality and Diversity** - Targeted activity on ethnic minority groups and those with learning and/or physical disabilities.

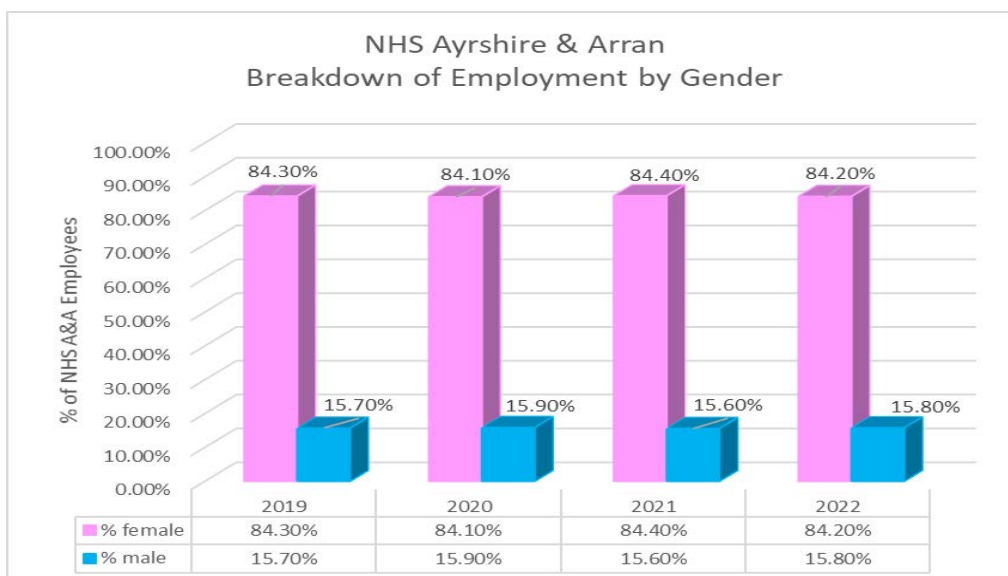
An Employability Steering Group was established in July 2022 with stakeholder representation across health and social care in NHS A&A. This group will oversee the planned implementation plan to ensure effective delivery of the four priority areas.

We continue to explore utilisation of social media to promote job opportunities recognising that social media as a recruitment platform aids engagement with younger candidates. We also continue to liaise with external partner organisations specialising in employment opportunities to specific sectors of the workforce including our Young Workforce Ayrshire and Skills Development Scotland.

During the COVID-19 pandemic NHS A&A recruitment activity included collaborative work with the Department of Work & Pensions (DWP) / JobCentre Plus to source candidates for support roles including admin, healthcare support workers, porter/drivers and domestics.

Employment of Women

NHS A&A is an equal opportunities employer and traditionally healthcare services has attracted high numbers of female employees. NHS A&A has a higher proportion of females in the workforce as per the figures below (detail as at 30 September each year based on headcount of substantive employees):

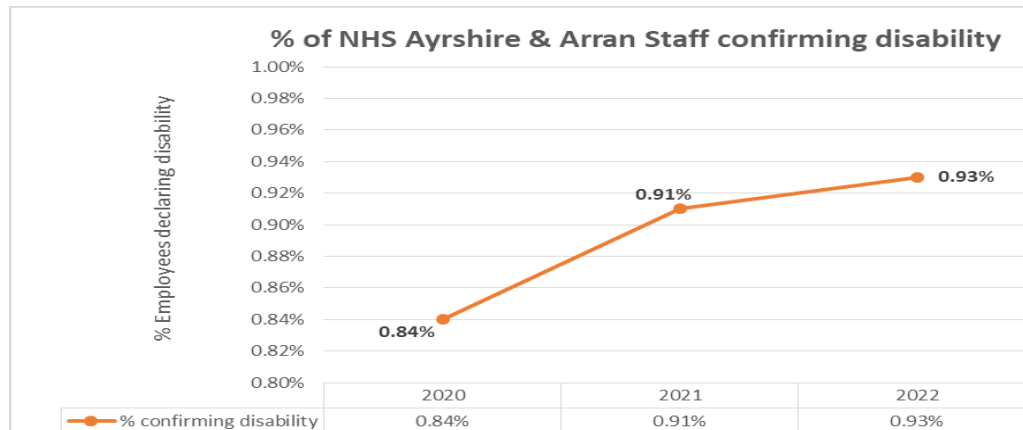


There is no significant change over time in the gender balance in workforce. Some job families have differences compared to the organisational average, for example, medical staff.

At present no particular employability actions have been set to increase number of females in the work place or to encourage increased number of female applicants to job families where there is lower occurrence of women in the workforce. However, this is something we are exploring further.

Disability including Employment of people with long-term conditions

Workforce data for disability includes long term conditions. There is no onus on staff to declare a disability or long term condition to the organisation. The figure for disability and long term conditions is likely to be grossly deflated given a large proportion of our workforce are Ayrshire residents and the prevalence of long term conditions on a population basis should be reflected in our workforce.



We have undertaken some promotional work to encourage an increase in disclosure but further work in this area is required. In support of disclosure, we continue to guarantee an interview to candidates with a disability who meet the minimum criteria for posts.

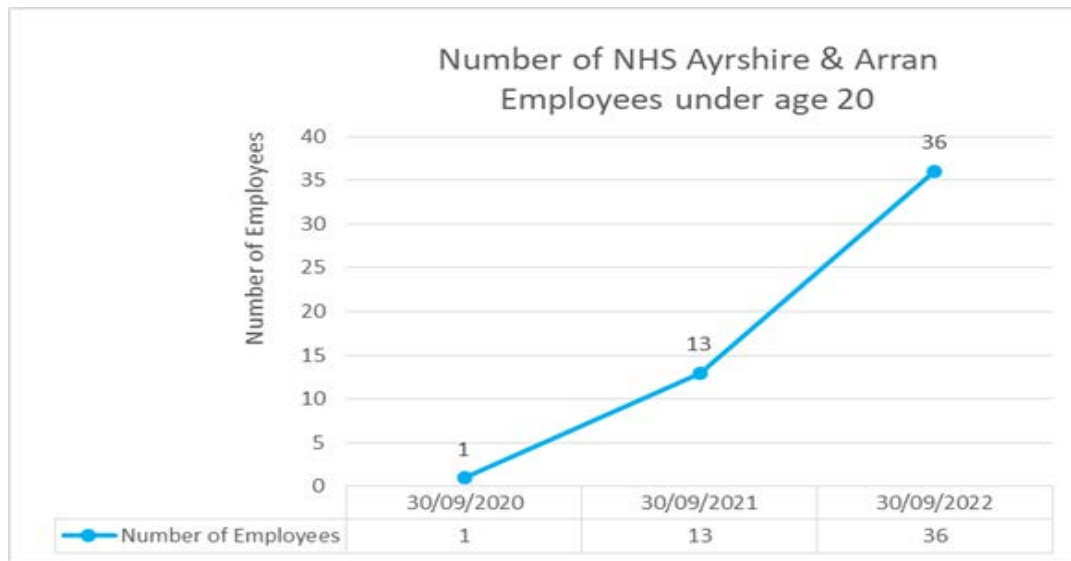
NHS A&A provides staff with opportunities to remain at work following a change to their health and seeks to identify alternative staff duties where a change to health impacts the employee's ability to continue in a particular role.

Our managers are now more aware of the benefits of provision of our various employability programmes such as Project Search, Modern Apprenticeships.

The COVID-19 pandemic brought a fundamental change in employment opportunities, in terms of tasks and roles, and infrastructure for staff. Opportunities for home working for existing staff, where appropriate, has increased, supported by structured risk assessment. Support and adjustments were provided to staff with disabilities and long term conditions who required to shield during the pandemic.

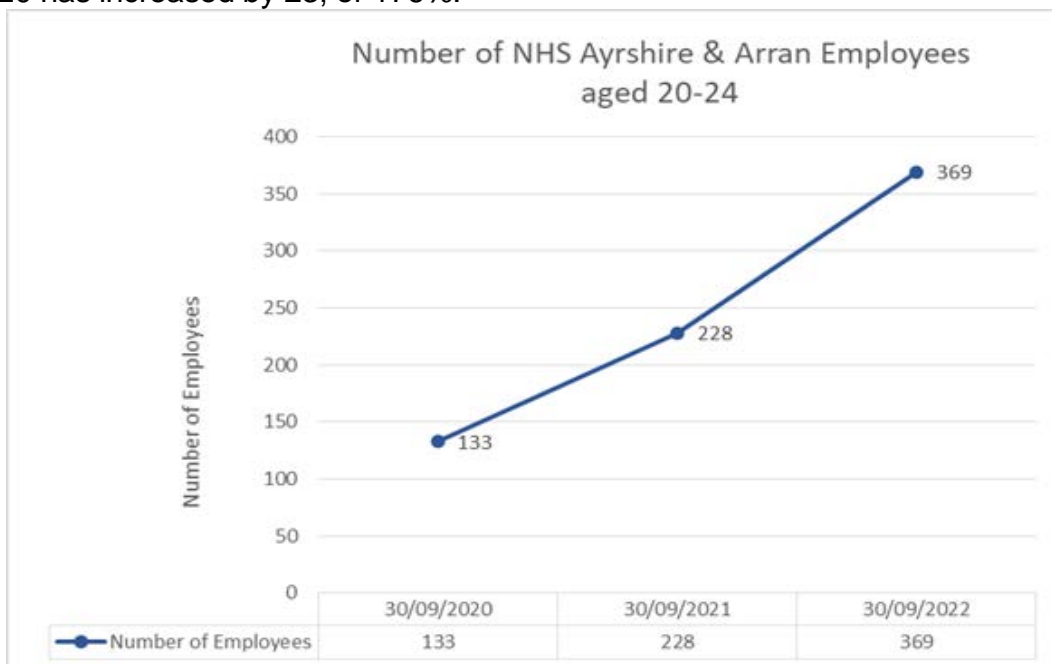
What difference did we make?

