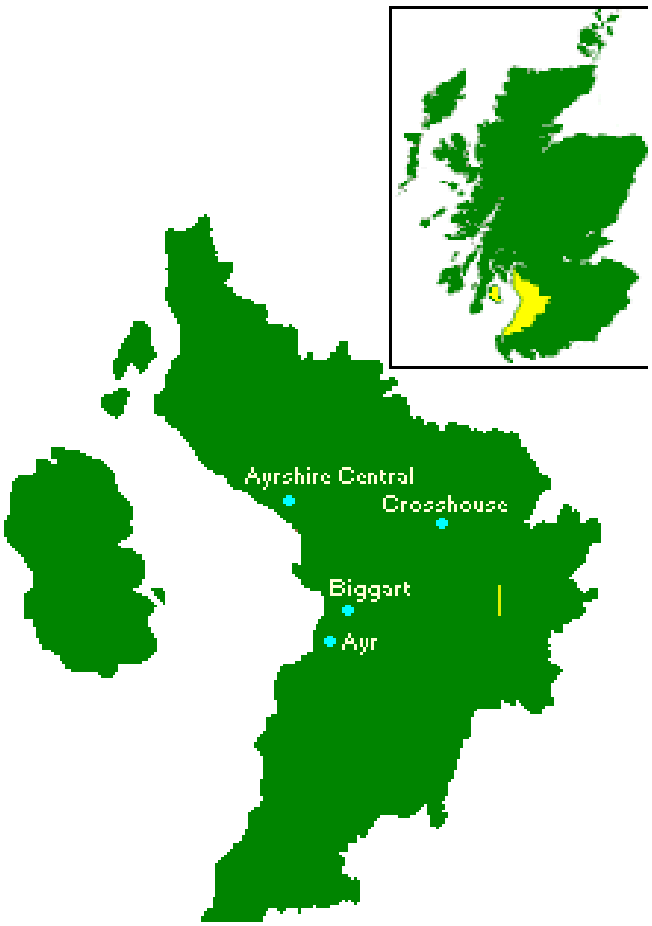
Our purpose

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

NHS Ayrshire & Arran

NHS Ayrshire & Arran

Mainstreaming Report 2017



Accessibility

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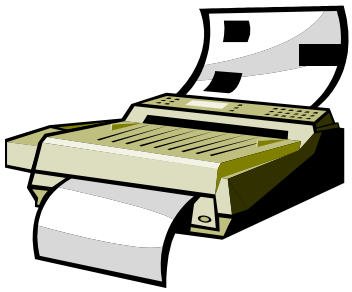

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SECTION 1

1.1 Introduction

In 2013, NHS Ayrshire & Arran published its very first Mainstreaming Report followed by a two-year update report in 2015 on the progress being made. These reports informed our service users, their carers, visitors, staff and partner organisations how we as an organisation worked toward ensuring that equalities was being mainstreamed into the functions and activities of our organisation. They also provided information on our employees, reported by their protected characteristics, and demonstrated the ways in which we were meeting the general and specific duties as set out in the Equality Act 2010.

In this report we highlight the progress made across the four-year cycle of our first equality outcomes as well as what further we have done to embed equalities. This report also continues to communicate 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.

The Equality and Human Rights Commission Scotland recently published a national Equality and Human Rights Report Card. The report concluded that there was "good progress, work still to do." This sums up the situation in NHS Ayrshire & Arran. This report highlights some of the wide range of work underway across services which are contributing towards a fair and equitable health service. However, we are aware that we cannot be complacent and further work is still required to ensure particular groups are not left behind. Going beyond our legal requirements is a clear statement of our intent to deliver services that reflect and respond to the needs of all the communities we serve within NHS Ayrshire & Arran.

It should be noted that the content of the report highlights progress up to and including 31 December 2016 to allow for our internal governance processes prior to publication in April 2017.

1.2 About Us

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

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

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

NHS Ayrshire & Arran delivers a wide range of comprehensive services across East, North and South Ayrshire. Changes to the delivery of public services have resulted in integrated services being provided through Health and Social Care Partnerships (HSCPs), who are

the joint and equal responsibility of health boards and local authorities via Integrated Joint Boards. In June 2015, Integrated Joint Boards were named in law as covered by the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. Within NHS Ayrshire & Arran there are three Health and Social Care Partnerships, integrating health and social services to improve outcomes for our communities.

The HSCPs have been working in partnership with a number of our Community Planning Partners to develop shared equality outcomes but accountability for delivery of the actions remains with each individual partner.

The HSCPs also have limited responsibility in terms of the Specific Duties. Requirements of the Specific Duties relating to the publishing of gender pay gap information, publishing statements on equal pay, gathering and using employee information and considerations relating to public procurement remain the responsibility of NHS Ayrshire & Arran and the specific local authority within which they are located. The two organisations continue as employers of HSCP staff and their respective policies and protocols governing how goods and services are purchased are also retained.

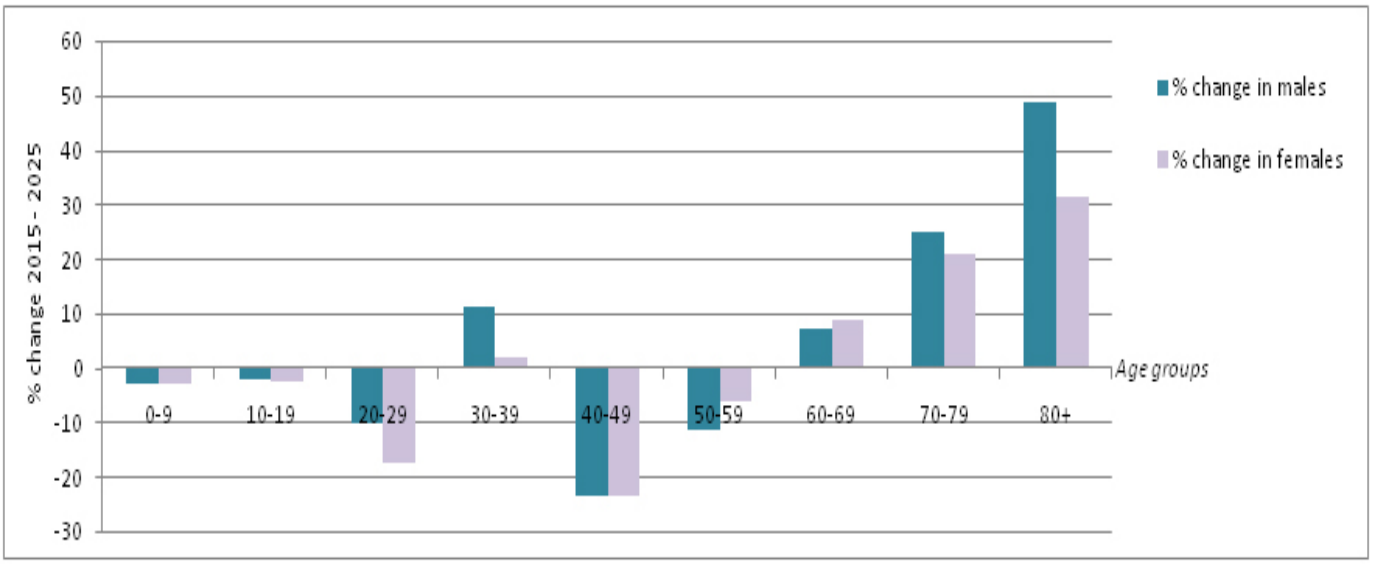
1.3 NHS Ayrshire & Arran's population and health

National Records for Scotland (NRS) estimated the 2015 mid-year population of NHS Ayrshire & Arran to be 370,590. Of the three Health and Social Care Partnership areas in Ayrshire and Arran, East Ayrshire accounts for 33 per cent (122,060) of the total population, North Ayrshire 37 per cent (136,130) and South Ayrshire 30 per cent (112,400).

Population projections in Ayrshire and Arran for 2015 to 2025 shows that males aged 80 years and over are projected to increase by 49 per cent and females aged 80 years and over by 31 per cent. The largest projected decrease is for both males and females aged between 40 and 49 (see table below).

Overall life expectancy in Ayrshire and Arran for both men and women has continued to increase and is similar to the Scottish average. In the last decade average male life expectancy in Ayrshire and Arran increased from 73.7 years to 76.8 years. For females during the same decade, average life expectancy increased from 79.0 years to 80.6 years.

There were 3,593 live births in the year ending March 2015. Ayrshire and Arran has a higher birth rate at 55.4 per 1000 women aged 15 to 44 compared to the Scotland rate of 51.9 per 1000 women. There were 4,644 deaths in Ayrshire and Arran in 2015. The three major causes of mortality (cancer, heart disease and stroke) accounted for 57 percent of all deaths in Ayrshire and Arran during 2014. Ayrshire and Arran has slightly higher rates of premature mortality (deaths under the age of 75) than Scotland.



Further detailed information on the health of the population of NHS Ayrshire & Arran people, and areas of improvement work undertaken, can be found within the Director of Public Health Report 2016 at this link http://www.nhsaaa.net/media/433464/20161110dph.pdf.

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 a new public sector equality duty 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.

Our previous mainstreaming reports have demonstrated NHS Ayrshire & Arran's commitment to embed equalities into our functions and our continued approach is outlined hereafter.

The Community Empowerment (Scotland) Bill 2015 was passed by the Scottish Parliament on 17 June 2015 and received Royal Asset on 24 July 2015.

The overall aim of the Act is to "help to empower community bodies through the ownership of land and buildings, and by strengthening their voice in the decisions that matter to them. It is also intended to improve outcomes for communities by improving the process of community planning, ensuring that local service providers work together even more closely with communities to meet the needs of the people who use them."

There are significant implications within the Act for Community Planning Partnerships and NHS Ayrshire & Arran are cited on this as a result of the move from Single Outcome Agreements to Locality Outcome Improvement Plans.

2.2 NHS Ayrshire & Arran's Approach

2.2.1 Leadership

NHS Ayrshire & Arran's approach to continuous improvement and embedding of equalities into practice across the protected characteristics spectrum continues through visible leadership, organisational commitment and staff training amongst other initiatives.

Our People Strategy opens with a statement by our Chief Executive, “To say our people are our greatest asset has become a bit of a cliché, but that doesn’t make it any less true. We employ 10,500 people and the need to create an organisation where people want to work, where careers are interesting and developed, where everyone is encouraged to reach their full potential, feel their contribution is recognised and valued and where wellbeing and personal resilience is supported, has never been more important.

Since taking up the post as Chief Executive, I have been championing the development of an open, fair and just culture; the development of a strategic framework organised around the four pillars of performance of service, quality, people, finance and the refreshing of the relationship with our workforce.

When recently asked which of the four pillars is most important I answered people, because our people are vital to the delivery of the Board’s purpose, commitments, values and strategic objectives”.

Underpinning achieving the healthiest life possible for our population as well as our staff, is the continued need for strong leadership and consideration of equalities is an integral part of this process. Regular information on equalities issues is included within our internal communications and this was further strengthened by the development, in partnership, of our Values – caring, safe and respectful.

2.2.2 NHS Ayrshire & Arran Board Member Recruitment

During the months of March and April 2015, NHS Ayrshire & Arran in collaboration with the Scottish Government undertook positive action steps in order to seek a more diverse Board membership to represent the local population in the decision-making process.

Equality groups, voluntary groups and general members of the public were actively encouraged to apply as part of the recruitment campaign. This was undertaken via media releases, face to face visits by the Chairman Non-Executive Directors to targeted groups and organisations, information on our public website and partner organisation’s websites, as well as through the use of social media to seek diverse applications.

2.2.3 Organisational Commitment

In our 2013 mainstreaming report, NHS Ayrshire & Arran 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.

NHS Ayrshire and Arran is a large and complex organisation and this can make it difficult to bring about change to ensure that the care individual’s receive is always sensitive to the barriers, challenges and discrimination they experience. That said, NHS Ayrshire & Arran is committed to breaking down these barriers in order to provide the best, high quality care we can.

The ways in which NHS Ayrshire & Arran are integrating this into mainstream business is through:

- Visible leadership;
- Planning and delivering services to provide better health outcomes for our population;
- Listening to patient and taking their needs into account to better improve service provision;
- Creating a diverse workforce that is engaged, encouraged, empowered and enabled while at work;
- Measuring performance and improving our data collection; and
- Making fair financial decisions and allocation of resources.

