



NHS Grampian Equality Outcomes 2021 to 2025

What NHS Grampian wishes to achieve in the period April 2021- March 2025 to progress equality both in the services it provides, and within NHS Grampian

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Do you have difficulty understanding the English language?

If you have a problem reading or understanding the English language, this document is available in a language of your choice. Please ask an English speaking friend or relative to phone, write or email Nigel Firth, Equality and Diversity Manager, NHS Grampian. His contact details are:

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(Polish)

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Jeśli masz problemy z czytaniem lub zrozumieniem języka angielskiego, ten dokument jest dostępny w języku, który wybierzesz. Prosimy poproś angielskojęzycznego kolegę lub krewnego o telefon lub email do Nigel Firth, Equality and Diversity Manager. Jego kontakt to:

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(Russian)

У Вас трудности в понимании английского языка?

Если Вы испытываете трудности при чтении или понимании английского языка, то этот документ доступен на языке по вашему выбору. Пожалуйста попросите друга, который владеет английским языком связаться по телефону, письменно или по электронной почте с Nigel Firth, Equality and Diversity Manager. по следующим контактными данным:

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(Lithuanian)

Ar jums sunku suprasti anglų kalbą?

Jeigu jums sunku skaityti ar suprasti anglų kalbą, šį dokumentą galite gauti kalba kuri jums suprantamiausia. Paprašykite angliškai kalbančio draugo paskambinti, parašyti arba parašyti elektroninį laišką Nigel Firth, Equality and Diversity Manager. Jo kontaktinė informacija:

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Do you have a visual impairment?

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1. Why produce an Outcomes Report?

NHS Grampian has a legal duty under the terms of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, as amended, to produce and publish an Equality Outcomes Report every four years setting out what NHS Grampian wishes to achieve in the area of each of the 9 “protected characteristics” of equality as defined by the Equality Act 2010. The 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 NHS Grampian to:

- Eliminate discrimination
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

We have a legal duty when formulating the outcomes to involve and consult local equality and diversity groups, other local organisations, partner agencies, individuals and the wider community of Grampian to help shape the future pattern of services in these 9 key areas of our work.

A Consultation Draft was prepared with input from the NHS Grampian Disability Discrimination Act Review Group, the NHS Grampian Diversity Working Group, the NHS Grampian Racial Equality Working Group, the NHS Grampian Spiritual Care Committee and other groups and individuals in Grampian representing people with a protected characteristic. It was issued for consultation for a six week period from 12th February 2021 until 26th March 2021. The Consultation Draft was very widely distributed

electronically to local groups representing people with a protected characteristic and the general public via the NHS Grampian website.

The comments received on the Consultation Draft are summarised in Section 14 on page 29.

Due to the current COVID-19 crisis, the Scottish Government, under the terms of the Coronavirus (Scotland) Act 2020 and the Coronavirus (Scotland) (No2) Act 2020, Section 6.8.2, have relaxed reporting restrictions for public bodies in terms of timescales. This is to ensure that the work to prepare Statutory Reports does not detract from vital COVID-19 work.

We will continue to make progress in this field, but for understandable reasons, some aspects of this work may be delayed due to COVID-19”.

2. Information about NHS Grampian

(a) What is NHS Grampian?

NHS Grampian is the fourth largest Health Board in Scotland. It provides a wide range of health care services and works closely with the three Health and Social Care Partnerships (HSCP's) in Grampian.

NHS Grampian services are supported by corporate services such as Finance. A Health Board made up of representatives from the local Grampian community oversees this work assisted by a management team. The headquarters are based in Summerfield House, Eday Road, Aberdeen.

(b) What does NHS Grampian do?

The purpose of NHS Grampian is to:

- Improve the health of people in the North East of Scotland and beyond.
- Provide safe, high-quality treatment, based on clinical need in comfortable surroundings and within the available resources.
- Help people choose the best ways to look after their health.

We can only achieve these goals by working closely with our staff, patients, the HSCP's, partner agencies, carers, the local community and organisations/groups in Grampian, in the North of Scotland, and nationally.

(c) Where do the patients treated by NHS Grampian come from?

NHS Grampian provides a comprehensive healthcare service to over half a million people living in Grampian. It also provides specialist healthcare services to the Western Isles, Highland, Orkney, Shetland and Tayside as well as other parts of Scotland. The specialist services provided outwith Grampian account for around 6% of total activity.

(d) Where are services provided?

