NHS Ayrshire & Arran

Meeting: Ayrshire and Arran NHS Board

Meeting date: Monday 31 March 2025

Title: Mainstreaming Report including equality outcomes progress, new equality outcomes and workforce data

Responsible Director: Jennifer Wilson, Executive Nurse Director
Sarah Leslie, HR Director

Report Author: Elaine Savory, Equality and Diversity Adviser
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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 2025-2029 are aligned with existing business priorities or where evidence has shown need. In line with guidance from the EHRC, specific and targeted NHS Ayrshire & Arran equality outcomes are outlined within this document which will contribute to improving the three aims of the Public Sector Equality Duty (PSED).

The NHS 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, PSED 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 2025 as follows:

- Report progress on mainstreaming the equality duty
- Publish equality outcomes 2021-2025 progress report
- Publish new equality outcomes for 2025-2029 including evidence for setting such outcomes
- 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 2025. 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 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 2021-2025 as well as work being taken forward in the next 4-year phase to meet the requirements of the PSED and 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. For the future equality outcomes, should an equality impact assessment be required the Lead for that outcome will have responsibility to complete.

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:
  - attract, develop, support and retain our workforce creating a culture with staff wellbeing, quality and person centredness at the forefront of all we do.
  - achieve our Caring for Ayrshire Ambitions to deliver significant reform in the provision of health and social care through radical improvement and use of dynamic innovative approaches.
  - create compassionate and therapeutic partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people who use our services having a positive experience of care and get the outcome they expect.

2.3.7 Communication, involvement, engagement and consultation

NHS Ayrshire & Arran has carried out its duties to involve and engage external stakeholders where appropriate:

- Setting of new equality outcomes – consultation undertaken with staff and citizens via an online survey, engagement with third sector organisations and engagement with our staff diversity networks. These people have a wide range of backgrounds and characteristics and are drawn from across Ayrshire and Arran. The online survey consultation ran for three weeks from 16 December 2024 until 6 January 2025.

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.

- National HRD Meeting - 19 December 2024 (Equal Pay Statement)
- Equalities Implementation Group - 18 December 2024
- Corporate Equalities Committee - 17 February 2025 (virtually)
- Corporate Management Team - 11 March 2025
- Area Partnership Forum - 17 March 2025 (Equal Pay Statement)

2.4 Recommendation

Members are 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 by 30 April 2025.

- **Decision** – Reaching a conclusion after the consideration of options.

3. List of appendices

The following appendices are included with this report:

- Appendix 1: Mainstreaming Report including Equality Outcomes Progress
- Appendix 2: Equality Outcomes 2025-2029
- Appendix 3: Occupational Segregation and Equal Pay Analysis
- Appendix 4: Equal Pay Statement
- Appendix 5: Workforce Equalities Data

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

NHS Ayrshire & Arran
Mainstreaming Report 2025

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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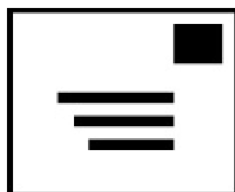

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Section 1

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 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 2024 to allow for our internal governance processes prior to publication in April 2025.

1.2 About Us

NHS Ayrshire & Arran is dedicated to helping our population stay healthy and providing safe, effective, and person-centred care. Our purpose is:

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

We are committed to delivering high-quality care that meets the needs of patients, carers, and families, while treating everyone with dignity and respect, in line with our core values of **Safe, Caring, and Respectful**.

Our services span East, North, and South Ayrshire, with a focus on our **Caring for Ayrshire** vision: delivering care as close to home as possible through community services, with timely access to high-quality specialist care when needed.

The Covid-19 pandemic accelerated changes to service delivery, including increased use of telephone and video consultations and redesigned urgent care pathways to ensure patients see the right person, in the right place, at the right time.

We continue to innovate and collaborate with our communities to develop services that are effective, accessible, and sustainable, led by NHS Ayrshire & Arran 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:

- Over 300 GPs and their practice teams (53 GP practices) providing a full range of general medical services across 79 sites, stretching from Ballantrae in the south to Wemyss Bay in the north, including practices on the Isles of Arran and Cumbrae;
- around 199 general dental practitioners providing NHS dental services at more than 63 practices (4 of which are orthodontic practices), including Arran;

- 98 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;
- 45 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 seven 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 2023 mid-year population of NHS Ayrshire & Arran to be 366,150. Of the three HSCPs areas in Ayrshire and Arran, East Ayrshire accounts for 33 per cent (120,750) of the total population, North Ayrshire 37 per cent (133,750) and South Ayrshire 30 per cent (111,830). Mid-2023 population estimates - National Records of Scotland (NRS)

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 36% of the population will be over 65 years of age in Ayrshire and Arran by 2032, compared to 24% across Scotland.
- over 13% of the population will be over 75 years of age in Ayrshire and Arran by 2032, compared to 11% across Scotland.

Population Projections for Scottish Areas 2018-based - National Records of Scotland (NRS)

Overall life expectancy in Ayrshire and Arran at birth has increased slightly for both men and women which was 77.5 years and 81.4 years respectively in the period 2018-19 and 77.9 years and 81.4 years respectively in the period 2023-2024. This is similar to the trends in the Scottish average for men and women which was 77.7 years and 81.5 years respectively in the period 2018-19 and 78.2 years and 82.0 years respectively in the period 2023-2024. Population Projections for Scottish Areas (2018-based) | National Records of Scotland (nrscotland.gov.uk)

Males	Quintile 1 (Most Deprived)	Quintile 5 (Least Deprived)
East Ayrshire	69.7	80.4
North Ayrshire	70.0	81.3
South Ayrshire	71.5	82.0

Females	Quintile 1 (Most Deprived)	Quintile 5 (Least Deprived)
East Ayrshire	75.7	84.7
North Ayrshire	74.7	84.5
South Ayrshire	77.0	84.4

Data Tables for Life Expectancy in Scotland, 2020-2022 | National Records of Scotland (nrscotland.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.

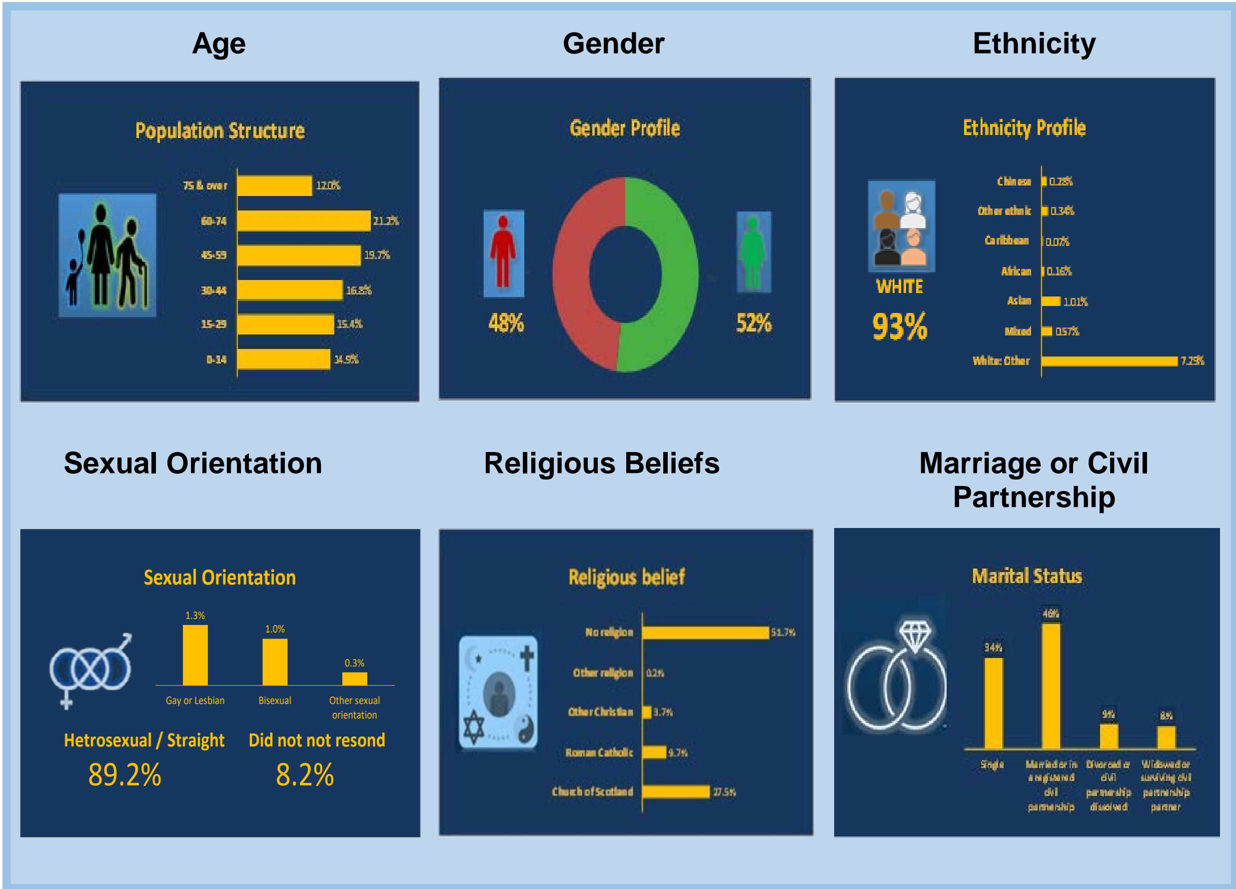
There were 2,843 live births in 2023, Ayrshire and Arran has a slightly higher birth rate at 47.8 per 1,000 women aged 15 to 44 compared to the Scotland rate of 44.8 per 1,000 women.
[List of Data Tables | National Records of Scotland (nrscotland.gov.uk)]

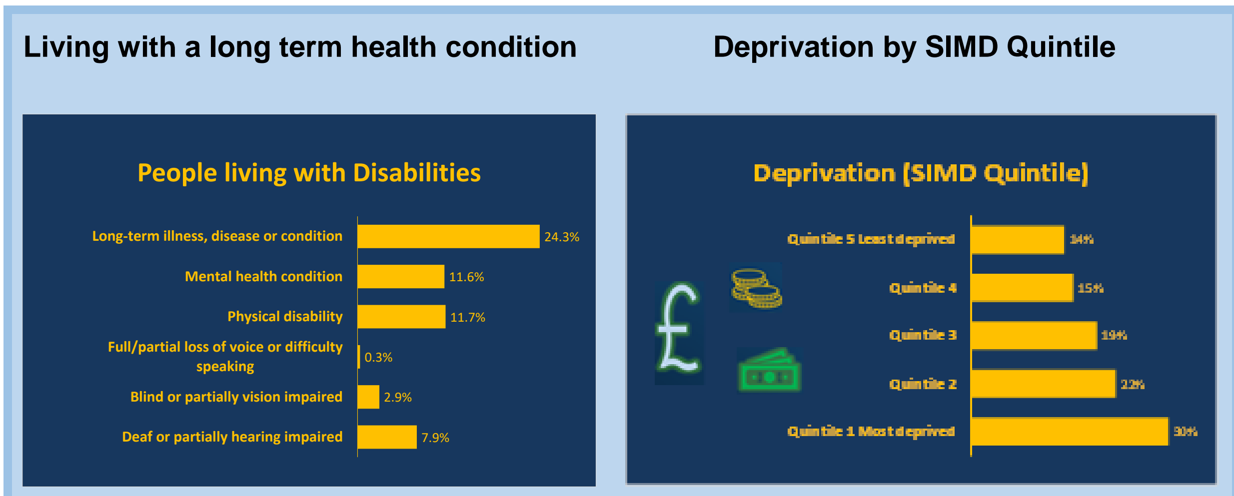
There were 5,217 deaths in Ayrshire and Arran in 2023. The three major causes of mortality were cancer, heart disease and stroke and these accounted for over 50 percent of all deaths during 2023
[List of Data Tables | National Records of Scotland (nrscotland.gov.uk)]

1.4 Ayrshire Equality Profile

Data from National Registrars of Scotland and the Scottish Census 2022 was used to create the following graphics to highlight the equality profile of Ayrshire and Arran. Main points are:-

- Ayrshire and Aran has a more aged population than Scotland as a whole
- Ethnic minorities make up less of the population of Ayrshire and Arran than Scotland as a whole, but the proportion has increased over the last ten years.
- Ayrshire and Arran has high levels of people living with ill health and disability.
- People identifying as LGBQ+ make up less of the population of Ayrshire and Arran than Scotland as a whole but the proportion has increased.
- A higher proportion of the population of Ayrshire and Arran live in deprived areas than Scotland as a whole.





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.

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).

In line with NHS Ayrshire & Arran's transformation vision 'Caring for Ayrshire' (https://www.nhsaaa.net/about-us/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.

In our 2023 report, we referred to an initiative to engage with our staff, the 'Ask Me Anything' sessions. The Ask Me Anything sessions were face-to-face and virtual meeting opportunities to meet with the Chief Executive, Executive Nurse Director or Executive Medical Director. These sessions were open to all staff and held throughout the year at various health care sites across Ayrshire. The Ask Me Anything sessions were paused in 2024 but have returned in early 2025. The Ask Me Anything Chief Executive mailbox has remained in place and is monitored continuously for queries.

Ask me anything sessions have also been combined with senior leadership walk-abouts where the Chief Executive, Medical Director and Director of Nursing have a schedule of site, team and service visits throughout the year. This time provides a less formal setting for staff to meet and talk with members of the corporate leadership team.

The Information and Support Services Directorate developed their Ask Me Anything Initiative into an Ask Me Anything Viva Engage page which allows staff to direct questions to their Director at a time that suits them. It's a place to ask any questions staff may have about the Directorate or make suggestions for improvement. The staff within the Directorate can also access their organisational Ask Me Anything mailbox where staff can email their questions anonymously enabling the Director of Information and Support Services to respond directly also.

The Director of Public Health facilitates an online informal DPH Engagement session with the whole Public Health Team. This is a non-compulsory drop in session that takes place once per month. There is also the opportunity to post questions on a MS Teams Channel dedicated to the informal sessions.

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.

As a Board, we are committed to enhancing our engagement and communication with people. Work is currently underway to develop a Board wide Communications and Engagement Strategy. This will ensure a coordinated, consistent and inclusive approach to stakeholder engagement and communication.

