



# **NHS Shetland Equality Outcomes 2021 to 2025, Update Report April 2023**

An update Report on the progress NHS Shetland has made in the last two years, to progress equality both in the services it provides, and within NHS Shetland

**This report is also available in large print and other formats and languages, upon request. Please call NHS Shetland on (01595) 743060 or email: [shb.nhs.uk/contactus.asp](mailto:shb.nhs.uk/contactus.asp)**

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## 1. Introduction

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on the 27<sup>th</sup> May 2012. One of the requirements of the Regulations is that public bodies such as NHS Shetland must produce and publish an Equality Outcomes Report every four years setting out the objectives which NHS Shetland wishes to achieve in the field of equality and diversity. Following consultation with local equality and diversity groups and the wider community of Shetland, the second NHS Shetland Equality Outcomes Report 2021-2025 was published in April 2021.

The outcomes cover work in each area of the 9 “protected characteristics” of equality as defined by the Equality Act 2010. These 9 protected characteristics are:

- Race
- Disability
- Age
- Sex (male or female)
- Sexual orientation
- Gender reassignment
- Pregnancy and maternity
- Marriage and civil partnership
- Religion or belief

The equality outcomes are required to enable public bodies to progress the requirements of Section 149 (1) of the Equality Act 2010 to:

“(a) eliminate discrimination, harassment, victimization and any other conduct that is prohibited under this Act

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

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(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.”

The Shetland Public Health annual report shows that the main challenges with access to services is more related to poverty. It is recognised that this may overlap sometimes with protected characteristics. There are supportive programmes in place to facilitate and improve access through outreach work to improve engagement and enable equity of access across Shetland.

## 2. Legal Requirement for an Update Report

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 also requires public bodies such as NHS Shetland to produce and publish an update report two years into each four year duration of the Outcomes Report. This report must set out what progress has been made over the last two years, to achieve our agreed Equality Outcomes. This is the 2023 NHS Shetland Equality Outcomes Update Report covering 2021 – 2023.

By producing this report we are not simply ensuring legal compliance, we wish to highlight the work going on in NHS Shetland and give recognition to the hard work of our staff. We also wish to give recognition to local equality and diversity groups who work hard to inform and support our work.

### **3. Staff Training which addresses all 9 “protected characteristics”**

From 1<sup>st</sup> April 2021 to 31 March 2023, NHS Shetland has had in place a comprehensive Equality and Diversity Training Programme for staff. This has been achieved through a Service Level Agreement with NHS Grampian. This Programme of training ensured that staff are aware of their responsibilities in this field and to ensure legal compliance. All of the materials used in this training are checked and updated on a regular basis, as required.

#### **(i) Delivery Method**

Due to COVID-19, since April 2020, all of the equality and diversity training has been delivered on-line via TEAMS. The content of the training has been amended and the presentation methodology adapted to maximise the benefits from this new method of delivery. Feedback from staff completing the TEAMS based training has been extremely positive as more time efficient.

The move to TEAMS has enabled NHS Shetland staff open access to all of the equality and diversity TEAMS Seminars provided by NHS Grampian, increasing the availability and flexibility of access.

#### **(iii) Booking and Recording of Training**

The number of seminars available across the year increased, with on line booking arrangements through the TURAS Learn system. Attendance records are also recorded via TURAS learn and added to Personal Development Plans.

#### **(iv) Evaluation of Training**

Participants at every seminar are encouraged to complete a Feedback Form (anonymously if they wish) at the end of the session. This covers topics such as seminar content, pace of presentation, knowledge gained and knowledge and communication skills of the presenter.

#### **(v) The Training Seminars common to all 9 “protected characteristics”**

Attending either a Level Two or Level Four Equality and Diversity Seminar was mandatory for all staff, and a refresher every 5 years.

##### **a) Equality and Diversity KSF Level Four Seminar**

This training is aimed at senior staff such as consultants, GP`s, senior charge nurses, charge nurses, managers and assistant managers and staff who are required to sit on

recruitment interview panels and staff and volunteers who serve on Clinical Ethics Committees. This training also meets the Equality and Diversity Training Requirement of the various Royal Colleges.

The training comprises two 90 minute Seminars which are very much interactive. The syllabus covers each of the 9 “protected characteristics” of race, disability, sexual orientation, religion or belief, sex, gender reassignment, age, pregnancy and maternity and marriage and civil partnership in detail. It is designed to ensure staff are able to identify and challenge any discrimination which they may see in their sphere of responsibility. The training also covers:

- The Human Rights Act 1998
- Unconscious bias
- A reflection on our own assumptions
- Potential issues in the interview/lecture situation
- The responsibility to act if we see discrimination or prejudice occurring

#### **b) Equality and Diversity KSF Level Two Training Seminar**

This training is provided for supervisory and basic grade staff. It comprises one two hour Seminar. The syllabus covers the same topics as Level Four, but not in as much depth. It is designed to ensure staff are able to support a discrimination free environment.