The aim is to deliver services as close to the patients' home as it is clinically safe to do so. Services are provided in a range of community settings; workplaces, peoples' homes, in one of the 90 GP practices or 19 Community Hospitals within Grampian. Highly specialised care is delivered in the acute hospitals of Dr Gray's, Woodend and Aberdeen Royal Infirmary. Royal Cornhill Hospital provides inpatient and community support for mental health services. For women and children, specialist services are provided at Aberdeen Maternity Hospital and the Royal Aberdeen Children's Hospital or in the community through one of the specialist child health teams.

(e) Resources used

NHS Grampian has a revenue budget of £1.06 billion for the 2020/21 Financial Year. This comprises pay budgets of £0.56 billion funding for 12,717 whole time equivalent staff (18,019 actual full and part-time staff) in post as at 31st March 2020.

Non-pay budgets are £0.362 billion with major elements funding the cost of drugs and medical supplies. Payments to Primary Care Contractors (GP's, Pharmacists, Dentists and Opticians) account for £0.243 billion. The balance of £0.15 billion is generated income.

The budget supports all specialist hospital services, community based services and primary care services for the Grampian Region.

3. Equality and Diversity Staff Training Seminars

The UK-wide NHS Knowledge and Skills Framework (KSF) has been implemented for all NHS Grampian staff, excluding the Executive Cohort and Senior Managers and medical and dental staff, for whom separate arrangements apply. There is an ongoing cycle of review, planning, development and evaluation which links organisational and individual development needs; this is a commitment to the development of everyone who works in the NHS. KSF outlines are developed for all KSF category posts which detail the knowledge and skills required for the post covering six mandatory core dimensions of:

- Communication
- Personal and People Development
- Health, Safety and Security
- Service Improvement
- Quality
- Equality and Diversity

As can be seen, equality and diversity is one of the six mandatory core dimensions. In addition, there are specific dimensions which reflect the key activities of each post. Equality and Diversity training is an essential element in the personal and career development of staff.

NHS Grampian has in place a comprehensive Equality and Diversity Training Programme for staff. This Programme is essential to ensure that staff are aware of their responsibilities in this field and to ensure legal compliance. All of the materials used in training are checked and updated on a monthly basis, if required.

In the last three Financial Years, a total of over 5,000 staff have attended this training. All attendances are recorded and feed into staff Personal Development Plans.

All of the training detailed below will continue for the next 4 years.

a) Delivery method

Until March 2020, all Equality and Diversity training was delivered “face to face”. Feedback and evaluation from participants showed that this was an effective and popular way to deliver training. However, due to COVID-19, since April 2020, all of this training is now delivered on-line by 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 and has been used to enhance the content.

The move to TEAMS has also widened access to the training for NHS Grampian staff and the staff of partner organisations such as NHS Orkney and NHS Shetland.

When COVID-19 has receded, NHS Grampian will continue to use TEAMS, as a means to deliver training but some Seminars such as Impact Assessment, will revert to “face to face” presentation, in a “blended learning” model.

As always, after training, we encourage staff to apply their knowledge. All participants are welcome to contact the speakers for help or advice at any time.

b) Booking and Recording of Training

Staff book through the TURAS system. The names of all staff participating in each Seminar is recorded and feeds back into the TURAS Learn system and is included in Personal Development Plans.

The main Seminars provided are:

c) Equality and Diversity KSF Level Four Seminar

This training is aimed at senior staff such as consultants, senior clinicians, GP`s, senior charge nurses, charge nurses, managers and assistant managers and staff who are Appointing Officers 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

There is also time for discussion and questions.

d) Equality and Diversity KSF Level Two Seminar

This training is provided for supervisory and basic grade staff. It comprises one 90 minute 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.

e) Evaluation of Training and validity

All participants are encouraged to provide feedback from Seminars. To date feedback from the TEAMS Seminars has been extremely positive. All of the training remains valid for 5 years.

Feedback from staff surveys and individuals has shown that offering these two levels meets the equality and diversity requirement to both inform and empower NHS Grampian staff to challenge unacceptable behaviours. This is supported by feedback collected independently from participants by National Education Scotland from FY2 doctors joining NHS Grampian and from nurses by the NHS Grampian Nurse Induction Team.