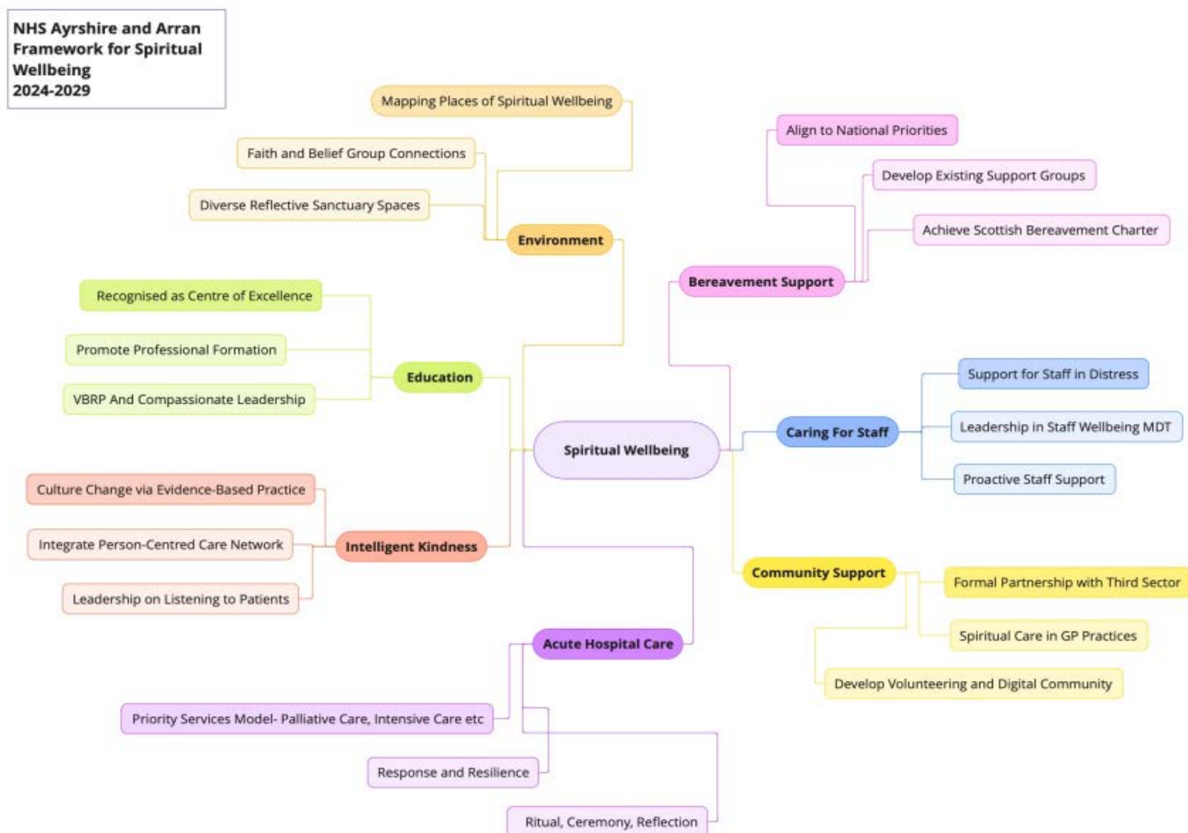
The ways in which NHS Ayrshire & Arran communicates and engages is shaped by feedback from our patients, staff, citizens and other stakeholders. We use a wide range of communication and engagement channels and methods to ensure we tailor our messages to the appropriate audience, while following accessibility guidance.

We are committed to using effective communications methods to support our equality, diversity and inclusion agenda - for example, use of captions, easy read version, sound and British Sign Language interpreters in videos and animations.

We strive to involve a diverse range of stakeholders in decision-making, ensuring our communication is clear, accessible, and transparent. By fostering trust through meaningful interactions and actively removing barriers to participation, we aim to create an environment where everyone feels valued and heard. Through these efforts, we aim to build a more inclusive and adaptable health and care system that truly reflects the voices of our community.

2.2.3 Our commitment to Spiritual Care

NHS Ayrshire & Arran is proud to have agreed a five-year plan around providing spiritual care and promoting spiritual wellbeing to patients, their families, carers and staff. It is our hope and intention that by doing so we can continue to promote and mainstream dignity, respect and understanding around issues of faith, belief and meaning in the lives of those we serve and work with.



One of the key domains in this work is developing our connections with the local faith and belief communities. Around half of the Ayrshire population describe themselves as having a religious affiliation. At the same time in our experience many people who do not describe an overt religious belief do hold a spiritual life

stance. For this reason our work around equipping patients to be supported by local faith and belief groups with whom our health board has established a meaningful relationship feels important. At the same time, our healthcare chaplains operate in a person-centred way which means that spiritual support is provided appropriate to the needs of the person requesting it. This means no assumptions about life-stance, religion or belief limit the ability for any patient, member of staff or family member to receive spiritual support.

Another aspect of the spiritual care framework that helps promote spiritual wellness to the people of Ayrshire and Arran is our commitment to providing appropriate sanctuary spaces that allow reflection, connection and healing through facilitating users to access their own spiritual assets whether by prayer, meditation, quiet or access to religious materials. These spaces are available to all hospital users and are evaluated as being a "port in the storm" for many who use them.

2.2.4 Volunteering

Our organisation prides itself on fostering a diverse and inclusive environment that reflects the communities we serve. Over the past year, we have made significant strides in enhancing the diversity of our volunteer base.

Our volunteers come from various backgrounds, including different ethnicities, genders, age groups and socioeconomic statuses. This diversity not only enriches our programmes, but also enables us to address the unique needs and perspectives of our patient groups.

In our recent outreach initiatives, we have actively engaged with underrepresented groups to ensure that our volunteer opportunities are accessible to all. We have seen a noticeable increase in volunteers from diverse backgrounds, including Ukrainian refugees, providing mutually beneficial placements which provide them with additional skills and experience. This diversity has fostered a culture of collaboration and innovation, allowing us to approach challenges from multiple viewpoints and ultimately enhance the impact of our work.

In alignment with our commitment to diversity and engagement, we have introduced our new Youth Volunteering Programme. This initiative aims to empower young individuals aged 14 to 18 to engage in meaningful volunteer opportunities that not only benefit our organisation but also promote personal growth and development.

The Youth Volunteering Programme focuses on several key areas:

Skill development – Participants will have the chance to develop valuable skills, including leadership, teamwork, and communication. Workshops and training sessions will be provided to equip them with the tools they need to succeed.

Mentorship opportunities – Each young volunteer will be paired with a mentor from our experienced volunteer base, fostering guidance and support as they navigate their roles and responsibilities.

Diversity and inclusion – We are committed to ensuring that our Youth Volunteering Programme reflect the diversity of our communities. We will actively recruit and support young individuals from various backgrounds, ensuring that everyone has a voice and an opportunity to contribute.

Recognition and celebration – We believe in acknowledging the contributions of our young volunteers. Regular recognition events will be held to celebrate their achievements and encourage continued involvement.

Through the launch of this programme, we aim to inspire the next generation of leaders and change makers whilst continuing to build a diverse and vibrant volunteer community. We are excited to see the positive impact that these young volunteers will have on our organisation and the broader community.

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. Our EQIA tool has been further adapted to give consideration to the articles of the United Nations on the Convention of the Rights of the Child (UNCRC) following the Bill being approved on 7 December 2023 and becoming an Act on 16 January 2024.

NHS Ayrshire & Arran continue to access information on the Scottish Government Equality Evidence Finder. The evidence finder is a tool provided by the Scottish Government and its agencies where they collect, analyse and publish equality evidence across a wide range of policy areas. The evidence finder can provide evidence by equality characteristic or more specific by policy area and equality characteristic. As well as using the evidence finder, NHS Ayrshire & Arran uses local and national research, and engagement with local stakeholders to ensure our processes are robust and inclusive.

2.2.6 International Recruitment

As part of the national workforce strategy the Scottish Government announced funding for all Health Boards to commence international recruitment of nurses, midwives and allied health professionals (NMAHP) in 2022. NHS Ayrshire & Arran's (NHSA&A) international recruitment (IR) programme commenced in February 2023, with cohorts of international NMAHP staff arriving every three months. The programme ran in this form for over a year, with more than 50 international recruits (IRs) being welcomed and supported into NHSA&A employment.

The value in overseas workers and the benefits they bring to the NHS cannot be overestimated, and it is extremely important that we do everything we can to support them through the recruitment and relocation process and ensure their transition into employment is smooth and effective. The Scottish Code of Practice for International Recruitment of Health and Social Care Personnel

highlights the importance of the provision of pastoral care to support the integration of IRs to NHSA&A and the wider area.

To this end the IR team devised an induction plan for international recruits, which was continuously reviewed and improved throughout the programme. A key part of this plan was transitional sessions. During transitional sessions the IR team delivered various presentations and workshops relating to the topics above and about life in Ayrshire and the UK. The transitional sessions also featured guest speakers, both internal and external to the organisation, which may be useful for the recruits to engage with throughout their NHSA&A employment. One of the main partners was the Spiritual Care team.

NHS A&A Spiritual Care team support the human need for meaning, purpose and hope, particularly in the context of injury, illness, and loss. Our team of healthcare chaplains offer a holistic, person-centred approach to individuals, teams and the organisation which is informed by values of compassion, congruence and collaboration.

The Spiritual Care and IR teams identified that although IR's come into their new roles with a great deal of hope and motivation for the future, they may also have experienced significant losses in leaving home, family, language and culture for new beginnings in Ayrshire and Arran. We recognised that a safe space to identify, name and begin to process losses and adjustments could be a valuable aspect of their induction process.

To ensure the IRs built a relationship with the Spiritual Care team during their induction process, three one-hour sessions were planned into the transitional sessions for each cohort. The sessions included an introduction to the service and how to access this (both for their own spiritual needs and for their patients), supportive discussion around the transition from overseas to the UK and reflective practice throughout the process. The sessions also covered common themes which were identified such as the cultural differences associated with death and dying, missing family and friends, and self-care advice to cope with the significant changes being faced.

This provided a safe space for the IRs to seek support and to support each other with the emotional and spiritual components of relocation. The sessions gained positive feedback and relationships were built between the cohorts and the Spiritual Care team, with many now accessing the service further on in their NHSA&A employment. The Spiritual Care team continue to support other IR activity such as the IR Buddy Scheme and welcoming IRs of other staff groups.

The IR and Spiritual Care teams will continue to work in partnership and in collaboration with the IR's community to make the process of joining NHS Ayrshire & Arran from overseas a successful and nurturing transition for all.

NHS Ayrshire & Arran was also awarded the NHSScotland Pastoral Care Quality Award. This award recognises the Board's work in international recruitment and commitment to providing high-quality pastoral care to internationally recruited staff during the recruitment process and their employment.

2.2.7 Gender Equality in the Workplace

Equally Safe at Work accreditation

As outlined in our last mainstreaming report, NHS Ayrshire & Arran became one of only four Boards in Scotland to be involved in the pilot and work towards the Equally Safe at Work Development level accreditation. This programme followed on from the success in local authorities. Close the Gap, the lead organisation on this programme, developed a tailored version of the programme to pilot in NHS Boards. This work, which supports the delivery of the Scottish Government's Gender Beacon Collaborative initiative, was achieved by NHS Ayrshire & Arran in October 2023 and we have committed to mainstreaming the elements of this programme further in our next set of equality outcomes by striving to achieve Equally Safe at Work Bronze level.

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.

Menopause/Endometriosis work

On Monday 26 August 2024, Professor Anna Glasier, National Women's Health Champion visited Ayrshire and Arran and attended a showcase of work happening across the organisation under the topic of women's health.

Organised by public health, and drawing colleagues from across Public Health, Primary Care and Women and Children's (including obstetrics, gynaecology and sexual health) around 25 senior leaders and clinicians participated in the showcase.

Presentations included updates on:

- Menstrual health (including endometriosis and PCOS)
- Menopause
- Contraception
- Termination of Pregnancy
- Maternal Health (including breastfeeding support)
- Heart Health

There was constructive discussion on some of the challenges faced in improving women's health but also recognition of the significant volume of work and innovation happening across the organisation.

As a follow up to this, representatives from NHS Ayrshire & Arran were asked to present at a National Development Day for the Women's Health Plan in December 2024, sharing the approach taken by the board, and work underway, as an example of good practice.

The priorities for 2025 include working towards menopause and endometriosis friendly employer accreditation through two separate programmes with HenPicked and Endometriosis UK. Work is underway to recruit Women's Health champions from across the organisation to provide staff support and guidance, recruitment is expected in early 2025.

October 2024 saw a month of activities designed to raise awareness of the menopause, and particularly the impacts in the workplace. NHS Ayrshire & Arran has a high percentage of female employees, and many will be at work as they experience the menopausal transition. Over the summer we distributed a staff survey to find out what staff would like to see from the organisation, we were overwhelmed with the response, with around 800 responses. This was used to develop a series of webinars, including input from occupational health on workplace accommodations and some of our menopause clinicians providing a session on treatment options including HRT. We have also developed a one stop shop page within Athena for information, signposting and copies of the webinars which will be helpful for staff working across the organisation.

March will see Endometriosis Awareness Month, and we will be developing similar resources for this campaign as we used in October and will be expanding our one stop shop to include menstrual health resources.

2.2.8 Partnership Working

Development of second British Sign Language (BSL) Local Plan 2024-2030

The Scottish Government wants Scotland to be the best place in the world for BSL users to live, learn, work and visit. This means that people whose first or preferred language is BSL will be fully involved in daily and public life, as active, healthy citizens, and will be able to make informed choices about every aspect of their lives.

Following on from the success of developing our first shared BSL Local Plan, partners across Ayrshire embarked on the development of a subsequent shared BSL Local Plan. A small working group was set up with representation from the three Councils, three HSCPs, NHS Ayrshire & Arran, and Ayrshire College. As part of the development of the plan, engagement and consultation was undertaken with the local Deaf community.

The plan builds on the work taken forward in our previous action plan and outlines our strategic aims, while at the same time mirroring actions, where appropriate, in the national BSL Plan. The plan was developed and published in both English and BSL in May 2024. A working group has been established to develop the actions to drive forward the strategic aims with BSL representation

from the local deaf club, college students and representatives from the education sector.

Black History Month – An Ayrshire Perspective event
Black History Month is an annual observance as a way of remembering important people and events in the history of the African displacement. It is broadly an opportunity to reflect on the struggles, resilience, and progress of Black communities throughout history.

In October 2024, the Ayrshire Equality Partnership held a celebratory event, 'Black History Month – An Ayrshire Perspective'. This partnership event held at Ayrshire College's Kilmarnock Campus brought together representatives from all public bodies in Ayrshire along with members of the community to celebrate black history and culture.

The event featured four guest speakers including two from NHS Ayrshire & Arran - Dr Santanu Acharya, Consultant Gynaecologist and Chair of our Ethnic Minority Staff Network and Pauline Brown, Healthcare Chaplain. The other guest speakers were Dr Trent Kim of the School of Business and Creative Industries, University West of Scotland and Felicia Taiwo from the Powerful African Women in Ayrshire community group.

The event offered several engaging discussions and presentations which explored the rich history and contributions of the Black community in Scotland and Ayrshire. Those who attended the event deemed it to be a huge success in meeting its aim of raising awareness but moreover giving people the chance to reflect on the contributions of black people as well as the Scottish connections with Calcutta.

2.2.9 Procurement

The sustainable procurement duty of the Procurement Reform (Scotland) Act 2014 requires public bodies to consider how their procurement activity can be used to contribute to social, economic and environmental well-being, with a particular focus on reducing inequality, and to act in a way to secure these improvements.

Fair Work focuses on the positive working practices that can be delivered through a public contract, and can be used as a vehicle to provide meaningful social impact beyond the workplace, in communities and the wider economy.

Fair Work First is central to achieving the Scottish Government's priority for sustainable and inclusive growth, and must be at the heart of employment practices, procurement and funding. Statutory guidance requires public bodies to consider how to address fair work practices in public contracts.