2.2.4 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. We have in place a process to ensure that policies, strategies and service changes are assessed in line with the general and specific duties. However, we cannot be complacent and recognise opportunities for improvement. With the establishment of Health and Social Care Partnerships, the NHS is in discussions with partners about the use of a more streamlined approach to equality impact assessment. As part of this work consideration is being given to integrating a Human Rights element into the equality impact assessment process.

NHS Ayrshire & Arran have also raised awareness amongst staff of the Scottish Government Equality Evidence Finder. This tool makes it easier for people to locate and access equalities information, and provides a wealth of data and other evidence with accompanying commentary, background papers, and links to further information.

This has helped NHS Ayrshire & Arran advance the mainstreaming of equality by making equality evidence more easily accessible. The equality evidence finder supports staff to complete better evidence-based equality impact assessments, which in turn ensures that equality considerations are taken into account as part of the decision-making process.

2.2.5 Ayrshire and Arran's Equality Profiling

Good equality data underpins the performance of the public sector equality duty. NHS Ayrshire & Arran recognises the importance of this in order to best meet people's needs, as well as providing a sound basis for planning and service delivery in the context of local and national developments. Understanding the experience of people with protected characteristics also helps us to meet the public sector equality duty and have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.

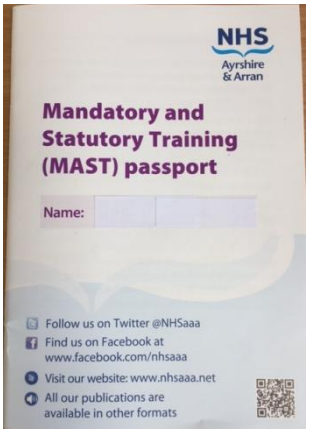
The characteristics of age and sex are routinely collected and recorded within our existing systems. However, work towards improving the collection of the other protected characteristics is ongoing. As a result, over the past four years, NHS Ayrshire & Arran has been committed to improve the gathering, collation and use of equality data and in particular valid ethnic recording.

For SMR00 (new outpatient appointments) we have increased from 28.1% in 2013 to 78% in 2016 being a valid ethnic group recorded, being slightly higher than the Scottish average (72%). We are also continuing to progress recording for SMR01 (acute hospital discharges) and have increased from 58.6%% in 2013 to 82% in 2016 being a valid ethnic group recorded, which mirrors the Scottish average (82%).

The collection of data for patients with additional support needs has also been raised as a national issue and further work nationally is being taken forward to support Boards in collecting, recording and using this information to better plan patient care. At a recent meeting, the update was that there is debate about whether the Consortium should ask InterSystems to incorporate the fields and data items to support recording of additional support needs into the next core change Version T2018 (likely to be implemented in Boards by 2020) or ask for a local change to be applied to enable the data fields to be populated in TrakCare. NHS Ayrshire & Arran remain cited on this work to better support patients with additional support needs.

We are also cognisant of the limited collection of sexual orientation data. This data is routinely collected by our Sexual Health Department and recorded on the National Sexual Health (NaSH) system. To ensure we are providing appropriately tailored information and service provision to our population, we are currently exploring areas across the organisation where we can pilot collecting this data. This was identified through our LGBT Charter Award programme of work.

2.2.6 Staff Training



During 2013-14, NHS Ayrshire and Arran reviewed its approach to Mandatory and Statutory Training (MAST) to ensure all staff are up to date with the essential organisational training required for their post to minimise any potential risk to themselves, patients, colleagues and also the organisation.

From the implementation of the new Corporate Induction Programme in 2014, 1451 new staff have gone through the programme. Staff are required to complete an Equality and Diversity Overview e-learning module as part of their MAST. In addition to the eLearning module, there is a two-hour equality and diversity classroom session within the Programme which outlines our policies and demonstrates acceptable and positive behaviours expected of NHS Ayrshire & Arran employees. This training also links with our Staff Governance Standards and our organisational values of Safe, Caring and Respectful.

Over and above new staff members who have undertaken specific equality and diversity training as part of the Corporate Induction Programme, 6,705 staff have completed the Equality and Diversity Overview e-learning Module with 246 staff having attended the classroom based half day training which is run bi-monthly.

Additional equality related eLearning modules have been developed over this period including Gender Based Violence, Introduction to Learning Disability, Human Trafficking – Adult and Stonewall: LGBT Good Practice.

NHS Ayrshire & Arran continues to mainstream equality and diversity training into the organisation and makes reference to equalities where appropriate in other classroom based sessions.

Furthermore, during the period 2013-2016, NHS Ayrshire & Arran's Public Health Department provided a wide range of courses. A number of these were scheduled via a training programme, but there were also a number of bespoke sessions delivered on an ad- hoc basis.

From the numbers recorded, over 560 staff members have accessed these courses, with a further 450+ external delegates accessing our training.

A snapshot of the courses covered includes:

Health Literacy - looks at factors that affect health literacy, such as language, culture, age, education, deprivation, and access to resources and information. The training aims to raise awareness of barriers to health literacy and how professionals can change their practice to ensure clients/patients have a greater understanding of health issues and concerns.

Wellness Recovery Action Planning (WRAP) Workshops – addresses recovery whether from mental health problems/ addictions or simply coping with life's challenges. All participants are treated with dignity, compassion, respect and unconditional high regard, reinforcing that we are all unique individuals and rooted in the belief in equality – no one is any better or has higher value than anyone else. This training has been provided for carers of people with learning disabilities, addictions clients, mental health services clients and also members of the general public.

Health behaviour change – the underpinning philosophy of health behaviour change is that people are treated with respect and as equals by staff. This training promotes person centred approaches tailored directly to the needs of the individual with a specific focus on health behaviour change.

Improving health: developing effective practice – introduces staff to the determinants of health and health inequalities and encourages staff to reflect on their own values and attitudes with a view to their practice improving health by reducing inequalities.

Sexual health awareness training sessions - incorporates LGBT issues to staff and carers of people with learning disabilities. The team has also delivered an introduction to sexual health to multiagency staff, including NHS staff.

Raising the issue of smoking – delegates will gain awareness of the purpose, benefits and process of raising the issue of smoking and delivering brief advice, be able to raise the issue of smoking in a non-judgmental manner, develop their own knowledge on tobacco, smoking and health and be able to refer people on local stop smoking services for support.

With a view to cost effectiveness in service provision, we continue to work collaboratively with our partners, other agencies and organisations to promote the equalities agenda through joint learning and development. This work will continue to progress in the coming years through effective partnership working.

2.2.7 Equality of Access to NHS Ayrshire & Arran Services

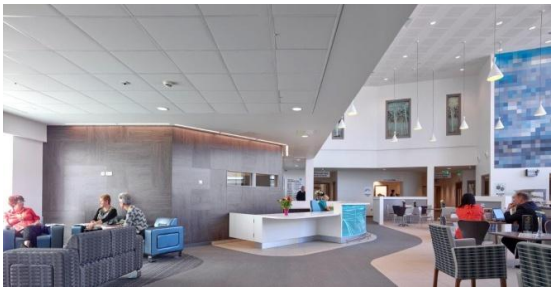
Woodland View

Opened in May 2016, Woodland View is a new £46million mental health and community facility in Irvine, a facility for the now and set to care for Ayrshire's patients for generations to come.

Woodland View encompasses 13 separate ward areas with 206 en-suite bedrooms including:

- adult acute mental health;
- mental health and addiction rehabilitation;
- Low Secure
- Elderly Mental Health;
- Older People complex care;
- Older People Intermediate care and
- outpatient clinics and treatments.

Woodland View is a tremendous facility for the people of Ayrshire. Not only does it provide state-of-the-art surroundings for patients, staff and service-users, it also offers a place for the local community to come in and use the facilities as is evidenced by the use of the Bramble Cafe at the entrance to Woodland View that is enjoyed by individuals from across the Ayrshire Central Hospital site and local community. Relationships also continue to be built with the local community as can be seen by art work displayed from a local primary school and a visit by them prior to Christmas to share some Christmas carols, assisting in breaking down and challenging the historical stigma associated with mental health.



Previously adult mental health inpatient services were provided across two sites – within Ailsa Hospital and two wards within University Hospital Crosshouse. Whilst having good grounds and access to facilities the Ailsa site accommodation was outdated and spread across the site, not all rooms were single room and the Intensive Psychiatric Care Unit in particular was lacking in natural light and did not lend itself to therapeutic experience. On Crosshouse site the two wards were isolated from other mental health inpatient provision and were two 'general' wards that lead to challenges in meeting the needs of individuals experiencing mental health crisis and had no access to good quality outside space. Staff working in these areas used to aspire to deliver the highest standards of care despite our accommodation, now the care experience is enhanced by the accommodation and the opportunities afforded by services being co-located.

For Elderly Mental Health inpatient services the benefits for previous Pavilions 1 and 2 in moving into this new accommodation has been even more profound, their previous provision having been of a poor standard due to the limits of the buildings despite best efforts and heavily criticised by the Mental Welfare Commission.

Since moving to Woodland View service user feedback has been very positive, individuals with experience of being inpatients in the previous adult mental health provision on Ailsa site spontaneously offering their view to visitors to Woodland View as to the benefits of the new accommodation and the therapeutic benefits of this new provision, such as pleasant and airy single-rooms, immediate access to safe, pleasant outside space and staff being immediately visible and accessible with the new layout and feeling 'safe'.

Staff moving to Woodland View from previous facilities are overwhelmingly positive about the impact this new purpose built facility has had for patient care, one Senior Charge Nurse describing being "absolutely thrilled with the space and light that is available" and that Woodland View "offers our patients first-class accommodation".

The opportunity to share skills and experience has also been embraced – daily huddles take place each morning to discuss activity across Woodland View, address any immediate emerging operational/clinical issues, discuss and agree the allocation of staff to meet needs across the site including mental health staff supporting 'general' colleagues at times of need or to support/advise re the care of specific individuals and vice versa, again breaking down historical barriers and ensure those in receipt of services have the best care experience.

The quality of the new provision has already been recognised in Woodland View winning a Building Better Healthcare (BBH) Awards – Best Mental Health Development (Best in British Healthcare) and also in very positive feedback from the Mental Welfare Commission following a three day visit to the new facility. A number of other Boards have come to view the new facility to inform their future builds and more visits are planned throughout 2017. Ms Maureen Watt**,** Secretary for Mental Health also visited Woodland View on 1st October 2016 and was highly complimentary of the new provision, stating Ayrshire and Arran should be rightly proud of this provision and that she wished there were such facilities in every Board area across Scotland.

Service Redesign at Brooksby

Following discussions with local people, Brooksby Day Hospital has changed how it operates and people from Largs and the surrounding areas are set to benefit from the improvements in service. The Day Hospital recently went through a review where patients, service-users and staff were asked about their experiences of using the services, what impact they had and how they could be improved.

Using the feedback, changes have been implemented which include:

- Brooksby Day Hospital is now known as the Brooksby Health and Therapy Team (HATT).
- Patients will be encouraged to be involved in their rehabilitation, setting their own goals (with help if needed) so that treatment can be tailored around what matters to them.
- Changing from a consultant-led service to a multidisciplinary (professionals from a range of disciplines) team-led service with GP involvement.

- The service will be open to all adults, rather than only for older adults, and who are medically stable and able to actively take part in a treatment programme.

The Brooksby Health and Therapy Team put people's needs first, with more choice about where, when and how long people are treated (at home, at Brooksby or other local facility). People are even able to be seen in their own homes if that is their choice.

The team's focus is on encouraging people to feel empowered to take responsibility for their own health and to manage their condition(s). The service offers a single point of contact, clear criteria, reduction in waiting times, increased referral options with emphasis on right person, right time, right place approach. And now any professional involved in the person's health or social care can refer an individual.

2.2.8 Partnership Working

Health Improving Care Establishments (HICE) Framework

Improving the health and wellbeing of children and young people is a priority for NHS Ayrshire & Arran, East, North and South Ayrshire Health & Social Care Partnerships, along with our local authority partners, and a particular focus is given to those children and young people who are vulnerable, including those who are looked after and accommodated.

Looked after and accommodated children and young people are known to experience poorer health and wellbeing than children and young people who have not experienced the care system. While current evidence suggests that the physical health of children and young people who are looked after and accommodated is good, there is evidence of a high incidence of mental health problems within the same group.

By incorporating a holistic, settings based approach to health improvement, there is potential within the care system to address some of the challenges faced by children and young people looked after and accommodated including:

- Creating a safe and supportive healthy living, learning and working environment
- Integrating care activity within the core activity of the care establishment, and
- Developing better links with the wider community and its resources

Using this approach, health improvement activity extends beyond the individual to also look at how the physical, social and organisational environments can impact on health and wellbeing.