It is also supported by a Lime Survey carried out in October 2020, when the Engagement and Participation Committee of NHS Grampian commissioned a survey which was sent out to a random sample of staff who had completed Equality and Diversity Training in the last 5 years. The aim was to gauge its effectiveness and its ability to motivate staff to challenge discrimination. The results were most positive. A copy of the full Survey is attached at Appendix I. Of particular relevance were the responses to Questions 6 and 7, which are shown below:

Question Six: On a scale of 1 to 5, 1 being the least and 5 the most, how confident would you feel to challenge unacceptable behaviour by a colleague, patient or relative?

Level of confidence	No of staff
Five	7
Four	24
Three	14
Two	2
One	0

Question Seven: Have you actually used the knowledge gained in the Seminar to challenge the unacceptable behaviour of a colleague, patient or relative?

Answer	Number of staff
Yes	15 staff
No	28 staff

It was particularly pleasing that from a sample size of 89 respondents, 15 staff (16.85%) had actually used their training to challenge unacceptable behaviour. Given that over 5,000 staff have been trained over the last 3 years, this is most encouraging, however this training must continue.

f) Level One 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 approach to Equality and Diversity Impact Assessment. Currently, NHS Grampian has 50 trained Level One Impact Assessors. This is sufficient to meet the needs of NHS Grampian, but will be kept under review to ensure the number of staff trained does not fall below 50. The Impact Assessors will continue to receive full ongoing support. On average 55 documents each year require to be Equality and Diversity Impact Assessed using the Rapid Impact Assessment methodology.

g) Level Two Equality and Diversity Impact Assessor Training

This is a follow on course to the Level One Equality and Diversity Impact Assessor Training Seminar. It takes one day and trains staff to carry out the full EQIA Equality and Diversity Impact Assessment, Health Impact Assessment and Budgetary Impact Assessment. FULL EQIA is only required, on average three times per year, each FULL EQIA takes approximately 60 hours of work. Due to recent retirements, at present, there is only one member of staff trained to Level Two. However, it is hoped to train four more during 2021.

4. Training specific to particular protected characteristics

a) British Sign Language (BSL) by Video Link

The SignLive Video BSL service was introduced into NHS Grampian in the Acute Sector in 2018 to supplement our “face to face” BSL service. Over 40 Acute Sector staff were trained in its use. SignLive has now been extended to Mental Health Services, again, with appropriate staff training. The roll out will continue when COVID-19 has receded.

With the advent of COVID-19, NHS Grampian has also installed the Sign Live app on ipads.

It should be stressed that SignLive supplements the work of our 5 excellent local qualified BSL interpreters in Grampian, it in no way replaces them. Our use of the BSL interpreters has increased by 4% year on year for the last 10 years.

b) “Language Line” telephone interpretation

“Language Line” is a telephone based interpretation service which gives staff access to expert interpreters, on the telephone, in 60-90 seconds, for over 170 different languages. NHS Grampian has trained over 4,500 staff in its use. There are 1,055 live access points in NHS Grampian, each equipped with an Access Kit and with staff trained in its use in each location. In 2019, NHS Grampian staff used “Language Line” on 7,037 occasions.

c) BSL Awareness Training Course for Staff

“Introduction to BSL” classes are arranged for NHS Grampian staff to provide them with basic knowledge of BSL and how to communicate with Deaf patients. Staff attend this training in their own time, usually during the early evening. The classes are co-presented by two members of the local Deaf community who are skilled users of BSL. More than 40 staff have completed this training. This training will resume when COVID-19 has receded. The maximum class size is 12.

d) Portable Induction Loop Training

NHS Grampian has issued over 250 Portable Induction Loops (PILs) over the last six years to GP Practices, wards and departments. There are staff trained in its use in each location. This training takes 10 minutes.

5. Race equality outcomes

There are two main race equality outcomes:

a) 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

We will:

- Continue to make the “Language Line” telephone interpretation service available wherever non-English speaking patients require to access healthcare in Grampian. We will also continue to make “face to face” interpreters available. During the COVID-19 crisis, both “Language Line” and “face to face” interpreters are being used regularly to support the NearMe/Attend Anywhere video consultation service for hospital and GP services.