Fair Work First encourages businesses bidding for a public contract to commit to adopting the following:

- payment of at least the real Living Wage

- provide appropriate channels for effective workers' voice, such as trade union recognition
- investment in workforce development
- no inappropriate use of zero hours contracts
- action to tackle the gender pay gap and create a more diverse and inclusive workplace
- offer flexible and family friendly working practices for all workers from day one of employment
- oppose the use of fire and rehire practices

NHS Ayrshire & Arran continues to apply Fair Work First criteria in all procurement processes, where relevant and proportionate to do so.

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. The following tables outline what the equality outcomes are and how the actions and activities have progressed over the last four years, what our plans are for the future and some examples of practice to showcase good practice.

<table>
<tr><td>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</td></tr>
<tr><td>What we set out to do:
Output – Increase in young people, females and those with health issues in employment.
Action – NHS Ayrshire & Arran Community Wealth Building (CWB) Programme Board Yearly deliverables aligned to workforce and fair work pillar
Measurement – CWB quarterly reporting to CWB Programme Board and CWB Yearly Reports to NHS Board to include update on employment of women, reporting of workforce data for disability including long term conditions and opportunities for young people.</td></tr>
<tr><td>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.

NHS A&A as a large Anchor institution has established a Community Wealth Building Programme Board.

We developed our <u>Employability Strategy</u> in 2021 which set out our ambition to create employment opportunities for all with a focus on supporting key groups experiencing barriers to employment and may be seen as being ‘far’ from the workplace. This included supporting opportunities for young people, single</td></tr>
</table>

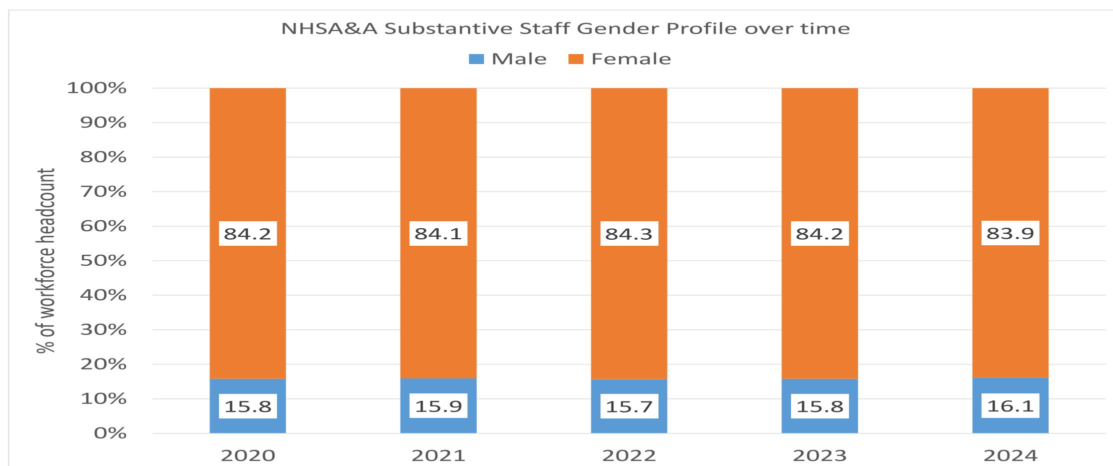
parents and those in the benefit system. We have made modest progress on delivering our ambition within our strategy and continue to engage and collaborate with our Local Employability Partnership (LEP) colleagues to introduce and support employability programmes. A recent example of this is a pre-employment programme which has resulted in employability opportunities for nine people at two of our hospital sites.

Our Employability Strategy published in 2021, along with our organisational Workforce Plan, People Plan and Recruitment Plan are all due for refresh during 2025. We will take this opportunity to systematically review our approach to employability ensuring there is robust linkage, read across and avoidance of duplication across the suite of aforementioned plans across which it spans.

In October 2024 we took the decision to incorporate Employability within our standing Workforce Planning & Improvement Group. The reasoning for this is to ensure mainstreaming of employability, and avoid any preconceptions that is a standalone activity, with stronger and appropriate linkage to workforce planning and recruitment functions which are all commonly managed within the Resourcing portfolio within the Directorate of Organisation & human Resource Development.

Our Engagement and Digital Media Team have worked closely with our Workforce Department and have developed new job opportunity digital assets to use and promote on our social media platforms this improvement has already seen an increase in applications and has increased engagement with younger candidates.

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 over the last five years 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 and some scientific and technical roles.

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 and the current rate of declaration in 2024 is 1.02% of the substantive workforce (compared to 0.88% in 2020). 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 we will continue to build on this awareness and promotion across the organisation.

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.

Opportunities for young people
We actively participate in work experience and careers events and fairs with schools. Our aforementioned work with our Digital Engagement Team has also been assistive in providing greater outreach to young people who may be interested in a career within the NHS. In 2020 we had 29 headcount substantive staff aged 20-24 within our substantive workforce which was 0.27% of the entire workforce. By contrast 2024 we have 431 headcount substantive staff aged 24 or under working across job families as illustrated in the table below:

	Headcount	
Job Family	Under 20	20 - 24
ADMINISTRATIVE SERVICES	6	58
ALLIED HEALTH PROFESSION		50
DENTAL SUPPORT		
HEALTHCARE SCIENCES		4
MEDICAL AND DENTAL		2
MEDICAL SUPPORT		1
NURSING/MIDWIFERY	1	213
OTHER THERAPEUTIC		16
PERSONAL AND SOCIAL CARE		1
SENIOR MANAGERS		
SUPPORT SERVICES	39	42
Grand Total	**46**	**385**

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.

This aspect of the equality outcome was completed in 2022 and the work has now been mainstreamed into a function of the organisation.

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:

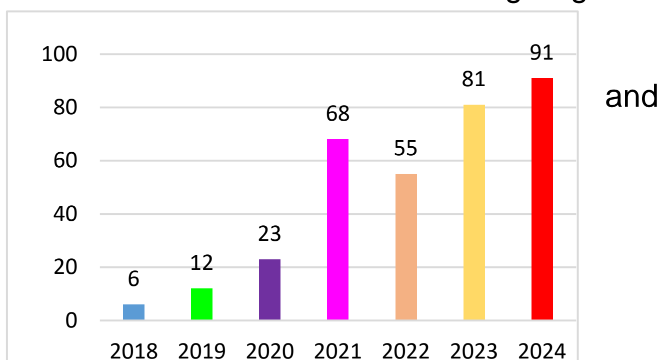
- **Enhancing opportunities for employability**
- **Supporting perinatal health**
- **Improving birth experiences**

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. Since our mid-term update, in the following 2 years, there were 81 home births in 2023 and 91 home births in 2024.



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.
A number of the mothers who birthed at home 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

Where do I start? Firstly, I can't thank the home birth team enough, but especially my midwife Jenni. I couldn't have done my whole 9 months without her.

From my 12 week appointment Jenni put me at ease right away and offered support and guidance on a home birth. As I struggle with health anxiety and having all my appointments at the comfort of my own home really put me at ease and helped me cope throughout my pregnancy with no added stress to attend doctor's appointments.

On the lead up to birth, I was given essentials oils made to suit me and help me relax; acupuncture which was a new and lovely experience; and eventually a sweep as I was overdue. The Home birth team offer so much experience and care throughout this journey. They're all amazing.

On the early hours of Friday 13th September I went into labour. Karen and Jenni arrived quickly and put my worries at ease as I was starting to panic and could feel my anxiety rising thinking I couldn't do it. Then just a couple of hours later my baby girl, Corah arrived at 6:42am in the birthing pool with no pain relief. It was the best experience of my life. If I can do it anyone can.
I would recommend a home birth to anyone especially if you suffer from mental health issues like anxiety.

I can't thank the Home Birth team enough for everything they have done for us. We will miss visits from Jenni, and I was kind of sad to be discharged from this amazing team.

Equality Outcome 2.1:

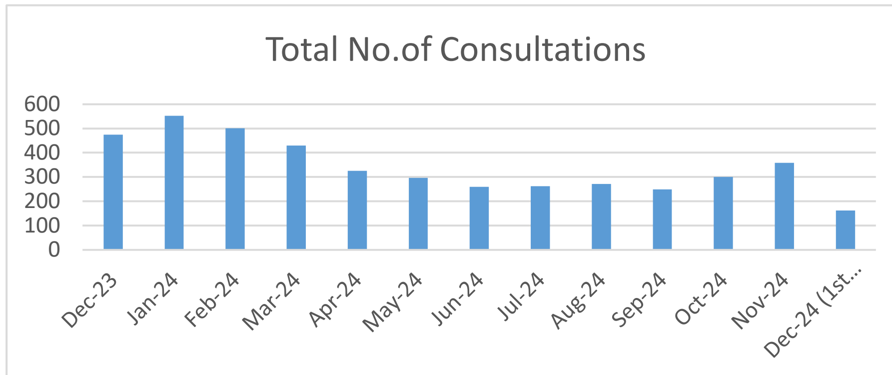
Patients who require communication support can access digitally enabled health and care services which support them to manage and improve their health outcomes

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. In the last 12 months, there has been an overall reduction in the use of Near Me, with a total of 4442 consultations.  Over the last 12 months there has been limited use of Near Me generally in NHS Ayrshire & Arran, and even less so of, both community language interpretation services and BSL interpretation. This has been a continuing trend since 2023 and throughout the recovery phase post-pandemic. Due to significant resource constraints, Near Me has not been actively marketed or promoted to services in the last year. The following services have made use of Near Me in the last year: • Maternity Services • Respiratory Services • Bankfield Medical Practice • Dietetics • Mental Health Services • The Ayrshire Hospice • South Ayrshire Health & Social Care Partnership
What difference did we make?

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?
This equality outcome has been extended into the next set of equality outcomes for the period 2025 - 2029. As part of that, we will work to progress further with the use of interpreters to support any communication or language barriers.

A working group has been established to re-engage with services and work with them to identify opportunities and overcome barriers to using Near Me as part of service provision to increase usage over the next year. Feedback from staff and patients on the use of Near Me will be gathered to inform opportunities, improvements and further promotion. Further promotion to new services will include the availability of interpretation support with the use of Near Me. Digital Services are committed to re-engaging and promoting the use and benefits of Near Me, including the options of the Community language interpretation services, particularly with the Cochlear Implant Service. The clinical lead is also exploring options for use of the Sign Language service with patients.

Additionally, there is agreement for a test of change to trial the use of Near Me with a Breast Cancer family clinic initially, and if successful to widen the use to other clinics within the service.

At the same time we will also work with public members whose first language is not English to promote this service being 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 Counselling and Psychotherapy in Scotland (COSCA) counselling training.

Some midwives have also been trained to deliver the Institute of Health Visiting Perinatal Mental Health (PMH) training. Members of the women and children's teams have also been trained in the National Society for the Prevention of Cruelty to Children (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 service had to be altered significantly during COVID. This went from a team approach to two staff members running telephone appointments only. The birth reflection service has now been fully remobilised to the pre pandemic faculty with appointments for women as required.

Healthcare Support Workers (HCSWs) have commenced training in accredited counselling. This is a rolling programme to ensure our Band 4 team can undertake mental health counselling as part of the continuity model. This will help with both perinatal and infant mental health. The infant massage programme has been implemented with the HCSWs undertaking this role since the beginning of 2024. This allows them to provide this education to parents.

In 2023 we reported that we were 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. Since then a full Multi-Disciplinary

Team process mapping has commenced to look at our PMH service and evaluate if it covers all the requirements from national recommendations such as the birth trauma scoping document, SANDS bereavement recommendations and the Maternity Strategy.
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, in 2023 recommenced with a view to establishing a sexual forensic suite in paediatrics. The Acorn suite, sexual forensic suite, is now officially open and allows for local Ayrshire children and young people, in the age range 13 year upwards, to receive forensic care in Ayrshire and Arran rather than having to travel to Glasgow.
What difference did we make? Unfortunately work in this area was paused due to the Covid pandemic so when we reported in 2023, little progress was 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 continues to progress work to improve the experience of children and young people who require access to sexual forensic services. Work

recommenced on the estates aspect of the forensic suite in January 2023 with the Acorn suite opening later in 2023.

We will continue to report our numbers into the West of Scotland Sexual Assault Referral Centre (SARC) group and evaluation compliance against national standards.

We are also in the process of streamlining our Adult and Child protection processes to ensure that all systems link to referrals and escalation including the use of our forensic suites.

We are also in the process of providing prevention work linked with Police Scotland targeting schools and addressing the key SARC topics with children and young people.

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 along with ethnic minority 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 continues 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 meets 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 moved to a new post in another Board in November 2022. Since then an Executive Sub Group has been established to support the setting of agendas and ensuring work streams are carried forward.

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. A Chair has been agreed for the group supported by an Executive Sub Group to build confidence in other members to take the role of Chair in the future. The sub group currently agrees the agenda for the meetings and initiates work streams.

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. As well as opportunities to share experiences in the groups, member's staff experience stories have been shared with the organisation's Culture Steering Group to ensure the lived experience of staff informs improvements.

In June 2023, two Celebrating Diversity Days were held on our main hospital sites that provided opportunities to raise awareness of the staff networks and encourage individuals to get involved, dispel myths, break down barriers and foster relations between staff.

Many individuals who attended the days were not aware of the networks and so the face to face interaction allowed the opportunity to share information for staff to use themselves to take back to their base to raise further awareness.

Each of our staff networks have an action plan and have also supported celebrating / commemorating various dates aligned with their protected characteristics. This has included involvement in partnership working such as Pride 2024 in Glasgow and Black History Month – An Ayrshire Perspective event on 29 October 2024.

What we will do now/future work?

We will continue to facilitate the three existing staff networks with a view to increasing numbers. 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.

The action plans for each of the staff networks will be used to support more inclusive policy and practice across NHS Ayrshire & Arran.

The staff networks will continue to be supported to take forward work that they identify as being necessary.
Case study Through feedback and engagement at the Ethnic Minority Staff Network (EMSN) it became apparent that our ethnic minority staff did not feel the current staff and spiritual care provision across NHS Ayrshire & Arran was culturally appropriate. Engagement between the Chair of the EMSN and another member of the EMSN who is a Healthcare Chaplain has resulted in the establishment of a support group for ethnic minority staff. As well as group sessions, the Healthcare Chaplain offers one to one support as needed.

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 and we continue to offer employability training to staff in line with local and national agendas.

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 11 years:

Period ending	30/09/2024	31/03/2013
Substantive staff in post headcount	11,724	10,445
Detail not known / undisclosed for ethnicity	15.0%	32.89%
Detail not known / undisclosed for religion	15.9%	34.17%
Detail not known / undisclosed for sexual orientation	18.2%	36.72%
Detail not known / undisclosed for disability	40.9%	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 policy and occupational segregation and equal pay analysis can be found on our website. [will insert hyperlink once approved and published.]

NHS Scotland is a Living Wage employer and, as such, the lowest available salary of £24,518 translates into an hourly rate of £12.71 per hour, which is above the Real Living Wage rate of £12.00 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. The table below shows the claimant count of work benefits (seasonally adjusted) versus Scotland as published by NOMIS Official Census and Labour Market Statistics:

Claimant count by local authority as at September 2024

Area	Claimant Rate (% of population)	Number of claimants
East Ayrshire	3.8%	2,895
North Ayrshire	4.5%	3,650
South Ayrshire	3.6%	2,375
Scotland	4.0%	

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 is an intrinsic strand of NHS Ayrshire & Arran’s Community Wealth Building / Anchor institution ambitions.