Experience has shown that offering these two levels meets the equality and diversity training needs of all NHS Shetland staff.

#### **c) Equality and Diversity Impact Assessor Training Seminar**

The aim of Impact Assessment is simply to avoid policies, strategies or re-organisational proposals being introduced, with the best of intentions, which discriminate against one or more of the groups with a “protected characteristic”.

This is a One Day Seminar and equips staff to use the Rapid Impact Assessment Checklist (RIAC) approach to Equality and Diversity Impact Assessment. During 2022 two EQIA training sessions were delivered, predominately to public health staff who will assist those needing more support beyond a RIAC. In addition an online module available via TURAS is recommended to all. Further support is available via the Equality and Diversity Leads Network.

## **4. Annual NHS Shetland Equality and Diversity Workforce Monitoring Reports**

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 require public bodies in Scotland to produce an Annual Workforce Monitoring Report covering all 9 of the “protected characteristics”, as defined in the Equality Act 2010.

The Regulations require that the Workforce Report must include details of:

- The number of staff and their relevant protected characteristics

- Information on the recruitment, development and retention of employees, in terms of their protected characteristics.
- Details of the progress the public body has made to gather and use the above information to enable it to better perform the equality duty.

NHS Shetland completed and published a Workforce Monitoring Report in 2021/22. This was published on the NHS Shetland website.

<https://www.shb.scot.nhs.uk/board/equality/WorkforceMonitoringReport2021-2022.pdf>

A Workforce Monitoring Report will be completed for 2022/23.

Staff have the legal right not to disclose information about their protected characteristics, if they so choose. Any information staff supply is on a purely voluntary basis.

The Workforce Monitoring Report:

- Demonstrates the willingness of NHS Shetland to comply with the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.
- Enables the NHS Shetland Health Board and others, to gauge whether NHS Shetland employees and prospective employees are being treated fairly. Any anomalies or inconsistencies highlighted by the report are looked into and any appropriate follow up action taken.
- Gives reassurance to NHS Shetland staff that they are working in an environment free from prejudice or discrimination.
- Gives the population of Shetland and any prospective employees, reassurance that NHS Shetland treats its staff in a fair and equitable manner.
- Enables external monitoring bodies such as the Equality and Human Rights Commission for Scotland and the Scottish Human Rights Commission to monitor our compliance with current equality and diversity legislation and good practice guidelines.

The report is presented to the Staff Governance Committee and are Area Partnership Forum for discussion and approval, prior to widespread distribution including being published on the NHS Shetland website, as required by the Regulations.

## 5. Race Equality Outcomes

The main race equality outcomes are:

**Outcome One: meeting the communication and health care needs of our local ethnic communities and the promotion of good health. This outcome will advance equality of opportunity, specifically equality of access to health care and health care information.**

The ability of all members of our local ethnic communities to communicate clearly and effectively their healthcare needs is essential if we are to achieve equality in healthcare. Hence the importance of interpretation services

Supporting Actions in 2021/25 Outcomes Report	Progress as at March 2023
<p>a) Continue to make the “Language Line” telephone interpretation service available wherever non-English speaking patients require to access healthcare on Shetland.</p>	<p>a) The “Language Line” telephone interpretation service continues to be used regularly. Patients identify at registration if they may need support from the service. In addition to requirements from the local community, from May onwards Shetland is a popular cruise destination. The number of cruise ship passengers disembarking can exceed 4,000 a day which can have a significant impact on emergency care services. In the period 2021-2023 NHS Shetland has had a gradual increase in the return to business as usual for cruise lines following Covid. Requirement is for both verbal interpretation and translation of medical documents, however translation of medical records is the greatest demand</p>

<p>b) All NHS Shetland, strategies and re-organisational proposals will continue to contain the offer at the front to make the document available in any other language or format upon request. All requests will be met promptly.</p> <p>c) Continue to meet the healthcare needs of our local ethnic communities. NHS Shetland will promote positive health and well being within our local ethnic communities and also our own workforce. NHS Shetland will continue to do health promotion work in co-operation with Shetland CHSSCP.</p>	<p>b) All translation requests have been met.</p> <p>All NHS Shetland policies, strategies and re-organisational proposals continue to have the offer at the front to make the document available in any other language or format upon request. The main request is the translation of medical records in range of languages not only from patient's resident in the local community but also from the transient population visiting Shetland accessing services during their visit.</p> <p>c)</p> <p>The healthcare needs are being met on an ongoing basis. The Public Health Annual report sets out current challenges Support has been provided to recent campaigns on:</p> <ul style="list-style-type: none"> <li>• Support for carers</li> <li>• Know Who To Turn To</li> <li>• Get started with Healthy Shetland</li> <li>• Keep well</li> <li>• The Health Improvement team at NHS Shetland has launched its new Healthy Shetland website, which aims to share information about health and wellbeing, along with details of projects and services that are delivered locally.</li> </ul> <p>Actions in respect of racial inequality and mental health, information is shared across wards and teams about</p>
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	<p>organisations providing support</p> <p>NHS Shetland has engaged in international recruitment campaigns and developed pastoral and professional support framework for new staff from out with the UK.</p> <p>We continue to reduce incomplete data for ethnicity from the workforce and have strengthened and improved discrimination and harassment reporting mechanisms through updates to the whistleblowing procedures and developing staff whistleblowing champions from across the organisation.</p>
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<p><b>Outcome Two: Ensuring there is race equality within NHS Shetland. Any discriminatory conduct will be eliminated.</b></p>	
<p><b>Supporting Actions in 2021/25 Outcomes Report</b></p>	<p><b>Progress as at March 2023</b></p>
<p><b>a) Production of Annual Equality and Diversity Workforce Monitoring Reports</b>  Detailed information on the ethnic make up of the NHS Shetland workforce and other monitoring data is contained in the annual NHS Shetland Equality and Diversity Workforce Monitoring Reports. The NHS Shetland</p>	<p>The 2021/22 Report was widely circulated within NHS Shetland and posted on the NHS Shetland website at: <a href="http://www.shb.scot.nhs.uk">www.shb.scot.nhs.uk</a> to allow public scrutiny.  The report indicated that NHS Shetland recruitment and retention arrangements and policies were fair and free from discrimination.</p>