A HICE Framework was developed to guide health improvement activity for children and young people within the looked after and accommodated care system. The purpose of the framework is four-fold:

- To provide support from which health improvement activity can be directed
- To support services to build on good practice and identify areas for development in relation to health improvement

- To highlight areas where successful health improvement activity has taken place and to share this with other service providers
- To encourage consideration of health in its widest context

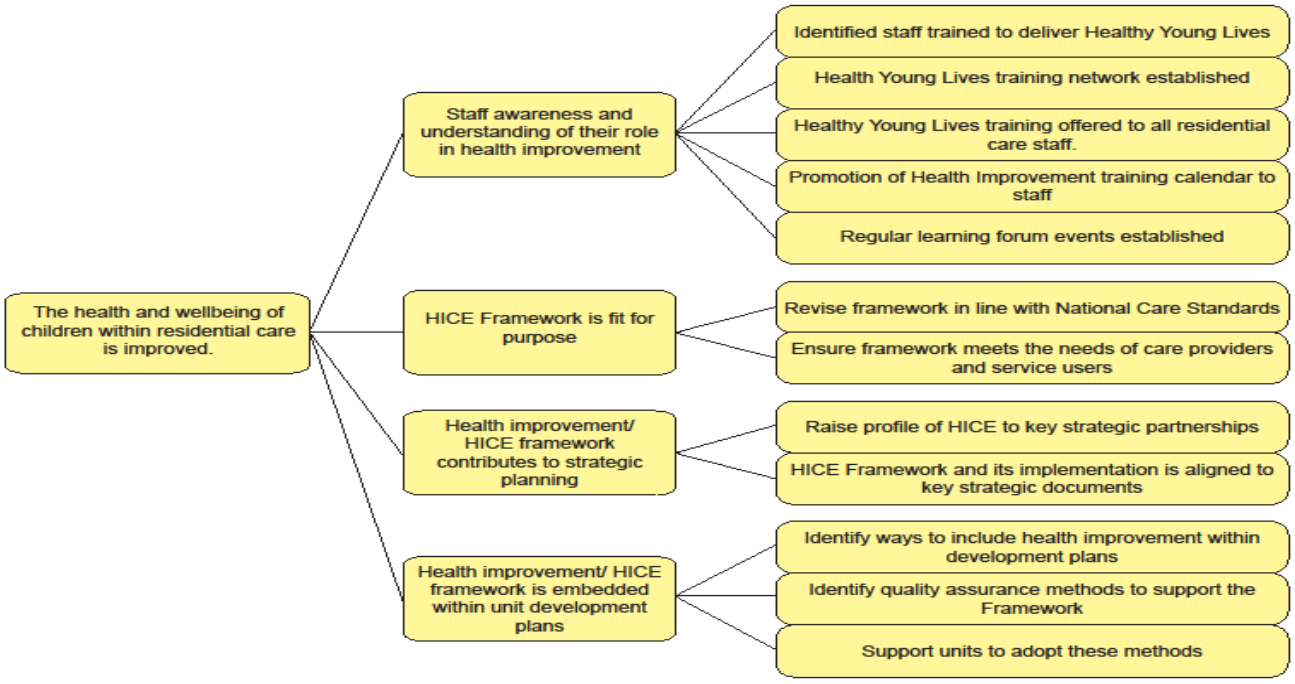
The framework has three main strengths:

- It is a pan-Ayrshire model, allowing for greater opportunity to share practice and to increase consistency in relation to the prioritisation of health and wellbeing
- It is closely aligned to Getting It Right For Every Child (GIRFEC)
- It places the individual at the centre

Some specifics actions have been taken forward since the inception of this work as follows:

- All local authority children's units/ homes are implementing the framework with support from health improvement staff.
- A HICE Learning Forum was developed during 2015/16 to bring together all HICE co-ordinators to share practice and offer learning opportunities relating to health and wellbeing. Two sessions were delivered and provided information on New Psychoactive Substances (NPS), child healthy weight, tobacco and mindfulness for staff.
- Eleven staff, including two Health Improvement Practitioners, were trained in NHS Health Scotland's Healthy Young Lives (HYL) training course. HYL is an introductory workshop to improving health and reducing inequalities for staff working with children and young people. The course has been added to the training offered by the Health Improvement teams and two sessions were delivered between January and March 2016.
- The HICE Core Group oversees the implementation of the framework and has representation from NHS Ayrshire & Arran, the three local authorities and the Care Inspectorate. Health Improvement staff chair this group.

The following driver diagram shows the actions that have been taking place/are planned in order to take forward the implementation of the framework in Ayrshire and Arran:

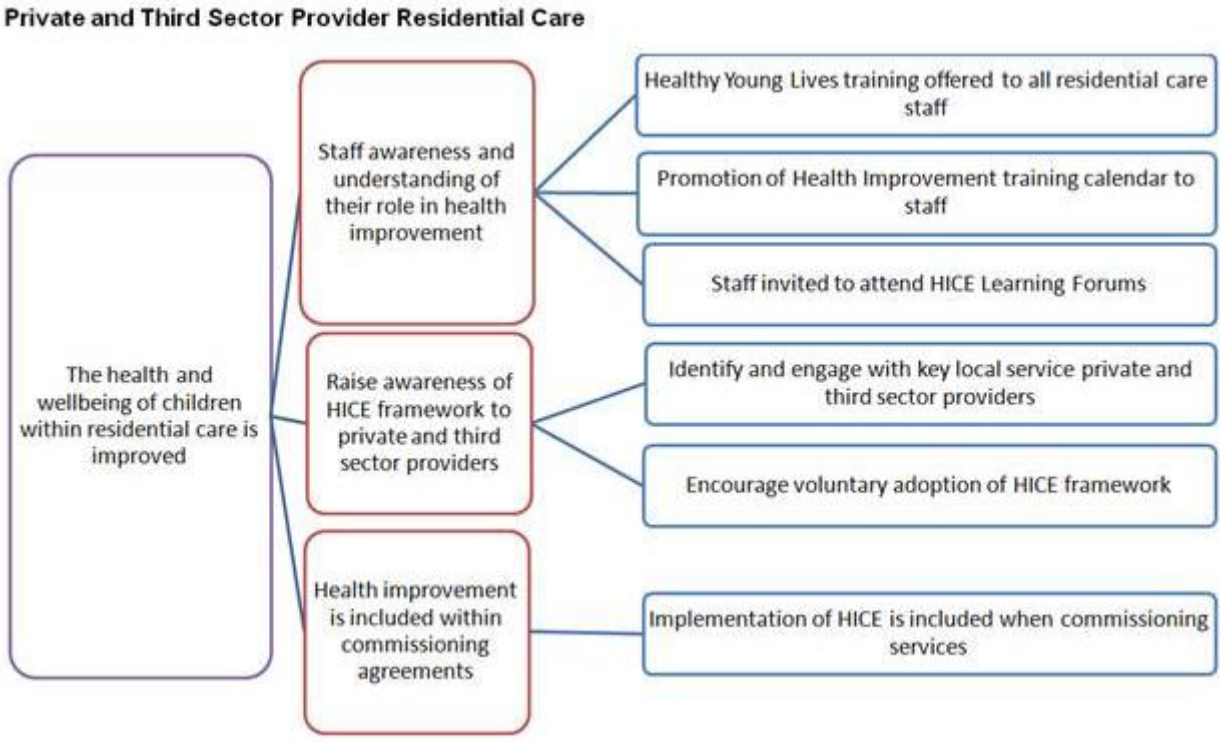


As outlined above in relation to the HICE Core Group, links to the Care Inspectorate have been made, and will continue to be developed at a national level. The framework links strongly to the ethos of the Care Inspectorate in terms of:

- Ensuring vulnerable people are safe
- The quality of service is reviewed and continually improved
- People know the standards they have the right to expect
- Better ways of delivering services are supported and encouraged

This is evidenced throughout by highlighting how each section of the framework links to the National Care Standards.

The following driver diagrams show plans for future roll-out of the HICE framework to private and third sector residential care:



Indeed links have already been made with local private residential care providers locally to encourage them to adopt the implementation of the HICE framework. Additionally, learning and training opportunities have been offered to them through our HICE Learning Forum and our Health Improvement training calendar.

<u>Ophthalmology Pilot</u>

NHS Ayrshire & Arran undertook a pilot study of shared care with community based optometry in patients with stable, treated ocular pathology requiring ongoing monitoring. The clinical load in specialist ophthalmic clinics is progressively increasing due to chronic conditions requiring lifelong treatment. As a result, there is a need to establish safe and effective ways to manage patients with these conditions within the available resources. Shared care with community optometrists was identified as having the potential advantage of providing appropriate care within the right setting at the right time for these patients.

To study the safety and efficacy of a shared care protocol between hospital eye services and community optometrists the shared care pilot was instigated. This was a prospective study over a period of 15 months, which commenced in November 2014, involving patients with diagnoses of glaucoma, diabetic retinopathy and wet macular degeneration who were in a post treatment stable status. Participating clinicians referred patients to a network of accredited optometry practices where a predetermined protocol of testing was carried out, the results of which were sent back to the respective clinicians for decisions on further management. The study looked at false positive and false negative rates for referrals back to the hospital.

The study involved six participating clinicians and 13 optometry practices. Over the 15 month period, 664 patients were included in the pilot with referrals back to the hospital ranging from one week to six months. There were 18 referrals for urgent review of whom six were false positive with none identified as false negative. All patients were reviewed in the hospital again with no negative clinical consequences. As a result of the shared care protocol, the number of hospital visits was reduced by half for this cohort of patients. Living in Ayrshire and Arran, with many remote and rural areas, travel can often be a barrier to accessing services.

This pilot demonstrated shared care with community optometry for stable ocular pathology requiring lifelong review was safe and reduced the need for hospital visits. Further roll out of this pilot is being considered across Ayrshire and Arran and the pilot has received notice of acceptance in the Royal College of Ophthalmologists Annual Congress 2017 to be held in Liverpool.

2.2.9 Procurement

In our 2015 report, NHS Ayrshire & Arran ways in which we have continued to ensure equality in mainstreamed into our procurement processes including:

- Carrying out public procurement, and mainstreaming the general equality duty, through use of the European Single Procurement Document by Scottish Government which is used as a template for the selection of suppliers including Equality and Diversity.

- Agreement that the degree to which equality and diversity requirements are specified and incorporated within procurement documentation would vary according to the goods, services or works being purchased and these are assessed on a case by case basis.

- The majority of the main suppliers to NHS Ayrshire & Arran are awarded contracts by National Procurement – an example of where equality and diversity is considered is the national uniforms contract which was awarded to Dimensions UK Ltd working with Haven PTS. This is a supported business and provides 30 jobs for disabled people.

NHS Ayrshire & Arran Procurement continues to recognise that our activities have an effect on the society in which we work, and that developments in society affect our ability to work successfully. NHS Ayrshire & Arran's Procurement Department is committed to achieving environmental, social and economic aims that tackle these effects.

Our tendering activity has increased in recent years and the governance increased through development of Standing Financial Instructions, Procurement Operating Procedures and work instructions in line with the Public Procurement Reform (Scotland) Act 2014 and Procurement Regulatory Requirements 2016. This ensures that the environmental, social, equality and diversity aspects of procurements are addressed appropriately.

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

SECTION 3

3.1 Equality Outcomes 2013 - 2017

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.

In April 2013, NHS Ayrshire & Arran published seven intermediate outcomes (below) in line with our business commitments with 11 equality outcomes outlining how we planned to mainstream equality into existing business. This section of the report highlights how the outcomes have been progressed and, what our plans are for the future.

Intermediate Outcome 1 - Within NHS Ayrshire & Arran everyone gets the best start in life, and is able to live longer healthier lives.
Intermediate Outcome 2 - People are able to live well at home or in the community in Ayrshire and Arran.
Intermediate Outcome 3 - Healthcare is safe for every person, every time across NHS Ayrshire & Arran.
Intermediate Outcome 4 - In Ayrshire and Arran everyone has a positive experience of healthcare.
Intermediate Outcome 5 - In NHS Ayrshire & Arran staff feel supported and engaged.
Intermediate Outcome 6 - The best use is made of available resources for the population of Ayrshire and Arran
Intermediate Outcome 7 - Across NHS Ayrshire & Arran inclusive leadership is portrayed at all levels.

Below is the final report on the progress made to achieve these outcomes outlining examples of practice to showcase good practice and how this is being mainstreamed into business. Not all equality outcome work has been mainstreamed due to changing priorities, and where appropriate, the rational for this has been explained.