Employment of Young People



The graph above shows the progress in the number of NHS A&A employees under age 20. To improve employment of people in this age group, NHS A&A are also involved in specific programmes such as Project Search and Modern Apprenticeships.

NHS A&A's employment of people aged under 20 has risen by 35 employees, from 1 employee at 30 Sept 2020 to 36 employees at 30 Sept 22. Looking at the number of NHS A&A employees between 30 Sept 21 and 30 September 22, employment of people aged under 20 has increased by 23, or 176%.



The graph above outlines the number of NHS A&A employees aged 20 to 24. This has risen year on year up to 2022 and has risen by approximately 177% from 133 at 30 Sept 2020 to 369 at 30 Sept 2022.

As referenced above we have made improvements in the employment of young people and below outlines our most up to date information on our Modern Apprenticeship programme, showing 47 individuals recruited.

	Framework Title	Age Range (16-19, 20-24, 25+)	Headcount Recruited 2022-23	Total Headcount
Modern Apprenticeship	Dental Nursing	16-19	20	20
	Dental Nursing	20-24	8	8
	Dental Nursing	25+	2	2
	Healthcare Support Clinical	20-24	1	1
	Healthcare Support Clinical	25+	6	6
	Pharmacy Technical Apprentices	25+	9	9
Graduate Apprenticeship				
	BSc Hons AI & Data Science	25+	1	1

Over and above the modern apprenticeship programme, the following tables outline the range of job roles for individuals aged under 20 years and 20 to 24 (we have used previous data to show the improvement).

Number of Employees Under 20 by Job Family	30/09/2019	30/09/2020	30/09/2021	30/09/2022
Administrative services	0	0	1	3
Allied Health Profession	0	0	0	1
Healthcare sciences	0	0	1	0
Nursing/midwifery	0	0	1	7
Support services	0	1	9	25
Total Number of Employees	0	1	13	36

Number of Employees age 20 - 24 by Job Family	30/09/2019	30/09/2020	30/09/2021	30/09/2022
Administrative services	10	14	31	46
Allied Health Profession	2	7	27	47
Dental support	0	0	0	2
Healthcare sciences	0	1	6	7
Medical and Dental	0	0	0	3
Nursing/midwifery	13	73	107	193
Other therapeutic	3	7	12	22
Personal and social care	0	0	8	5
Support services	23	31	37	44
Total number of employees	51	133	228	369

What we will do now/future work?

Fair Work and Employability

We will continue to look at alternative methods of attracting a wide range and diverse pool of applicants for available posts within all anchor partner organisations.

We will consider positive recruitment practices to develop a more diverse workforce for the future, including targeted engagement with organisations supporting minority groups.

We will work collaboratively with DWP to promote employment opportunities to unemployed people and to support disabled staff and those with long term conditions to enter / remain in employment.

NHS Ayrshire recruitment and employability commitments include:

- Commitment to continual provision of circa 50 Modern Apprenticeships each year within NHS A&A by engaging with Directors and services to agree defined roles and matching to vacancies and hard to fill posts. This will include creating different career routes through planned development. During their apprenticeship, individuals will have access to NHS A&A's vacancy list.
- Development a programme of pathways to Employment as highlighted as a commitment in our three year workforce plan. We will re-establish our work experience programme including adult and school experience and provide supported placements.
- Working towards living wage accreditation for NHS A&A and supporting the Fair Work workstream which is part of the Community Wealth Building programme. We will continue to research funding available via Scottish Government, the Department of Work and Pensions and Skills Development Scotland to assess as a public employer what we can utilise to support the employability agenda and direction of travel.
- Continued work with Community General Dental Practices to recruit further Dental Nurses to engage in the Apprenticeship Programme.

We currently have nine Pharmacy Technical Modern Apprentices recruited this year and expect to recruit a further six in April 2023.

We currently have four Business and Administration Modern Apprentices requests confirmed with further requests expected.

Accelerated Training for Health and Social Care Roles and Professions

NHS A&A will be participating in the accelerated training for a wide range of health and social care roles and professions being offered by NHS Education for Scotland (NES). The Academy is currently developing an NHS Youth Academy to provide young people with the opportunity to develop the skills needed to join the NHS workforce supporting the Scottish Government's ambitions to improve youth employment.

Equality Outcome 1.2:

Our services will support young people, women and people with long-term conditions to experience improved health by:

- **Enhancing opportunities for employability**
- **Supporting perinatal health**
- **Improving birth experiences**

What we set out to do:

Output – Improved health of pregnant women

Action – Roll out of Maternity Care Assistant programme

Measurement – Improved audit results
SPSP measures
MQUIP measures

What we did:

Maternity Care Assistant (MCA) clinics have been running consistently. All pregnant women within Ayrshire and Arran are offered an appointment at this clinic. As well as clinical investigations being carried out women also have the opportunity to discuss what is important to them. The MCA group have had training provided in financial inclusion and level 3 nutrition training to support in this role.

What difference did we make?

This is providing an additional opportunity for women to discuss and get information on public health messages and financial support that may not have been retained at the initial booking appointment. With these factors being discussed with all individuals, this is helping remove stigma and if someone's situation changes they are aware that the maternity team are able to support in onward referral.

What we will do now/future work?

To continue building on this work the MCA group are keeping training up to date and working closely with their midwifery teams to develop services within each locality to support individual needs.

Case study:

Family had a house fire and were left struggling. They contacted their local midwifery team who they knew through discussions with the team MCA that they were aware of the supports that would be available to the family to support them financially during this traumatic time.

The MCA supported the family and made referrals and very quickly support was in place to provide this family with clothes and toiletries and financial support.

Equality Outcome 1.3:

Our services will support young people, women and people with long-term conditions to experience improved health by:

- **Enhancing opportunities for employability**
- **Supporting perinatal health**
- **Improving birth experiences**

What we set out to do:

Output – Reduction in birth trauma and increased bonding between mother and child

Action – Increase in number of home births

Measurement – Number of home births recorded

What we did:

We revised our homebirth team and improved the education for women on their choices in birth place. Since the introduction and expansion of our homebirth team NHS Ayrshire & Arran has seen a huge increase in babies born at home. The team attended 76 women at home in labour.

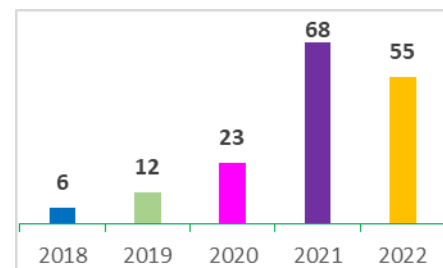
As part of our person-centred, safe and effective care model we supported these women to have their babies at home, however, on occasion transfer to a hospital was necessary. Only 5 mums had to be transferred to hospital postnatally and there was only 8 non-emergency transfers during labour. In all cases, the baby stayed with mum to ensure that early contact and bonding.

What difference did we make?

We have seen a continual increase in homebirth numbers since 2018 from 6 per year in 2018 to 55 in 2022 (2 being born on Christmas Day), although this has fallen from our highest number of 68 in 2021. This included 14 first time mums giving birth at home. As well as having an increase in the number of women giving birth at home, NHS Ayrshire & Arran supported 39 water births at home.

Having a formal homebirth team, we have increased the continuity of care to both the mothers and their families throughout their pregnancy.

Of the mothers who birthed at home, 48 of them breastfed their child, further supporting good bonding opportunities with their child.



What we will do now/future work?

NHS Ayrshire & Arran will continue to support mothers to have homebirths through the continuation of the formal homebirth service along with the education of mothers on their choices of birth place. We continue to report trends on an annual basis.

Case study

We do not have a case study to include in this interim report, however, the homebirth team are going to be carrying out a postnatal survey specifically for the women under the care of the homebirth team to gather feedback on their experiences of their care as well as capturing the experience of the women who don't achieve a homebirth. From this survey we will include a case study to show the impact of homebirths and bonding between mother and child.