<p>Workforce Monitoring Report for 2016/17 is available on the NHS Shetland website at: <a href="http://www.shb.scot.nhs.uk">www.shb.scot.nhs.uk</a></p>	<p>Work to create the NHS Shetland Workforce Monitoring Report for 2022/23 is in progress and will be published by end of June 2023.</p> <p>The immunisation and vaccination screening programmes were implemented in phases prioritising those that were identified to be at greater risk</p>
<p><b>b) Complaints and investigations</b> Any issues or complaints raised by members of staff with a racial discriminatory element will be promptly and thoroughly investigated and appropriate follow up action taken if required. This will involve other bodies and agencies, where necessary.</p>	<p>All complaints are progressed through the Once for Scotland investigation policy. During 2021/23 * less than 5 complaints were made that involved a racial element. Where appropriate referrals to registered bodies and / or Disclosure Scotland are progressed The Whistleblowing champions in place, completed additional training to be able to signpost and support staff with concerns</p>

## 6. Disability equality outcomes

The main disability equality outcomes are:

**Outcome One: Communication support. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.**

**Supporting Actions in 2021/25 Outcomes Report**

**Progress as at March 2023**

<p><b>a) British Sign Language (BSL) Services</b>  There is no on-Island British Sign Language interpreter. NHS Shetland will continue to explore Video BSL alternatives.</p>	<p>NHS Shetland is currently rolling out a new website. This has an Accessibility section that provides guidance and links to support available to access services  NHS Shetland promote the National Contact Scotland Video Relay Service  <a href="http://contactscotland-bsl.org">Contact Scotland (contactscotland-bsl.org)(external link)</a> is a Scottish Government funded tool which enables deaf patients to contact landlines through an online interpreter from their mobile device. This is also available to support staff to make a call to a deaf patient using this tool.</p> <p>Health Improvement Health Literacy work in partnership with Scottish Government, aiming to improve access to Primary Care for people who use British Sign Language – project underway, background info published  <a href="https://www.healthyshetland.com/health-literacy/">https://www.healthyshetland.com/health-literacy/</a></p>
<p><b>b) Portable Induction Loops and fixed induction loops</b>  Fixed inductions loops are available to assist patients who use a hearing aid.</p>	<p>This availability has continued.</p> <p>We then have a secondary form, which asks if patients are carers, if they are hearing impaired and require additional assistance. If a patient requests assistance / supportive adjustments this is noted e.g. don't telephone - send letters only. This is on request, some patients have a hearing impairment but require no additional assistance at this time, so it won't be recorded on EMIS.</p>

<p><b>c) Information in other formats</b>  NHS Shetland will provide any of its published material in any other format or language, upon request. Our leaflets, booklets and other published material contain this offer at the front of each document, together with information on who to contact to obtain this.</p>	<p>This offer is at the front of our published material. All requests have been met promptly.</p>
<p><b>d) Royal National Institute for the Blind (RNIB) “Good Practice” Guidelines</b>  Most people with a sight problem can read written material without adaptation, if it is written clearly. All of our new information leaflets, booklets and published material complies with the requirements of the RNIB publication: “See it right, making information accessible for people with sight problems”. For example:</p> <ul style="list-style-type: none"> <li>• All material should be in a sans serif font, minimum font size 12.</li> <li>• There should be a good colour contrast between the print and the background</li> <li>• Text should be justified left, this gives a jagged edge at the edge of the right hand side of the page which helps people with a sight problem to see where the next line begins</li> <li>• Text should not be in all capitals, often the shape of a word helps a person to identify the word. Capitals remove the recognisable shapes.</li> <li>• Emboldening should be used to give emphasis rather than underlining. Underlining masks the shape of words.</li> </ul>	<p>All of our published material has complied with the RNIB “Good Practice Guidelines”.</p> <p>Standard letter and report templates are provided by Corporate Services</p> <p>RNIB compliance is an integral part of our Equality and Diversity Impact assessment process.</p> <p>In addition there has been some improvements to the access and signage within NHS Shetland buildings and primary care practices</p>