Meeting our anchor responsibilities by implementing community wealth building is not a short term project or additional one-off programme of work it is a long-term intention by the Board to use its assets and resources to do what we already do: employ people, buy goods and services, manage our land, buildings and the environment and form partnerships. This commitment is shared by our Anchor partners across Ayrshire.

Each year NHS Ayrshire & Arran promotes and encourages opportunities for Modern Apprenticeships across a range of clinical and non-clinical services. Recognising the average age of employee in NHS Ayrshire & Arran is currently 45 years, with 41% 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.

The Board’s apprenticeships provide training programmes that deliver valuable work experience, specific skills and enable apprentices to gain recognised qualifications boosting their careers. We continue to collaborate with operational leads to explore further opportunities within Medical Records, Finance, Procurement, AHPs and Health Care Science.

Project Search is a transition to work programme committed to transforming the lives of young adults aged 18-30 with a learning disability with autism. It is delivered in partnership with East Ayrshire Council, Ayrshire College and NHS Ayrshire and Arran. The project provides young people with job training/coaching, meaningful work placements and a recognised qualification. Work placements are predominantly provided at University Hospital Crosshouse but where the services have been unable to accommodate this, alternative placements were sought through East Ayrshire Council or Ayrshire College. Local private employers also supported the programme.

Project SEARCH began 10 years ago in NHS Ayrshire & Arran and has provided a fruitful partnership with our local partners. Since 2015/16, NHS Ayrshire & Arran has

supported an average of ten Project SEARCH students each year, with the majority completing their course.

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 eight males, 57%, and six females, 43%, 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.

NHS
Ayrshire
& Arran

Equality Outcomes 2025 - 2029

1. Introduction

All public authorities in Scotland must comply with the public sector equality duty, also known as the general equality duty, 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. We are all likely to have more than one protected characteristic which make up our individual identities.

This work builds on the equality outcomes set in previous years. As we reviewed the progress and relevance of previous outcomes, we have developed, updated and added to provide this fresh set of outcomes.

By reviewing, revising and publishing equality outcomes on a regular basis, we aim to make better, fairer decisions and be able to show that they are bringing tangible benefits for our communities and our staff.

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

3. Evidence Review

As mentioned previously, we are not starting with a blank sheet. The foundation of existing good practice on equalities, established and committed to through our previous work, allowed us to build upon and reinforce taking this agenda forward. Given this, it makes sense to ensure that equality outcomes are aligned explicitly with

existing NHS and Scottish Government policy priorities, as well as evidence from local engagement.

This approach to implementation aims to provide coherence, minimise duplication and support the ongoing mainstreaming of equality into health policy and practice within NHS Ayrshire & Arran**.**

A desktop research and evidence review was undertaken that presented a baseline selection of the key facts and figures we know about groups that meet one or more of the protected characteristics. The review drew on the evidence collected from previous engagement and consultation exercises as well as national policy context; a staff and service user survey and ongoing priority work for the organisation in line with the mainstreaming agenda. This evidence review highlighted the following key themes:

- Anti-racism both for the workforce and wider population
- Sexual harassment in the workplace
- Under-representation in the workplace
- Digital access to services, particularly for more vulnerable communities
- Women's heart health

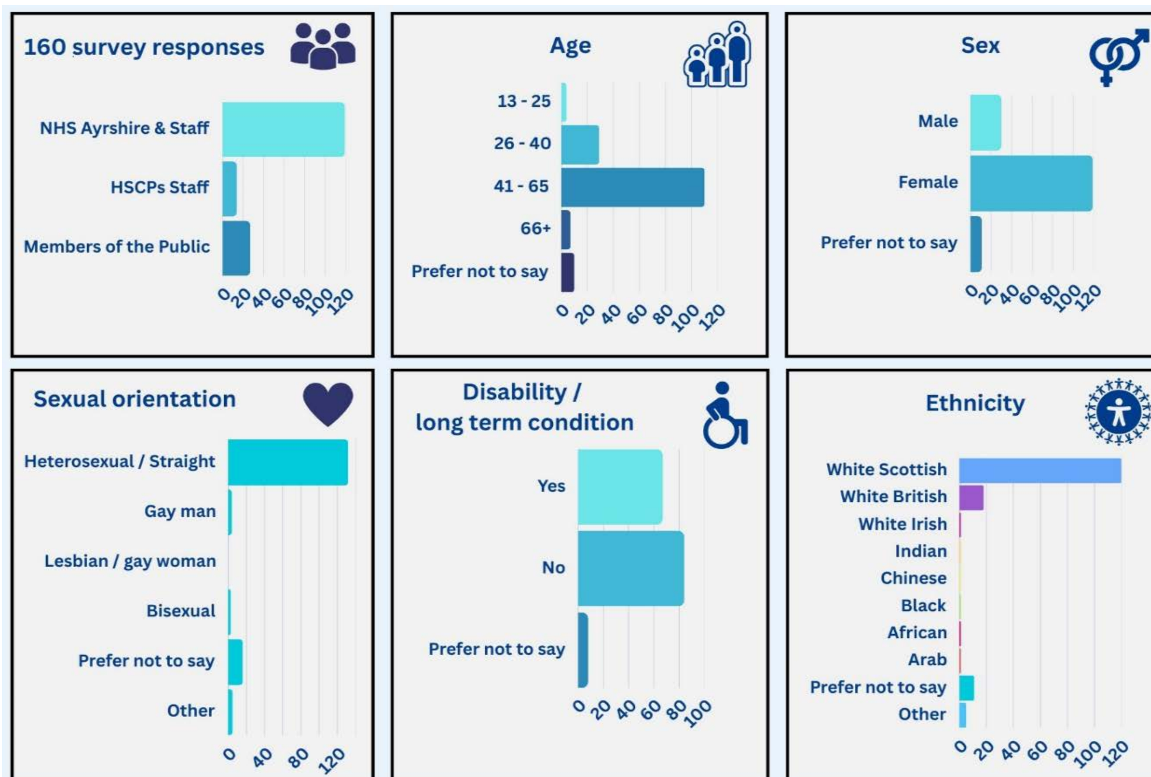
4. Engagement and Consultation

Our new set of outcomes have been developed ensuring the principles of involvement and consultation are key to the final outcomes set. This has included service user and staff surveys, engagement with third sector organisations and engagement with our staff diversity networks. These people have a wide range of backgrounds and characteristics and are drawn from across Ayrshire and Arran.

This approach ensures that we capture the lived and living experience of our key stakeholders to deliver targeted and meaningful outcomes to support our approach to improving and mainstreaming equalities in the functions of the organisation.

The engagement on the proposed equality outcome themes focussed on an online survey. The survey contained questions relating directly to equality outcome themes, plus an additional 'about you' section asking people for relevant demographic information.

The infographic below shows a breakdown of the responses received.



The online survey consultation ran from 16 December 2024 until 6 January 2025.

5. Analysing the Results and Defining Final Equality Outcomes

The responses to the survey focused on asking whether NHS Ayrshire & Arran had identified relevant key themes for the next iteration of equality outcomes.

Below is an infographic showing the results of the questions asked along with some summarised feedback on each of the outcome themes proposed.

Anti-racism

The majority of responses agreed that anti-racism should be a key equality outcome, however 2 responses indicated that they had not come across racism, or had done but rarely.

Improve employment opportunities

The majority of responses agreed with the proposed outcome, however some respondents felt this approach would be unfair, or seen as favouring certain groups.

Sexual harassment in the workplace
Almost 82% of responses agreed this should be an area of focus for our equality outcomes. Further comments highlighted that more needs to be done in this area with one respondent indicating that it is an issue that affects both males and females. However, from the majority of comments it was felt that gender equality and 'banter' requires more awareness and focus.

Providing digital access to services (Near Me)
Almost 78% agreed with the improvement of access to services via Near Me but patient choice was imperative as well as location of patients, suitability, digital poverty/competency and replacing in-person interactions.

Women's heart health
This outcome received mixed views as to the relevance of focusing solely on women's heart health. Some comments highlighted that many women do not know the signs and symptoms and finding information that relates directly to women is difficult.

The themes in the proposed outcomes for the most part were supported with some areas such as disability and neurodiversity, and LGBT and in particular Trans health being cited as areas where more work requires to be undertaken.

While we have not highlight specific equality outcomes in the aforementioned areas, work to support individuals with a disability, including those with neurodiverse condition, will be incorporated into the actions for the equality outcome on improving employment opportunities.

With regards to the reference to LGBT inclusion in the equality outcomes, NHS Ayrshire & Arran has had focused LGBT+ equality outcomes in the last 2 sets of equality outcomes and, therefore, the feedback has highlighted that we need to better promote some of the work we have done and the areas of support and information available.

6. Finalising Our Equality Outcomes

The foundation of existing good practice on equalities, established and committed to through our previous equality outcomes, allowed us to build upon and reinforce taking this agenda forward. In order to provide coherence, minimise duplication and support the ongoing mainstreaming of equality into policy and practice across Ayrshire, it is important to ensure that equality outcomes are aligned explicitly with existing organisational and governmental policy priorities, as well as evidence from local engagement, and integrated into current performance management systems.

We have taken consideration of national policy context in the development of our equality outcomes to ensure robust and effective outcomes are set for the next four years. We are cognisant that there is close intersection between the protected characteristics, and while we have set an outcome to make improvement for a particular characteristic there is scope for wider impact.

The protected characteristics intersect in complex ways, shaping individuals' experiences of discrimination and inequality. This intersectionality recognises that people can be affected by multiple, overlapping forms of disadvantage. Understanding these intersections helps create a more inclusive approach to equality, addressing how different forms of discrimination compound to create unique challenges for individuals.

While not a specific protected characteristic, a number of our equality outcomes will also support improvements in the area of socio-economic disadvantage. The social determinants of health are the non-medical factors that influence health outcomes and this includes, but not restricted to:

- Income and social protection
- Unemployment and job insecurity
- Working life conditions
- Social inclusion and non-discrimination

In the development of our equality outcomes many people gave us their experiences, views and not least their time freely and willingly to make sure that the outcomes we set meet the specific needs of the people we serve. For this and all the other people who have supported the development of these outcomes, we thank them all for their contribution.

Links to National Outcomes	**We respect, protect and fulfil human rights and live free from discrimination** **We live in communities that are inclusive, empowered, resilient and safe** **We are healthy and active**
Equality Outcome 1	**Minority ethnic staff, and our local communities, experience better outcomes through proactive tackling of racism and improving cultural competency.**
Context	Racism is a significant public health challenge and the NHS has a key role to play in tackling racism, reducing racialised health inequalities and creating a more equitable health and care system for all. The NHS Race and Health Observatory carried out a Rapid Evidence Review into ethnic inequalities in healthcare (2022) which showed that: ▪ Ethnic inequalities in access to, experience and outcomes of healthcare are longstanding problems in the NHS. Inequities experienced include: • lack of appropriate treatment for health problems, • poor quality or discriminatory treatment from healthcare staff, • a lack of high quality ethnic monitoring data recorded and used, • lack of appropriate interpreting services, • delays in, or avoidance of seeking help for health problems due to fear of racist treatment from NHS healthcare professionals. ▪ Ethnic healthcare inequalities are rooted in experiences of structural, institutional and interpersonal racism. ▪ The review focused on mental healthcare, maternal and neonatal healthcare, digital access, genetic testing and genomic medicine and the NHS workforce. In another report, routine diabetes care was found to be lower in visible minority ethnic groups compared to white groups, in both the short- and medium-term following diabetes diagnosis. Differences were most pronounced for people in the African, Caribbean or Black, Indian and other ethnicity groups. A report by the King's fund also found that diabetes prevalence in Black groups is up to three times higher than in the white population with cardio-vascular disease being a further contributing factor. Up to 80 per cent of premature deaths from CVD are preventable through better public health and prevention of risk factors such as obesity, inadequate physical exercise and diabetes. An analysis report by the Scottish Government shone a light on one of the communities who face the worst health inequalities; the Gypsy/Traveller community. Compared to the 'White: Scottish' group, Gypsy/Travellers were twice as likely to have a long-term health problem and were three times more likely to report 'bad' or 'very bad' health. The analysis

showed that on every indicator of what is required to live a happy, productive and fulfilled life, Gypsy/Travellers were worse off than any other community in Scotland.

Some of the inequalities experienced by the Gypsy/Traveller community include:

- A higher suicide rate than the general population - six times higher for Gypsy/Traveller women and almost seven times higher for Gypsy/Traveller men.
- Poorer mental health - often linked to poverty, social exclusion, stigma and hate crime. In a study one Gypsy/ Traveller described experiences of hate crime as 'as regular as rain'.
- Barriers when accessing health services which includes difficulties registering with GPs, poor staff attitudes and lack of trust of services because of previous experiences.
- Lower uptake of preventative health services including antenatal and postnatal care, childhood development assessments and dental services, and missed routine appointments because of lack of postal address.

Looking at the workforce a number of reports have highlighted significant disparities. A report, Delivering Racial Equality in Medicine, from the British Medical Association (BMA) highlights significant racial disparities in the medical profession:

- Over 90% of Black and Asian doctors, 73% of Mixed-race doctors, and 64% of White doctors surveyed believe that racism in the medical profession is an issue.
- 76% of doctors experienced racism in the past two years, with 17% facing it regularly.
- Despite these issues, 71% of doctors chose not to report racist incidents, mainly due to fear of being labelled as troublemakers or doubting that their complaints would be addressed.

The King's Fund (2020) study on race inequalities in the NHS found that:

- 15.3% of ethnic minority staff reported discrimination from managers or colleagues, compared to 6.4% of white staff.
- Only 69.9% of ethnic minority staff believed their employer offered equal career progression opportunities, compared to 86.3% of white staff.

The MDDUS Racist Microaggressions Report from November 2023 highlights the prevalence and impact of racist microaggressions experienced by healthcare professionals in the UK, especially International Medical Graduates (IMGs). Key findings and recommendations include:

Key Statistics:

- **58% of IMGs** reported experiencing racist microaggressions.

- **33% of members** in the medical field reported similar experiences.
- **72% of IMGs** did not report these incidents due to a lack of confidence in reporting systems.
- **64% of healthcare members** witnessed racist microaggressions but did not report them.
- **66% of IMGs** felt their concerns would not be taken seriously if reported.

These reports emphasise the need for leadership, allyship, and structural changes to address racial inequalities and support staff progression in the NHS.

Anti-racism approaches have been recognised as an integral improvement tool to help advance equality within the workforce and for patients / service users. As such, a focus on anti-racism has wider applicability and will generate learning to support improvements that benefits everyone, regardless of protected characteristic.