Equality Outcome 2.1:

Patients who require communication support can access digitally enabled health and care services which support them to manage and improve their health outcomes

What we set out to do:

Output – Increased number of face to face consultations by those with a communication barrier

Action – Explore opportunities for provision of community language interpretation via Near Me

Measurement – Community Language interpretation provider contract in place

Output – Increased number of face to face consultations by those with a communication barrier

Action – Explore opportunities for provision of British Sign Language (BSL) interpretation via Near Me

Measurement – BSL interpretation provider contract in place

Output – Increased number of face to face consultations by those with a communication barrier

Action – Increase in the number of digital face to face

Measurement – Baseline of numbers / Increased usage of interpretation support

What we did:

During the COVID-19 pandemic, many health care services were unable to provide face to face consultations and Near Me was an alternative method of patient care to allow access to health care services. 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 clinicians. As a result of the pandemic, there was a rapid roll out of Near Me across the NHS in Scotland.

One of the aims of Near me was to improve patient access and experience of health care services, particularly during the initial pandemic period. However, it was recognised that Near Me use offered a potential barrier to those who first language is not English, including British Sign Language (BSL). Therefore, we embarked on rectifying this through our internal information governance routes to ensure that any systems put in place would meet with information governance and IT security requirements. As processes were already in place for remote BSL provision, no further work in this area was required. For remote face to face interpretation was not already available and therefore it was essential that the necessary paperwork and data

protection checks were completed as well as access to relevant systems for community languages being secure.

The number of Near Me consultations in NHS Ayrshire & Arran reached a peak of 8,050 consultations in March 2021 at the height of the pandemic, however, as services entered recovery phase usage has decreased to an average of 1,469 consultations in March 2022. In total 56,146 Near Me video consultations took place between March 2020 and November 2022.

Near Me has been used within Primary Care, Secondary Care, Mental Health, Women's and Children's Services and the Cochlear Implant Service to sustain care and support to patients. General Practice (one practice in particular) and Children and Adolescent Mental Health Services (CAMHS) are the highest users of Near Me in NHS Ayrshire & Arran with 25,794 individual consultations carried out in 2021. This decreased to 12,056 individual consultations in 2022 (up to November 2022). In March 2022, we started using group sessions and there are 11 groups in total set up (mostly for psychology).

Over this period, both community language interpretation services have been used as well as BSL interpretation. Community language interpretation services has been used to support Near Me appointments 50 times with the majority of these appointments coming from the Cochlear Implant Service. BSL interpretation services has been used to support Near Me appointments 90 times since April 2021.

In 2023, we will promote a new pathway for community language interpretation via Near Me and a booking system will be in place which will help record the number of times used. However, we do have to bear in mind that the use of Near Me has declined since we entered the recovery phase.

Information leaflets about the use of Near Me were translated nationally into various languages and links to these were shared via our public website.

What difference did we make?

One area which found benefit in using the Near Me service was the Cochlear Implant Service. Given NHS Ayrshire & Arran house the only Cochlear service in Scotland, we can receive patients from any part of Scotland. Having the ability to use Near Me resulted in patients not having to travel to appointments which in turn saved them time and money.

The highest period of use of the Near Me service was during the pandemic so this resulted in people not having to attend our premises and therefore meant there was less chance of contracting Covid, or any other potential infection, when out in public.

Again as a result of the pandemic, the number of people able to attend face to face appointments was reduced and therefore Near Me made it possible to have a relative or carer present.

What we will do now/future work?

We will continue to work with services to identify opportunities to use Near Me as part of service provision.

In 2023, we will implement a new booking process for community language interpretation support so that recording of use can be monitored and recorded.

To ensure no additional barriers are in place for those whose first language is not English, we will continue to promote the availability of interpretation support across our services. At the same time we will also work with public members whose first language is not English to promote this service is available should they wish to participate in it.

To ensure those members of our population whose first language is not English are aware of the service available, we will re-promote the information leaflets which are available in alternative formats and languages.

Equality Outcome 3.1:

Women and children through access to localised and targeted service provision will experience improved mental health

What we set out to do:

Output – Improved perinatal mental health of women.

Action – Identification of and interaction with women who may require additional support during the perinatal period.

Measurement – SPSP measures
MQUIP measures

Output – Improved perinatal mental health of women.

Action – Signposting to necessary support mechanism.

Measurement – SPSP measures
MQUIP measures

What we did:

NHS Ayrshire & Arran introduced the Perinatal Mental Health team and the Maternal and Neonatal Psychological Interventions (MNPI) team in 2021. This is providing a more robust perinatal mental health service for the families of Ayrshire and Arran. As well as this, the long established birth reflections service continues to run and this service may onward refer to the aforementioned services or to the mental health practitioners within GP practices.

As well as the services referred to above, training has been provided to train four of the birth reflections team in rewind technique (a three session therapy that helps to reframe trauma) and four of the team have been trained in clinical hypnosis. There has also been 12 members of the midwifery team who have had COSCA counselling training.

Some midwives have also been trained to deliver the Institute of Health Visiting PMH training. Members of the women and children's teams have also been trained in the NSPCC crying child. This provides them with the confidence to educate families on crying and help them cope with this.

There has also been training and information provided, via Father's Network, to staff to help with an understanding of paternal perinatal mental health.

What difference did we make?

There has been a significant increase in the number of referrals to the services and this may be due to clinicians and families feeling that they have options available to them for support with perinatal mental health (PMH). With the added skills and the increased service for PMH it provides the services with opportunity for onward referral if they require the assistance of another service to provide optimal care for families.

Training provided is helping to increase clinician's confidence when discussing PMH or supporting families with PMH.

What we will do now/future work?

Moving forward the NSPCC Crying child training will be provided to more staff members within Women and Children's services.

The birth reflections is in the process of fully remobilising as it had to be altered significantly during COVID. This went from a team approach to 2 staff members running telephone appointments only; the aim is to have the full team and service up and running by March 2023.

There will be Healthcare Support Workers (HCSWs) trained in infant massage and this will allow them to provide this education to parents. This will help with both perinatal and infant mental health.

We are about to commence work within maternity services on debrief and making this more effective in supporting all women post birth in the hope that this can reduce the number of women presenting to PMH services with concerns regarding birth trauma.

Case study

A woman was referred to MNPI team for support post birth. She was reviewed by the team and as well as support required from them, they also advised support from the birth reflections team. Birth reflections service reviewed following referral from the MNPI.

During the consultation with the woman, the birth reflections team realised that with the help of MNPI the woman was recovering from her trauma. However, the team recognised that her partner, who was also at the consultation, was clearly traumatised and his mental health was suffering. He was subsequently referred to the mental health practitioner at his GP surgery by the birth reflections team with his consent. He was seen within one week and ongoing support was arranged. He was also offered Rewind technique if he thought it would help and information on this was provided. He opted not to have this, however, is aware that it is an option in the future if needed. The birth reflections team were also able to provide him with the contact details of Father's Network and Dad's Rock for additional support.

**Equality Outcome 3.2:
Women and children through access to localised and targeted service provision will experience improved mental health**

What we set out to do:

Output – Improved experience of children and young people who require access to sexual forensic services.
Action – Establishment of sexual forensic suite in paediatrics.
Measurement – Number of individuals accessing the service.
Number of individuals who did not require to travel to Glasgow.

What we did:

After publishing our equality outcomes in 2021, NHS Ayrshire & Arran carried out a scoping exercise for a forensic suite for children and young people in Ayrshire. Due to the impact of the Covid pandemic, work in this area was paused, however, has now recommenced with a view to establishing a sexual forensic suite in paediatrics.

What difference did we make?

Unfortunately work in this area was paused due to the Covid pandemic so little progress has been taken forward to establish the sexual forensic suite in paediatrics. Work in this area has now recommenced and our 2025 report will provide evidence of the progress made and improvements to the experience of children and young people who require access to sexual forensic services.

What we will do now/future work?

NHS Ayrshire & Arran will continue to progress work to improve the experience of children and young people who require access to sexual forensic services. Work is due to commence on the estates aspect of the forensic suite in January 2023.

**Equality Outcome 4.1:
Our BAME, disabled and LGBT+ staff have safe and supportive work environments where they are able to share experiences and access peer support, improving their experience at work.**

What we set out to do:

Output – Establishment of a safe and supportive environment for staff who identify with a particular protected characteristic.
Action – Explore with the workforce the desire to establish a Black, Asian and Minority Ethnic (BAME) staff network.
Measurement – BAME staff network established.

Output – Establishment of a safe and supportive environment for staff who identify with a particular protected characteristic.
Action – Explore with the workforce the desire to establish disability staff network.
Measurement – Disability staff network established.

Output – Establishment of a safe and supportive environment for staff who identify with a particular protected characteristic.

Action – Explore with the workforce the desire to establish a Lesbian, Gay, Bisexual and Trans+ (LGBT+) staff network.