**Outcome Two: Supporting national and local mental health initiatives. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.**

Supporting Actions in 2021/25 Outcomes Report	Progress as at March 2023
<p>a) NHS Shetland will continue to support both national and local mental health initiatives, such as the “Butterfly Scheme” for people with dementia and the “See me” campaign to help overcome the stigma often associated with mental ill health.</p> <p>b) NHS Shetland will continue to work closely with local partners and NHS Grampian to address mental health issues in the wider community which may have been caused or exacerbated by the COVID-19 lockdowns.</p>	<p>a) NHS Shetland has supported these campaigns and worked closely with local voluntary and other organisations MH to update</p> <p>b) Good Mental Health for All project underway locally – funding secured and recruitment completed early 2022/23 for Health Improvement Advisor. Aims to establish mental health for all steering group to draft revised MH strategy and establish partnership to lead implementation. Deliverables: strategic mapping, asset mapping, dataset development (Health Improvement team sits within IJB, but within NHS Public Health team). A more recent project has been to build capacity for health literacy with services who will be working with people who have Learning Disabilities.</p> <p>c) During Covid a number of additional support mechanisms were put in place to support staff wellbeing. A staff well</p>

<p>c) The mental health and wellbeing of NHS Shetland staff is also a priority. COVID-19 has placed many staff under extreme pressure.</p>	<p>being group has now been established to review what worked well and what was valued by staff. They will develop an action plan to identify the ongoing needs and the support required for the workforce and take forward support practices that will add value in improving mental health and sustaining the general wellbeing of the workforce</p> <p>The Equality and Diversity Workforce Monitoring Report 2021/22 was posted on the NHS Shetland website at: <a href="http://www.shb.scot.nhs.uk">www.shb.scot.nhs.uk</a> The 2022/23 will be published by the end of June 2023</p> <p>No formal concerns / complaints relating to disability issues have been raised by staff in the last 2 years. Reasonable adjustments to maintain staff in the workplace or support return to work from sickness absence are agreed with the individual and line manager in conjunction with Occupational Health Services</p>
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## 7. Age

The disability equality work described at 6 above has applicability to older people in Shetland. In addition, the main additional age related equality outcomes are:

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**Outcome One: Implementing the Scottish Government Policy “Getting it Right for Every Child” (GIFREC) This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.**

Supporting Actions in 2021/25 Outcomes Report	Progress as at March 2023
<p><b>Getting It Right For Every Child (GIRFEC)</b>            GIRFEC is a Scottish Government initiative to support children and young people. It is designed to ensure agencies supports families by making sure children and young people receive the right help, at the right time, from the right place</p> <p>NHS Shetland will continue to support this multi-disciplinary multi-agency approach and participate in multi-agency training.</p>	<p>NHS Shetland have continued to support this multi-disciplinary multi-agency approach and will continue to do so. They also participated in multi-agency training.</p> <p>NHS Shetland has participated in work through the Shetland Children’s Partnership. Areas of focus include the involvement of children and young people in decision making about their own care and decisions in the community. We have asked children and families about their experiences of neurodevelopmental care in Shetland, we are working closely with young people who are care experienced who are leading change to services. ‘Who Cares Scotland’ programme included young people. We have asked young people for their views on the clinical and care strategy and in the last few months what they would want to see included in the replacement of the Gilbert Bain Hospital.</p> <p>The Children’s Partnership will lead work on the United Nations Convention on the Rights of the Child (UNCRC) legislation</p>

**Outcome Two: Continue to support the national “Childsmile” initiative. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.**

Supporting Actions in 2021/25 Outcomes Report	Progress as at March 2023
<p><b>“Childsmile”</b>            This is a national programme designed to improve the oral health of children in Scotland and reduce inequalities both in dental health and access to dental service. NHS Shetland will continue its active involvement in “Childsmile”.</p> <p>The target for Scotland is to have 60% of primary 7 age children with no dental decay.</p>	<p><u>Childsmile – a return to normality</u>            All nurseries and schools stopped tooth brushing and fluoride varnishing during the pandemic. Through 2021/22 the focus of the Childsmile team was to reinstate the programmes with SOP’s in place to support a COVID affected return to service which also included home visits. While it took some nurseries and schools a little longer, with good support they are all now participating. There was no meaningful or comparable National Dental Inspection Programme data for this period.</p> <p>2022/23 has brought a more normal year with expansion funding available and less need for COVID risk SOPS’s. Nationally we are a little short of pre-COVID service levels – standing around 85%. While the pandemic pushed us into working from home and MS Teams meetings, Childsmile has been looking at sustainability which includes plans for a toothbrush and toothpaste tube recycling scheme, reduction in paper use and how we improve school visits.</p> <p>Extra toothbrushing packs were introduced for Childminders and Health Visitors to distribute. The National Dental Inspection Programme for 2022 showed 73.1% children of Scottish p1 children were decay free while Shetland achieved 84%. This was too soon</p>