Equality Outcome 1.1 – To improve outcomes for children through early intervention, improved parenting ability and capacity in the early years.

What we set out to do:

Evidence shows that childhood experiences lay the foundations for later life, and parenting has a critical impact on children's emotional, behavioural and educational development, and their health and wellbeing. We, therefore, set out to improve outcomes for children through early intervention, improved parenting ability and capacity in the early years.

What we did:

There is much evidence which shows links between early years and a range of poor physical and mental health outcomes, emphasising the importance of pregnancy and parenting in defining health outcomes. Therefore, NHS Ayrshire & Arran adopted a number of initiatives to support reducing health inequalities from pregnancy through to the early year's stages. Such initiatives included the universal parenting approach; dedicated midwives for vulnerable pregnant women; implementation of the family nurse partnership programme and the introduction of a 27 month assessment for all children.

What difference did we make?

Through the various initiatives, in 2015, NHS Ayrshire & Arran were able to report:

- Sustained increase in breastfeeding across Ayrshire and Arran
- Maintained reduction in teenage pregnancies
- Satisfaction feedback from families with enhanced Health Visitor / Family Nurse contact and relationships
- Smoking behaviour changes in teenage mothers
- Continued higher than Scottish average of Immunisation update for children

Further actions were set for the time period 2015 – 2017and can be reported as follows.

27-30 month assessment:

- Data collection from the 27-30 month review is improving with indication that approx 70% of children are reaching their developmental milestones;
- The 27-30 month assessment is offered to all children;
- With the introduction of pathways of care and reduced skill mix all families are offered increased contact with a Health Visitor

Family Nurse Partnership:

- First cohort of clients show early indication of improved health outcomes for teenage parent and their children
- Of the 165 in cohort one of FNP, 11 were exclusively breastfed at 6 weeks accounting for 6.7%. A further 2 babies continued to receive breast milk (but not exclusively) meaning 7.9% of babies were receiving some form of breast milk at 6 weeks. Overall, 29.7% (49 babies) had received breastmilk at some point since birth.
- Of the 167 babies born in cohort one 89.2% were healthy weight at full term (149 babies). 3% (5) of babies born at full term were of low birth weight. 1.2% (2) of pre-term babies had a healthy weight with 6.6% (11) having a low

weight.

- 36 babies had attended A&E at least once between the ages of 0 – 24 months. This is higher than hoped but work is ongoing to reduce this number.
- Of the babies born in cohort one who were 24 months, 99.2% (123 of 124) reported as having received full immunisations. Only one child's information was not provided.

The final action was the introduction of the Children and Young People Act (2014) Part 4 Named Person. Following judicial outcome from the UK Supreme Court there has been a postponement of the implementation date further guidance from Scottish Government anticipated for commencement date. That said, in line with Getting it Right for Every Child practice guidance all families with children from birth to school entry are offered the support of a Named Person, who is either a Family Nurse or Health Visitor.

What we will do now?

NHS Ayrshire & Arran will continue to progress work to ensure that we improve outcomes for children through early intervention, improved parenting ability and capacity in the early years. Through the work of the early year's teams and the establishment of Health and Social Care Partnerships, this work is being mainstreamed into daily activity to ensure children get the best start in life, including support to mums during pregnancy.

Case study

Louise* was 17 years old when she became pregnant. She was homeless when she came into contact with the Family Nurse Partnership (FNP), having recently left an abusive relationship with the baby's father and was sleeping on a friend's sofa. Louise was similar to the other young mums who are supported through FNP, who are often vulnerable with very little support or access to resources to meet their needs. Louise is a formerly looked after young person, having been with various foster carers since a young age. She had low confidence and little trust in professionals.

The family nurse worked hard in encouraging Louise to engage with the programme. The family nurse employed respectful, strength based approaches to assure Louise that the programme would provide a consistent, safe space to explore her difficulties.

After Louise's baby was born she moved into a supported accommodation tenancy with the support of the FNP and through further support moved into her own tenancy within six months.

Utilising the range of tools available to the FNP programme, the Family Nurse used motivational techniques to support Louise to learn about trust, love, baby cues, and attachment. Louise was able to apply this learning to the care of her baby.

As well as learning about caring for her baby, through the FNPs approach to building confidence and self-esteem, Louise gained insight into her previous patterns of negative relationships. Through support, she re-engaged with her foster family. Furthermore, through her newly developed social support network, Louise moved into a new home that was a safe and warm environment for both her and her child. She has also gone on to gain employment and has started college.

Not real name

Equality Outcome 2.1 – Improve the early identification of women and men experiencing Gender Based Violence (GBV) in identified areas of NHS Ayrshire & Arran.

What we set out to do:

NHS Ayrshire & Arran set out to consolidate and develop our commitment to tackle Gender Based Violence (GBV) and to offer early and appropriate intervention through routine enquiry (RE).

What we did:

The GBV programme through the Routine Enquiry approach was implemented in five priority settings (maternity, children and families, sexual health, mental health and addictions), with Accident and Emergency partially implementing Routine Enquiry. It should be noted that within these areas there were variations for example, community adult mental health teams across Ayrshire implemented Routine Enquiry, but inpatient services did not.

To support the implementation training courses were held resulting in high numbers of staff being trained in Routine Enquiry. As well as face to face training, alternative models for training were considered and developed such as eLearning.

Specific actions which have taken place in the course of the equality outcome are:

- In April 2015, the multi agency GBV Steering Group developed a new GBV Action Plan. It is on target for completion at the end of March 2018
- We identified a new Director Lead within NHS Ayrshire & Arran
- We presented to the NHS Board, and other staff groups, raising awareness of the implications on health of GBV and the experience of a service user of routine enquiry. This included the development of a case study DVD
- We sought out opportunities to include GBV in appropriate NHS strategies and plans
- We embedded Routine Enquiry training for identified staff groups and continued roll out to other NHS areas
- We developed a pilot to implement Routine Enquiry within a GP Practice

What difference did we make?

More service users have been asked about their experience of abuse and this has meant earlier and appropriate intervention.

The impact of GBV on individuals and the organisation is better understood.

There is a greater awareness of routine enquiry demonstrated by more departments seeking training, for example, the Learning Disabilities Service.

Routine Enquiry has influenced change in clinical practices, for example, maternity services assessment.

Multi agency partnership working has been effective which supports integrated working within the new Health and Social Care Partnerships.

What we will do now?

- As well as continuing our commitment to embed and roll out routine enquiry

within the NHS, there are plans to extend it to the three Health and Social Care Partnerships. Early discussions are very positive and we are currently engaging with different key areas
- Raising awareness of the relevance of GBV work will continue
- Further multi agency work will be developed within the Health and Social Care Partnerships
- We will continue to improve our data collection to better understand the impact of routine enquiry

Further specific actions in respect of Gender Based Violence are being driven forward in the next iteration of NHS Ayrshire & Arran's equality outcomes.

Case study

Mary***** was a patient in the NHS Ayrshire & Arran substance misuse services. As part of the assessment process that all patients undergo, Mary was sensitively asked if she had ever experienced abuse. Mary disclosed that she had and was able to articulate how that had made her feel and also how difficult it had been to acknowledge it. Mary was also in a same-sex relationship which added to her difficulties in addressing it because she was not sure that other people would understand.

Once Mary had disclosed her abuse, Anne, the health care worker was able to ensure that her work was effectively targeted to support Mary in addressing her feelings of shame and lack of self-worth, helping her ultimately to address her addiction issues. Mary felt that having a named nurse with an awareness of gay and lesbian issues also helped to build her confidence to disclose her situation.

For Anne, having had the training and support to implement Routine Enquiry, and having developed the understanding of the complexities and dynamics of domestic abuse, it meant that she was able quickly to tune into Mary's needs once Mary had disclosed her abuse.

****Not real names***

Equality Outcome 2.2 – People from BME communities experience a reduction in the risk of developing cardiovascular disease.

What we set out to do:

People from BME communities experience a reduction in the risk of developing cardiovascular disease. We sought to improve the risk of CVD through targeted work within the Keep Well programme.

What we did:

The Keep Well team provided an example of a health check and information session to a key community representative for dissemination to the wider South Asian population. However, further engagement proved difficult as many of the communities representatives were already registered with a GP and had had a similar health check which highlighted the majority did not present with clinical risks. The total number of BME health checks carried out was two and for the Gypsy Traveller community the total number of health checks carried out was eight. The Health and Wellbeing Advisors carried out health checks on travellers that were not eligible for the programme to avoid discrimination; however, these health checks were not recorded in the health check count. As a result of the limited number of

checks successfully undertaken, the targeted pathway finished in March 2014.

Subsequently, the Keep Well team focussed their efforts on tackling health inequalities rather than actively targeting vulnerable groups with a health check. The team included people meeting the vulnerable group criteria into the Practice lists to ensure they were not being disadvantaged. The team also continued to take referrals for a health check from health care professionals.

Across NHS Ayrshire & Arran, a very strong partnership working ethic has been facilitated and this is further enhanced as a result of the relationships the Site Managers have with the residents. Often when a new family comes into the area, the site manager will contact the local health visitor or public health nurse and invite them to meet with the family. Likewise should a Gypsy/Traveller person from the site have any health concerns, the Site Manager acts as the conduit and will organise for the relevant health professional to see them. Health Visitors, Health and Homeless Nurses and Midwifery Nurses regularly attend the sites to provide advice and guidance to the families, and other NHS staff deliver health promotion activities on site such as immunisation, oral health, diet, general development expectations etc.

The local authorities also notify the Health and Homeless Nurses when they have been made aware of an unauthorised encampment in the locality. The Nurse for that locality then makes a site visit with a colleague and will try to ascertain if there are any health issues and will signpost or facilitate onward referral to other services. For example arranging emergency dental appointment, providing written and at times visual aids to local GP services i.e. provide map where there may be literacy issues, or addresses with postcodes included to allow use of satellite navigation systems.

NHS Ayrshire & Arran has in place a service level agreement for the provision of translation and interpretation services, both telephone interpretation and face-to-face interpretation. Access to interpreter services was available throughout the work with BME communities and arranged on a needs led basis.

The programme arranged for the provision of information and leaflets on the programme in alternative languages for service users. Late 2015, a decision was taken to cease Keep Well in NHS Ayrshire & Arran, with the final health checks being delivered in March 2016.

What difference did we make?

Whilst the targeted work of the Keep Well programme did not prove to be hugely successful in NHS Ayrshire & Arran, the relationships built between service providers to facilitate access to health services where necessary have remained, in particular, for the gypsy/travelling community where having no fixed abode can be a barrier to accessing services

What we will do now?

The Keep Well programme ceased to exist in March 2016. Therefore, no further update data is available due to the demise of the programme and archiving of data.

Equality Outcome 2.3 – Older People are supported to live independently in their community.

What we set out to do:

The work undertaken by this Programme is underpinned by the Scottish Government's 2020 Vision –where by 2020 everyone is able to live longer healthier

lives at home, or in a homely setting and, that we will have a healthcare system where:

- We have integrated health and social care
- There is a focus on prevention, anticipation and supported self-management
- Hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of readmission

In addition, the programme builds on Ayrshire and Arran's Reshaping Care for Older People - Ten Year Vision for Joint Services (http://www.nhsaaa.net/media/177640/rcop10v.pdf) . This set out a high level vision and future direction of travel for older peoples services for the next 5-10 years.

What we did:

Each Health and Social Care Partnership Strategic Plan and the NHS Board local delivery plan sets out a range of actions to improve the health and wellbeing of older people, and in particular ensure that older people are supported to live independently for as long as possible.

Key activities in place include:

Supporting people to stay at home or a homely environment

- Preventative and anticipatory care including building social networks and opportunities for participation; suitable and varied housing; anticipatory care planning.
- Building individual, family and community resilience as well as promoting Technology Enabled Care including equipment and adaptations to improve self–management.
- Extending the role of Care at Home Teams and developing more specialist practice and places within Care
- Creating locality based, Practice Aligned Multi-Disciplinary Team to ensure the individual can access the right person, in the right place, at the right time whilst proactively case managing people at greatest risk due to frailty or complexity of their conditions.

What difference did we make?