- Ensure that a wide range of relevant healthcare information, including information on COVID-19, is readily availability translated into the main local ethnic community languages in Grampian.
- Encourage our local ethnic communities to have the COVID-19 vaccination when offered.
- Continue to meet the healthcare needs of our local ethnic communities. NHS Grampian will promote positive health and well being and carry out health promotion work within our local ethnic communities in co-operation with the three local Health and Social Care Partnerships in Grampian and other partner agencies.
- All NHS Grampian policies, 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.
- Hold at least 5 large scale consultation and involvement events with our local ethnic communities, as soon as COVID-19 allows. We have held these events with our local ethnic communities every year since 2008, on a joint basis with the Grampian Regional Equality Council. The information collected is used to directly inform our healthcare planning process and address any issues highlighted. These events were suspended in 2020 due to COVID-19. These events will resume as soon as it is safe to do so. Meantime, direct contact with local ethnic community organisations, representative groups and individuals will continue.
- Continue support for the Black Lives Matter Campaign. This is a joint NHS Grampian/University of Aberdeen initiative to promote awareness and expand the network of role models and confidential contacts.

- Encourage our local ethnic community members and their representative organisations to continue to engage with us on an ongoing basis.

b) Outcome Two: Ensuring there is race equality within NHS Grampian. This will eliminate any discrimination.

Supporting actions

We will:

- Continue to thoroughly and promptly investigate any issues or complaints raised by members of staff, patients or the general public with a racial discriminatory element and take appropriate follow up action if required. This will involve other bodies and agencies, where necessary.
- Continue to meet our legal duty to produce Statutory Reports. The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, requires NHS Grampian as a public body to produce a number of Statutory Reports, at set intervals. These are:
 - The Equality Outcomes (Objectives) Report to be published every four years. This sets out what NHS Grampian wishes to achieve in the sphere of each of the 9 “protected characteristics” over the next four years, with a 2 yearly update on progress.
 - A “Mainstreaming” Report every four years with a 2 yearly update. This sets out what NHS Grampian has done to make equality and diversity an integral part of the way we function as an organisation, in the sphere of each of the 9 “protected characteristics”
 - An Annual Equality and Diversity Workforce Monitoring Report. This is an exceptionally detailed report examining all aspects of the NHS Grampian workforce. This includes an analysis of recruitment, retention, training, promotion and disciplinary action processes in terms of each of the 9 “protected characteristics”.

- An Equal Pay Report every 2 years to ensure there is no gender differential on pay between female and male staff. Every fourth year, the report must also include information to ensure there is no pay differential in terms of race or disability.

c) Who was involved in creating the draft racial equality outcomes?

The draft equality outcomes were formulated by the NHS Grampian Racial Equality Working Group. This is a multi-disciplinary group with external representation. Due to COVID-19, this input was collected by email and telephone calls.

6. Disability equality outcomes

There is one main disability equality outcome:

Outcome: Meeting the communication and health care needs of our local disability communities and the promotion of good health. This outcome will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Supporting actions

We will:

- Continue to meet all requests for “face to face” BSL interpreters. There are 5 qualified BSL interpreters in Grampian. All 5 have a Service Level Agreement with NHS Grampian. NHS Grampian has also funded BSL interpreters to accompany and encourage members of our local Deaf communities to receive the flu vaccine and COVID-19 vaccine.
- Continue the roll out of the SignLive video BSL service to supplement our local BSL “face to face” interpreters. “Face to face” interpreters will continue to be our main source of BSL interpretation. Demand for “face to face” BSL interpretation has grown every year for the last 10

years. This trend will continue. These vital communication services have become even more important due to the COVID-19 crisis.

- Continue to provide portable induction loops and install fixed induction loops when new buildings are created or existing buildings upgraded.
- Continue to offer to provide any of our published material in any other format or language, upon request. Our leaflets, booklets and other published material contains this offer at the front of each document, together with information on who to contact to obtain this. All requests are met promptly.
- Continue to comply with the Royal National Institute for the Blind (RNIB) “Good Practice” Guidelines. 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 comply with the requirements of the RNIB Guidelines as shown in the RNIB publication: “See it right, making information accessible for people with sight problems”.

Compliance with the RNIB Guidelines is also an integral part of our Equality and Diversity Impact Assessment process.

- Continue the work of the Disability Discrimination Act Review Group Pictorial/Accessible Sub Group to continue to produce a wide range of pictorial/accessible materials.
- Resume the Programme of Disability Access Audits when safe to do so.
- Continue to carry out an annual programme of work to identify and prioritise improvements to facilitate better access to NHS Grampian premises for people with a disability or age related mobility issues.

- The COVID-19 lockdown is known to have already had a negative effect on the mental health and wellbeing of large numbers of people. Some of these impacts may not become apparent for several months or even years. There is an urgent need to expand mental health services to cope with this anticipated increase in demand. NHS Grampian will continue to work closely with Mental Health Services and local partners to address mental health issues in the wider community.
- The mental health and wellbeing of NHS Grampian staff is also a priority. COVID-19 has placed many staff under extreme pressure. NHS Grampian has put in place a range of support for staff who may feel stressed or anxious.
- 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.
- Continue to consult our local disability and age communities on services and proposed service developments relevant to themselves.