	<p>to measure the effect of the pandemic which will be recorded in the 2023 data.</p> <p>Scoping of how to include Childsmile within Network Enabled Care approach in HSCP as part of Shifting the Balance of Care programme to increase accessibility of service by delivering outwith Lerwick, within local Health Centre. Linked to scoping of “Oral Health Advice Clinic” model currently active working with Recovery Hub that should help overcome parental barriers to accessing dental services</p>
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<p><b>Outcome Three: Promote Independent Living for Older People. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.</b></p>	
<p><b>Supporting Actions in 2021/25 Outcomes Report</b></p>	<p><b>Progress as at March 2023</b></p>
<p><b>Promote Independent Living for Older People</b>          Since 2012, the Scottish Government have promoted Intermediate Care Services to patients, usually older people, after leaving hospital or when they are at risk of being sent to hospital.</p> <p>The service offers a link between places such as hospitals and people’s homes, and between different areas of the health and social care systems. The three main aims of intermediate care are:</p>	<p>NHS Shetland has continued its active involvement in this national initiative. This work will continue, on a joint basis with Shetland Islands Council.</p> <p>NHS Shetland and Shetland Islands Council have a joint <b>“Discharge Protocol for Hospital Patients in Shetland</b> to further support Intermediate Care. This work collaborative work will continue.</p>

- To avoid unnecessary admissions to hospitals
- To help people be as independent as possible after a stay in hospital
- Prevent people having to move into a care home until absolutely necessary
- 
- the immunisation and vaccination screening programmes where implemented in phases prioritising those at greater risk, this will be repeated as part of winter planning

Multi-agency working is effective in Shetland, an example is discharge planning where success is demonstrated by Shetland's low readmission to hospital rates, which have continued to improve.

Evidence of local care at home use shows we are maintaining people well at home, data shows a low median length of stay for long term residents (215 days compared to Scottish average of 520 days). Local data also shows a shift with decreasing permanent occupancy and increasing short term/respite occupancy.

Discharges are managed by a multi-agency group, including acute ward staff, pharmacy and social work to ensure appropriate effective discharge. On discharge some people will be supported by the Intermediate Care Team or other Community Nursing or Primary Care colleagues. Evidence of effectiveness here is reflected in Shetland's low readmission rates, which have continued to improve: (Re-admissions within 28 days of discharge, per 1000 discharges)

	2015/16	2021/22
Scotland	98.1	109.6
Shetland	79.9	71.9
Comparable Local Authorities	90.1	98.5

Evidence of local care home use shows we are maintaining people well at home, data shows a low median length of stay for long term residents (215 days compared to Scottish average of 520 days). Local data also shows a shift with decreasing

permanent occupancy and increasing short term/respite occupancy.

Our Local Government Benchmarking Framework data is similarly positive and improving, three key indicators below:

%who agree they are supported to live as independently as possible:

	2015/16	2021/22
Scotland	82.7%	78.8%
Shetland	74.5%	89.8%
Comparable Local Authorities	81.7%	82.9%

% of people with long term care needs who are receiving personal care at home:

	2015/16	2021/22
Scotland	60.7%	61.9%
Shetland	72.1%	75.3%
Comparable Local Authorities	60.4%	61.5%

% of people who feel services and support helped maintain or improve their quality of life:

	2015/16	2021/22
Scotland	84%	78.1%
Shetland	83.6%	93.6%
Comparable Local Authorities	83.7%	80.8%

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## 8. Sex (male or female) equality outcomes

The main sex equality outcomes are:

<p><b>Outcome One: Continue to identify and provide targeted healthcare to patients who are victims of gender based violence such as rape, sexual abuse or who have been trafficked. This will help to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act.</b></p>	
<p><b>Supporting Actions in 2021/25 Outcomes Report</b></p>	<p><b>Progress as at March 2023</b></p>
<p>NHS Shetland has developed and implemented a number of policies and strategies to address this issue. The work undertaken includes:</p> <ul style="list-style-type: none"> <li>• The routine inquiry of gender based violence in priority areas.</li> <li>• Providing training for front line NHS Shetland managers and staff to recognise the signs of gender based violence and to have the knowledge and skills to respond.</li> </ul>	<p>This work has continued and is ongoing. NHS Shetland is a key partner in the Domestic Abuse Partnership (via Public Health). The Domestic Abuse and Sexual Violence Strategy 2018-2023 is in the process of being updated and actions to be scaled across the system will come from this review.</p> <p>The local Community Partnership group doesn't specifically focus on a single gender, however Women's Aid is a key service provider who does focus on a service to women.</p>

