

Equality Outcomes 2021-2025

2023 Mid-term Progress Report



1. Introduction

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

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

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

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 stipulate that public bodies require to develop and publish a set of equality outcomes to further one or more of the three needs of the Public Sector Equality Duty (PSED).

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

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

2. What are Equality Outcomes?

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

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

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

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

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

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

3. Shared High Level Equality Outcomes

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

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

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

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

Equality Outcome 1.1:

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

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

What we set out to do:

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

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

Measurement – CWB Diagnostic and Action plan in place

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

Action – Creation of Ayrshire Anchor Network

Measurement – Ayrshire Anchor Network established

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

Action – Development of Anchor Network toolkit

Measurement – Anchor Network toolkit developed

What we did:

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

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

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

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

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

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

be developed based on the plan. Four priority areas have been identified within our Employability plan:

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

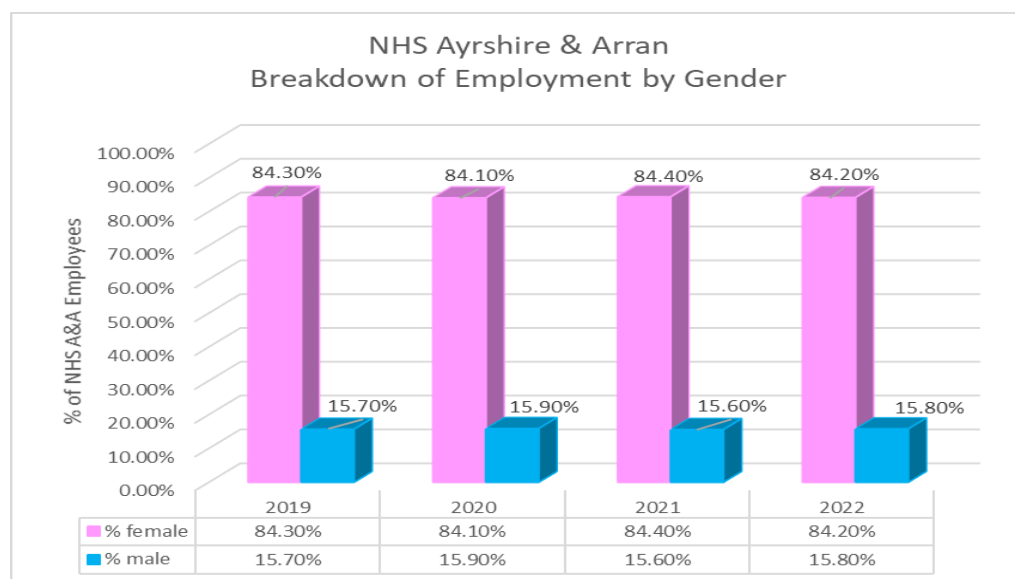
An Employability Steering Group was established in July 2022 with stakeholder representation across health and social care in NHS A&A. This group will oversee the planned implementation plan to ensure effective delivery of the four priority areas.

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

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

Employment of Women

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



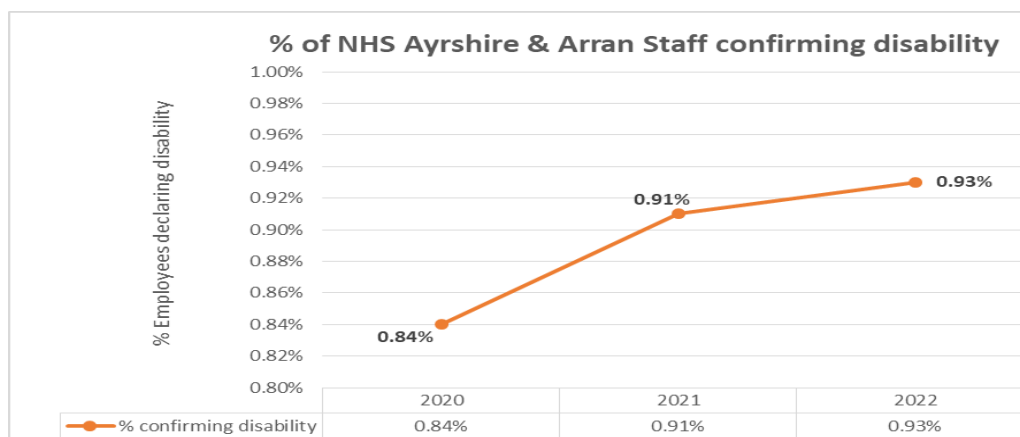
There is no significant change over time in the gender balance in workforce. Some job families

have differences compared to the organisational average, for example, medical staff.

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

Disability including Employment of people with long-term conditions

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



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

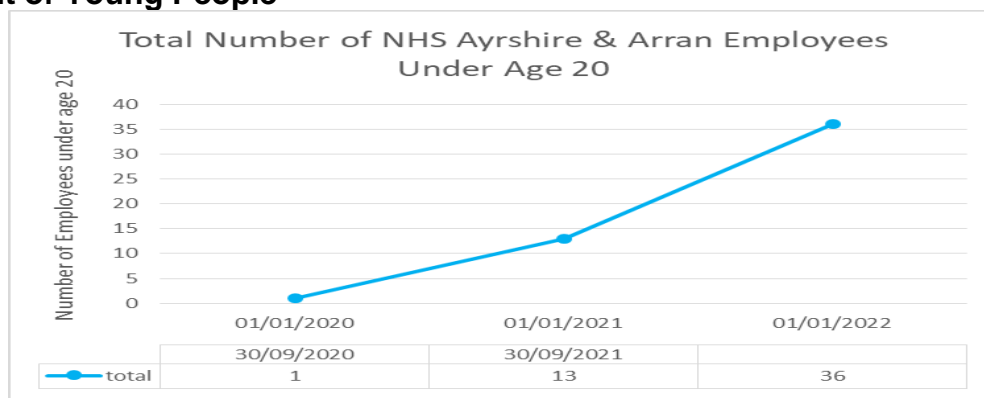
NHS A&A provides staff with opportunities to remain at work following a change to their health and seeks to identify alternative staff duties where a change to health impacts the employee's ability to continue in a particular role.

