



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



NHS Ayrshire & Arran

Mainstreaming Report 2021-2023



Accessibility

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

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Section 1

1.1 Introduction

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

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

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

1.2 About Us

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

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

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

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

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

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

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

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

1.3 NHS Ayrshire & Arran's population and health

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

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

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

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

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

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

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

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

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

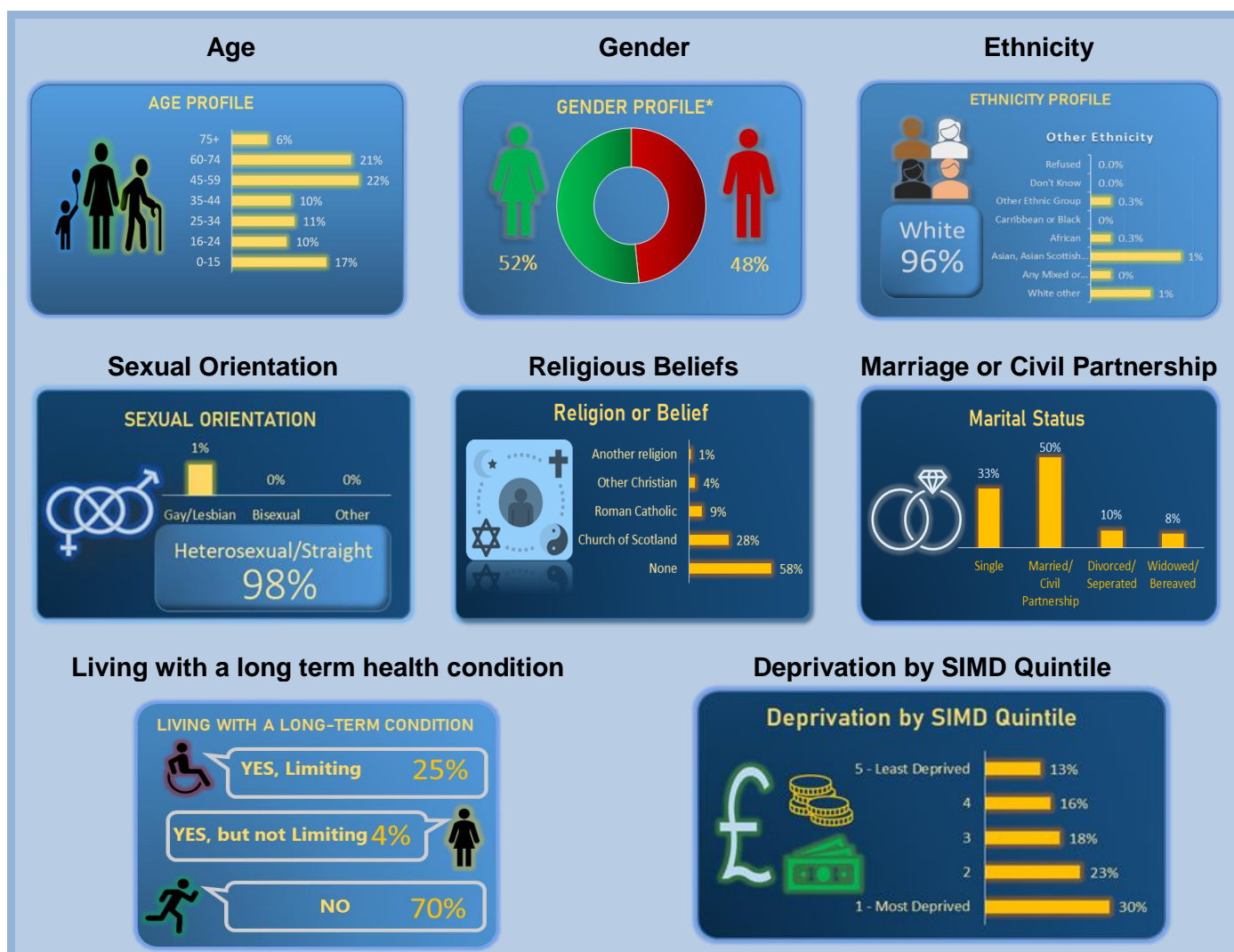
There were 3,137 live births in 2019, Ayrshire and Arran has a slightly higher birth rate at 51.3 per 1,000 women aged 15 to 44 compared to the Scotland rate of 48.4 per 1,000 women.

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

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

1.4 Ayrshire Equality Profile

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



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

Section 2

2.1 Mainstreaming

Mainstreaming is a specific requirement for public bodies in relation to implementing the Equality Duty 2010. In simple terms it means integrating equality into the day-to-day working of NHS Ayrshire & Arran, taking equality into account in the way we exercise our functions. In other words, equality should be part of everything we do.

The Equality Act 2010 introduced the public sector equality duty (PSED) which requires public authorities, including Health Boards, in the exercise of their functions, to have due regard to the need to:

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

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

2.2 NHS Ayrshire & Arran's Approach

2.2.1 Leadership

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

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

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

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

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

2.2.2 Organisational Commitment

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

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

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

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

2.2.3 Diversity in Medical Recruitment

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

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

Recruiting teams certainly were more mindful of their recruiting choices and all adhered to the request for a diverse panel. One specialty recruitment lead reflected that they had actively tried to ensure diversity within their team and were disappointed that all minority

candidates had declined their job offer. It was unclear what factors led to candidates withdrawing.