<ul style="list-style-type: none"> <li>Producing information on the sources of help and support and making these readily available.</li> </ul>	<p>The Equality and Diversity training for staff covers gender based violence. Additional online learning is available via the Equality and Diversity zone in TURAS Learn</p>
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<p><b>Outcome Two: Improving the uptake of health care by men. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.</b></p>	
<p><b>Supporting Actions in 2021/25 Outcomes Report</b></p>	<p><b>Progress as at March 2023</b></p>
<p>GPs on Shetland offer a range of health checks specifically for men. However, men still visit their GP on average 33% less than females. In addition, on average, 65% of men are overweight or obese, compared to 60% of women.</p> <p>Over the next four years, NHS Shetland will continue to:</p> <ul style="list-style-type: none"> <li>Mount men's health awareness campaigns</li> <li>Promote the Healthy Workplace Initiative</li> <li>Promote health care services through the "Know Who To Turn To" campaign</li> <li>Supported National Health promotion initiatives</li> </ul>	<p>The initial work focussing on men's health was completed. Most promotional activity has moved to social media - including prostate cancer (promotion for Movember), men and eating disorders, plus men and HPV .</p> <p>AAA screening is spherically for men (one off at aged 65/66 ) - Uptake in Shetland is high at 89.2 % compared with Scotland 72.6 %</p> <p>Focus of the health and work programme delivery has shifted quite considerably since the pandemic</p> <p>In the last 6 months primary care have been implementing new Advance Nurse Practitioner (ANP) service to improve access to healthcare services for those who experience inequalities and those who find it hard to access services for a variety of reasons.</p> <p>This involves outreach work with other departments, ie sexual health and wellbeing, SMRS, Mental Health, Drugs and alcohol</p>

	<p>hubs, 3<sup>rd</sup> sector organisations to reach across all Mainland GP practices.</p> <p>The introduction of HPV vaccine at school. Shetland uptake rates for 2021/22 are slightly higher for boys than girls in S2 and higher uptake in contrast to Scotland as a whole.</p> <p>Shetland uptake of one dose in S2 girls 89.9%, boys 90.3% in comparison with Scotland girls 86.4%, boys 84.9%  Shetland uptake of two doses in S2 girls 76.8%, boys 82.1% in comparison with Scotland girls 64.8%, boys 58.6%</p>
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<p><b>Outcome Three: Ensure there is gender equality within NHS Shetland. This will eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act.</b></p>	
<p><b>Supporting Actions in 2021/25 Outcomes Report</b></p>	<p><b>Progress as at March 2023</b></p>
<p>In 2016/17, NHS Shetland produced an Annual Equality and Diversity Workforce Monitoring Report covering all of the 9 “protected characteristics”, as defined by the Equality Act 2010. The Workforce Report contains information on:</p> <ul style="list-style-type: none"> <li>• The sex, female/male make up of the NHS Shetland workforce</li> <li>• Information on the sex of new starts and leavers</li> <li>• The sex of staff promoted</li> </ul>	<p>The NHS Shetland Equality and Diversity Workforce Monitoring Report for 2021/22 was widely circulated within NHS Shetland and posted on the NHS Shetland website at: <a href="http://www.shb.scot.nhs.uk">www.shb.scot.nhs.uk</a> to allow public scrutiny.</p> <p>The report indicated that NHS Shetland recruitment and retention arrangements and policies were fair and free from discrimination.</p>

<ul style="list-style-type: none"> <li>• The sex of staff applying for training and receiving training</li> <li>• The sex, female/male, make up of NHS Shetland Senior Managers</li> </ul> <p>Any anomalies highlighted by the Report are followed up appropriate action taken if required.</p> <p>Any complaints and alleged incidents with a sex equality element, is promptly investigated and appropriate follow up action taken, involving other agencies, as appropriate.</p>	<p>Work to produce the NHS Shetland Equality and Diversity Workforce Monitoring Report 2022/23 is underway.</p> <p>No formal issues have been raised by staff in the last 2 years.</p>
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<p><b>Outcome Four: Production of Equal Pay Reports: Compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. This will eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act.</b></p>	
<p><b>Supporting Actions in 2021/25 Outcomes Report</b></p>	<p><b>Progress as at March 2023</b></p>
<p>The equal pay part of the Regulations is designed to monitor public bodies to ensure that there is no gender inequality in their pay rates.</p> <p>The measures include:</p> <ul style="list-style-type: none"> <li>• A requirement to publish every two years information on any Gender Pay Gap. This information should be shown as any difference: "... between the men's</li> </ul>	<p>The Equal Pay Report 2021 was widely circulated within NHS Shetland and posted on the NHS Shetland website at: <a href="http://www.shb.scot.nhs.uk">www.shb.scot.nhs.uk</a> to allow public scrutiny.</p> <p>This includes analysis broken down by:</p> <ul style="list-style-type: none"> <li>• Gender</li> <li>• Disability</li> <li>• Ethnicity</li> </ul>

average hourly pay (excluding overtime) and women's average hourly pay (excluding overtime)."