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

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

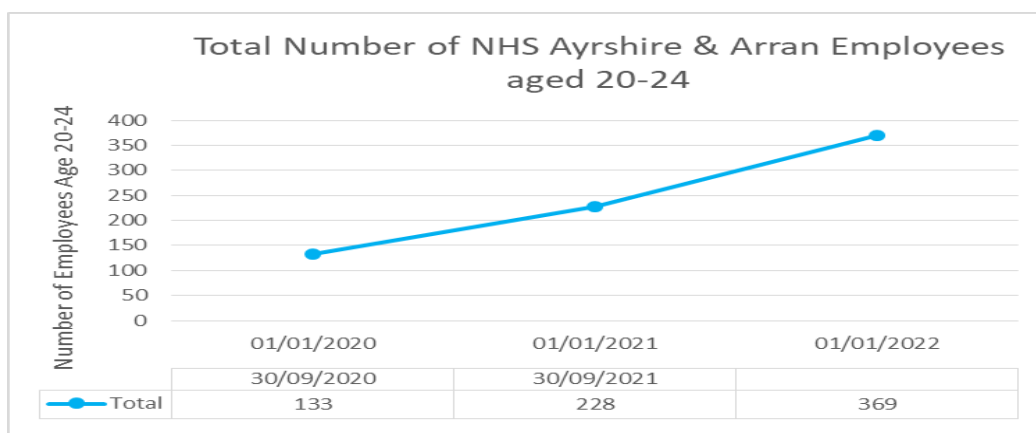
What difference did we make?

Employment of Young People



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

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



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

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

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

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

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

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

What we will do now/future work?

Fair Work and Employability

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

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

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

NHS Ayrshire recruitment and employability commitments include:

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

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

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

Accelerated Training for Health and Social Care Roles and Professions

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

Equality Outcome 1.2:

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

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

What we set out to do:

Output – Improved health of pregnant women

Action – Roll out of Maternity Care Assistant programme

Measurement – Improved audit results

SPSP measures

MQUIP measures

What we did:

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

What difference did we make?

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

What we will do now/future work?

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

Case study:

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

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

Equality Outcome 1.3:

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

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

What we set out to do:

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

Action – Increase in number of home births

Measurement – Number of home births recorded

What we did:

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

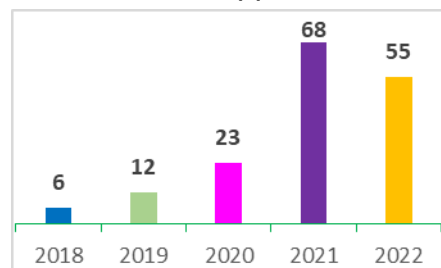
As part of our person-centred, safe and effective care model we supported these women to have their babies at home, however, on occasion transfer to a hospital was necessary. Only 5 mums had to be transferred to hospital postnatally and there was only 8 non-emergency transfers during labour. In all cases,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

What difference did we make?

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

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

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



What we will do now/future work?

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

Case study

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

Equality Outcome 2.1:

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

What we set out to do:

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

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

Measurement – Community Language interpretation provider contract in place

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

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

Measurement – BSL interpretation provider contract in place

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

Action – Increase in the number of digital face to face

Measurement – Baseline of numbers / Increased usage of interpretation support

What we did:

During the COVID-19 pandemic, many health care services were unable to provide face to face consultations and Near Me was an alternative method of patient care to allow access to health care services. Near Me is NHS Scotland's secure video consultation solution enabling patients, families and/or carers to have the option of virtual appointments with NHS clinicians. As a result of the pandemic, there was a rapid roll out of Near Me across the NHS in Scotland.

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

for community languages being secure.

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

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

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

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

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

What difference did we make?

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

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

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

What we will do now/future work?

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

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

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

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

**Equality Outcome 3.1:
Women and children through access to localised and targeted service provision will experience improved mental health**

What we set out to do:

Output – Improved perinatal mental health of women.

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

Measurement – SPSP measures
MQUIP measures

Output – Improved perinatal mental health of women.

Action – Signposting to necessary support mechanism.

Measurement – SPSP measures
MQUIP measures

What we did:

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

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

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

There has also been training and information provided, via Father's Network, to staff to help

with an understanding of paternal perinatal mental health.

What difference did we make?

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

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

What we will do now/future work?

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

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

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

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

Case study

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

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

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

What we set out to do:

Output – Improved experience of children and young people who require access to sexual forensic services.

Action – Establishment of sexual forensic suite in paediatrics.

Measurement – Number of individuals accessing the service.

Number of individuals who did not require to travel to Glasgow.

What we did:

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

What difference did we make?

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

What we will do now/future work?

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

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

What we set out to do:

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

Action – Explore with the workforce the desire to establish a Black, Asian and Minority Ethnic (BAME) staff network.

Measurement – BAME staff network established.

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

Action – Explore with the workforce the desire to establish disability staff network.

Measurement – Disability staff network established.

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

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

Measurement – LGBT+ staff network established.

What we did:

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

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

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

What difference did we make?

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

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

What we will do now/future work?

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

belong to more than one minority group.

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

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

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

Case study

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