Outcome Aim		Outputs	Actions	Measurement	Protected Characteristics	General Equality Duty	Lead Officer and Timescale
1.1	To provide fair and equitable healthcare to all regards of race or ethnic group.	Improved patient experience and health outcomes for patients from all ethnic and racial backgrounds.	Development of an anti-racism plan with targeted interventions to improve access and experience	Anti-racism plan developed and measurable actions implemented.	Race, religion and belief, disability, pregnancy and maternity	Eliminate Discrimination Advance equality of opportunity Foster good relations	Public health, O&HRD, Equality and Diversity Adviser, Engagement & Digital Media Team December 2025
1.2			Undertake engagement with the Gypsy / Traveller community to identity actions to progress against national priorities	Actions to progress G/T inclusion included within anti-racism plan.			Public Health September 2025
1.3	To foster a culture where staff from all racial and ethnic backgrounds feel	Staff are better informed of the impact of racism and how this can manifest	Provision of anti-racism and cultural competency training	Number of staff participating in anti-racism and cultural competency training.	Race, religion and belief	Eliminate Discrimination	Head of Learning, Organisational Development

	valued and supported.		Raising awareness of relevant inclusive and equitable policies			Advance equality of opportunity Foster good relations	and Staff Experience April 2026
1.4		Organisation takes steps to eradicate racial discrimination in the workplace	Establish a confidential and easily accessible reporting system Clear pathway for staff to report racial discrimination incidents	Data on concerns and incidents raised by staff, disaggregated by race.			Deputy HR Director April 2026
1.5			Staff Engagement and Well-being: Overall staff well-being and engagement scores, with a focus on racial equality	iMatter results and any associated actions to address			Head of Learning, Organisational Development and Staff Experience April 2026
1.6			Promotion of anti-discrimination campaign across NHS Ayrshire & Arran	Anti-discrimination campaign developed and delivered	Applicable to all protected characteristics		Engagement & Digital Media and Communication Teams December 2025
1.7		Improved understanding by employees of why we collect equalities data resulting in improved data disclosure rates	'Bring your whole self to work' campaign	Increase in the proportion of staff disclosure rates across all equality strands		Advance equality of opportunity Foster good relations	Head of Workforce Resourcing & Planning July 2025 and ongoing

Links to National Outcomes	**We respect, protect and fulfil human rights and live free from discrimination** **We live in communities that are inclusive, empowered, resilient and safe** **We are healthy and active**
Equality Outcome 2	**Employees at all levels are well-informed about what is covered by sexual harassment and the consequences and impact of such behaviour.**
Context	Sexual harassment is defined by the Equality and Human Rights Commission (EHRC) as “unwanted conduct of a sexual nature” that has the purpose or effect of “violating a worker’s dignity” or “creating an intimidating, hostile, degrading, humiliating or offensive environment for that worker”. In September 2023, the BBC reported on incidences of sexual harassment, assault and in some cases rape on female surgeons. The analysis was undertaken by the University of Exeter, the University of Surrey and the Working Party on Sexual Misconduct in Surgery found nearly two-thirds of women surgeons who responded to the researchers said they had been the target of sexual harassment and a third had been sexually assaulted by colleagues in the past five years. The research also found that women say they fear reporting incidents will damage their careers, and they lack confidence the NHS will take action. This was further reinforced by research conducted by the University of Glasgow published the same month. Furthermore, on 26 October 2024 the new Worker Protection (Amendment of Equality Act 2010) Act 2023 came into force. The Act introduces a new positive legal obligation on employers to take reasonable steps to protect their workers from sexual harassment. If an employer breaches the preventative duty, the Equality and Human Rights Commission has the power to take enforcement action against the employer. Employers have a positive legal duty to prevent sexual harassment of their workers. They must take reasonable steps to prevent sexual harassment of workers in the course of their employment (the ‘preventative duty’). The preventative duty is an anticipatory duty. Employers should not wait until an incident of sexual harassment has taken place before they take any action. Taking reasonable steps to prevent sexual harassment is a key element of the preventative duty. The duty requires that employers should anticipate scenarios when its workers may be subject to sexual harassment in the course of employment and take action to prevent such harassment taking place. If sexual harassment has taken place, the preventative duty means an employer should take action to stop sexual harassment from happening again. What is reasonable will vary from employer to employer and will depend on factors such as the employer’s size, the sector it operates in, the working environment and its resources. There are no particular criteria or minimum standards an employer must meet.

Employment tribunals will also have the power to increase compensation for sexual harassment by up to 25%.

The work to reduce sexual harassment in the workplace will support NHS Ayrshire & Arran to deliver our priorities in line with the Equally Safe Delivery Plan 2024-2026 which has an emphasis on primary prevention, education, and public engagement. The plan promotes societal change through awareness and challenges misogyny and harmful gender norms.

Further evidence can be found at:

Female surgeons sexually assaulted while operating - BBC News

University of Glasgow - University news - Archive of news - 2023 - September - A third of female surgeons have been sexually assaulted, finds new research

Close the Gap | Blog | How to help prevent sexual harassment in the workplace?

Outcome aim		Outputs	Actions	Measurement	Protected Characteristics	General Equality Duty	Lead Officer and Timescale
2.1	To create a workplace culture where sexual harassment is actively prevented, promptly addressed and consistently condemned.	Staff are more informed of sexual harassment and consequences	Increased number of staff completing training / awareness raising	Numbers of staff completing training	Age, sex, pregnancy and maternity	Eliminate Discrimination Advance equality of opportunity Foster good relations	Head of Learning, Organisational Development and Staff Experience April 2026
				Roll out of the Sexual Harassment Once for Scotland guide			Principal Lead for Pay, Policy and Terms and Conditions August 2026

			Progress to ESAW Bronze accreditation	ESAW accreditation achieved			Equality and Diversity Adviser October 2027
2.2		Organisation takes steps to eradicate sexual harassment in the workplace	Clear pathway for staff to report incidents of sexual harassment	Establish a confidential and easily accessible reporting system			Deputy HR Director April 2026
2.3		Staff are able to access information to support individuals affected by sexual harassment	Availability of information, resources and signposting to support for victims	Development of page on Athena (intranet) with information and resources for signposting		Eliminate Discrimination Advance equality of opportunity	Equality and Diversity Adviser April 2026

Links to National Outcomes	**We are well educated, skilled and able to contribute to society** **We are healthy and active** **We respect, protect and fulfil human rights and live free from discrimination** **We tackle poverty by sharing opportunities, wealth and power more equally**
Equality Outcome 3	**Increase the number of young people, disabled people and ethnic minority people employed across the organisation.**
Context	Research has shown that having a diverse workforce brings a wealth of benefits to organisations including inspiring creativity and innovation, enhancing effective decision-making and problem-solving, and improving overall business performance. When employees come from varied backgrounds, including culture, ethnicity, ability, sex or lived or living experience, they bring different perspectives and approaches to tasks and challenges. This diversity of thought often leads to more creative solutions and encourages employees to challenge each other's assumptions. Moreover, a diverse workforce improves an organisation's ability to connect with its service users. An organisation that reflects the diversity of its service users is better positioned to understand and meet their unique needs. This connection enhances service user satisfaction, and can also increase their trust in the organisation to support meeting their needs.

	Additionally, a multicultural workforce can facilitate greater understanding of the diverse communities, their needs and their customs. In terms of employee engagement and retention, diversity fosters an inclusive workplace culture where individuals feel valued and respected. This leads to higher job satisfaction and a more positive working environment. Employees are more likely to stay with an organisation that embraces their differences and offers opportunities for growth. Furthermore, inclusive workplaces often attract top talent from various demographics, which enhances the organisation's overall skill set and talent pool. Studies have shown that organisations with diverse leadership and workforces often experience better performance. Diverse teams across all levels of the organisation encourages open communication and trust between staff, supervisors and management which in turn improves team relationships and collaboration. This also leads to effective, better informed decision-making as a result of consideration of a number of factors and viewpoints. Therefore, investing in workforce diversity is not only a social or ethical priority but also a strategic business advantage. Within NHS Ayrshire & Arran, there are 432 (headcount) staff aged 24 or under which represents 3.7% of the whole organisational headcount. Largest proportions are within nursing (213), support services (79), admin (65) and Allied Health Professionals (AHPs) (47) with the remaining 28 in other job families across the organisation. Conversely, 12.2% of our workforce are aged 60+. Claimant count details for all three local authorities in Ayrshire (as per NOMIS Official Census & Labour Market Statistics as at September 2024) shows that there are 1660 headcount 18 to 24 year olds claiming out of work allowances. As the largest employer in Ayrshire, and in keeping with our Community Wealth Building and wider Community Planning ambitions it is incumbent on the organisation to ensure we are actively encouraging and facilitating employment for this age group, and wider cohorts not in work, recognising that being in work is a positive determinant of health.

Outcome aim		Outputs	Actions	Measurement	Protected Characteristics	General Equality Duty	Lead Officer and Timescale
3.1	To create a more equitable and inclusive workplace that better	Staff are more informed of cultural practices	Training / Awareness raising around cultural practices	Number of staff who have undertaken cultural competency training	Age, disability, race	Eliminate Discrimination	Head of Workforce Resourcing & Planning

	represents the diversity of our local population.			Number of staff who have completed Unconscious Bias / Active Bystander training		Advance equality of opportunity Foster good relations	October 2026
3.2		Increased number of diverse applications	Targeted recruitment efforts Inclusive job descriptions	Increases in applications from those in protected groups evidenced via equality and diversity workforce monitoring reporting			Head of Workforce Resourcing & Planning February 2027
3.3			Reviewing recruitment processes, practice and skills including diverse interview panels and awareness of unconscious bias	Increasing proportion of successful appointees from protected groups evidenced via equality and diversity workforce monitoring reporting			Head of Workforce Resourcing & Planning February 2027
3.4		Holistic and sensitive consideration of supports that will enable wider groups to consider NHSA&A as an employer	Development of a reasonable adjustment guide / passport for staff and managers to support inclusivity both for interview and employment	Reasonable adjustment guide / passport produced Greater diversity within our workforce evidenced via equality and diversity workforce monitoring reporting	Age, disability	Eliminate Discrimination Advance equality of opportunity Foster good relations	Equality and Diversity Adviser December 2025

Links to National Outcomes	We are healthy and active We respect, protect and fulfil human rights and live free from discrimination We value, enjoy, protect and enhance our environment

Equality Outcome 4	**Services in NHS Ayrshire & Arran aim to increase patient / carer engagement with Near Me in order for our patients to have care close to home where is it safe and practical to do so.**
Context	Digital access to healthcare services has been evolving to enhance patient care and streamline services. They offer several online and digital solutions to make healthcare more accessible and convenient for patients. A significant advancement in digital access is the use of Near Me, a video consultation service that allows patients to meet with healthcare professionals from their homes or wherever is convenient to them. This service reduces the need for travel, making healthcare more convenient and safe, especially for vulnerable populations. Near Me can also make it easier for the patient to have a member of their family / carer with them who may not have been able to travel to their appointment. There are many benefits to the use of Near Me including: • Timeous and convenient access – patient can access healthcare services from their home or other convenient place reducing the need for travel to appointments. It can also make attending appointments easier for working individuals by avoiding the need to take time off work. This also has benefits for family members or friends when individuals rely on their support to take them to face to face appointments. • Improved accessibility – for some individuals in remote or rural areas, including the Isles of Arran and Cumbrae, being able to see a specialist on screen removes the need for travel and for the islands this is particularly beneficial during periods of adverse weather. • Reduction in exposure to other illnesses – similar to Covid, offering Near Me consultations reduces the risk of exposure to other infections which is particularly important for vulnerable or immuno-compromised patients. • Continuity of care – with the move to digital health provision, clinicians are more easily able to monitor patient and track progress effectively over time. • Environmental benefits – all organisations are now considering the impact of their carbon footprint and by using Near Me, the patient and clinician are still able to see one another but the carbon emissions are reduced. • Privacy and confidentiality - Near Me ensures secure, encrypted consultations which supports protecting patient confidentiality and meeting the requirements for data protection.

		• Reduction in travel for patients, families and carers – being able to access appointments virtually has been cited as one of the key benefits of Near Me in terms of time to get to appointments as well as the cost of travel. Near Me also provides increased opportunity for family members / carers to be involved due to the reduction is travel and the need for time off work. During the pandemic we know that in NHS Ayrshire and Arran there was a concerted effort to utilise this mode of contact by services including Maternity, MSK, AHP, Paediatrics and some medical specialties. However, since then and the move to in person appointments again, NHS Ayrshire & Arran's use of Near Me has significantly declined.					
Outcome Aim		**Outputs**	**Actions**	**Measurement**	**Protected Characteristics**	**General Equality Duty**	**Lead Officer and Timescale**
4.1	To implement the option of Near Me where clinically appropriate for patients requiring outpatient or community care in Ayrshire and Arran.	Increased use of Near Me platform for patient interaction	Identify baseline of current use of Near Me.	Evidence current use of Near Me across the organisation	Age, disability, race, sex	Eliminate Discrimination Advance equality of opportunity	RM Team April 2027
			Identify targeted services to offer Near Me as an option	Number of Near Me calls offered by identified disciplines			
			Level of satisfaction reported by patients/carers in relation to Near Me consultation	Patient satisfaction survey responses			
			Level of satisfaction reported by staff	Staff satisfaction survey responses			
			Review whether Near Me has increased or reduced DNA rates	Percentage of DNAs for patients/carers who opt for Near Me			
			Encourage other services to engage with Near Me	Share examples of practice with other areas to encourage more uptake			

4.2	To ensure patients are not negatively impacted, due to communication barriers, of accessing Near Me.	Interpretation support provision for Near Me in place	Identify baseline of current use of communication support with Near Me	Evidence current use of communication support with Near Me	Disability, race	Eliminate Discrimination Advance equality of opportunity	RM Team / Equality and Diversity Adviser April 2027
			Increase in the number of digital face to face consultations using interpretation support	Baseline of numbers Increased usage of interpretation support			

Links to National Outcomes	**We are active and healthy** **We respect, protect and fulfil human rights and live free from discrimination** **We live in communities that are inclusive, empowered, resilient and safe** **We grow up loved, safe and respected so that we realise our full potential**
Equality Outcome 5	**Women will experience improved health outcomes through equitable access to screening, diagnosis, treatment and rehabilitation in relation to cardiovascular conditions**
Context	The NHS Confederation report states that the UK health and social care system, like many others worldwide, was designed around a white, cis-gender, heterosexual, male prototype. However, the UK stands out as the country with the largest female health gap in the G20 and the 12th largest globally, with women spending three more years in ill health and disability when compared to men. The 'male default' permeates research, clinical trials, education and training, as well as the design of policies and services. Gender bias in medicine is therefore not only scientific or biomedical, but also social, cultural and political. One area of focus is cardiovascular health that often viewed as a male condition. The British Heart Foundation Bias and Biology briefing outlines some of the key inequalities in heart health: **Under aware** One in 10 deaths in women are caused by heart disease, yet only 25% of women surveyed recognised it as a leading cause of death. Heart disease is primarily thought of as a male disease in our society, leading many to not understand the potential risk factors and preventive steps that should be taken. This is important across the lifecourse, including at key stage such as

pregnancy and menopause. Both healthcare professionals, women and their families need to be supported to understand the risks of heart disease across the life course.

Under diagnosed
When women present to services with symptoms of a heart attack they are less likely to be referred for timely diagnostics tests. Local data suggests those women open to services are often older with more complicated disease - which may be a feature of later identification and diagnosis.