Measurement – LGBT+ staff network established.

What we did:

In December 2020, an engagement session was held by the then Chief Executive and the HR Director and BAME members of staff. Following this meeting a BAME Staff Network was established with the first meeting taking place in April 2021. The group subsequently voted to change the name to the Ethnic Minority Staff Network (EMSN) and the EMSN continue to meet quarterly. The chair of the EMSN also attends the national Ethnic Minority Forum which brings together the chairs from networks across all Boards in Scotland.

In September 2021, we had an initial meeting of an LGBT+ Staff Network. The group meet quarterly and are looking to carry forward work to ensure that NHS Ayrshire & Arran is a safe and supportive environment to work for staff who identify as LGBT+. A chair and two vice-chairs were appointed, however, the Chair got a new post in another Board in November 2022 so a new Chair is currently being appointed.

During the summer months in 2022, we ran a survey to gauge if there was interest among staff for a Disability Staff Network. 85% of respondents to the survey advised that they had a disability or long-term health condition and, of them, 87% felt that there should be a Disability Staff Network. In November 2022, an initial meeting took place of the Disability Staff Network and a chair and vice-chairs will be appointed in due course.

What difference did we make?

The staff networks have been well received by staff who have joined them and there is a strong appetite to work towards ensuring inclusivity throughout the organisation. The networks have also provided a safe space for staff to share experiences with others who share a protected characteristic. This space allows staff to discuss really important things, not only from a work perspective, but for their own health and wellbeing with likeminded people. These experiences are fed back through the Board`s equality structure and can help shape and inform organisational policies and processes.

One of the issues that which have been raised are around racist behavior from both service users and also other members of staff. A short life working group has been established to look at this to ensure staff know the routes for reporting and identify any training gaps.

What we will do now/future work?

We will continue to facilitate the three existing staff networks and also establish a Carers` Staff Network for staff who have caring responsibilities. There will also be opportunities for the staff networks to work together to discuss areas of intersectional disadvantage for individuals who belong to more than one minority group.

A draft action plan has been established for the EMSN, and it is hoped that this will be replicated for each of the other staff networks to support more inclusive policy and practice across NHS Ayrshire & Arran.

The staff networks will be more widely publicised to attract more members and will be supported to take forward work that they identify as being necessary.

A 'Celebrating Diversity' event is currently being explored and it is hoped to hold this at both our main acute hospital sites to dispel myths, break down barriers and foster relations between staff.

Case study

A member of staff working in a patient-facing role, with patients who had contracted Covid-19, had raised the question of appropriate masks and support with mask fitting. Through engagement with the Ethnic Minority Staff Network (EMSN), the individual was able to raise concerns in a safe and confidential environment. The HR Director, who undertook the role of Interim Chair while the network was forming, was in attendance at the EMSN meeting where this was raised and was able to speak to the individual out with the meeting to allay her concerns and signposted her to speak to the correct people who were able to provide an appropriately fitted mask.

Occupational Segregation and Equal Pay Analysis

Overview

The following tables are presented:

- Table A – Summary of overall gender pay gap across NHS Ayrshire & Arran;
- Table B1 – Gender pay gap by Agenda for Change (AfC) job families (summary);
- Table B2 - Gender pay gap by Agenda for Change (AfC) job families and pay band;
- Table C – Gender pay gap by medical & dental grades;
- Table D – Occupational segregation by ethnicity; and
- Table E – Occupational segregation by disability.

Data Definitions

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.

Detail is provided of what the comparator is and the meaning of what relative positive or negative percentage values represent.

Note that where data relates to 5 or less individuals (or where a total could potentially identify 5 or less individuals) all detail has been replaced with an asterisk (*) in order to avoid potential identification.

Table A – Summary of overall gender pay gap across NHS Ayrshire & Arran

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

Grade	Female			Male			Total headcount of cohort	Gender pay gap male to female %
	Headcount	% of workforce	Average Hourly Rate £	Headcount	% of workforce	Average Hourly Rate £		
Agenda for Change	9214	86.50%	16.99	1437	13.50%	17.26	10651	1.59
Medical and Dental	294	47.96%	38.15	319	52.04%	42.17	613	10.54
Senior Managers	9	*	*	*	*	*	*	*
Total	9512	84.42%	17.69	1756	15.58%	22.03	11268	24.53

Narrative

The overall organisational position, as illustrated in the table above, is of males being paid 24.53% more than women. It is important to note the skewing impact that both the medical & dental and senior manager cohorts have upon the organisational position. Whilst these cohorts are significantly smaller in size, than the Agenda for Change cohort, gender split (AfC = 13.5% males versus medical = 52.04%) coupled with the relatively higher pay, particularly in relation to senior medical staff, skews the overall organisational position.

As Table B2, which follows, illustrates, the gender spread across grades, specifically clustering at higher grades, has a direct and significant impact on the overall organisational position.

Note that due to the size of the Senior Managers cohort, headcount of 13, there is no further drilldown of data by specific grades as this encompasses less than 5 individuals therefore all the data contained within the analysis would be redacted, as per data definition, to avoid potential identification of individuals.

Table B1 – Gender pay gap by Agenda for Change (AfC) job families (summary)

Note:

- The same notes as Table A are applicable

Job Family	Female			Male			Total headcount of cohort	Gender pay gap male to female %
	Headcount	% of workforce	Average Hourly Rate £	Headcount	% of workforce	Average Hourly Rate £		
ADMINISTRATIVE SERVICES Total	1522	87.00%	15.08	227	13.00%	18.75	1749	24.34
ALLIED HEALTH PROFESSION Total	879	90.70%	20.07	90	9.30%	19.96	969	-0.55
DENTAL SUPPORT Total	80	*	*	*	*	*	*	*
HEALTHCARE SCIENCES Total	270	75.80%	18.44	86	24.20%	20.2	356	9.54
MEDICAL SUPPORT Total	9	45.00%	18.07	11	55.00%	17.07	20	-5.53
NURSING/MIDWIFERY Total	4920	91.00%	17.47	485	9.00%	17.47	5405	0.00
OTHER THERAPEUTIC Total	390	84.60%	22.38	71	15.40%	24.03	461	7.37
PERSONAL AND SOCIAL CARE Total	141	88.10%	18.44	19	11.90%	20.73	160	12.42
SUPPORT SERVICES Total	1031	69.70%	12.35	448	30.30%	13.98	1479	13.20
Total	9214	86.50%	16.99	1437	13.50%	17.26	10651	1.59

Narrative

AfC staff constitute approximately 94.5% of the NHS Ayrshire & Arran workforce. AfC is based on the principle of equal pay for work of equal value. The tables below show the gender pay gap summary by job family and the gap by individual grades within each job family. The relative gender split across bands within job families is a critical component in interpreting why there is a differential in male and female pay. As with all staff groups the reasons for this are multi-factorial e.g. societal, educational, child care and breaks in career. A higher proportion of either gender in a specific band can significantly impact upon the overall average hourly rate.

Table B2 - Gender pay gap by Agenda for Change (AfC) job families and pay band

The table below breaks job families down by AfC band:

Job Family	Grade	Female			Male			Total headcount of cohort	Gender pay gap male to female %
		Headcount	% of workforce	Average Hourly Rate £	Headcount	% of workforce	Average Hourly Rate £		
ADMINISTRATIVE SERVICES	Band 2	471	91.10%	11.89	46	8.90%	11.74	517	-1.26
ADMINISTRATIVE SERVICES	Band 3	264	93.00%	12.97	20	7.00%	12.56	284	-3.16
ADMINISTRATIVE SERVICES	Band 4	470	94.60%	14.13	27	5.40%	13.93	497	-1.42
ADMINISTRATIVE SERVICES	Band 5	105	70.50%	16.78	44	29.50%	17.03	149	1.49
ADMINISTRATIVE SERVICES	Band 6	108	69.20%	20.68	48	30.80%	21.35	156	3.24
ADMINISTRATIVE SERVICES	Band 7	68	78.20%	24.15	19	21.80%	24.99	87	3.48
ADMINISTRATIVE SERVICES	Band 8A	30	76.90%	28.07	9	23.10%	28.07	39	0.00
ADMINISTRATIVE SERVICES	Band 8B	16	*	*	*	*	*	*	*
ADMINISTRATIVE SERVICES	Band 8C	10	*	*	*	*	*	*	*
ADMINISTRATIVE SERVICES	Band 8D	6	*	*	*	*	*	*	*
ADMINISTRATIVE SERVICES Total		1522	87.00%	15.08	227	13.00%	18.75	1749	24.34
ALLIED HEALTH PROFESSION	Band 2	25	*	*	*	*	*	*	*
ALLIED HEALTH PROFESSION	Band 3	99	93.40%	12.95	7	6.60%	12.91	106	-0.31
ALLIED HEALTH PROFESSION	Band 4	71	85.50%	13.93	12	14.50%	13.73	83	-1.44
ALLIED HEALTH PROFESSION	Band 5	81	87.10%	15.33	12	12.90%	14.97	93	-2.35
ALLIED HEALTH PROFESSION	Band 6	384	93.20%	21.16	28	6.80%	20.08	412	-5.10
ALLIED HEALTH PROFESSION	Band 7	186	91.20%	24.58	18	8.80%	24.04	204	-2.20
ALLIED HEALTH PROFESSION	Band 8A	27	75.00%	28.82	9	25.00%	28.31	36	-1.77
ALLIED HEALTH PROFESSION	Band 8B	13	*	*	*	*	*	*	*
ALLIED HEALTH PROFESSION	Band 8C	*	*	*	*	*	*	*	*
ALLIED HEALTH PROFESSION Total		879	90.70%	20.07	90	9.30%	19.96	969	-0.55
DENTAL SUPPORT	Band 2	*	*	*	*	*	*	*	*
DENTAL SUPPORT	Band 3	*	*	*					*
DENTAL SUPPORT	Band 4	44	100.00%	14.27				44	N/A
DENTAL SUPPORT	Band 5	24	*	*	*	*	*	*	*
DENTAL SUPPORT	Band 6	9	100.00%	20.45				9	N/A
DENTAL SUPPORT	Band 7	*	*	*				*	*
DENTAL SUPPORT Total		80	*	*	*	*	*	*	*
HEALTHCARE SCIENCES	Band 2	32	80.00%	11.72	8	20.00%	11.53	40	-1.62
HEALTHCARE SCIENCES	Band 3	77	82.80%	12.94	16	17.20%	12.89	93	-0.39
HEALTHCARE SCIENCES	Band 4	11	64.70%	13.98	6	35.30%	13.82	17	-1.14
HEALTHCARE SCIENCES	Band 5	20	74.10%	16.94	7	25.90%	15.3	27	-9.68
HEALTHCARE SCIENCES	Band 6	68	77.30%	21.19	20	22.70%	20.97	88	-1.04
HEALTHCARE SCIENCES	Band 7	45	72.60%	25.29	17	27.40%	25.01	62	-1.11
HEALTHCARE SCIENCES	Band 8A	11	64.70%	28.73	6	35.30%	29.52	17	2.75
HEALTHCARE SCIENCES	Band 8B	*	*	*	*	*	*	*	*
HEALTHCARE SCIENCES	Band 8C	*	*	*	*	*	*	*	*
HEALTHCARE SCIENCES	Band 8D	*	*	*	*	*	*	*	*
HEALTHCARE SCIENCES Total		270	75.80%	18.44	86	24.20%	20.2	356	9.54
MEDICAL SUPPORT	Band 2				*	*	*	*	*
MEDICAL SUPPORT	Band 4				*	*	*	*	*
MEDICAL SUPPORT	Band 5	9	*	*	*	*	*	*	*
MEDICAL SUPPORT	Band 6				*	*	*	*	*
MEDICAL SUPPORT Total		9	45.00%	18.07	11	55.00%	17.07	20	-5.53
NURSING/MIDWIFERY	Band 2	947	88.40%	11.92	124	11.60%	11.88	1071	-0.34
NURSING/MIDWIFERY	Band 3	462	92.20%	12.88	39	7.80%	13.02	501	1.09
NURSING/MIDWIFERY	Band 4	124	95.40%	13.91	6	4.60%	14.02	130	0.79
NURSING/MIDWIFERY	Band 5	1810	92.50%	17.17	146	7.50%	17.26	1956	0.52
NURSING/MIDWIFERY	Band 6	916	90.70%	20.78	94	9.30%	20.54	1010	-1.15
NURSING/MIDWIFERY	Band 7	578	90.70%	24.51	59	9.30%	24.22	637	-1.18
NURSING/MIDWIFERY	Band 8A	79	87.80%	28.37	11	12.20%	28.14	90	-0.81
NURSING/MIDWIFERY	Band 8B	20	76.90%	33.79	6	23.10%	33.67	26	-0.36
NURSING/MIDWIFERY	Band 8C	6	*	*	*	*	*	*	*
NURSING/MIDWIFERY Total		4920	91.00%	17.47	485	9.00%	17.47	5405	0.00

Job Family	Grade	Female			Male			Total headcount of cohort	Gender pay gap male to female %
		Headcount	% of workforce	Average Hourly Rate £	Headcount	% of workforce	Average Hourly Rate £		
OTHER THERAPEUTIC	Band 2	25	*	*	*	*	*	*	*
OTHER THERAPEUTIC	Band 3	21	*	*	*	*	*	*	*
OTHER THERAPEUTIC	Band 4	29	76.30%	14	9	23.70%	13.89	38	-0.79
OTHER THERAPEUTIC	Band 5	72	88.90%	16.41	9	11.10%	15.41	81	-6.09
OTHER THERAPEUTIC	Band 6	38	86.40%	18.97	6	13.60%	18.15	44	-4.32
OTHER THERAPEUTIC	Band 7	101	85.60%	23.83	17	14.40%	24.52	118	2.90
OTHER THERAPEUTIC	Band 8A	67	83.80%	28.28	13	16.30%	27.85	80	-1.52
OTHER THERAPEUTIC	Band 8B	39	*	*	*	*	*	*	*
OTHER THERAPEUTIC	Band 8C	12	*	*	*	*	*	*	*
OTHER THERAPEUTIC	Band 8D				*	*	*	*	*
OTHER THERAPEUTIC	Band 9	*	*	*	*	*	*	*	*
OTHER THERAPEUTIC Total		390	84.60%	22.38	71	15.40%	24.03	461	7.37
PERSONAL AND SOCIAL CARE	Band 2	*	*	*				*	*
PERSONAL AND SOCIAL CARE	Band 3	18	100.00%	12.71				18	N/A
PERSONAL AND SOCIAL CARE	Band 4	21	*	*	*	*	*	*	*
PERSONAL AND SOCIAL CARE	Band 5	41	*	*	*	*	*	*	*
PERSONAL AND SOCIAL CARE	Band 6	30	81.10%	20.54	7	18.90%	21.55	37	4.92
PERSONAL AND SOCIAL CARE	Band 7	16	*	*	*	*	*	*	*
PERSONAL AND SOCIAL CARE	Band 8A	7	*	*	*	*	*	*	*
PERSONAL AND SOCIAL CARE	Band 8B	*	*	*				*	*
PERSONAL AND SOCIAL CARE	Band 8C	*	*	*				*	*
PERSONAL AND SOCIAL CARE	Band 8D	*	*	*				*	*
PERSONAL AND SOCIAL CARE Total		141	88.10%	18.44	19	11.90%	20.73	160	12.42
SUPPORT SERVICES	Band 1	*	*	*				*	*
SUPPORT SERVICES	Band 2	909	76.30%	12	282	23.70%	12.02	1191	0.17
SUPPORT SERVICES	Band 3	89	66.40%	13.07	45	33.60%	13.02	134	-0.38
SUPPORT SERVICES	Band 4	12	33.30%	14.31	24	66.70%	14.36	36	0.35
SUPPORT SERVICES	Band 5	*	*	*	66	*	*	*	*
SUPPORT SERVICES	Band 6	*	*	*	*	*	*	*	*
SUPPORT SERVICES	Band 7	6	25.00%	24.75	18	75.00%	24.69	24	-0.24
SUPPORT SERVICES	Band 8A	*	*	*	6	*	*	*	*
SUPPORT SERVICES	Band 8B	*	*	*	*	*	*	*	*
SUPPORT SERVICES Total		1031	69.70%	12.35	448	30.30%	13.98	1479	13.20
Total		9214	86.50%	16.99	1437	13.50%	17.26	10651	1.59

Table C – Gender pay gap by medical & dental grades

Notes:

- The same notes as Table A are applicable

Narrative:

Medical and dental grades constitute approximately 5.4% of the NHS Ayrshire & Arran workforce. There are 4% more men than women within this staff group and a significant proportion are consultants, including clinical directors, (62% of all men in this job family compared to 51% of women). This has a direct impact upon the overall gender pay gap for this staff group. The reasons for the gender pay gap within the medical and dental cohort are multi-factorial e.g. societal, educational, child care and breaks in career, in common with other staff groups, however the impact upon the pay gap is significantly more pronounced. Pay in this cohort is highly dependent upon experience and men have more opportunity, taking into account the examples of factors highlighted, to build up sufficient experience to attain higher pay levels than women. Of note in the medical workforce is the significant shift in the gender profile of individuals entering medical training, more females, who will ultimately

emerge as the future medical workforce and this will have a direct impact on the gender pay gap in the longer term.