The National Health and Wellbeing Outcomes offer a clear outcome framework and are defined as follows:

Outcome 1	People are able to look after and improve their own health and wellbeing and live in good health for longer
Outcome 2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
Outcome 3	People who use health and social care services have positive experiences of those services, and have their dignity respected
Outcome 4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
Outcome 5	Health and social care services contribute to reducing health

	inequalities
Outcome 6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being
Outcome 7	People using health and social care services are safe from harm
Outcome 8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
Outcome 9	Resources are used effectively and efficiently in the provision of health and social care services

Significant progress is being made in improving outcomes and in particular a range of actions are in place to support the delivery of outcome 2 (as outlined above).

What we will do now?

To support sustainable health and social care services in the future a Business Case for Older People and those with Complex needs is being developed which outlines how East, North and South Ayrshire Health and Social Care Partnerships will work with partners in Acute Services to meet the large scale, whole system change that is required at considerable pace to meet the on-going needs of the residents of Ayrshire and Arran. This business case forms part of a suite of business cases which will ensure the whole scale system change required across Ayrshire and Arran to meet the future needs of local people.

Through our engagement work for our next iteration of equality outcomes, it is recognised that social isolation for older people continues to be a priority area and thus further focus on this is included within the 2017-2021 outcomes.

Case study

A number of community connector roles have been established within health and social care. This service is for older people who have the mobility to get out the house but perhaps feel a little isolated, lacking in confidence or unsure of what groups and activities are going on in the community. The community connector can signpost and refer individuals to access local services to help them live well. After an initial visit, the community connector and the individual will discuss interests and what the individual would like to do. The community connector will then support and accompany the individual to attend new activities as well as help older people find out what is going on locally and how to get involved in social activities.

Equality Outcome 2.4 – People are supported to gain psychological/spiritual strength to allow them to continue to live independently in their community.

What we set out to do:

The service began nationally in 2013 with the aim of providing an active listening service for patients with psychosocial problems delivered by the Chaplaincy Team. The intended outcome for the project is for the clients to find increased wellbeing and a stronger sense of their own resilience. It also anticipated that this may reduce the use of statutory services.

What we did:

In 2013, Ayrshire and Arran GP practices were invited to take part in the Community Chaplaincy Listening (CCL) service project. Two practices volunteered and a service

has been supported in Dalmellington, Patna and Maybole on a sessional basis. Referral pathways have been developed and extended from GP's only to CPN's and the community connectors from the Health and Social Care Partnerships.

What difference did we make?

The service has supported approximately 160 individuals during 2016. Feedback from both clients and healthcare professional involved in the project has been extremely positive, with a reduction in prescribing and use of statutory services. Client reported outcomes include an improvement psychological wellbeing, social and family relationships, confidence and self- esteem.

What we will do now?

At present we are looking to extend the service in the Carrick area (South Ayrshire), working with the South Ayrshire Health and Social Care partnership to deliver a volunteer listening service, supported by the Chaplaincy Team. It is anticipated that the use of volunteers will support a sustainable approach going forward, which can be replicated in other parts of Ayrshire. This extension to the current project will be evaluated.

Case study

Mrs X who was referred to the CCL project with issues of low self esteem, which limited her ability to function. Mrs X engaged well with the Chaplain and made considerable progress in regaining a sense of worth and wellbeing and was able to be discharged from the service. This enabled Mrs X to rebuild personal resilience and coping mechanisms which improved her life, including relationships with family and friends. Mrs X needed no further clinical interventions or treatment.

Equality Outcome 3.1 – Individual patients' health needs are assessed and responded to effectively to allow informed decisions about their healthcare to be made.

What we set out to do:

Patients, carers and their families have a positive experience of care ensuring that patients' health needs are assessed and responded to effectively to allow informed decisions about their healthcare to be made.

What we did:

As part of its approach to person centred care, NHS Ayrshire and Arran has delivered a range of improvement to improve patient, care and family experience of care. This includes building on the real-time patients experience programme, to deliver a relationship centred care approach, which focused on supporting teams to reflect on patient, carer and staff experience to identify improvement opportunities.

What difference did we make?

Current feedback demonstrates that 94% of patients have a positive experience of care in the pilot wards. However, the focus of this approach is on continuous improvement.

This programme has also had a positive impact on achieving the organisational objective of safe, person centred and effective care.

What we will do now?

This programme will be rolled out across NHS Ayrshire & Arran as part of the person centred care programme.

Case study

The relationship care programme has been piloted in a number of wards, including the orthopaedic ward at University Hospital Ayr.

The programme provides the staff on Station 10 with the opportunity to take time out and reflect on their practice and the quality of the care they provide as a team. This process involves the collection of experience data from patients, visitors and staff to allow a collaborative approach to the analysis and sharing of feedback. Volunteers help support the collection of the patient experience.

In addition the teams also use the compassionate connections resource to role play patient stories and reflect on the lived experience of patients, carers and staff. This ensures that all person-centred improvements are based on lived experience whilst supporting staff to create an improved person-centred Culture in their ward. Feedback from all involved in this process is extremely positive.

Mr X - A gentleman with Parkinson's disease was admitted to one of our acute hospitals. Whilst in hospital the patient was being administered his medication as part of the usual drug rounds on the ward. However, this was having an impact on his condition as the medication was routinely taken at a different time when at home. By having a discussion with staff arrangements were made for the medication to be given at the same time as they would have taken it at home. By involving the patient in the decisions about their healthcare, the patient was better able to stabilise their condition. The real time programme is an example of where fostering good relations between patients and staff is having a positive impact on the care experience.

Equality Outcome 3.2 – Care for older people in acute hospital is sensitive to individual need.

What we set out to do:

Care for older people in acute hospital is sensitive to individual need - staff throughout NHS Ayrshire and Arran will have the skills and knowledge required to meet the needs of people with dementia, appropriate to their clinical field.

What we did:

This work has been driven by the 10 key actions arising from the National Dementia Strategy. Key improvement actions have included:

- Developing and training a network of dementia champions in every ward and department.
- Developing assessment tools and prompts that support person centred care that is sensitive to individual need. Early identification and support for vulnerable adults has been a key part of this work.
- Reviewing the pathways of care for older people once in hospital, ensuring moves between wards for older people are kept to a minimum.
- The Scottish Delirium Pathway has been used in conjunction with the 4AT and TIME bundle in test sites across NHS Ayrshire & Arran over the past 18 months. Following tests of change the TIME bundle had been adapted to

meet the needs of clinical areas ensuring that the patient is at the centre and entered a rollout phase in December 2015.

- A number of wards across NHS Ayrshire & Arran support 'John's Campaign', a campaigns for the right of people with dementia to be supported by their carers' in hospital. The campaign encourages more contact with family members of patients and to support their loved ones during hospital admissions while eliminating the traditional notion of limited visiting between certain times. This is done in the spirit of supporting their relatives, while in no way trespassing on the role of nursing and clinical staff.

What difference did we make?

The focus of this improvement work is on ensuring the care of the older adult (particularly those with dementia or cognitive impairment) is everyone's business with all staff having the appropriate level of knowledge and skill to respond sensitively to patient and family needs.

- NHS Ayrshire & Arran has 42 Dementia Champions working across many wards/department with five healthcare professionals recently graduating and an additional 5 champions due to graduated early 2017. This has delivered the capacity and communications network to share knowledge, learning and best practice in dementia care.
- A number of pathway and processes changes ensure that assessment, planning and delivery of care supports the individual needs of patients (including 4AT assessment tool, vulnerable adult assessment, 5 must do's with me, the 'Getting to Know Me' document and forget-me-not system are widely used in conjunction with dementia, delirium and stress & distress care plans, pre-operative assessment).
- A range of resources and information have been developed to support staff in practice, which is impacting positively on the quality of care older people are receiving (e.g. AHP Pocket Ideas Book -Pocket ideas book is specifically designed to encourage staff to facilitate meaningful activities when time can be limited. It reinforces the importance of person centred care, compassion, empathy, humanity and being engaged in activity).
- NHS Ayrshire & Arran has also improved the involvement and care of carers and families, which supports effective discharge planning and continuity of care (e.g. A number of wards across NHS Ayrshire & Arran support 'John's Campaign', a campaigns for the right of people with dementia to be supported by their carers' in hospital. The campaign encourages more contact with family members of patients and to support their loved ones during hospital admissions while eliminating the traditional notion of limited visiting between certain times. This is done in the spirit of supporting their relatives, while in no way trespassing on the role of nursing and clinical staff)

NHS Ayrshire and Arran is demonstrating an ability to respond to the needs of citizens, recognising the demographic changes and the fact that the majority of people receiving care and treatment are older. This work has ensured that sensitivity to the needs of older people (particularly those with dementia or cognitive impairment) becomes 'core' business and the quality and consistency of care can be assured.

What we will do now?

In line with the revised National Dementia Strategy embed best practice (*Promoting Excellence* and *The Standards of Care for Dementia in Scotland)* and support for

patients further including:

- Continue the local focus on supporting the roll out and embedding of good quality and consistent post-diagnostic support for dementia.
- prioritise and design a specific local focus on dementia palliative and end of life care
- support the Integrated Joint Boards in re-designing local dementia care systems now and for the future, including by extending and strengthening national service improvement support and by providing evidence on the nature and scale of the challenge of providing safe, effective and person-centred care for people with dementia
- Continue to support community initiatives and service improvements for patients, families and the wider communities.

As part of the dementia championship programme, we took the opportunity to develop and implement a dementia pathway for elective surgical patients.

This focuses on falls history, continence, cognitive impairment, frailty, medication etc We have incorporated the use of validated assessment tools to establish a baseline against which post-op delirium can be measured. This type of assessment takes longer than a regular pre operative assessment and so we have changed our clinic scheduling to incorporate some “frailty” appointment slots to allow adequate time for this group of patients.

Case study

One elderly lady attended the pre op assessment clinic with her daughter. She had a recent diagnosis of dementia and was due to undergo non-urgent intermediate surgery.

On assessment it was established that the patient had problems with mobility and had fallen a few times in recent weeks. This signposted her to the pre op physio who was able to assess her and provide her with an appropriate walking aid on that day.

The patient was on a significant number of medications, some of which she wasn’t compliant with. This was reviewed by our pre op pharmacist who was able to liaise with the community pharmacy to arrange for the patient’s medication to be issued in a blister pack.

The lady’s daughter stated that her mother had lost weight recently and wasn’t eating very well. At assessment the patient didn’t have any dentures in and on further discussion she was able to tell us that they keep falling out and so she chooses not to wear them. We were able to make a referral to the community dentist to get a new set of dentures made. This resolved the eating problem and she gained weight

We were able to advise the admitting ward about this lady’s cognitive impairment and her risk of post op delirium in advance of her admission date.

We were able to advise the patient’s daughter about flexible visiting and John’s Campaign.

The lady went on to have a successful hospital stay with no post op delirium. She was managed in a single room and was not subjected to any bed moves during her 4 day stay. Her daughter was able to visit as and when she liked and was there to help her mum at mealtimes.

Equality Outcome 4.1 (disabilities 1.1): In Ayrshire and Arran everyone has a positive experience of healthcare

What we set out to do:

We set out to increase staff confidence in responding appropriately to the range of protected characteristics specifically focussing on people with physical and learning disabilities. We focused on the learning disability service and implementation of three Primary / Acute Care Liaison Nurses, who provide support to clients and undertake staff training within those settings.

What we did:

The three Liaison Nurses have worked pro-actively alongside service users, carers and staff to support people with a learning disability in primary and acute care settings, with particular focus being paid to individuals entering into acute care. Receiving advance notice of an individual being admitted has always been encouraged by them, and conversations with colleagues working with primary care information systems over the past year have sought to identify a practical avenue for systematising that process of advance notification. As a result of that collaboration, discussions are ongoing with GP practices regarding sending regular reports on what patients from the practice are scheduled for admission to acute care. Some practices are already in the habit of informing the local Liaison Nurse about individuals to be admitted, providing them with the opportunity to tell the service user and/or their carer about the kind of support they can provide in relation to this.

What difference did we make?

Over the course of 2016, the Liaison Nurses have been informed about 207 admissions to hospital, and have either supported the individuals themselves or collaborated with other staff members already involved in their care. Feedback from acute staff is consistently positive regarding the impact of their role, and service users and carers have seen clear benefits in receiving additional support from an individual who, in many instances, they were already familiar with through working as part of community teams.