Who was involved in creating the draft disability equality outcome?

The draft equality outcomes were formulated by the NHS Grampian Disability Discrimination Act Review Group (DDARG). The DDARG comprises 18 members, the majority of whom are disabled people or chairs of local disability organisations. They canvassed opinions from the wider disability communities in Grampian to inform the Consultation Draft.

7. Age equality outcomes

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

a) 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

We will:

- Continue to support a multi-disciplinary multi-agency approach with the three Health and Social Care Partnerships in Grampian and other partners. We will continue to share training resources and knowledge.

b) Outcome Two: 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.

Supporting actions

We will:

- **Promote Independent Living for Older People**
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 admitted to hospital. The services 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:
 - 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

NHS Grampian has continued its active involvement in this national initiative.

- **Creation of a £45million Elective Care Centre on the Foresterhill Site**

The next stage in the development of Intermediate Care Services in Grampian is the construction of a £45 million Elective Care Centre on the Foresterhill Site. Construction work will start in Summer 2021. This will bring together a number of outpatient services into one multi-disciplinary area. It will help to avoid multiple visits to hospitals by enabling several tests and procedures to be carried out in one visit. This will avoid unnecessary hospital visits and reduce the need for hospital admissions.

The final stage will involve the creation of Community Diagnostic Treatment Hubs in the community so more multi-disciplinary treatments can be delivered closer to the patient's home. This second stage will be done in co-operation with the three HSCP's in Grampian.

Who was involved in creating the draft age equality outcomes?

The draft age equality outcomes were formulated by the NHS Grampian DDARG.

8. Sex (male or female) equality outcomes

There are two main sex equality outcomes:

a) Outcome One: Identify and provide continued targeted healthcare support 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 the Equality Act 2010.

Supporting actions

We will:

- Continue the routine inquiry of gender based violence in priority areas such as maternity services and Accident and Emergency Departments.
- Continue to provide training for front line NHS Grampian managers and staff to help them recognise the signs of gender based violence and to have the knowledge and skills to respond.
- Continue to produce information on the sources of help and support such as Grampian Women’s Aid and Rape Crisis Grampian and make these readily available.
- Continue to make Human Trafficking and recognising the signs, an integral part of every Equality and Diversity Seminar.

b) Outcome Two: Improve 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.

Supporting actions

We will:

- Continue in co-operation with the three Health and Social Care Partnerships in Grampian and other partner agencies, to offer a range of health checks specifically for males. Research has shown that on average, males 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.
- Continue to mount men’s health awareness campaigns such as the annual “Men’s Health Week”.
- Continue to promote the Healthy Workplace Initiative. This seeks to use the workplace as a source of help and advice on lifestyle and fitness.

- Continue to promote engagement opportunities with NHS Grampian to help shape the future pattern of healthcare and public health programmes such as vaccination and to take an active role in improving their health outcomes.
- Support national health promotion initiatives.

Who was involved in creating the draft sex equality outcomes?

The draft equality outcomes were formulated by the NHS Grampian Diversity Working Group. Due to COVID-19, their input was collected through emails and telephone calls.

9. Sexual orientation outcomes

There are two main sexual orientation outcomes. These are:

a) 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.

Supporting actions

We will:

- Continue the safe sex awareness campaign for men who have sex with men.
- Continue the Blood Borne Virus (BBV) testing campaign and carry out further outreach initiatives.
- Increase the availability of information. NHS Grampian 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.
- Continue to promote engagement opportunities with NHS Grampian to help shape the future pattern of healthcare and public health

programmes such as vaccination and to take an active role in improving their health outcomes.

b) Outcomes Two: Continue and further develop the “Rainbow LGB and T Awareness Campaign” within NHS Grampian. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Supporting actions

We will:

- Continue to make NHS Grampian Rainbow Lanyards, Rainbow Badges and Pulley Type Lanyards widely available to staff to make explicit to patients and staff that NHS Grampian is LGB and T friendly.
- Expand the number of rainbow benches in hospital grounds. Display LGB and T banners outside and inside hospital premises.
- Post COVID-19 resume participation and support for the Annual Grampian Pride Event.
- Look for more ways to raise LGB and T awareness within NHS Grampian.
- Continue to make LGB and T awareness an integral part of every Equality and Diversity Training Seminar.