Job Family	Medical Grade	Female			Male			Total headcount of cohort	Gender pay gap male to female %
		Headcount	% of workforce	Average Hourly Rate £	Headcount	% of workforce	Average Hourly Rate £		
MEDICAL AND DENTAL	Associate Specialist	6	50.00%	50.01	6	50.00%	50.89	12	1.76
MEDICAL AND DENTAL	Clinical Director	8	32.00%	53.67	17	68.00%	53.40	25	-0.50
MEDICAL AND DENTAL	Clinical Fellow	57	50.90%	18.48	55	49.10%	19.40	112	4.98
MEDICAL AND DENTAL	Consultant	143	44.10%	50.12	181	55.90%	52.34	324	4.43
MEDICAL AND DENTAL	Dental Officer	7	*	*	*	*	*	*	*
MEDICAL AND DENTAL	Foundation House Officer Year 2	*	*	*	*	*	*	*	*
MEDICAL AND DENTAL	Locum Appointment Service	*	*	*	*	*	*	*	*
MEDICAL AND DENTAL	Medical Director	*	*	*	*	*	*	*	*
MEDICAL AND DENTAL	Other	*	*	*	*	*	*	9	*
MEDICAL AND DENTAL	Salariated GDP	*	*	*	*	*	*	*	*
MEDICAL AND DENTAL	Salaried GP	6	50.00%	43.37	6	50.00%	40.95	12	-5.58
MEDICAL AND DENTAL	Senior Dental Officer	*	*	*	*	*	*	*	*
MEDICAL AND DENTAL	Specialty Doctor	47	58.00%	34.81	34	42.00%	33.78	81	-2.96
MEDICAL AND DENTAL	Other	*	*	*	10	*	*	*	*
	Total	294	47.96%	38.15	319	52.04%	42.17	613	10.54

Table D - Occupational segregation by ethnicity

Notes:

- Senior manager total includes Non-Executive Directors

There is clearly variation within and between job families however reasons for this will be multi-factorial. The size of cohorts within this analysis impedes the ability to undertake further vertical segregation analysis by grade within job families.

Ethnicity	Job family										
	ADMINISTRATIVE SERVICES	ALLIED HEALTH PROFESSION	DENTAL SUPPORT	HEALTHCARE SCIENCES	MEDICAL AND DENTAL	MEDICAL SUPPORT	NURSING/MIDWIFERY	OTHER THERAPEUTIC	PERSONAL AND SOCIAL CARE	SENIOR MANAGERS	SUPPORT SERVICES
African - African, African Scottish or African British				*	14		*	*			*
African - Other					2			*			
Asian - Chinese, Chinese Scottish or Chinese British	*	*		*	13		6	*			*
Asian - Indian, Indian Scottish or Indian British	*	*		*	64		*	*	*		*
Asian - Other	*			*	21		13				*
Asian - Pakistani, Pakistani Scottish or Pakistani British	*	*		*	18		*	8			
Caribbean or Black - Black, Black Scottish or Black British					*		*				
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British					*		*	*			
Caribbean or Black - Other	*				*		*				
Don't Know	343	150	11	77	91	6	852	39	17	*	379
Mixed or Multiple Ethnic Group		*			17		6	7	*		*
Other Ethnic Group - Arab, Arab Scottish or Arab British					2						
Other Ethnic Group - Other	*			*	15		*	*			*
Prefer not to say	*	*		*	5		7	*			*
White - Irish	14	25		*	21		32	9	*		*
White - Other	14	11	*	8	42		36	13			9
White - Other British	101	63		20	87	*	234	31	7	*	45
White - Polish	*	*					*				*
White - Scottish	1284	700	64	229	212	13	3907	336	126	19	1007

Table E – Occupational segregation by disability

Notes:

- As per table D

Employees identifying as having a disability are 0.86% of the entire workforce. It is recognised in the Equality & Diversity Mainstreaming Report that this is grossly under the expected rate of disability we would expect to have if taking cognisance of the health status of our local population, of which a significant proportion of our employees will be. Data on employee disability is self-reported and as such there is a need to engage with staff to improve understanding e.g. understanding that having a long term condition in many cases is classed as a disability under the Equality Act 2010, and encourage staff reporting. On this basis it is difficult to draw any meaningful conclusion from the data and the ability to undertake further vertical segregation analysis is impossible as the associated numbers would be rendered unreportable.

Disability	Job family										
	ADMINISTRATIVE SERVICES	ALLIED HEALTH PROFESSION	DENTAL SUPPORT	HEALTHCARE SCIENCES	MEDICAL AND DENTAL	MEDICAL SUPPORT	NURSING/MIDWIFERY	OTHER THERAPEUTIC	PERSONAL AND SOCIAL CARE	SENIOR MANAGERS	SUPPORT SERVICES
Don't Know	914	446	53	186	236	13	2428	132	79	*	780
No	833	498	23	161	378	7	2644	320	72	20	669
Prefer not to say	*	*			*		*	*			
Yes	23	12	*	*	9		32	*	*		10

Equal Pay Statement

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

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

NHS Ayrshire & Arran understands that the right to equal pay between women and men is a legal right and there are duties, as laid out in the Equality Act 2010 (Specific Duties)(Scotland) Regulations with which we need to comply:

- Publish pay gap information on a two yearly basis; and
- Publish a statement on equal pay;

It is good practice and reflects the values of NHS Ayrshire & Arran that pay is awarded fairly and equitably. NHS Ayrshire & Arran employs staff on nationally negotiated and agreed NHS contracts of employment which includes provisions on pay, pay progression and terms and conditions of employment. These include National Health Service Agenda for Change (A4C) Contract and Terms & Conditions of employment, NHS Consultant and General Practice (GP) and General Dental Practice (GDP) contracts of employment and, for a very small

cohort, Executive contracts of employment (Executive Cohort) which are evaluated using national grading policies with prescribed pay.

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

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

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

We will:

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

Responsibility for implementing this policy is held by the NHS Ayrshire & Arran Chief Executive. NHS Boards work within a Staff Governance Standard which is underpinned by statute. The Staff Governance Standard sets out what each NHSS employer must achieve in order to continuously improve in relation to the fair and effective management of staff.

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

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

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

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

Equality & Diversity Workforce Data

1.1 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 for all staff (substantive and bank);
- Leavers – data reflects all substantive postholders 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 cases related to dignity at work, conduct and grievances in the calendar year 2022.

As reflected within the monitoring charts that follow, there is a proportion of employees for which where there is no detail recorded for specific protected characteristics. This appears in the charts/data as blank / unspecified / unknown as the employee has not disclosed this detail.

1.2 Presentation of the data

The data is presented in five distinct sections:

- [2.1 Workforce characteristics;](#)
- [2.2 Training;](#)
- [2.3 Leavers;](#)
- [2.4 Recruitment; and](#)
- [2.5 Employee relations.](#)

Each section provides detail on sex / transgender; 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.

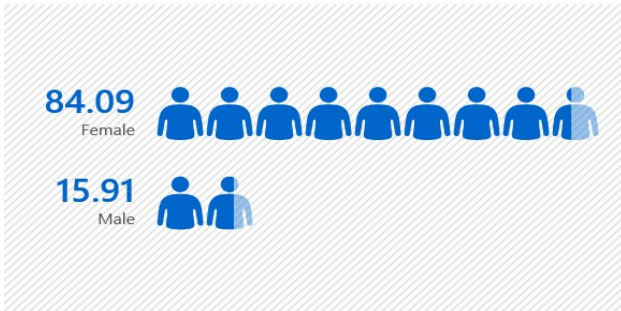
Charts have been used to illustratively display the data however in some instances the data table is reflected instead as there are multiple data items that would make a chart unviable to present the data.

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.

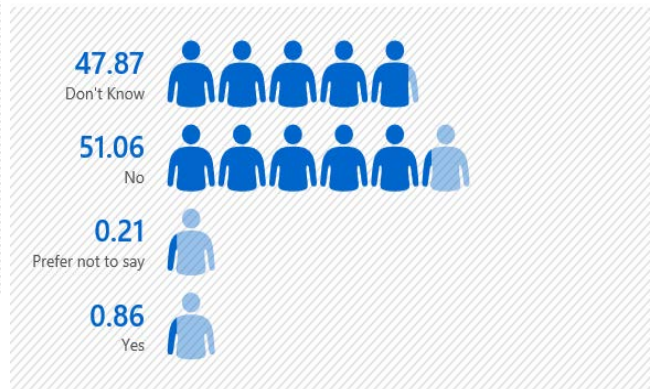
For employee relations only grievances and conduct are reflected. Our dignity at work cohort is too small in size, 13 headcount, to provide an analysis of characteristics as the associated drilldown could potentially identify individuals i.e. reporting figures less than or equal to 5.