Under treated
Evidence from the British Heart Foundation indicates that women are less likely to receive optimal treatment following a cardiac event. This included immediate treatments, imaging and drug treatments. It may be driven by unconscious bias within the healthcare system that does not recognise the specific needs of women experiencing a cardiac event.

Outcome Aim		Outputs	Actions	Measurement	Protected Characteristics	General Equality Duty	Lead Officer and Timescale
5.1	By addressing gender disparities in healthcare, the goal is to reduce cardiovascular morbidity and mortality among women, ultimately enhancing their overall well-being and quality of life.	Improved awareness of cardiovascular health in women	Women's Health Plan Strategic Oversight Group-Heart Health action plan	WHP SOG Action Plan in place and measurable actions implemented.	Age, Disability, Pregnancy and Maternity, Sex	Eliminate Discrimination Advance equality of opportunity Foster good relations	Consultant in Public Health April 2025
			Focus on increasing awareness across healthcare professionals and the public the importance of CVD in women	Development and delivery of a campaign to raise awareness cardiovascular disease in women.			Consultant in Public Health / Engagement team March 2026
			Encourage routine screening and assessment of CVD risk in women at all stages of life course	Increase in targeted services providing routine CVD screening and assessment for women.			Consultant in Public Health March 2027
5.2		Improved screening and	Explore and implement	Pilot / exploration of programmes completed.		Eliminate Discrimination	Consultant in Public Health

		diagnosis of cardiovascular disease in women	programmes to increase routine CVD screening for women across different healthcare encounters (such as cervical screening, contraception reviews etc)		Age, Disability, Pregnancy and Maternity, Sex	Advance equality of opportunity	March 2026
				Expansion / implementation of programmes.			Consultant in Public Health March 2027
			Explore provision of care with ED/ Urgent care settings to identify any variation in care pathways based on gender and how this can be addressed	Gender based analysis of care pathways undertaken.			Consultant in Public Health March 2028
5.3		Equality of treatment of cardiovascular disease across the population	Explore current prescribing and treatment patterns to identify sex based variation and address root causes of this	Gender based analysis of prescribing and treatment patterns undertaken.	Age, Disability, Pregnancy and Maternity, Sex	Eliminate Discrimination Advance equality of opportunity	Consultant in Public Health and Nurse Consultant - Acute Cardiac Care March 2028

Appendix 3 – 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 2024 for all tables.

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

The gender pay gap male to female percentage is calculated via the following formula:

((average male hourly rate minus average female hourly date) divided by average male hourly rate) x 100

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. Where there is only a single gender within the distinct grade i.e. meaning a calculation cannot be undertaken, this is annotated with 'N/A'

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

	Female			Male			Total headcount of cohort	Gender pay gap male to female %
Grade	Headcount	Percentage	Average Hourly Rate £	Headcount	Percentage	Average Hourly Rate £		
Agenda for Change	9,426	86.1%	19.65	1,526	13.9%	19.59	**10,952**	**-0.31**
Medical and Dental	335	48.9%	43.34	350	51.1%	47.65	**685**	**9.04**
Senior Managers	9	69.2%	47.66	4	30.8%	51.93	**13**	**8.22**
Total	**9,769**	**83.9%**	**20.49**	**1,879**	**16.1%**	**24.91**	**11,648**	**17.73**

Narrative

The overall organisational position, as illustrated in the table above, is of males being paid 17.73% 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 = 13.9% males versus medical = 51.1%) 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 as 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

	Female			Male			Total headcount of cohort	Gender pay gap male to female %
Job Family	Headcount	Percentage	Average Hourly Rate £	Headcount	Percentage	Average Hourly Rate £		
Administrative Services	1565	86.3%	17.28	248	13.7%	20.62	1813	16.19
Allied Health Professionals	941	88.4%	22.85	124	11.6%	21.68	1065	-5.37
Dental Support	72	98.6%	17.98	*	*	*	*	*
Healthcare Sciences	276	75.0%	21.23	92	25.0%	22.73	368	6.61
Medical Support	22	56.4%	22.24	17	43.6%	20.25	39	-9.86
Nursing & Midwifery	5066	91.2%	20.24	491	8.8%	20.31	5557	0.36
Other Therapeutic	408	85.0%	26.05	72	15.0%	27.68	480	5.86
Personal & Social Care	131	87.3%	21.17	19	12.7%	23.03	150	8.05
Support Services	967	67.4%	14.09	467	32.6%	15.75	1434	10.50
Total	**9426**	**86.1%**	**19.65**	**1526**	**13.9%**	**19.59**	**10952**	**-0.31**

Narrative

AfC staff constitute approximately 94% 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:

		Female			Male				
Job Family	Grade Name	Headcount	Percentage	Average Hourly Rate £	Headcount	Percentage	Average Hourly Rate £	Total headcount of cohort	Gender pay gap male to female %
ADMINISTRATIVE SERVICES	Band 2	432	89.1%	13.62	53	10.9%	13.51	485	-0.79
	Band 3	277	92.3%	14.72	23	7.7%	14.78	300	0.38
	Band 4	504	95.5%	16.07	24	4.5%	16.07	528	0.01
	Band 5	117	68.8%	18.84	53	31.2%	18.54	170	-1.63
	Band 6	115	68.9%	23.28	52	31.1%	23.89	167	2.56
	Band 7	76	78.4%	27.58	21	21.6%	27.61	97	0.13
	Band 8A	30	76.9%	31.97	9	23.1%	31.97	39	0.00
	Band 8B	18	72.0%	37.62	7	28.0%	38.23	25	1.60
	Band 8C	*	*	*	*	*	*	*	*
	Band 8D	9	*	*	*	*	*	*	*
ADMINISTRATIVE SERVICES Total		**1565**	**86.3%**	**17.28**	**248**	**13.7%**	**20.62**	**1813**	**16.19**
ALLIED HEALTH PROFESSION	Band 2	17	100.0%	13.73				17	N/A
	Band 3	101	91.0%	14.83	10	9.0%	14.47	111	-2.53
	Band 4	92	87.6%	15.77	13	12.4%	15.69	105	-0.51
	Band 5	86	71.1%	17.52	35	28.9%	17.41	121	-0.63
	Band 6	386	91.7%	23.92	35	8.3%	22.82	421	-4.82
	Band 7	227	91.2%	27.66	22	8.8%	27.55	249	-0.38
	Band 8A	28	77.8%	32.56	8	22.2%	32.07	36	-1.52
	Band 8B	13	*	*	*	*	*	*	*
	Band 8C	*	*	*	*	*	*	*	*
	Band 8D				*	*	*	*	*
ALLIED HEALTH PROFESSION Total		**941**	**88.4%**	**22.85**	**124**	**11.6%**	**21.68**	**1065**	**-5.37**
DENTAL SUPPORT	Band 2	*	*	*	*	*	*	*	*
	Band 3	*	*	*				*	*
	Band 4	37	100.0%	16.19				37	N/A
	Band 5	22	100.0%	19.66				22	N/A
	Band 6	8	100.0%	23.84				8	N/A
	Band 7	*	*	*				*	N/A
DENTAL SUPPORT Total		**72**	**98.6%**	**17.98**	*	*	*	*	*
HEALTHCARE SCIENCES	Band 2	28	*	*	*	*	*	*	*
	Band 3	85	79.4%	14.79	22	20.6%	14.67	107	-0.80
	Band 4	9	*	*	*	*	*	*	*
	Band 5	16	*	*	*	*	*	*	*
	Band 6	74	69.8%	24.01	32	30.2%	23.78	106	-0.97
	Band 7	45	75.0%	28.79	15	25.0%	27.73	60	-3.83
	Band 8A	12	*	*	*	*	*	*	*
	Band 8B	*	*	*	*	*	*	*	*
	Band 8C				*	*	*	*	N/A
	Band 8D	*	*	*	*	*	*	*	*
HEALTHCARE SCIENCES Total		**276**	**75.0%**	**21.23**	**92**	**25.0%**	**22.73**	**368**	**6.61**
MEDICAL SUPPORT	Band 2				*	*	*	*	N/A
	Band 4				*	*	*	*	N/A
	Band 5	16	*	*	*	*	*	*	*
	Band 6				*	*	*	*	N/A
	Band 7	*	*	*	*	*	*	*	*
	Band 8B	*	*	*				*	N/A
MEDICAL SUPPORT Total		**22**	**56.4%**	**22.24**	**17**	**43.6%**	**20.25**	**39**	**-9.86**

		Female			Male				
Job Family	Grade Name	Headcount	Percentage	Average Hourly Rate £	Headcount	Percentage	Average Hourly Rate £	Total headcount of cohort	Gender pay gap male to female %
NURSING/MIDWIFERY	Band 2	54	83.1%	13.76	11	16.9%	13.66	65	-0.72
	Band 3	1263	89.8%	14.86	143	10.2%	14.79	1406	-0.51
	Band 4	150	94.3%	15.84	9	5.7%	15.52	159	-2.04
	Band 5	1926	92.6%	19.30	155	7.4%	19.26	2081	-0.19
	Band 6	941	90.7%	23.41	96	9.3%	23.58	1037	0.72
	Band 7	614	91.8%	28.10	55	8.2%	27.82	669	-1.03
	Band 8A	89	85.6%	32.03	15	14.4%	32.63	104	1.82
	Band 8B	27	81.8%	37.72	6	18.2%	37.62	33	-0.25
	Band 8C	7	*	*	*	*	*	*	*
	Band 8D	*	*	*	*	*	*	*	*
	Band 9	*	*	*				*	N/A
NURSING/MIDWIFERY Total		**5066**	**91.2%**	**20.24**	**491**	**8.8%**	**20.31**	**5557**	**0.36**
OTHER THERAPEUTIC	Band 2	22	78.6%	13.51	6	21.4%	13.31	28	-1.50
	Band 3	20	90.9%	14.80	2	9.1%	15.02	22	1.47
	Band 4	32	82.1%	15.41	7	17.9%	15.84	39	2.68
	Band 5	66	91.7%	19.03	6	8.3%	18.06	72	-5.38
	Band 6	41	85.4%	21.68	7	14.6%	20.80	48	-4.22
	Band 7	112	87.5%	27.63	16	12.5%	27.75	128	0.45
	Band 8A	76	84.4%	32.22	14	15.6%	32.03	90	-0.61
	Band 8B	34	85.0%	37.87	6	15.0%	38.48	40	1.59
	Band 8C	17	77.3%	44.71	5	22.7%	44.67	22	-0.08
	Band 8D	1	33.3%	53.76	2	66.7%	53.76	3	0.00
	Band 9	2	66.7%	62.30	1	33.3%	63.62	3	2.08
OTHER THERAPEUTIC Total		**408**	**85.0%**	**26.05**	**72**	**15.0%**	**27.68**	**480**	**5.86**
PERSONAL AND SOCIAL CARE	Band 2	*	*	*				*	N/A
	Band 3	17	100.0%	14.96				17	N/A
	Band 4	20	*	*	*	*	*	*	*
	Band 5	35	*	*	*	*	*	*	*
	Band 6	30	83.3%	23.60	6	16.7%	24.44	36	3.44
	Band 7	15	71.4%	27.64	6	28.6%	28.87	21	4.23
	Band 8A	*	*	*				*	N/A
	Band 8B	*	*	*				*	N/A
	Band 8C	*	*	*				*	N/A
	Band 8D	*	*	*				*	N/A
PERSONAL AND SOCIAL CARE Total		**131**	**87.3%**	**21.17**	**19**	**12.7%**	**23.03**	**150**	**8.05**
SUPPORT SERVICES	Band 1	*	*	*				*	N/A
	Band 2	852	74.5%	13.67	291	25.5%	13.65	1143	-0.15
	Band 3	82	60.7%	14.91	53	39.3%	14.65	135	-1.83
	Band 4	8	22.2%	16.24	28	77.8%	15.98	36	-1.63
	Band 5	7	10.0%	16.84	63	90.0%	19.80	70	14.92
	Band 6	*	*	*	9	*	*	*	*
	Band 7	7	30.4%	26.72	16	69.6%	28.17	23	5.12
	Band 8A	2	25.0%	32.38	6	75.0%	33.21	8	2.49
	Band 8B	*	*	*	*	*	*	*	*
SUPPORT SERVICES Total		**967**	**67.4%**	**14.09**	**467**	**32.6%**	**15.75**	**1434**	**10.50**
Total		**9426**	**86.1%**	**19.65**	**1526**	**13.9%**	**19.59**	**10952**	**-0.31**

Table C – Gender pay gap by medical & dental grades

Note: The same notes as Table A are applicable
Narrative:
Medical and dental grades constitute approximately 6% of the NHS Ayrshire & Arran workforce. There are 2% more men than women within this staff group and a significant proportion are consultants, including clinical directors, (55% of all men in this job family compared to 48% 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.

		Female			Male			Total headcount of cohort	Gender pay gap male to female %
Job Family	Medical Grade	Headcount	Percentage	Average Hourly Rate £	Headcount	Percentage	Average Hourly Rate £		
MEDICAL	Associate Specialist	*	*	*	*	*	*	*	*
	Clinical Director	7	29.2%	61.76	17	70.8%	62.70	24	1.50
	Clinical Fellow	62	50.8%	24.03	60	49.2%	25.71	122	6.51
	Consultant	154	46.7%	59.48	176	53.3%	61.78	330	3.72
	Dental Officer	8	*	*	*	*	*	*	*
	Medical Director				*	*	*	*	N/A
	Other	6	*	*	*	*	*	*	*
	Salaried GDP	*	*	*	*	*	*	*	*
	Salaried GP	13	68.4%	51.10	6	31.6%	54.74	19	6.64
	Senior Dental Officer	*	*	*	*	*	*	*	*
	Specialist Registrar	*	*	*	*	*	*	*	*
	Specialty Doctor	44	45.4%	38.89	53	54.6%	38.19	97	-1.83
	Specialty Registrar	*	*	*	*	*	*	*	*
MEDICAL AND DENTAL Total		**335**	**48.9%**	**43.34**	**350**	**51.1%**	**47.65**	**685**	**9.04**

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	*	11		*	16		24	*			*
African - Other	*	*			*		*	*			
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British					*						*
Asian - Chinese, Chinese Scottish or Chinese British	*	*		*	16		6	*			*
Asian - Indian, Indian Scottish or Indian British	6	16		*	68		28	*			*
Asian - Other	*	*		*	20		20		*		*
Asian - Pakistani, Pakistani Scottish or Pakistani British	*	*		*	37		*	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	313	137	8	67	120	7	756	37	15	*	319
Mixed or Multiple Ethnic Group	*	*	*		13		9	*			*
Other Ethnic Group - Arab, Arab Scottish or Arab British					*						
Other Ethnic Group - Other	*	*		*	19	*	9	*			*
Prefer not to say	*	*		*	7		8	*			*
White - Irish	8	19			17	*	40	10	*		*
White - Other	14	23	*	8	43		42	14			15
White - Other British	124	75	*	27	77	*	288	41	10	6	59
White - Polish	*	*					*				*
White - Scottish	1407	786	68	250	231	27	4324	374	123	18	1057

Table E – Occupational segregation by disability

Notes:

- As per table D

Employees identifying as having a disability are 1% 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 conditions in relation to disability, and encourage 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	838	418	47	162	232	17	2227	130	72	7	661
No	1026	640	32	203	449	22	3283	362	77	19	796
Prefer not to say	8	6		*	6		11	*			*
Yes	26	16	*	*	7		46	6	*		15

NHS Ayrshire & Arran

Appendix 4 – Equal Pay Statement

1. National Context

Equal pay is a legal requirement. Women and men performing work of the same value must be paid at the same rate. In contrast, the Gender Pay Gap is a comparison of the average rate of pay for all female staff compared to the average rate of pay for all male staff, regardless of their role.