The experiences of people with a learning disability within acute and primary care settings remain a cause for concern, as reflected in the Scottish Learning Disability Strategy 'The Keys to Life' (Scottish Government, 2013). The implementation of the Primary/Acute Care Learning Disability Liaison Nurse in North, South and East Ayrshire represented a significant and essential investment by NHS Ayrshire and Arran in response to these long standing issues. Over the years since their implementation, it has been pivotal in improving the care experiences of people with a learning disability in acute services and primary care, including the establishment of registers of people with a learning disability in primary care and the associated implementation of regular health checks, and the delivery of training to primary care and acute staff. Their input in relation to individual cases has proven to be critical to ensuring effective hospital admissions for clients, but much remains to be done to ensure that that input is available consistently, and that individuals are not admitted without the opportunity for support from the Liaison Nurse being made available. In the absence of the kind of informed, person centred care for people with a learning disability they make possible, individuals can all too frequently suffer as a consequence of the high pressure, constantly changing acute environment. The value in roles such as this is clearly reflected in recent Scottish research (*Brown et al., 2015. The perspectives of stakeholders of intellectual disability liaison nurses: a*

model of compassionate, person-centred care. Journal of Clinical Nursing, 25(7-8):972-82), as well as being required by 2 of the recommendations within the 'Keys to Life' strategy itself (Recommendations 22 and 24).

What we will do now?

Maintenance of the posts will be essential in continuing to address the inequities faced within healthcare by people with a learning disability, supporting culture change in acute and primary care services in line with the vision of the health and social care partnership, and creating opportunities for synergistic practice with similar roles relating to other care groups. The implementation of a mechanism by which the Liaison Nurses are informed of future admissions remains a priority, but there is also a need to explore options in relation to supporting involvement in relation to unplanned admissions as well. Work also remains to be done to ensure consistent awareness among acute staff of the support available from them. While there are many successful partnerships already established with staff within the hospitals (in particular, with the Day Surgery and Dental Department at Crosshouse Hospital), there remain instances where the opportunity to get the Liaison Nurses involved is missed due to a lack of awareness or consideration of their potential contribution.

Case study

One of the Liaison Nurses was informed about an elderly gentleman who was due to be admitted to hospital. The Liaison Nurse introduced themselves, but the gentleman indicated that he didn't want any support from them. When they were admitted a second time, the Liaison Nurse took the opportunity of popping in when possible to see them, and thus was able to establish a relationship which subsequently led to the individual agreeing to their visiting them at home, along with a Physiotherapy colleague. The Liaison Nurse's involvement also allowed them to keep the individual's GP informed about their status on discharge, which in turn enabled the GP to make positive changes to the individual's medication regime. In addition, the Liaison Nurse was able to successfully support the gentleman to a urology appointment, after their having not attended for previous ones: their presence at the appointment was remarked on by the individual, and greatly valued by them. Another recent study was described within Terry's Story, a DVD resource which described the experiences of one individual in an acute setting in Ayrshire, and the role of the South Learning Disability Liaison Nurse in ensuring there appropriate care while admitted, and avoiding an adverse outcome.

Equality Outcome 4.1 (disabilities 1.2): In Ayrshire and Arran everyone has a positive experience of healthcare

What we set out to do:

Create a network of engagement with carers and service users which could facilitate ongoing collaboration, and which makes good use of local networking opportunities created by the neighbourhood focus of the Health and Social Care Partnerships.

What we did:

The Learning Disability Service received funding from the Scottish Government in 2015 to undertake project work in relation to the implementation of Strengthening the Commitment, the UK review of Learning Disability Nursing. Part of this was to involve engagement with service users in relation to the aims of the strategy, and the creation of a service user reference group to inform subsequent work linked to the

strategy. While a good response was had in relation to people volunteering to be involved with this, its regular implementation has yet to realised. However, the Charter for Involvement, which was launched locally at the same event as the STC consultation, and the National Involvement Network linked to it, has benefitted from its being profiled within this and other events in partnership with the NHS and local authorities. An Ayrshire branch of the National Involvement Network has now been established, and links made between it and the Learning Disability Clinical Governance group, which continues to work on behalf of the 3 Health and Social Care Partnerships.

What difference did we make?

The engagement with the National Involvement Network (NIN) and the Association for Real Change has helped to affirm the Health and Social Care Partnerships as supporters of and collaborators in the Ayrshire network, which will benefit greatly from the experience of the existing membership of the National Involvement Network. While the pursuit of neighbourhood level engagement within the partnerships, and the inclusion of people with a learning disability and other disenfranchised groups within this, remains the ideal endpoint, the existence of pan-Ayrshire groups such as the Ayrshire NIN will help to ensure that the concerns of people with a learning disability, and those who support them, can be properly reflected in the development of services across Ayrshire.

The Ayrshire branch of the National Involvement Network is still in its early days, and while the Learning Disability Clinical Governance Group has been linked to it from the start, it has not yet had sufficient opportunity to impact on services. The Charter for Involvement has, however, met with considerable support from the Ayrshire Health and Social Care Partnerships, and it is hoped that one or more will officially sign up to its implementation with the National Involvement Network.

What we will do now/future work?

The Clinical Governance group has already sought advice the members of the new Ayrshire branch of the NIN regarding effective means for collaboration, and will continue to work with them in establishing a practical and effective dialogue. The Learning Disability Teams within each Ayrshire authority continue to forge new collaborations with colleagues within their partnership area, and the respective team leaders have key roles in relation to the strategic review of Learning Disability Services in each area, which bodies such as the Ayrshire NIN will be crucial partners in .

Case study

Pan-Ayrshire and South Ayrshire Learning Disability staff are involved with the University of the West of Scotland in collaborating with the Girvan Town Team. This collaboration is focusing on embedding a learning disability perspective in the team's ongoing work to make Girvan a dementia friendly community, and will include interviews and group discussions with people with a learning disability and carers.. The scope of the work has broadened since the collaboration's inception, to reflect aspirations around making Girvan and South Carrick safer, more welcoming communities for all. The involvement of staff from the South HSCP along with colleagues from the university will ensure that the views and experiences of older people with a learning disability and those who support them inform this development work, to the benefit of all in the community.

Equality Outcome 4.1 (LGBT 1): In Ayrshire and Arran everyone has a positive experience of healthcare

What we set out to do:

We set out to increase staff confidence in responding appropriately to the range of protected characteristics specifically focussing on the Lesbian, Gay, Bisexual and Transgender (LGBT) community.

What we did:

NHS Ayrshire & Arran recognised that there was a gap in the provision of LGBT specific training and therefore over the four year lifespan of these equality outcomes, we have undertaken various elements of LGBT specific training using a blended learning approach. We offered staff access to face-to-face training delivered by LGBT Youth Scotland as well as providing our own internal LGBT training. A few cohorts of staff from across the organisation attended this training and reported better understanding of the issues faced by LGBT people, referral pathways and where to signpost individuals who require additional support. The training was further supplemented by the development of an eLearning package which offers greater flexibility for staff to complete. As well as the eLearning training, the face-to-face training has been mainstreamed into existing training offered.

NHS Ayrshire & Arran had also been part of the Stonewall Scotland's Good Practice Programme, however, this programme was withdrawn and no longer exists. That said, NHS Ayrshire & Arran continue to engage with Stonewall Scotland to ensure we are abreast of current best practice and opportunities for improvement.

Another achievement, further highlighting NHS Ayrshire & Arran's commitments to LGBT equality, was the achievement of the LGBT Charter Foundation Award. The NHS Board was presented with this Award on 1 February 2017 which coincided with the beginning of LGBT History Month. The award cuts across various aspects of service delivery as well as staff engagement. A Champions group was established and meets quarterly to ensure NHS Ayrshire & Arran are maintaining compliance with the award criteria but also promoting LGBT equality and addressing any needs as they arise. Achieving this award has further support NHS Ayrshire & Arran in being a more inclusive employer, in particular, this has been reflected in the increased number of staff confident to disclose having identified or currently identifying as transgender. These figures will be reported in our next iteration of the Workforce Plan in August 2017.

Increased engagement with LGBT people has also supported NHS Ayrshire & Arran in addressing ways to better provide support and access to services. A survey of over 500 people was completed and the content of this survey has informed the direction of future LGBT work.

Over and above the wider LGBT work, targeted work was undertaken for transgender people through the development and implementation of a transgender etiquette protocol to support staff by answering any queries or concerns that they may have in meeting the needs of transgender people. As well as the etiquette document, a transgender policy, which encompasses the national gender reassignment protocol, has been developed with input and feedback from local trans people and the Scottish Transgender Alliance. This policy is currently being rolled out across the organisation to further embed trans equality in NHS Ayrshire & Arran.

What difference did we make?

The various aspects of work around LGBT equality and inclusiveness have supported NHS Ayrshire & Arran to be better equipped to deal with LGBT issues. Engagement with LGBT and non-LGBT people has raised awareness of gaps in information and knowledge, service provision and referral pathways which we have addressed or identified for addressing in the next iteration of equality outcomes.

What we will do now?

The work of the LGBT champions group has been mainstreamed into existing business and the Chair, who is the Director of Human Resources, reports progress to the Corporate Management Team to ensure a wider organisational view of the work being undertaken. An example of how we are mainstreaming LGBT equality was the Chief Executive's blog to all staff which dovetailed the organisation's values of caring, safe and respectful with the values of treating LGBT people with dignity and respect.

With respect to the targeted transgender work, NHS Ayrshire & Arran are exploring what additional support can be provided to trans people which we anticipate will be shared with the National Gender Identity Clinical Network for Scotland.

Case study

In 2016, the Pan Ayrshire LGBT+ Development Group, which is co-chaired by the NHS Ayrshire & Arran Equality and Diversity Adviser, organised a conference for staff entitled Translating LGBT. This conference was in response to an Ayrshire-wide survey which had been conducted and highlighted a gap in knowledge and understanding around LGBT. The conference was targeted at service providers and took place on 29 February 2016, to conclude LGBT History Month. Guest speakers from the various LGBT organisations were invited to speak along with a number of workshops for staff to attend and participate in. Within a few weeks of the conference being advertised, it was heavily oversubscribed and feedback from the event was extremely positive with staff stating greater understanding of LGBT issues and support provision available.

The conference has provided staff with a range of information and signposting support services, as well as providing the opportunity for networking and contacts for future reference to further support LGBT people.

Equality Outcome 5.1 – Staff are supported in accessing appropriate support services to improve their health and wellbeing which are sensitive to their protected characteristics.

What we set out to do:

NHS Ayrshire & Arran set out to support staff to access appropriate support services to improve their health and wellbeing which are sensitive to their protected characteristics.

What we did:

The NHS Ayrshire & Arran People Strategy – People Matter was published and approved in 2015 and set out where we want to be as an organisation and employer. One of the key organisational challenges identified in the strategy was our workforce health status is not at a level we would want it to be; this reflects our wider population profiles, and we have higher levels of staff sick from work either short

term or long term, than we would want.

The People Strategy set out four thematic areas for improvement – retain, develop, attract and support. In terms of support we want our people to be healthy, feel cared for and encouraged to enhance and improve their wellbeing and resilience. We want to provide person centred and proactive engagement and support for the welfare of our people both within and outwith the working environment.

The Staff Health, Safety and Wellbeing Strategy, and its implementation plan, are key enablers to delivering and achieving this ambition on an ongoing basis. There has been concerted focus in ensuring staff are both aware of and enabled to access appropriate service / undertake opportunities to improve and support their health and wellbeing which in turn would have a positive effect upon the organisational sickness absence levels.

What difference did we make?

There has been a continued proactive focus upon long term sickness absence which has led to a significant reduction in the number of staff absent longer than 26 weeks and as at the end of December there were no staff that had been absent longer than 52 weeks. In terms of rolling year long term sickness absence rates there is an evident reduction in the long term rate. Monthly Occupational Health Case Management Reviews have been contributory to achieving this position.

Musculoskeletal (MSK) disorders are one of the highest reasons for absence and the Health, Safety & Wellbeing Plan identified the need for a campaign to raise the awareness of risk factors for MSK disorders which ran from April to July 2016 and included:

- An e-Learning course on upper limb disorders;
- 'On your feet Ayrshire' – promoting breaks from sedentary working;
- 'Step Count challenge'; and
- 'Don't let driving be a pain' – signposting staff to ergonomic information and advice on drivers positioning, with an offer of specialist assessment if required.

As well as some of the targeted work outlined above, NHS Ayrshire & Arran has successfully maintained Silver and Bronze Healthy Working Lives awards. These awards are evident of the organisational commitment to supporting the health and wellbeing of all our employees.

The 'Step Count Challenges', ran as part of the MSK campaign, ran for a four week period and staff participation exceeded all expectations with a total of 217 teams taking part, equating to 1035 members of staff, approximately 10% of NHS Ayrshire & Arran's workforce.

What we will do now/future work?