Who was involved in creating the draft sexual orientation quality outcomes?

The draft equality outcomes were formulated by the NHS Grampian Diversity Working Group, which includes LGB and T members. Due to COVID-19, this input was collected by email and telephone conversations.

10. Gender reassignment outcomes

There is one main gender reassignment outcome:

Outcome: Meeting the specific healthcare needs of our local trans communities. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Supporting actions

We will:

- Continue the excellent recent progress and further develop gender dysphoria services. Recent improvements have included:
 - Having a service led by two consultants, rather than one.
 - The appointment of a trained gender dysphoria counsellor.
 - Reduced waiting times.
- We will also progress work to relocate the Gender Dysphoria service to a more easily accessible City Centre location.
- Continue to make trans awareness an integral part of every Equality and Diversity Training Seminar.
- Continue to encourage members of the trans communities to engage with NHS Grampian.

Who was involved in creating the draft gender reassignment equality outcome?

The draft equality outcome was formulated by the NHS Grampian Diversity Working Group which includes LGB and T members. Due to COVID-19, this input was collected by email and telephone conversations.

11. Pregnancy and maternity

There are five main pregnancy and maternity equality outcomes:

a) Outcome One: Meeting the specific health care needs of pregnant and nursing Mothers. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Supporting actions

We will:

- Develop new state of the art in-patient facilities for pregnancy and maternity care. Work has begun on the new £233 million Baird Family Hospital on the Foresterhill Site. This will replace the existing Aberdeen Maternity Hospital and several other facilities. The Baird Family Hospital will comprise:
 - Maternity Services including a Community Maternity Unit
 - Gynaecology Services
 - Breast Services
 - Neonatology Services
 - Aberdeen Centre for Reproductive Medicine
 - Radiology Services
 - Operating Theatres
 - Research and Teaching Facilities
 - Non-Clinical Support Services

The new hospital is scheduled to open in 2023.

b) Outcome Two: Provision of a Fertility Service to patients, who meet the treatment criteria

Supporting actions

We will:

- Offer all patients a consultation with an appropriately trained medical/paramedical member of staff.
- Provide information on the full range of methods for fertility/fertility preservation that might be appropriate for that individual.
- Refer patients who meet the required access criteria to assisted reproduction only where the patient is keen to proceed.

c) Outcome Three: Continue the 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.

Teenage pregnancy rates in Scotland have been falling since 1994. In 2017, NHS Grampian recorded the lowest overall rate of teenage pregnancy of any mainland Health Board in Scotland at 23.8 per 1,000 women.

While teenage pregnancy rates have reduced across all levels of deprivation, rates in the most deprived areas have fallen more, narrowing the absolute gap.

However, there is no room for complacency. There are still higher teenage pregnancy rates in the more deprived areas of Grampian compared to the more affluent areas.

Supporting actions

We will:

- Continue the successful sex education campaign for teenagers in Grampian over the next four years, working closely with the three

Health and Social Care Partnerships in Grampian and Local Education Departments.

- Continue to make pregnancy and maternity awareness an integral part of every Equality and Diversity Training Seminar.

d) Outcome Four: NHS Grampian will continue to support and encourage breast/chest feeding for babies and children beyond the age of one year. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

The benefits of breast/chest feeding are well established. NHS Grampian will continue to promote breast/chest feeding for babies.

We will also continue to promote breast/chest feeding for children beyond the age of one year. There are many health benefits for children from this practice. NHS Grampian has in place an Infant Feeding Peer Support Co-ordinator who will promote this measure and will liaise with colleagues to provide training to help them provide appropriate support to nursing Mothers/parents.

e) Outcome Five: Making sure pregnant staff receive their full maternity leave entitlements and appropriate advice and support. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Supporting actions

We will:

- Ensure that pregnant staff receive their full maternity leave and pay entitlements. In addition, NHS Grampian will respond positively to requests from staff for amended working hours and flexible working for staff with babies or young children.

Who was involved in creating the pregnancy and maternity equality outcomes?

The draft equality outcomes were formulated by the NHS Grampian Diversity Working Group. Due to COVID-19, this input was collected by email and telephone conversations.

12. Marriage and civil partnership

There is one main marriage and civil partnership outcome:

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.