2. Workforce characteristics as at 31st December 2022: total headcount of 11,017

Sex: % of workforce



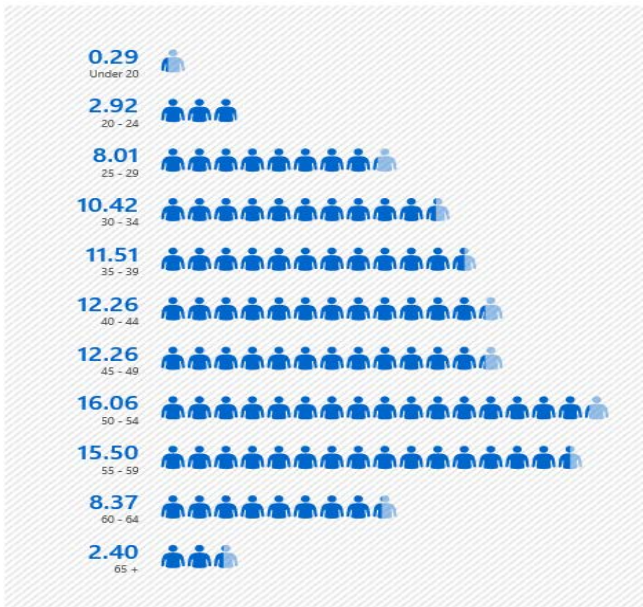
Disability: % of workforce



0.86% of the workforce identify as transgender, 0.21% preferred not to say and 47.87% have no detail.

Ethnic Group	% of workforce
African - African, African Scottish or African British	0.23
African - Other	0.03
Asian - Chinese, Chinese Scottish or Chinese British	0.26
Asian - Indian, Indian Scottish or Indian British	0.74
Asian - Other	0.37
Asian - Pakistani, Pakistani Scottish or Pakistani British	0.32
Caribbean or Black - Black, Black Scottish or Black British	0.02
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	0.04
Caribbean or Black - Other	0.05
Don't Know	17.94
Mixed or Multiple Ethnic Group	0.32
Other Ethnic Group - Arab, Arab Scottish or Arab British	0.02
Other Ethnic Group - Other	0.25
Prefer not to say	0.22
White - Irish	0.96
White - Other	1.23
White - Other British	5.39
White - Polish	0.05
White - Scottish	71.68

Age: % of the workforce



Religion & Belief: % of workforce

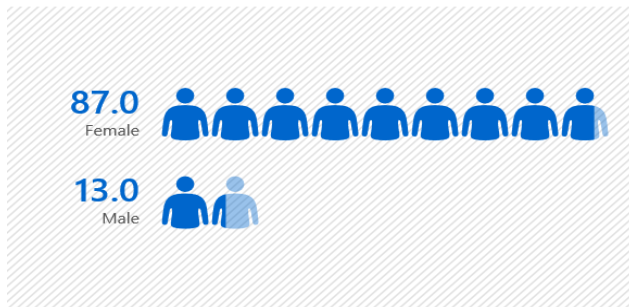


Sexual Orientation: % of workforce

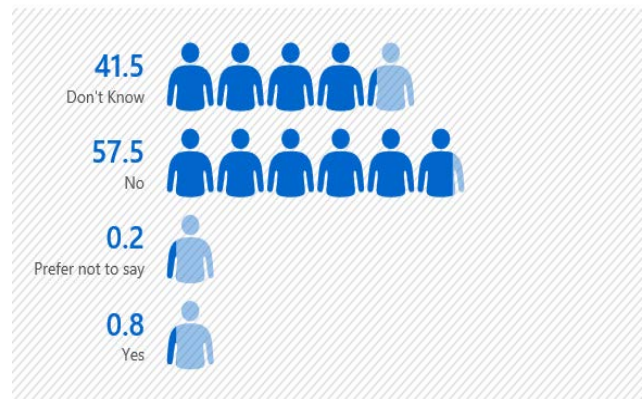


3. Training, 1/1/2022 to 31/12/2022, all training opportunities (inclusive of both face to face and eLearning packages) undertaken by staff: training opportunities = 41,209

Sex: % of learners



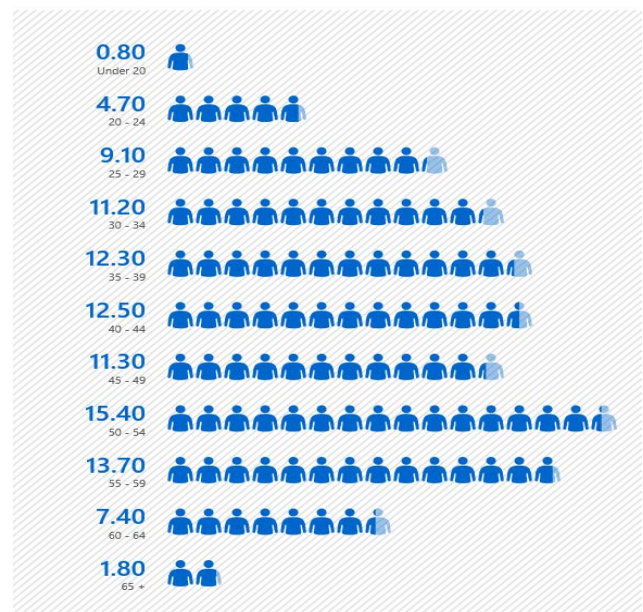
Disability: % of learners



0.2% of all training opportunities were undertaken by individuals identifying as transgender.

Ethnic Group	% of learners
African - African, African Scottish or African British	0.2
African - Other	0.1
Asian - Chinese, Chinese Scottish or Chinese British	0.2
Asian - Indian, Indian Scottish or Indian British	0.5
Asian - Other	0.3
Asian - Pakistani, Pakistani Scottish or Pakistani British	0.3
Caribbean or Black - Black, Black Scottish or Black British	0
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	0
Caribbean or Black - Other	0
Don't Know	14.2
Mixed or Multiple Ethnic Group	0.3
Other Ethnic Group - Arab, Arab Scottish or Arab British	0
Other Ethnic Group - Other	0.2
Prefer not to say	0.1
White - Irish	1
White - Other	1.2
White - Other British	5.9
White - Polish	0.1
White - Scottish	75.4

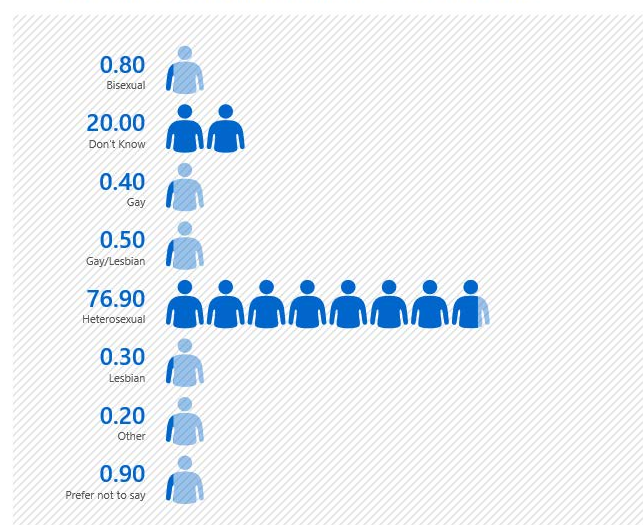
Age: % of learners



Religion & Belief: % of learners

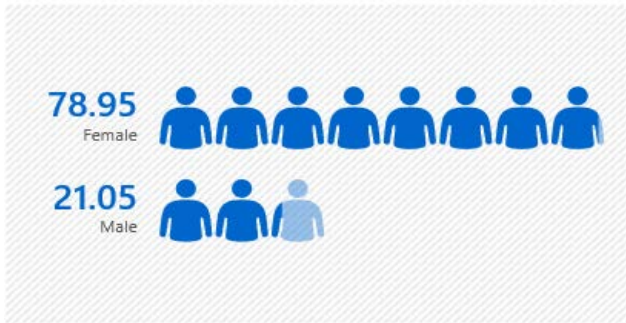


Sexual Orientation: % of learners



4. Leavers, 1/1/2022 to 31/12/2022: total headcount = 1,121

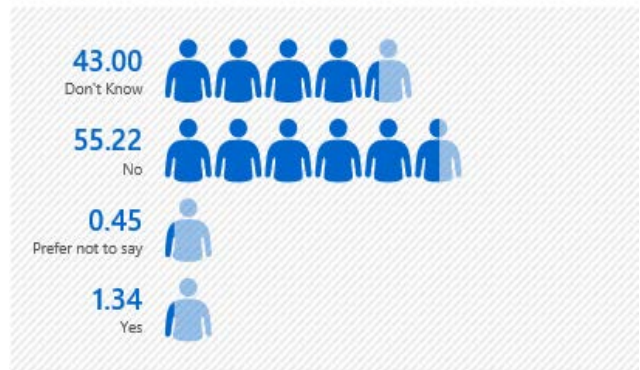
Sex: % of leavers



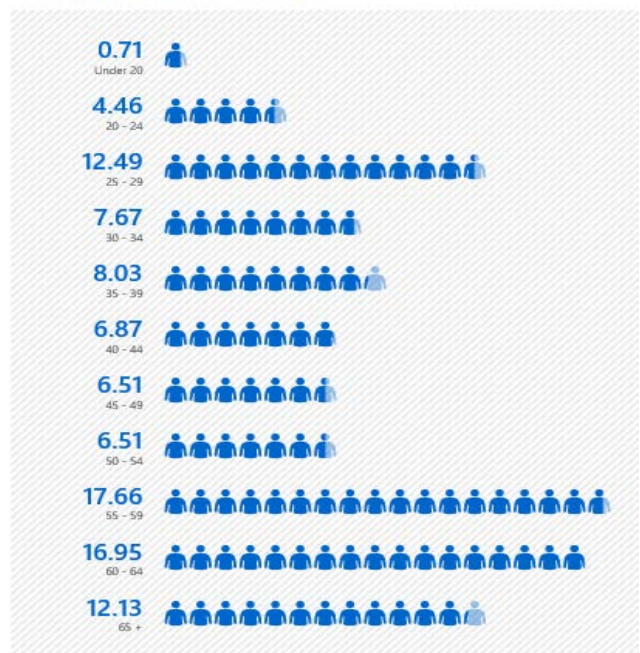
0.09% of all leavers identified as being transgender.