The Staff Health, Safety and Wellbeing implementation plan sets out the ongoing programme of work to improve the health and wellbeing of all staff. Two significant areas of work going forward include:

- In partnership with the Health & Safety Executive (HSE) participate in the national pilot on Reducing Work-related stress and creating mentally healthy workplaces (mental health along with the MSK being the highest organisational reasons for absence); and

- Achievement of the Healthy Working Lives Gold award.

Case study

An example of how the organisation has pro-actively supported a staff member with a protected characteristic under the terms of the Equality Act 2010 is outlined below.

Staff member 'A' commenced employment as a porter. He loved his job but within two months of commencing in post suffered a deterioration in his health which significantly affected his eyesight. Following clinical assessments it was determined that staff member 'A' was no longer fit to undertake his role and that likewise, redeployment may not necessarily afford any appropriate opportunities.

He shared with the organisation that he had previously worked in a position where 'touch typing' was required and did not believe his deterioration in eyesight would impact on his ability to undertake such a role if one became available.

A rehabilitation opportunity was identified within an administrative setting where he received the support of the Occupational Therapist working within the Occupational Health Team to identify reasonable adjustments or equipment required to support him to undertake such the role.

Subsequent to the rehabilitation role staff member 'A's health has improved and he has been able to resume a portering role.

Equality Outcome 6.1: The best use is made of available resources for the population of Ayrshire and Arran.

What we set out to do:

NHS Ayrshire & Arran set out to ensure service users have access to timely and appropriate healthcare information in a person-centred culturally sensitive way. We envisaged that raising awareness and increasing knowledge of the importance of communication and interpretation support with our staff would lead to safer, effective and more person-centred care for patients.

What we did:

NHS Ayrshire & Arran have in place a Communication Support Policy which covers communication support needs for deaf/Deaf, DeafBlind and those whose first language is not English. This policy was developed over a number of months with engagement from external organisations such as RNIB, Action on Hearing Loss, DeafBlind Scotland and BSL service provider, Sign Language Interactions.

During 2013-2015, NHS Ayrshire & Arran provided all wards, GP practices, and outpatient areas across the hospitals with posters and contact information about the use of communication support services. The information was further updated and re-circulated during 2015/16. The posters provide both an awareness raising element for staff and for service users. Information is also available on our internal intranet site for staff as well as support provided via switchboard. To further assist staff a flow chart was produced to outline the different contact points for the two forms of interpretation support i.e. BSL and community language interpretation.

To support empowering BSL users, NHS Ayrshire & Arran organised for a short BSL translated message to be available on their public website which provides information to BSL users about their right to an interpreter and how to access one.

What difference did we make?

To ensure NHS Ayrshire & Arran are providing safe, effective and person centred care, it was recognised that further work required to be undertaken to understand the demography of our service users. Some of the work to support this included:

- A standing operational procedure was put in place to check and update patient demographic data including recording of ethnicity. Flow chart developed and communicated to all staff advising how to access language and sign language interpreter services. This can also be evidenced in the increased recording of ethnic group as outlined in section 2.2.5.
- Whilst data collection has been restricted by the limitations of our Patient Management System and SCI Gateway GP Referral System, in 2015 operational arrangements were put in place to identify patient specific needs from GP referral letters, and where appropriate necessary requirements are put in place to support individuals. A number of preferred formats can be facilitated.
- A telephone reminder service was implemented to remind people of appointments; however, this ceased and was replaced by a text reminder service. This has been deployed for the majority of acute and Musculo-skeletal out-patient appointments. This has resulted in a reduction of 1% of new and 2% of review Did Not Attends (DNAs).
- NHS Ayrshire & Arran had planned to undertake an audit of staff awareness of the communication support policy. Unfortunately due to additional targeted work around the provision of translation, interpretation and communication support services, the policy has not fully been reviewed and relaunched. This will take place during 2017/18. Whilst an audit has not been conducted, evidence shows an increase in the use of interpretation services as well as an increase in the requests for translated information thus indicating a greater awareness amongst staff of the need to provide such support.

What we will do now/future work?

Provision of translation, interpretation and communication support services now requires to be revised as some of the contracts are coming to an end. As all public bodies have a duty to provide translation and interpretation support to service users, further engagement will take place with other public bodies to ascertain if improved service provision and greater economies of scale can be achieved. The improved service provision will support streamlining the approach to translation, interpretation and communication support services provision, in particular with the establishment of the Health and Social Care Partnerships where access to the same service provider can be made

The current position is that different public bodies are utilising the services of different agencies, also incurring different costs. Therefore, the first step to improving service provision and greater economies of scale will require some exploratory work being undertaken to identify where joint commissioning of translation, interpretation and communication support services could be provided.

Another approach being trialled to support access to timely and appropriate information is the implementation of a Health Information and Support Service in Crosshouse Hospital where, patients, carers, visitors and staff will be able to access information and support, including:

- Health, lifestyle and wellbeing

- Stopping Smoking
- Alcohol and drugs
- Physical Activity
- Weight Management
- Stress
- Money advice services
- Caring for relatives/friends

This service will contribute to the Health Promoting Health Service (HPHS) concept that “every healthcare contact is a health improvement opportunity”. Hospitals can have a key role in improving population health and wellbeing and reducing health inequalities through their access to large number of patients, families, visitors and staff. Therefore, the Health Information and Support Service aims to provide access to quality assured information to support health and wellbeing for anyone in the hospital setting.

The principles of the Health Information and Support Centre are:

- We will offer a person-centred service working with to address the priorities identified by the individual
- We will be accessible to all and responsive to the level of need of those accessing the service
- We will deliver an information and support service that is underpinned by an approach which facilitates health behaviour change, and builds health literacy
- We recognise the importance of the broader factors which determine health such as social and community networks, housing and living conditions, employment and working conditions, education, access to health services – and responds to these
- We will support individuals to promote and manage their own health and promote advocacy to ensure individuals receive high-quality care that is safe, effective and focused on patient experience

Case study

As well as providing support across acute and community healthcare provision, a situation arose where a patient was being admitted to the local hospice. Through the support of the Equality and Diversity Adviser, appropriate communication support was put in place to allow the patient to be admitted and be able to communicate with the healthcare professionals as well as allow appropriate consent for necessary medical interventions to take place.

Equality Outcome 7.1 – Senior and line managers have developed and applied leadership skills to support and motivate their staff to deliver practice that is equality sensitive.

What we set out to do:

To ensure the NHS Board is committed to conducting business so that equality is an integral part of service design, senior and line managers have developed and applied leadership skills to support and motivate their staff to deliver practice that is equality sensitive.

What we did:

To ensure the NHS Board is committed to conducting business so that equality is an integral part of the service design and delivery, all Board paper require to evidence that an equality impact assessment (EQIA) has been considered and, where necessary, carried out. If it is deemed an EQIA is not required, the reasons for this must be provided.

By carrying out an equality impact assessment, the Board can ascertain if proposed policy or service changes are like to have a disproportionate impact on some groups, particularly minority groups. Where adverse impacts are identified, NHS Ayrshire & Arran are committed to ensuring mitigating action is put in place.

Since the publication of the equality outcomes, NHS Ayrshire & Arran has undergone a number of large scale service changes such as the North Ayrshire Community Health facility (Woodland View) and Building for Better Care (new Combined Assessment Units). Full equality impact assessments including consultation with staff and service users was undertaken as part of this process.

Further evidence which outlines the support senior and line managers are giving to their staff to deliver equality sensitive practice is the increase in use of communication support methods. Following engagement with charge nurses, information on accessing translation and interpretation support was disseminated to staff. Over the course of these equality outcomes, the increase in the use of communication support highlights that staff have a greater awareness of the need to eliminate discrimination by ensuring support mechanisms are in place to allow clear communication between staff and patients.

As well as the raft of training currently offered to staff, NHS Ayrshire & Arran also has a suite of training available for senior and line managers looking at leadership and management support. As part of NHS Ayrshire and Arran's commitment to promoting the organisation's values and positive behaviours as set out in the People Strategy, we believe that it is important to provide our managers with ongoing support.

Managers are fundamental to the organisation's success and, with this in mind, a suite of learning modules is available to offer this guidance. The 'People Managers' Skills Suite' is made up of 12 modules designed with middle and senior managers as its focus. The training covers a range of management skills and in particular has a focus on all staff having the right to be treated with dignity, respect and courtesy. The workplace should be free from harassment, bullying, victimisation and discrimination and employees have a right to be valued for their skills and abilities. This Dignity at Work programme covers behaviours that constitute discrimination, bullying and different forms of harassment. This training course explores the organisational policies, legal framework and manager's obligations to developing and/or implementing dignity at work and how inappropriate behaviour should be properly addressed.

What difference did we make?

As well as the strategic work to support equality sensitive practice, the case studies outlined in the equality outcomes above highlight the ongoing work across NHS Ayrshire & Arran, supported by Senior and Line Managers, to mainstream equality into practice. That coupled with the new leadership and management support training programmes, staff are encouraged to demonstrate equality sensitive practice both with their staff as well as for service users.

What we will do now? This programme will continue to be rolled out across NHS Ayrshire & Arran as part of the ongoing commitment to supporting and developing leadership skills including equality sensitive practice.
Case study Engagement with senior management in the acute setting resulted in work being undertaken to better support patients with a visual impairment when accessing our services. A group was established which included two patient representatives to come up with guidance for staff when engaging with patients with a visual impairment. Unfortunately due to management restructuring within the organisation, the final staff of roll out has been delayed. However, this will be taken forward during 2017/18 to ensure that the good work undertaken by the group and, input from the patient representatives in particular, is realised by both staff and patients alike.

3.2 Equality Outcomes 2017 – 2021

We are mindful of our commitment to embedding the equalities agenda, and as a result of recent public service reform, NHS Ayrshire & Arran undertook to set shared equality outcomes with our partners. We undertook consultation and engagement with our local people to ensure our next set of equality outcomes reflects the needs of our local population.

The final outcomes were agreed as:

1. In Ayrshire people experience safe and inclusive communities
2. In Ayrshire people have equal opportunities to access and shape our public services
3. In Ayrshire people have opportunities to fulfil their potential throughout life
4. In Ayrshire public bodies will be inclusive and diverse employers

More detail of the actions and measurements for delivering on the new equality outcomes, as well as the partners involved and the process undertaken to agree the outcomes can be found at http://www.nhsaaa.net/media/456774/20170424eqout17-21.pdf.

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. We are also continuing to offer employability training to staff in line with the Government's Work and Health agenda.

4.1.1 Employment Monitoring

NHS Ayrshire & Arran has established equalities monitoring and reporting systems but acknowledges the gaps which exist in its staff identifying themselves by the protected characteristics of disability, race, religion and belief and sexual orientation.

Recognising the gaps and following the release of the Equality and Human Rights Commission (EHRC) report Measuring Up? Report 2, the NHS Human Resources Directors and NHS Equality and Diversity Lead Network jointly established a short life working group to assess current practice and recommend improvements which could assist in the quality and consistency of staff equality data collection. A key facet of this work was to make best use of the functionality and reporting capabilities of the new national Human Resources management system (eESS), albeit the system has yet to be implemented in NHS Ayrshire & Arran. The table below illustrates the change in the proportion of blank, i.e. detail not known/undisclosed, for employees in post over the past four years:

Financial year ending 31st March	**2015/16**	**2014/15**	**2013/14**	**2012/13**
Average headcount of staff in post	10,723	10,754	10,695	10,445
Detail not known / undisclosed for ethnicity	28.16%	29.44%	30.80%	32.89%
Detail not known / undisclosed for religion	29.13%	30.54%	31.97%	34.17%
Detail not known / undisclosed for sexual orientation	31.03%	32.50%	34.12%	36.72%
Detail not known / undisclosed for disability	99.03%	98.92%	98.81%	98.82%

The trend for ethnicity, religion and sexual orientation disclosure is encouraging and we would hope to build upon this improving trend, especially when the aforementioned new national HR system is introduced which provides self service functionality which should assist in addressing gaps in the dataset. Detail for disability has shown a differing trend and we acknowledge that further work is required in this area to assist staff in better understanding the definition e.g. recognising that long term conditions are applicable.

As part of our mainstreaming approach our equality and diversity employment monitoring detail has been included within the annual iteration of the organisational Workforce Plan,

since 2015, which is published on our external website in August each year following NHS Board approval (http://www.nhsaaa.net/media/423486/20160829wfp.pdf).