All NHS Grampian Equality and Diversity staff training includes information on the need for staff to be aware of the possible existence of an undisclosed same sex marriage or civil partnership. This is to ensure the rights of the same sex marriage partner or civil partner are respected.

Of necessity, healthcare staff focus on the needs of the person receiving care. However, sometimes the needs of marriage partners, civil partners, and common law partners can be great, especially if one 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.

Who was involved in creating the pregnancy and maternity equality outcome?

The draft equality outcome was formulated by the NHS Grampian Diversity Working Group. Due to COVID-19, this input was collected by email and telephone conversations.

13. Religion or belief outcomes

There is one main religion or belief equality outcome:

Outcome: Continue to ensure patients and staff who wish it, have access to spiritual care of their choice and 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.

Supporting actions

The Chaplaincy Team have;

- During the current COVID-19 crisis, managed to continue to provide spiritual care to patients and staff despite the curtailment of one to one personal contact. To mitigate the effects of this restriction, the Chaplaincy Team have embraced new ways of working. These have included:
 - Telephone support
 - On-line support
 - Virtual Memorial Services streamed live
 - Increased chaplaincy visits to patients in lieu of their faith group leaders where this has been possible and advocated for end of life religious practices when it has been safe to do so.

This approach will continue for the foreseeable future.

NHS Grampian will continue to make religion and faith awareness an integral part of every Equality and Diversity Training Seminar.

Who was involved in creating the religion and faith equality outcome?

The draft outcome was formulated by the NHS Grampian Spiritual Care Committee through Rev Mark Rodgers, NHS Grampian Head of Spiritual Care.

14. Feedback from the Consultation

In addition to the usual channels to receive feedback, an innovation for 2021 was the inclusion of a Lime Survey. This posed a number of questions to respondents and gave them the opportunity to provide feedback anonymously. 15 respondents chose this route.

a) The Lime Survey showed:

- 76% of respondents either agreed or strongly agreed that the content of the Consultation Draft was **easy to understand**.
- 86% of respondents agreed or strongly agreed that the content of the Consultation Draft was **well presented**.
- For each of the 9 “protected characteristics”, the overwhelming majority of respondents felt that the outcomes proposed were **appropriate**.
- No respondent felt anything should be removed from the Report.
- There were numerous suggestions for additional inclusions.

b) Other responses received

The suggestions made in the Lime Survey for additional items were added to the other responses and the undernoted themes emerged:

- It was felt strongly by many respondents that the Disability Outcomes Section should include reference to the need for NHS Grampian to provide enhanced mental health services to address the serious issues already emerging from the impact of the COVID-19 lockdown. It was also highlighted that some of these impacts may not become apparent for several months or even years. This was the most commonly received suggestion and appropriate text has been added to the Disability Section.

- It was felt by a number of respondents that there should be specific mention of the work NHS Grampian is doing to promote breast/chest feeding. Appropriate text has now been added to the Pregnancy and Maternity Section.
- The Consultation Draft was produced under challenging circumstances due to COVID-19. One submission suggested that the Outcomes Report should therefore only remain valid for one year, rather than the usual 4 years with a 2 yearly update. This suggestion did not find favour with many Working Group/Committee members who had made such a massive effort to produce the Report. They were however, open to a more detailed scrutiny at the 2 year update when hopefully COVID-19 would have receded and the NHS Grampian Re-Mobilisation Plan for services halted or curtailed, would have been completed.

15. How to make comments or suggestions

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

By email to: gram.equalityfeedback@nhs.scot

By post to:
Equality and Diversity Department,
Ground Floor Room 4,
Foresterhill House,
Aberdeen Royal Infirmary,
Foresterhill Site
Aberdeen
AB25 2ZB

By voicemail to: 01224 552245.

Survey of NHS Grampian Staff who have completed Equality and Diversity Training in the last 5 Years, Compiled by Nigel Firth, Equality and Diversity Manager

1. Introduction

Feedback given by staff immediately after completing Equality and Diversity Training has been extremely positive for many years. This includes feedback gathered and collated by independent organisations such as National Education Scotland and Robert Gordon University, for whom the NHS Grampian Equality and Diversity Manager also provides seminars.

Following discussion at a recent Engagement and Participation (EPC) Committee Meeting, a number of questions about the longer term impact of the Equality and Diversity Training Seminars were posed. These questions included:

- Staff who have been trained are required to renew their training every 5 years, but how much information do staff retain in the 1-5 year period?
- Do staff who have been trained feel confident to intervene should they see an incident of discrimination?
- How many staff had actually intervened when an incident of discrimination occurred?
- What resources provided at the Seminars, had proved to be most useful?