- The information published must be based on the most recent data available.
- Public bodies, must publish every four years a statement on equal pay. From 2017 onwards, the equal pay statements must also specify:

"(a) The authorities policy on equal pay amongst its employees between –

- (i) men and women;
  - (ii) persons who are disabled and persons who are not: and
  - (iii) persons who fall into a minority racial group and persons who do not, and
- (b) occupational segregation amongst its employees, being the concentration of –
- (i) men and women;
  - (ii) persons who are disabled and persons who are not: and
  - (iii) persons who fall into a minority racial group and persons who do not, in particular grades and in particular occupations."

The information published must be based on the most recent data available.

Work is underway to produce the Gender Pay Report 2023 which will be published by end of June.

In the last 2 years there were <5 grievances received from staff that included an equal pay element



<p>Any anomalies highlighted by the Report will followed up appropriate action taken if required.</p> <p>Any complaints and alleged incidents with a sex equality element, will be promptly investigated and appropriate follow up action taken, involving other agencies, as appropriate.</p>	
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**9. Sexual orientation outcomes**

There is one main sexual orientation outcome. This is:

<p><b>Outcome one: Meeting the specific healthcare needs of our local LGB and T communities. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.</b></p>	
<p><b>Supporting Actions in 2021/25 Outcomes Report</b></p>	<p><b>Progress as at March 2023</b></p>
<p><b>a) Men who have sex with men</b> NHS Shetland will continue the safe sex awareness campaign.</p> <p><b>b) Blood Borne Virus (BBV) testing</b> NHS Shetland will continue its BBV testing campaign and carry out further outreach initiatives.</p>	<p>A campaign was run in late 2018/early 2019 in co-operation with NHS Grampian Sexual Health Services. The campaign was designed to raise awareness about Hepatitis C. The testing process will also indicate the presence of Hepatitis A and B.</p> <p>Particular work by Community Nursing Advanced Nurse Practitioner with special interest in Public Health working with Recovery Hub to support access to and uptake of testing. This</p>

<p><b>c) Increase the availability of information</b>  Over the next four years, NHS Shetland will continue to provide healthcare information of particular interest to our LGB and T communities. Work will also continue to identify and meet any new information needs.</p>	<p>specific work was targeted for men via the sexual health clinic with promotion of PrEP for prevention of HIV, HPV, Hep B and Mpox vaccines.</p> <p>Sexual health clinics are now open to all with outreach to areas groups identified as experiencing difficulties in access</p>
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<p><b>Outcome Two: Commence a “Rainbow Campaign” within NHS Shetland. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.</b></p>	
<p><b>Supporting Actions in 2021/25 Outcomes Report</b></p>	<p><b>Progress as at March 2023</b></p>
<p>a) Make available NHS Shetland Rainbow Lanyards and Rainbow Badges to staff to make explicit to patients and staff that NHS Shetland is LGBT friendly.</p>	<p>a) Initial launch was successful and is now ongoing. Staff are requested to complete their pledge to champion LGBT friendly for staff and patients</p> <p>NHS Shetland staff supported the Shetland local PRIDE March in 2022</p>

<p>b) LGBT awareness is already an integral part of our Equality and Diversity Training Seminars</p>	<p>b) The healthcare needs of our local LGB and T communities are an integral part of the new NHS Shetland Equality and Diversity Training Seminars</p> <p>Additional online EDI training materials are now available via Turas Learn.</p>
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## 10. Gender reassignment outcomes

The main gender reassignment outcome is:

<p><b>Outcome: The provision of a comprehensive gender dysphoria service. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.</b></p>	
<p><b>Supporting Actions in 2021/25 Outcomes Report</b></p>	<p><b>Progress as at March 2023</b></p>
<p>NHS Shetland contracts with NHS Grampian for the provision of a gender reassignment service. NHS Grampian provides the full range of 22 elements recommended by the Department of Health as comprising a gender dysphoria service.</p>	<p><b>NHS Grampian Gender identity Clinic</b>  NHS Grampian has increased the number of consultants providing the gender dysphoria service from one consultant to two. This has helped to reduce waiting times.</p> <p><b>Location of Gender Identity Clinic</b>  Options to move the Gender Identity Clinic off the Royal Cornhill Site have been looked at. Some members of our trans community</p>

<p>NHS Grampian has committed over the next four years to redesign the service to give improvements in all areas. The users of the service will be closely involved in the redesign process.</p>	<p>feel that a more central location in Aberdeen would make it more accessible.</p> <p><b>Equality and Diversity Training</b>          Equality and Diversity Training provided covers the topic of trans and transgender in detail. The publication:            “Guide for Staff to help them meet the needs of Trans Patients attending for Hospital Care” is readily available</p>
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## 11. Pregnancy and maternity

The main pregnancy and maternity equality outcomes are:

<p><b>Outcome One: Continued development of sex education services for teenagers This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.</b></p>	
<p><b>Supporting Actions in 2021/25 Outcomes Report</b></p>	<p><b>Progress as at March 2023</b></p>
<p><b>Sex education for teenagers</b>          Teenage pregnancy rates in Scotland have been falling for several years. Over the last two years, the successful sex education campaign for teenager in Shetland has continued. Island Health boards now have the lowest rate of teenage pregnancy in Scotland.</p>	<p>Island health Boards have the lowest pregnancy rates in Scotland for the under 16’s under 19’s. They also have the lowest termination rates in Scotland for women aged 15-44.</p>