Close the Gap produces information on the gender pay gap in Scotland. The purpose of this is to outline and analyse the key trends in the gender pay gap across various measures to show how it has changed over time.

Recent data from the ONS's Annual Survey of Hours and Earnings (ASHE) indicates that both the median and mean gender pay gaps have decreased between 2022 and 2023 across all measures.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 require listed authorities to publish information about the mean gender pay gap which is the percentage difference between men and women's average hourly pay (excluding overtime). The mean pay gaps have had a slightly larger reduction compared to median pay gaps, where falls have been more varied. The mean pay gaps have all seen significant decreases by around 4 percentage points, with the combined pay gap now sitting at 6.3%, the full-time gap at 3.5%, and the part-time at 22.1%.

Given that the mean pay gap is calculated from the basic hourly rates of all individual employees, it therefore includes the highest and lowest rates and provides an overall indication of the size of the pay gap. The median basic hourly rate, on the other hand, is calculated by taking the mid-point from a list of all employees' basic hourly rates of pay and provides a more accurate representation of the 'typical' difference in pay that is not skewed by the highest or lowest rates. It is possible however that the median pay gap can obscure pay differences that may be associated with gender, ethnicity or disability.

The gender pay gap is a key indicator of the inequalities and differences that still exist in men and women's working lives.

However, women are not all the same, and their experiences of the work are shaped by their different identities, and this contributes to the inequalities they may face. For example, disabled women and women from particular ethnic groups are more likely to be underemployed in terms of skills and face higher pay gaps.

There is a clear business case for organisations to consider gender equality key to enhancing profitability and corporate performance. Research data indicates that considering gender equality enabled organisations to:

- Recruit from the widest talent pool
- Improve staff retention
- Improve decision making and governance

1.2 National Terms and Conditions

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 NHS Agenda for Change (A4C) Contract and Terms & Conditions of employment, NHS Medical and Dental (including General Practitioners) and NHS Scotland Executive and Senior Managers contracts of employment.

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 implement pay systems which are transparent, based on objective criteria and free from unlawful discrimination.

NHS Scotland is a Living Wage employer and, as such, the lowest available salary of £24,518 translates into an hourly rate of £12.71 per hour, which is above the Scottish Living Wage rate of £12.60 per hour.

2. Legislative Framework

The Equality Act 2010 protects people from unlawful discrimination and harassment in employment, when seeking employment, or when engaged in occupations or activities related to work. It also gives women and men a right to equal pay for equal work. It requires that women and men and paid on equally favourable terms where they are employed in ‘like work’, ‘work related as equivalent’ or ‘work of equal value’.

In line with the Public Sector Equality Duty of the Equality Act 2010, NHS Ayrshire & Arran’s objectives are to ensure we have due regards to the need 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

3. Staff Governance Standard

NHS Boards work within a Staff Governance Standard which is underpinned by statute. The Staff Governance Standard sets out what each NHS Scotland

employer must achieve in order to continuously improve in relation to the fair and effective management of staff.

The Standard requires all NHS Boards to demonstrate that staff are:
- Well informed;
- Appropriately trained and developed;
- Involved in decisions;
- Treated fairly and consistently, with dignity and respect, in an environment where
- Diversity is valued; and
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

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

4. Equal Pay Policy
This policy 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.

It is well recognised that the gender pay gap is caused by a range of societal and organisational factors which include:

- Occupational segregation
- A lack of quality part-time and flexible working opportunities
- The economic undervaluing of work which is stereotypically seen as female work such as care, retail, admin and cleaning
- Women’s disproportionate responsibility for unpaid care
- Bias and a lack of transparency in recruitment, development and progression employment practices
- Workplace cultures
- Pay and grading systems

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 and maternity, religion or belief, sex or sexual orientation.

NHS Ayrshire & Arran understands that worker have a right to equal pay between women and men. In addition, the Equality Act 2010 (Specific Duties) (Scotland) Regulations require NHS Ayrshire & Arran to take the following steps:

- Publish gender pay gap information by 30 April 2025, and every two years thereafter, using the specific calculation set out in the Regulations;
- Publish a statement on equal pay between men and women; people who are disabled and who are not; and people who fall into a minority racial group and who do not, to be updated every four years; and
- Publish information on occupational segregation among its employees, being the concentration of men and women; people who are disabled and who are not; and people who fall into a minority racial group and who do not, to be updated every four years.

NHS Ayrshire & Arran also recognises underlying drivers of pay inequality, including occupational segregation, inequality of unpaid care between men and women, lack of flexible working opportunities, and traditional social attitudes. NHS Ayrshire & Arran will take steps within its remit to address these factors in ways that achieve the aims of the NHS Scotland Staff Governance Standard and the Equality Duty.

5. Equal Pay Actions

It is good practice and reflects the values of NHS Ayrshire & Arran that pay is awarded fairly and equitably.

We will:

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

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

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

NHS Ayrshire & Arran

Appendix 5 - 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 2024 (excluding bank staff);
- Training – data reflects all learning opportunities undertaken in the calendar year 2024 for all staff (substantive and bank);
- Leavers – data reflects all substantive postholders who left during the calendar year 2024;
- Recruitment – data reflects all applicants (for substantive and bank posts) during the calendar year 2024; and
- Employee relations – data reflects all cases related to dignity at work, conduct and grievances in the calendar year 2024.

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.

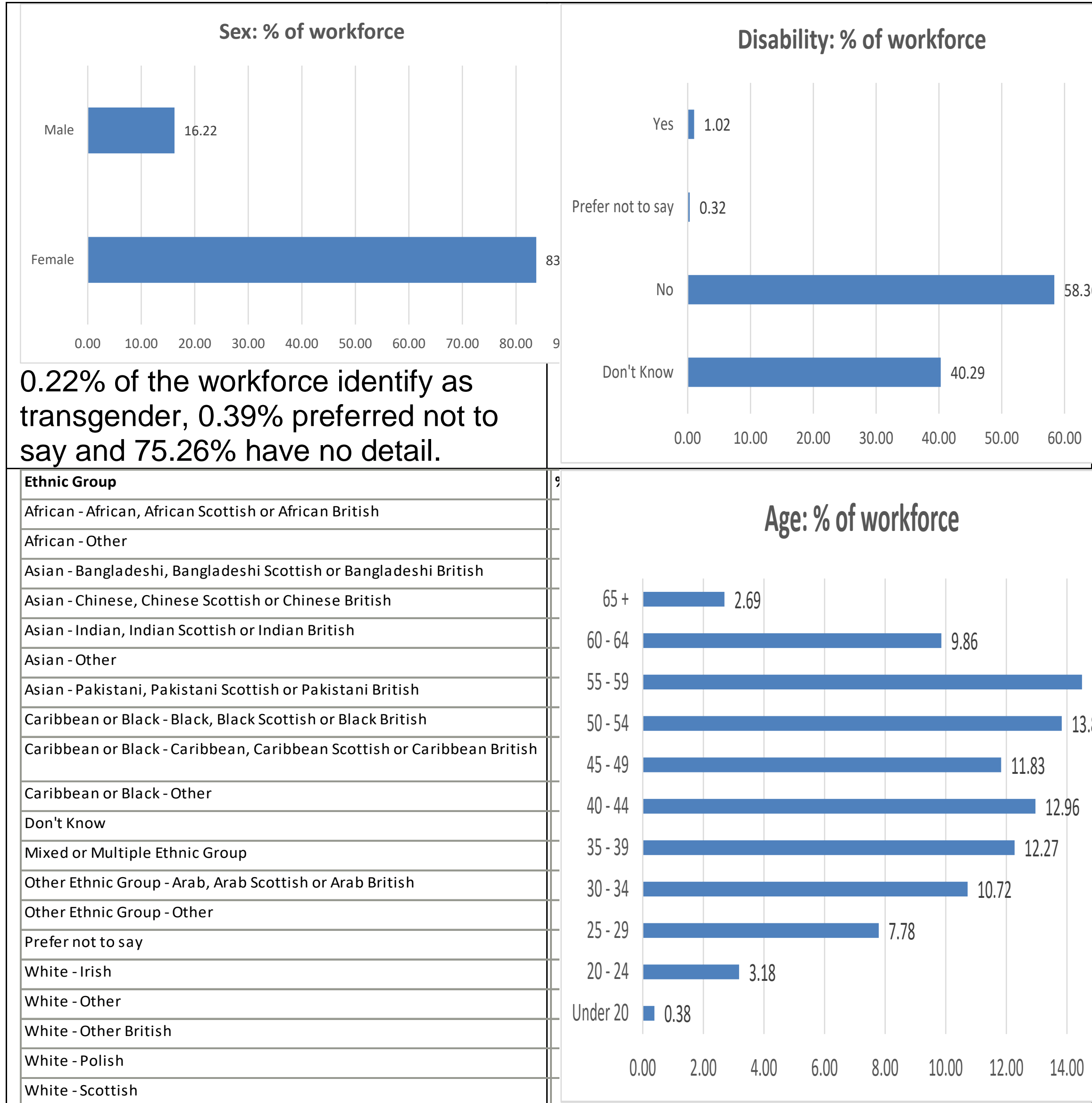
Each section provides detail on sex / transgender; disability; ethnic group, age; and sexual orientation.

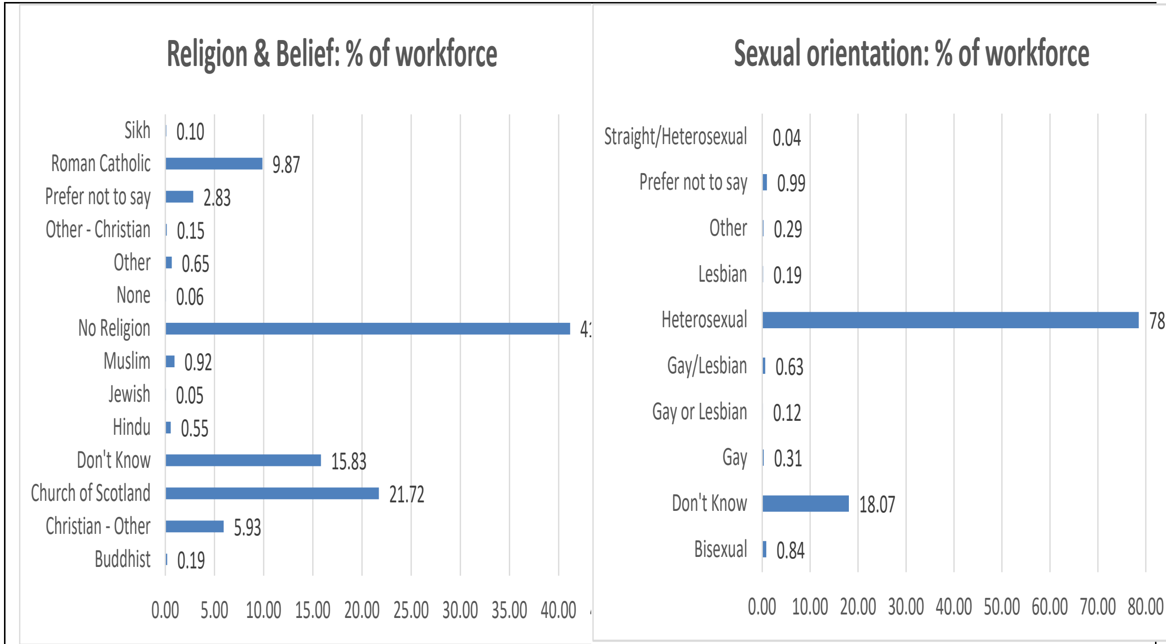
The denominator relative to the subject area is detailed at the top of the page of each respective section.

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.

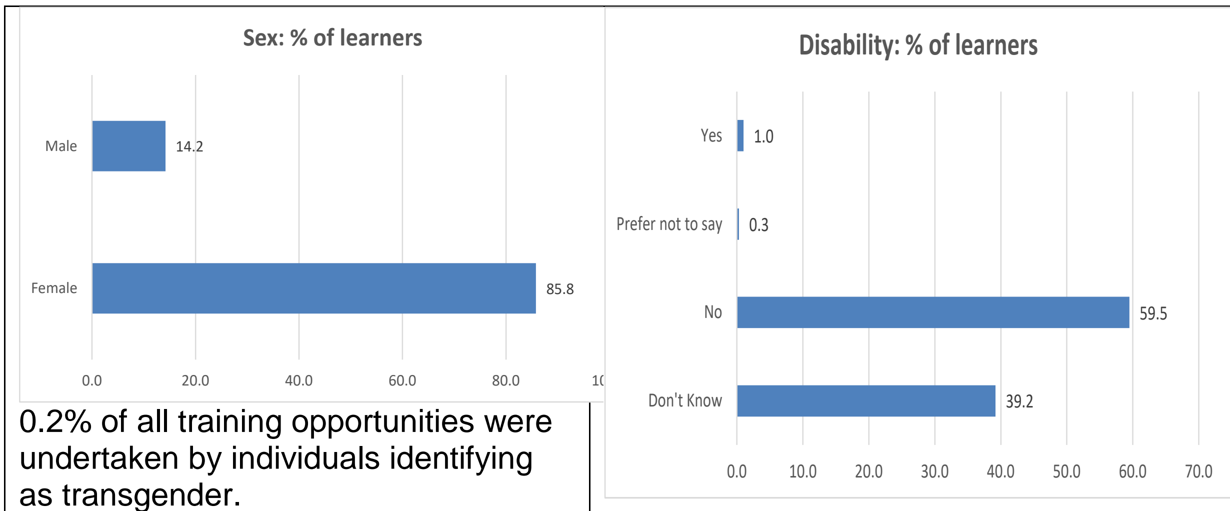
Data within the recruitment section details the proportions of staff that applied, were interviewed and subsequently were identified as preferred candidates and this is presented in a table format for all characteristics.