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. This detail has also been essential in work undertaken in relation to the Working Longer Review. Maternity detail also features in workforce planning discussions given the gender and age profile in some of services correlates to elevated maternity leave rates in comparison to the overall organisational rate. An example of pro-active work which took cognisance of elevated maternity rates was within adult psychology services whereby peripatetic roles were introduced in order to better manage the service impact of higher levels of maternity leave.

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. Our equal pay statement and occupational segregation and equal pay analysis can be found on our website.

NHSScotland as an employer has ensured, via the nationally agreed pay scales, that the Scottish Living Wage, of £8.25 per hour, is the minimum pay rate.

In 2015, the Scottish Government asked employers across NHSScotland to undertake a review of all posts which had been evaluated and were paid on Agenda for Change Pay Band 1. It was suggested that the roles and responsibilities of staff in these posts should be reviewed and, wherever possible, enhanced to achieve a Pay Band 2 outcome which marked important progress to address the issue of low pay. This work was undertaken in collaboration with staff side colleagues and of the 1,164 staff who were previously banded at Band 1, only seven employees requested to retain their Band 1 role. The remaining 1,157 transferred to Band 2 in October 2016.

4.3 Local Labour Market and Employability

The unemployment rate for each local authority area in Ayrshire is illustrated below. Whilst this provides an increased supply in the local labour market this is mitigated by constrained workforce demand from NHS Ayrshire & Arran due to increased scrutiny and control of vacancies.

Table 3 – Job seekers allowance (JSA) plus out-of-work Universal Credit claimant rates as at March 2016 *(source: Office of National Statistics)*

Area	Rate	Number of claimants	Variance compared to March 2015
East Ayrshire	3.2%	2,525	-0.5%
North Ayrshire	4.1%	3,500	-0.1%
South Ayrshire	2.4%	1,630	-0.4%
Scotland	**2.3%**	**78,195**	**-0.2%**

North Ayrshire continues to have the highest unemployment claimant rate in Scotland as at March 2016 and East Ayrshire has the fourth highest rate compared to all 31 local authorities in Scotland, which is the same position as 2015. All three local authorities showed an overall reduction in unemployment claimants when compared to March 2015.

Employment is one of the most strongly evidenced determinants of health, the World Health Organisation (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.

Supporting employability is a shared goal across all three Community Planning Partnerships (North, South and East) in Ayrshire, and NHS Ayrshire & Arran is committed to contributing to this goal. NHS Ayrshire & Arran works in partnership with local providers to help address issues of unemployment undertaking the following activities:

4.3.1 Youth Contract - Work Placements

NHS Ayrshire & Arran in partnership with Jobcentre Plus offers work experience to young unemployed people. For young people who are looking for work but lack experience, it is a chance to improve their understanding of the working world and to learn to adjust to the routines and habits of working life. This invaluable work experience allows young, unemployed people the opportunity to volunteer for suitable placements lasting for eight weeks, significantly improving their employment prospects.

Below are two examples of young jobseekers who have benefitted from the Youth Contract Programme.

Young person A undertook an eight week placement as a domestic assistant at Ayrshire Central Hospital. After their placement the young person was successful in securing employment in June 2016 as a permanent domestic assistant at Ayrshire Central Hospital.

Young person B undertook a 12 week placement as a gardener at Ailsa Hospital, Ayr. After their placement the young person was successful in securing a Modern Apprenticeship in Horticulture – the first of its kind in NHS Ayrshire & Arran - at Ailsa Hospital in October 2016.

4.3.2 Ayrshire College Work Placements

NHS Ayrshire & Arran works in partnership with the Ayrshire College to provide employability training and work placements to students, who are studying for a Higher

National Certificate (HNC) in Care and Administration; who placement opportunities are offered within both administrative and clinical settings. For those studying for a National Certificate (NC) in Professional Cookery, placements have been offered within our Catering Service and for those studying for an NC in Administration and Medical Terminology, placements have been offered within Sexual Health. These placements are supplemented by employability training which includes application form/interview skills workshops.

4.3.3 Project SEARCH

Project SEARCH is a supported internship programme hosted by NHS Ayrshire & Arran, designed to help young people with learning disabilities and/or those on the autistic spectrum into work. This project first launched in NHS Ayrshire & Arran in December 2013. We are now in to our fourth year of the programme with the most recent intake in August 2016.

Project SEARCH interns take part in a programme of work training via a series of work placements with NHS Ayrshire & Arran over an academic year. During this period, the interns undertake three rotations within three different departments. The programme aims to secure and retain full time employment for interns with NHS Ayrshire & Arran or to ensure that interns leave the programme ready for work and are, therefore, better placed to secure employment elsewhere. Over the three year period, a number of interns have gone on to secure employment both within the public and private sector.

One young graduate found success in the workplace after completing her internship from the 2015/16 intake. The graduate secured employment on a permanent, part-time basis in the domestics department at University Hospital Crosshouse. She started her new role in September 2016, after various placements in the hospital at workforce solutions, domestic services, as well as at Kirklandside Hospital as an activities assistant.

Another intern made such a good impression that he was offered a post as a temporary Clerical Assistant in the Human Resources department at University Hospital Crosshouse which has subsequently lead to him securing a Modern Apprenticeship within the HR Department. The graduate explained “I applied to Project SEARCH to build up my confidence and become more motivated and outgoing. I enjoyed the whole programme but in particular meeting new people and learning new skills by being in a working environment. To gain paid employment at the end has made me more independent.”

The programme is a partnership between East Ayrshire Council, Ayrshire College and Skills Development Scotland

4.3.4 Modern Apprenticeships

Modern Apprenticeships (MAs) offer people 16+ paid employment combined with workplace training and off-the-job learning, in order to gain new and enhanced skills and recognised qualifications. MA’s are currently being advertised for Microsoft - IT Systems and Networking. We have MA’s in Business Administration and Dental Nursing and are continuing to seek MA’s in other areas of the Board.

We also recognise that young disabled and BME candidates are less likely to be involved in modern apprenticeships. Therefore, in the course of our equality outcomes 2017 –

2021 we will seek to take positive action steps to address this, beginning with an audit of the current cohort by protected characteristic.

4.3.5 Schools Work Placements

NHS Ayrshire & Arran participates in the Schools' Work Experience Placement Programme. This involves taking secondary school pupils, (normally 4th to 6th year), for one week's placement within various departments throughout the organisation, thus giving the pupils some understanding of the working environment and also ensuring that they are better prepared for working life. Not only does this forge links with the local community, it also helps promote the organisation and attract local school leavers as future NHS Ayrshire & Arran employees.

4.3.6 Project Scotland – NHS Greening

This programme offers young people the opportunity to gain employability skills in ground maintenance. They primarily maintain the pathways and associated grounds. This is a three month training programme.

4.3.7 Get into Healthcare Support

We are working in partnership with the Prince's Trust. NHS Ayrshire & Arran offers a six week employability training programme for 12 individuals aged 18 – 24 year, six of whom progress into vacant posts to enable them to gain a Scottish Vocational Qualification (SVQ) II Health qualification.

4.3.8 School Engagement

We provide practical support, workshops, mock interviews and awareness sessions to pupils across all schools, colleges and the University of the West of Scotland which will assist them in their application for jobs.

4.3.9 Internships

NHS Ayrshire & Arran participates in the internship programme. We recognise the need to support the transition into employment and to maximise the opportunity to build on the clinical experience gained by nurses and midwives during their pre-registration programme by giving them the opportunity to consolidate and expand their clinical experience.

4.3.10 Volunteer Peer Worker Placements

NHS Ayrshire & Arran work in partnership with South Ayrshire Council, offering work placements to individuals who are recovering from alcohol and/or drug addictions and are training towards a qualification in Healthcare. Whilst participating in unpaid volunteer work placement they will engage with other service users who are currently suffering from alcohol and/or drug addiction. The service users are patients of NHS Ayrshire & Arran. Unfortunately, we do not have the age profile of these volunteers; we will capture this information for future returns.

4.3.11 Community Payback

This Pilot programme has been designed to ensure that offenders payback to society and their local community. Working with East Ayrshire Council, we offer unpaid work purely environmental, to maintain a clearer environment. Unfortunately, we cannot provide specific numbers of young people, as this information is by its very nature, confidential and not provided to us.

4.3.12 Community Work Placement

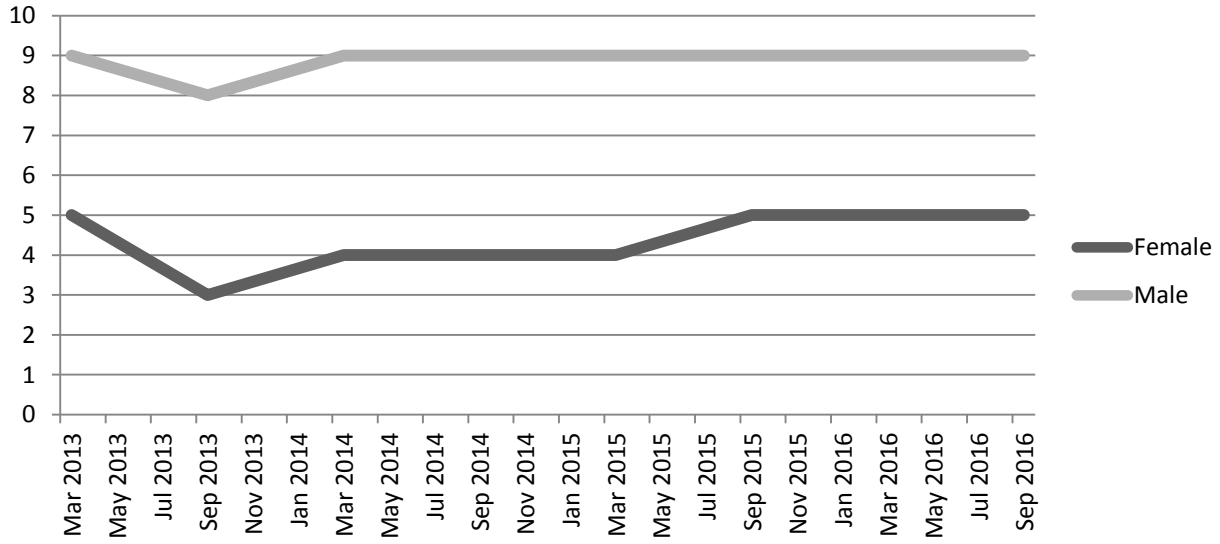
We are currently in the process of introducing this new initiative, which intends to place long term unemployed people into six month placements within the community to provide work experience. The programme is based on 30 hours per week – 26 hours in placement and four hours back in centre job searching and completing on line modules to help develop further skills. This programme is designed to build people's confidence, instil routine and develop working behaviours. It is hoped that the young person will progress to a Modern Apprenticeship.

4.4 Board Diversity Data

4.4.1 Number of Men and Women Members of the NHS Board

Below outlines the number of men and women who have been members of the NHS Ayrshire & Arran Board during the period March 2013 – present. Whilst we recognise the higher number of recorded male members, we must point out that three of those members are our local authority representatives who are all male and were elected to post by the public through existing local government processes.

	Female	Male	% Female
Mar 2013	5	9	36%
Sep 2013	3	8	27%
Mar 2014	4	9	31%
Sep 2014	4	9	31%
Mar 2015	4	9	31%
Sep 2015	5	9	36%
Mar 2016	5	9	36%
Sep 2016	5	9	36%



4.4.2 Action NHS Ayrshire & Arran Proposes to take in the Future to Promote Greater Diversity of Board Membership

When undertaking the recruitment process for Board members in 2015, NHS Ayrshire & Arran in collaboration with the Scottish Government undertook positive action steps in

order to seek a more diverse Board membership to represent the local population in the decision-making process.

Equality groups, voluntary groups and general members of the public were actively encouraged to apply as part of the recruitment campaign. A communications action plan was developed to support this approach including:

- Face to face visits by Chairman and non-execs to BEM, LGBT groups identified through PFPI structure;
- Media releases to all local media;
- Flyers circulated from the Chairman encouraging applications from special interest groups, local organisations, and the voluntary sector;
- A rolling banner on our public website with a link through to the application site;
- Social media including facebook, twitter and youtube;
- Information on Community Planning Partners' websites and publications;
- Local university and college websites and publications;
- Hospital radio; and
- Communication noticeboards throughout our hospital sites.

NHS Ayrshire & Arran proposes to build on this and conduct similar activities for our next iteration of recruitment to ensure succession planning is conducted with the dual purpose of ensuring that the members of the Board have the necessary skills, experience, knowledge and other relevant attributes for the Board to perform effectively, whilst ensuring there is diversity in relation to members' protected characteristics reflective of our local population.