<p>However, there is no room for complacency. The sex education initiative will be continued and enhanced over the next four years, working closely with Shetland Islands Council Education Department.</p>	<p>(The above Statistics were taken from publications by the Information Services Division of NHS National Services Scotland.)</p>
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<p><b>Outcome Two: Making sure pregnant staff receive their full maternity leave entitlements. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.</b></p>	
<p><b>Supporting Actions in 2021/25 Outcomes Report</b></p>	<p><b>Progress as at March 2023</b></p>
<p>NHS Shetland will ensure that pregnant staff receive their full maternity leave and pay entitlements. In addition, NHS Shetland will respond positively to requests from staff for amended working hours and flexible working for staff with babies or young children.</p>	<p>In the period 2021/22 and 2022/23 all pregnant staff received their full entitlement to maternity leave and pay entitlements. Time off for antenatal appointments is also provided. In addition, NHS Shetland has responded positively to flexible working requests to amend working hours for staff with babies or young children. The work life balance policy in place provides of a period of paid and unpaid parental leave, paid paternity leave, carers leave and time off for emergencies is also in place.</p>

## 12. Marriage and civil partnership

The main equality outcome is:

<p><b>Outcome: Train Staff to be aware of the possibility of undisclosed same sex marriage or civil partnerships and the needs of the partners of patients. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.</b></p>	
<p><b>Supporting Actions in 2021/25 Outcomes Report</b></p>	<p><b>Progress as at March 2023</b></p>
<p>All NHS Shetland Equality and Diversity staff training to include information on the need for staff to be aware of the possible existence of an undisclosed same sex marriage or civil partnership.</p> <p>Of necessity, healthcare staff focus on the needs of the person receiving care. However, sometimes the needs of spouses, civil partners, same sex marriage partners and common law partners can be great, especially if one partner is a carer for the other. It is important for staff to keep partners fully informed and involved in the provision of care. This message is an integral part of our Equality and Diversity Training for staff.</p>	<p>This is included in all staff training from 1<sup>st</sup> April 2021 onwards</p> <p>Awareness work has continued and is ongoing. Additional on line learning available via Turas Learn</p>

### 13. Religion or belief outcomes

There is one main religion or belief equality outcome. This is:

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**Outcome: Continue to ensure that patients and staff who wish it, have access to spiritual care of their choice; provide educational resources for staff to enhance their awareness of the specific religious and spiritual needs of patients in the healthcare setting. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.**

<b>Supporting Actions in 2021/25 Outcomes Report</b>	<b>Progress as at March 2023</b>
<p>NHS Shetland has in place a Spiritual Care Lead. Their role is to lead the development of spiritual care for both patients and staff, in liaison with volunteers, colleagues and senior managers. They have developed spiritual care networks and close links with other denominations and faith groups.</p> <p>The Spiritual Care Lead works with staff to enhance their knowledge of religion and spiritual care.</p> <p>NHS Shetland continues to provide educational resources for staff to enhance their awareness of the specific religious and spiritual needs of patients in the healthcare setting</p>	<p>The Head of Spiritual Care for NHS Shetland is a part time post, covering Shetland only.</p> <p>The post holder leads on the delivery of VBRP (Values Based Reflective Practice) to Health and Social Care staff</p> <p>Over the last 2 years, the post holder has done a great deal of work to enhance, expand and develop the chaplaincy services on Shetland and build strong relationships with religious and belief groups. This work will continue</p> <p>The Spiritual care service is supported by volunteers from the local community.</p> <p>In addition to mandatory Equality and Diversity Training the Head of Spiritual Care has worked with staff to enhance their knowledge of religion and spiritual care.</p> <p>The “religions and Cultures” booklet is made widely available to staff</p>

## 14. Comments or suggestions

As required by Section 10 of the Equality Act 2010 (Specific Duties) (Scotland) Regulations, 2012, this Report will be made widely available and published on the NHS Shetland website and other community websites to make it easily accessible to local equality and diversity groups and the general public on Shetland. The Report will also be made available in any other format or language, upon request.

All comments on this Equality Outcomes Report will be warmly welcomed. Comments in any language or format can be made:

By email to: [shb.nhs.uk/contactus.asp](mailto:shb.nhs.uk/contactus.asp)

By post to:

Feedback Service,  
NHS Shetland Board Headquarters,  
Upper Floor Montfield,  
Burgh Road,  
Lerwick  
ZE1 0LA

By telephone to: 01595 743060

The original report template was compiled by Nigel Firth, Equalities and Diversity Manager, NHS Grampian on behalf of NHS Shetland. Update provided by Lorraine Allinson, HR Services Manager, with the support of the Public Health Team and NHS Shetland Service leads.