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

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

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

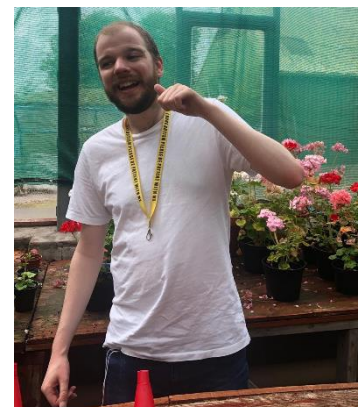
2.2.4 Volunteering

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

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

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

The awards were split into nine categories, one of which was particularly significant in our journey 'Raising the profile of volunteering – breaking down barriers'. This award recognises individuals who challenge historical norms and approaches to volunteering and was presented to Euan Bryce, one of our gardening volunteers with Acorn Services. Euan is one of our youngest volunteers at the age of 28 and has Asperger's Syndrome. His previous experiences of volunteering across a range of organisations have left him feeling undervalued,



underrated and excluded. However, since taking up his placement with NHS Ayrshire & Arran, Euan has found a new sense of self - He belongs; He is happy.

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

2.2.5 Equality Impact Assessment (EQIA)

NHS Ayrshire & Arran continues to ensure the ongoing importance of embedding equalities into the organisation through the use of equality impact assessment. In 2020 we incorporated considerations of socio-economic impact in line with the Fairer Scotland Duty and in 2022 we further adapted the EQIA tool to given consideration to the articles of the United Nations on the Convention of the Rights of the Child (UNCRC).

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

2.2.6 Equality of Access to NHS Ayrshire & Arran Services

Improved Access to Communication Support

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

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

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

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

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



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

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

2.2.7 Partnership Working

Child and Adolescent Mental Health Services (CAMHS) Leisure Project

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



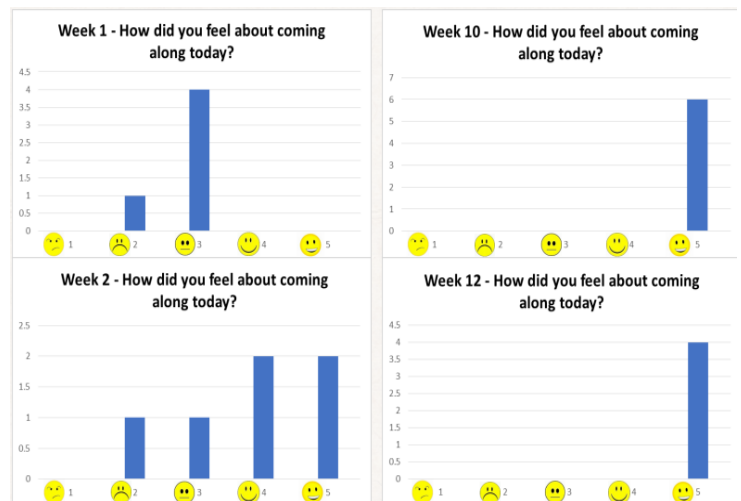
This project supports Integrated Care in its widest sense. Collaborative working with Leisure Services to enable families to participate in leisure programmes within their own community and help reduce health inequalities. The chosen families attended one to one sessions to meet the team alongside a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

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

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

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

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



Ayrshire Hate Crime Conference

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



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

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

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

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



2.2.8 Procurement

NHS Ayrshire & Arran continues to ensure equality is mainstreamed into our procurement processes including:

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

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

Our tendering activity has increased in recent years and the governance increased through development of Standing Financial Instructions, Procurement Operating Procedures and work instructions in line with the Public Procurement Reform (Scotland) Act 2014 and The Procurement Scotland Regulations 2015. This ensures that the environmental, social, equality and diversity aspects of procurements are addressed appropriately.

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

Section 3

3.1 Equality Outcomes 2021-2025

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

NHS Ayrshire & Arran published four equality outcomes in April 2021 with associated outputs and actions. How the actions and activities have progressed, what our plans are

for the future and some examples of practice to showcase good practice and how this is being mainstreamed into business can be found ([insert hyperlink once published](#)). As we are currently mid-term in implementing these equality outcomes, it has not been possible to showcase a case study for every output being taken forward.

Section 4

4.1 Employee Information

NHS Ayrshire & Arran greatly values the contribution of its employees in the delivery of health services to local communities. As an employer, we are committed to equality and treat our staff with the dignity, respect and consideration they deserve, helping staff to reach their full potential at work. We also recognise that a diverse organisation with a range of abilities, experience and skills is more likely to be sensitive to the needs of the diverse community that we serve.

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

4.1.1 Employment Monitoring

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

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

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

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

4.1.2 Use of Equality and Diversity Workforce Data

Equality and diversity workforce data is routinely used to support both workforce planning and Human Resources activities. The full range of equality and diversity strands are used in the context of employment relations, recruitment, redeployment, and promoting attendance undertaken by Human Resources staff.

Age and gender strands have a particular focus within workforce planning and are routinely used and reported within workforce plans and intelligence. Maternity detail also

features in workforce planning discussions given the gender and age profile in some services correlates to elevated maternity leave rates in comparison to the overall organisational rate.

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

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

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

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

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

4.2 Equal Pay

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

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

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

4.3 Local Labour Market

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

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

CC01- Claimant count by local authority as at November 2022

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

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

4.4 Employability

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

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

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

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

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

4.5 NHS Board Diversity Data

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

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

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

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