Row Labels	% of leavers
African - African, African Scottish or African British	0.54
African - Other	0.09
Asian - Chinese, Chinese Scottish or Chinese British	0.36
Asian - Indian, Indian Scottish or Indian British	0.80
Asian - Other	0.71
Asian - Pakistani, Pakistani Scottish or Pakistani British	0.62
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	0.09
Caribbean or Black - Other	0.09
Don't Know	18.20
Mixed or Multiple Ethnic Group	0.54
Other Ethnic Group - Arab, Arab Scottish or Arab British	0.09
Other Ethnic Group - Other	0.71
Prefer not to say	0.71
White - Irish	1.61
White - Other	1.96
White - Other British	8.12
White - Polish	0.09
White - Scottish	64.67

Disability: % of leavers



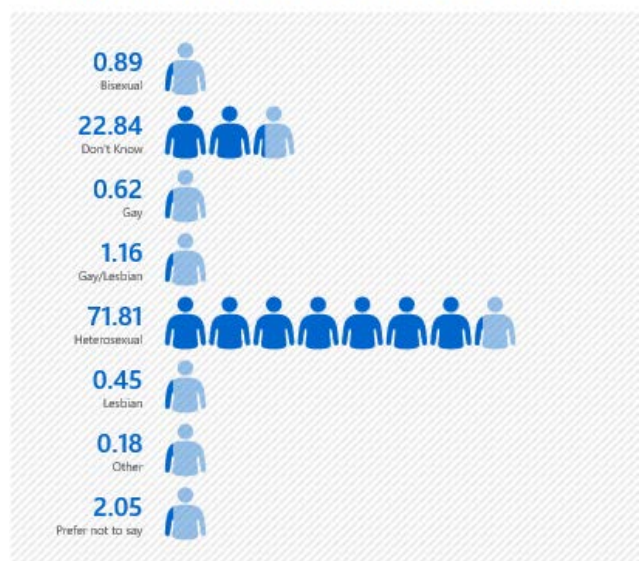
Age: % of leavers



Religion & Belief: % of leavers



Sexual Orientation: % of leavers



5. Recruitment, 1/1/2022 to 31/12/2022: 26247 applicants, 9884 interviewed, 3341 preferred candidates

Sex	Applicants %	Interview %	Preferred candidate %
Female	74.90	83.37	85.06
In Another Way	0.14	0.11	0.06
Male	24.51	16.34	14.43
Prefer not to say	0.45	0.18	0.45

Disability	Applicants %	Interview %	Preferred candidate %
No	94.18	93.35	94.61
Yes	5.72	6.55	5.24
Not Specified	0.10	0.10	0.15

Ethnicity	Applicants %	Interview %	Preferred candidate %
African - African, African Scottish or African British	6.77	1.46	0.60
African - other	7.33	1.12	0.33
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	0.25	0.10	
Asian - Chinese, Chinese Scottish or Chinese British	0.38	0.42	0.33
Asian - Indian, Indian Scottish or Indian British	2.98	0.99	0.57
Asian - other	1.20	0.69	0.45
Asian - Pakistani, Pakistani Scottish or Pakistani British	3.14	0.85	0.78
Caribbean - Caribbean Black, Caribbean Scottish or Caribbean Br	0.06	0.04	
Caribbean or Black - Black, Black Scottish or Black British	0.02	0.02	0.03
Caribbean or Black - other	0.03	0.01	0.03
Mixed or multiple ethnic group	0.56	0.47	0.54
Other ethnic group - Arab, Arab Scottish or Arab British	1.31	0.94	0.84
Other ethnic group - other	0.37	0.23	0.33
Prefer not to say	0.75	0.41	0.66
White - Gypsy traveller	0.01	0.01	
White - Irish	0.66	0.91	1.08
White - other	2.45	2.06	1.95
White - Other British	6.64	7.49	8.14
White - Polish	0.30	0.29	0.39
White - Scottish	64.81	81.48	82.97

Age	Applicants %	Interview %	Preferred candidate %
15-19	3.25	2.31	2.30
20-24	11.53	10.31	10.84
25-29	21.23	16.34	16.22
30-34	17.22	15.20	15.62
35-39	13.54	14.23	14.73
40-44	9.76	11.66	12.09
45-49	6.97	8.89	8.23
50-54	8.14	10.94	9.70
55-59	5.09	6.50	5.84
60-64	2.09	2.58	2.99
65+	0.31	0.27	0.57
Prefer not to say	0.88	0.79	0.87

Religion & Belief	Applicants %	Interview %	Preferred candidate %
Buddhist	0.36	0.26	0.24
Christian - other	16.01	7.57	6.55
Church of Scotland	11.98	15.33	16.13
Don't know	1.23	1.15	1.14
Hindu	1.88	0.33	0.21
Jewish	0.05	0.06	0.06
Muslim	6.20	1.60	1.11
No Religion	48.94	59.87	61.21
Other	0.97	0.98	0.81
Prefer not to say	3.38	3.46	3.59
Roman Catholic	8.79	9.08	8.80
Sikh	0.22	0.30	0.15

Sexual Orientation	Applicants %	Interview %	Preferred candidate %
Bisexual	2.37	1.71	1.62
Don't know	0.24	0.14	0.15
Gay / Lesbian	1.94	2.22	1.83
Heterosexual	91.02	92.13	92.64
Other	1.07	0.77	0.42
Prefer not to say	3.35	3.04	3.35

6. Employee relations, conduct cases 1/1/2022 to 31/12/2022: 27 grievance and 86 conduct cases

Due to the small size of this workforce cohort tables are used to reflect the data in this section. Where the number of individuals for a characteristic is less than (including zero) or equal to 5 (or where a total could be extrapolated to identify less than 5 individuals) an asterisk (*) has been inserted to avoid potential identification.

Sex	% of Grievance individuals	% of Conduct individuals
Female	62.96	62.64
Male	37.04	37.36

There were no cases in the period where an individual identified as transgender.

Ethnic Group	% of Grievance individuals	% of Conduct individuals
African - African, African Scottish or African British	*	*
African - Other	*	*
Asian - Chinese, Chinese Scottish or Chinese British	*	*
Asian - Indian, Indian Scottish or Indian British	*	*
Asian - Other	*	*
Asian - Pakistani, Pakistani Scottish or Pakistani British	*	*
Caribbean or Black - Black, Black Scottish or Black British	*	*
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	*	*
Caribbean or Black - Other	*	*
Don't Know	55.56	21.98
Mixed or Multiple Ethnic Group	*	*
Other Ethnic Group - Arab, Arab Scottish or Arab British	*	*
Other Ethnic Group - Other	*	*
Prefer not to say	*	*
White - Irish	*	*
White - Other	*	*
White - Other British	*	8.79
White - Polish	*	*
White - Scottish	40.74	64.84

Religion & Belief	% of Grievance individuals	% of Conduct individuals
Buddhist	*	*
Christian - Other	*	*
Church of Scotland	*	14.29
Don't Know	51.85	23.08
Hindu	*	*
Jewish	*	*
Muslim	*	*
No Religion	25.93	46.15
Other	*	*
Prefer not to say	*	*
Roman Catholic	*	8.79
Sikh	*	*

Disability

There were no cases in the period where an individual identified as having a disability.

Age	% of Grievance individuals	% of Conduct individuals
Under 20	*	*
20 - 24	*	*
25 - 29	*	16.48
30 - 34	*	7.69
35 - 39	*	13.19
40 - 44	*	8.79
45 - 49	*	7.69
50 - 54	*	14.29
55 - 59	29.63	16.48
60 - 64	29.63	8.79
65 +	*	*

Sexual Orientation	% of Grievance individuals	% of Conduct individuals
Bisexual	*	*
Don't Know	51.85	21.98
Gay	*	*
Gay/Lesbian	*	*
Heterosexual	44.44	*
Lesbian	*	*
Other	*	*
Prefer not to say	*	73.63