2. **Workforce characteristics** as at 31st December 2024: **total headcount of 11,728**

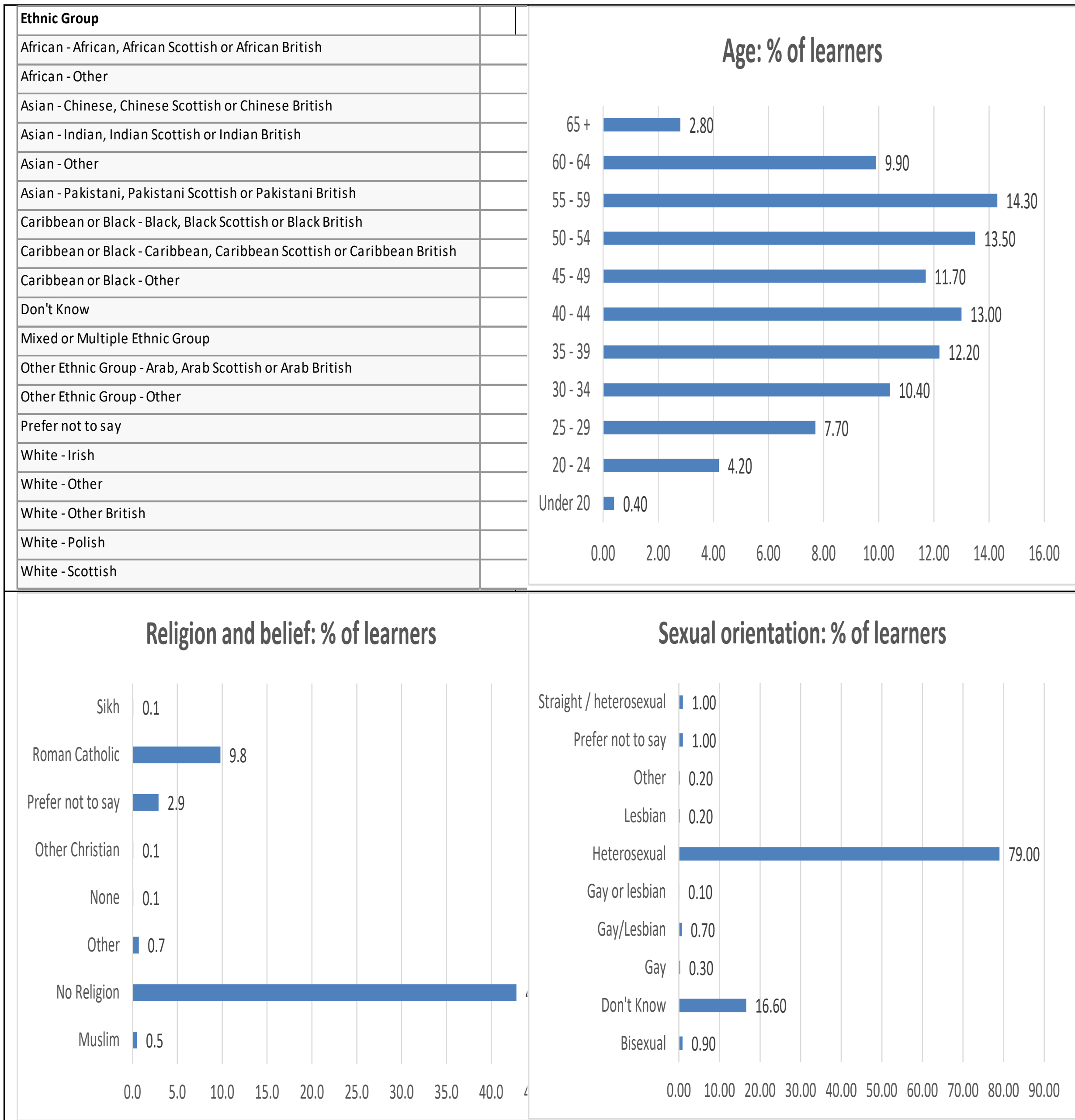




3. **Training,** 1/1/2024 to 31/12/2024, all training opportunities (inclusive of both face to face and eLearning packages) undertaken by staff: **training opportunities = 47,905**

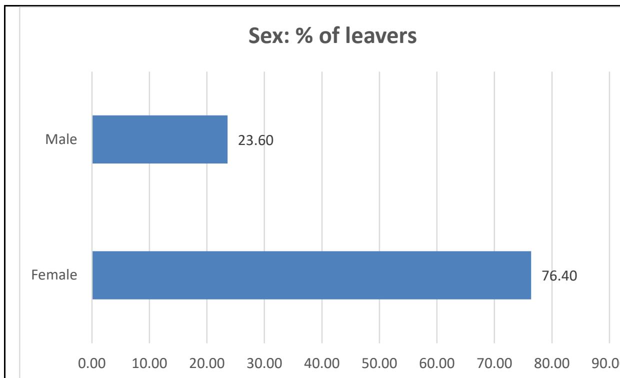


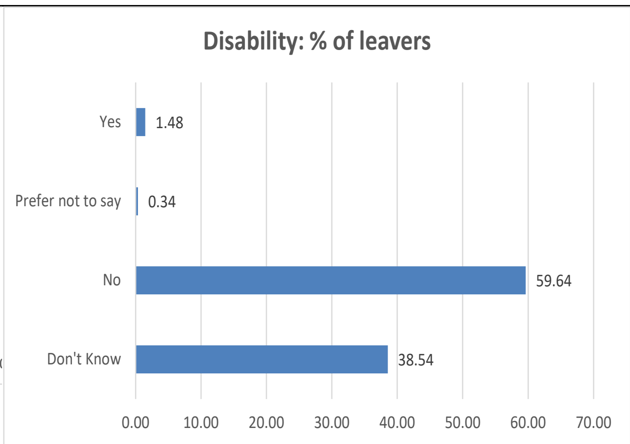
0.2% of all training opportunities were undertaken by individuals identifying as transgender.



Ethnic Group	
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	
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	
White - Polish	
White - Scottish	

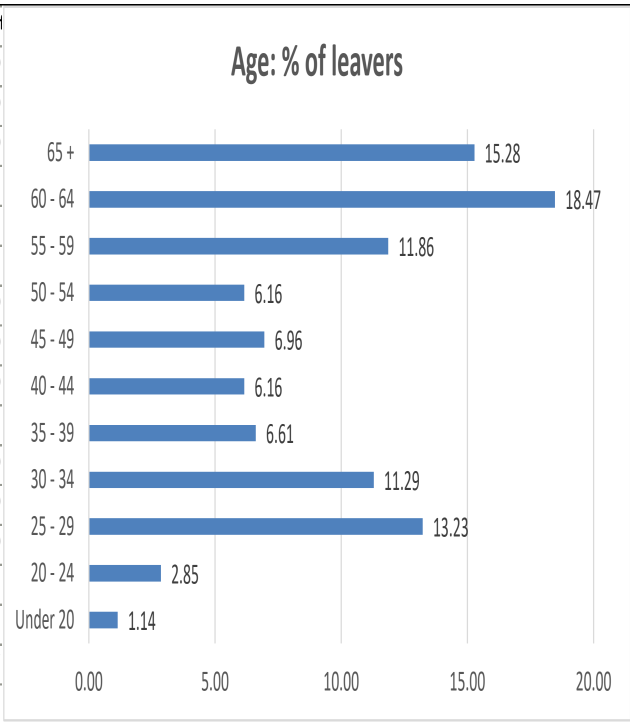
4. **Leavers,** 1/1/2024 to 31/12/2024**: total headcount = 877**

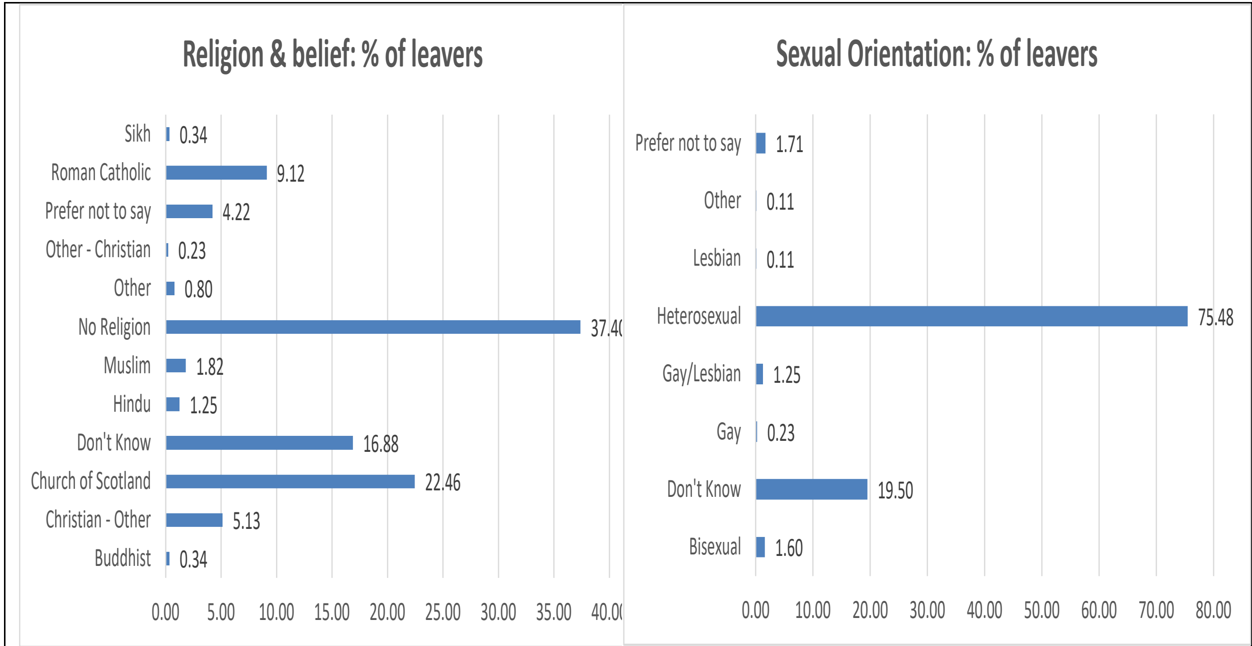




0.23% of all leavers identified as being transgender and 0.68% preferred not to say.

Ethnic Group		% of
African - African, African Scottish or African British		0
African - Other		0
Asian - Chinese, Chinese Scottish or Chinese British		0
Asian - Indian, Indian Scottish or Indian British		2
Asian - Other		1
Asian - Pakistani, Pakistani Scottish or Pakistani British		1
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		16
Mixed or Multiple Ethnic Group		0
Other Ethnic Group - Other		0
Prefer not to say		0
White - Irish		2
White - Other		1
White - Other British		7
White - Scottish		64





5. Recruitment, 1/1/2024 to 31/12/2024: 34577 applicants, 7567 interviewed, 3272 preferred candidates

Sex	Applicants %	Interview %	Preferred candidate %
Female	65.22	75.13	83.89
In Another Way			
Male	34.30	24.28	15.71
Prefer not to say	0.48	0.59	0.40

Disability	Applicants %	Interview %	Preferred candidate %
No	94.41	90.52	91.44
Yes	5.33	9.26	8.44
Not Specified	0.25	0.21	0.12

Ethnicity	Applicants %	Interview %	Preferred candidate %
African - African, African Scottish or African British	31.96	9.89	2.23
African - other	11.80	3.05	0.34
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	0.49	0.21	0.06
Asian - Chinese, Chinese Scottish or Chinese British	0.60	0.91	0.55
Asian - Indian, Indian Scottish or Indian British	7.76	3.17	1.25
Asian - other	1.07	0.59	0.64
Asian - Pakistani, Pakistani Scottish or Pakistani British	4.03	1.06	0.46
Caribbean - Caribbean Black, Caribbean Scottish or Caribbbean British	0.08	0.05	0.03
Caribbean or Black - Black, Black Scottish or Black British	0.02	0.07	0.03
Caribbean or Black	0.57	0.16	0.06
Mixed or multiple ethnic group	0.61	0.81	0.83
Other ethnic group - Arab, Arab Scottish or Arab British	0.87	0.81	0.37
Other ethnic group - other	1.72	0.74	0.46
Prefer not to say	0.75	0.61	0.61
White - Gypsy traveller	0.01	0.01	
White - Irish	0.38	0.90	0.79
White - other	2.13	3.13	3.51
White - Other British	3.71	7.70	8.77
White - Polish	0.23	0.32	0.43
White - Scottish	31.08	65.56	78.33
White - Roma	0.01		
White - Showman/Showwoman	0.00		
Black Irish	0.08		
British Irish	0.08	0.19	0.18
Dual / multiple nationalities	0.05	0.07	0.06

Age	Applicants %	Interview %	Preferre candidat
15-19	2.04	3.16	4.5
20-24	8.99	10.31	13.6
25-29	23.49	17.27	15.0
30-34	22.26	17.26	16.5
35-39	16.75	14.35	14.1
40-44	11.67	11.63	11.1
45-49	5.62	7.86	7.4
50-54	4.60	9.05	8.0
55-59	2.57	5.63	5.5
60-64	1.32	2.50	2.8
65+	0.15	0.20	0.6
Prefer not to say	0.55	0.78	0.4

Religion & Belief	Applicants %	Interview %	Preferred candidate %
Other Christian	36.44	14.86	7.95
None	25.94	52.05	62.07
Roman Catholic	12.00	10.02	8.99
Muslim	10.41	3.49	1.10
Church of Scotland	6.70	12.16	13.45
Hindu	3.80	1.61	0.67
Prefer not to say	2.95	4.14	4.28
Buddhist	0.70	0.52	0.28
Another reilgion or body	0.58	0.77	0.86
Sikh	0.29	0.21	0.21
Pagan	0.12	0.09	0.09
Jewish	0.05	0.05	0.06

Sexual Orientation	Applicants %	Interview %	Preferre candidat
Straight / Heterosexual	91.96	91.08	91.7
Prefer not to say	3.23	3.20	2.7
Bisexual	2.40	2.11	2.0
Gay or Lesbian	1.68	3.04	3.0
Other Sexual orientation	0.73	0.57	0.4

6. **Employee relations,** conduct cases 1/1/2024 to 31/12/2024: **14 dignity at work cases, 153 conduct cases and 20 grievances.**

Due to the small size of this workforce cohorts 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 Dignity at Work individuals	% of conduct individuals	% of grievance individuals
Male	*	75.16	*
Female	*	26.14	*

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

Disability

Whilst there were some individuals identified as having a disability these were below the reportable threshold and as such the detail cannot be presented.

Ethnic group	% of Dignity at Work individuals	% of conduct individuals	% of grievance individuals
African - African, African Scottish or African British	*	*	*
African - Other	*	*	*
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	*	*	*
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	*	15.03	*
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	*	4.57	
White - Polish	*	*	*
White - Scottish	*	72.55	80.00

Age	% of Dignity at Work individuals	% of conduct individuals	% of grievance individuals
Under 20	*	*	*
20 - 24	*	7.84	*
25 - 29	*	9.15	*
30 - 34	*	11.76	*
35 - 39	*	11.11	*
40 - 44	*	7.84	*
45 - 49	*	9.15	*
50 - 54	*	14.38	*
50 - 55	*	*	*
55 - 59	*	16.34	*
60 - 64	*	9.15	*
65 +	*	*	*

Religion	% of Dignity at Work individuals	% of conduct individuals	% of grievance individuals
Buddhist	*	*	*
Christian - Other	*	4.57	*
Church of Scotland	*	17.65	*
Don't Know	*	13.72	*
Hindu	*	*	*
Jewish	*	*	*
Muslim	*	*	*
No Religion	57.14	47.06	45.00
None	*	*	*
Other	*	*	*
Other - Christian	*	*	*
Prefer not to say	*	*	*
Roman Catholic	*	11.76	*
Sikh	*	*	*

Sexual orientation	% of Dignity at Work individuals	% of conduct individuals	% of grievance individuals
Bisexual		*	*
Don't Know	42.86	15.69	*
Gay/Lesbian		*	*
Heterosexual	57.14	79.74	*
Other		*	*
Prefer not to say		*	*