To gather factual information to assist in answering these questions, a survey using the Lime Survey software was prepared and sent out to 170 staff who had completed equality and diversity training during the last five years.

2. Methodology

NHS Grampian holds a licence for the Lime Survey software. A short easy to complete survey was developed and sent out to 170 randomly selected staff. Although random, care was taken to ensure this included:

- Staff who had completed equality and diversity training in different years
- A mix of attendees at both Level Four and Level Two Training. Level Four Seminars are for senior staff such as consultants, senior clinicians and managers. Level Two is for basic grade and supervisory staff
- A mix of hospital based staff and community based staff
- Staff in different geographical areas of NHS Grampian
- Staff who were still employed by NHS Grampian

A copy of the text of the covering email is attached at Appendix I. A copy of the survey is attached at Appendix II.

3. Results

Of the 170 staff invited to complete the survey, 89 responded, a response rate of 52.4%. A response rate of 50% or above is generally considered excellent for surveys. Of the 89, only 47 completed all of the questions. Completion of the survey was entirely voluntary.

The results are shown below, question by question.

Question One: Which level of Equality and Diversity Seminar have you attended?

Training Level	Number
Level Two	29
Level Four	23

Question Two: How long ago did you attend the Seminar?

Timescale	No of staff
1-2 years	32
3-4 years	14
5 years or longer	2

Question Three: Which staff group best describes your role?

Role	No of staff
Allied Health Professional	7
Domestic and support Service	1
Management and Office Services	15
Medical and Dental	15
Nursing and Midwifery	7

Question Four: How many of the 9 'protected characteristics' can you remember? Please list below:

Staff who remembered:	Number
Nine protected characteristics	4
Eight protected characteristics	5
Seven protected characteristics	8
Six protected characteristics	14
Five protected characteristics	6

Four protected characteristics	2
Three protected characteristics	1
Two protected characteristics	1
One protected characteristics	0
No protected characteristics	4

From the responses, the most commonly remembered protected characteristics were:

Protected characteristic	Remembered by
Race	37 staff
Disability	37 staff
Religion/Belief	37 staff
Age	31 staff
Sexual orientation	30 staff

Question Five: Do you remember any of the practical examples, quiz questions or anecdotes used in the Seminar? Please list below:

Staff	No of staff
Staff who remembered no quiz questions or anecdotes	21
Staff who remembered one or more quiz questions	16
Staff who remembered one or more anecdotes	6

Question Six: On a scale of 1 to 5, 1 being the least and 5 the most, how confident would you feel to challenge unacceptable behaviour by a colleague, patient or relative?

Level of confidence	No of staff
Five	7
Four	24
Three	14
Two	2
One	0

Question Seven: Have you actually used the knowledge gained in the Seminar to challenge the unacceptable behaviour of a colleague, patient or relative?

Answer	Number of staff
Yes	15 staff
No	28 staff

Question Eight: Please select any of the resources provided at the Seminar that you have found useful.

Resource	No of staff
Religions and cultures in Grampian	33
Disability Communication "Z" Card	8
Human Trafficking Leaflet	23
Trans Booklet	10
Seminar Content Handout	21

Question Nine: Any other comments?

All of the comments made are shown below, unedited:

I recall that I enjoyed the course. However, I think the issue of unconscious bias needs to be incorporated into the course as I think that is a more frequent issue in healthcare than frank discriminative behaviour (though I appreciate the two are related).

I enjoyed the course at the time as I found out information previously I was not aware of but after answering some of these questions, a refresher may be very useful.
Review of European Human Rights document was very interesting although sadly, it no longer applies. I think all NHS workers should spend much more time learning about equality & diversity issues. We are an institution which is still steeped in inequalities and prejudice and the only answer is education along with legislation. But mainly education.
I find these sessions and the requirement to attend level 4 if recruiting is a bit excessive.
This area of knowledge is really complicated given all the religions, cultures, diverse groups. I found the course really interesting and eye-opening and made me aware of issues I might not have even considered might cause problems. The trainer made the subject matter really engaging and gave lots of quick examples to get you thinking.
Would be good to have some self-assessment quiz / questions on TURAS to aid refreshing learning, or regular Global scenarios with questions, which would maintain the topic as a high priority
no
I would revisit the use of the term Transsexual with the LGBT forum and ascertain if Trans or Transgender is now a more acceptable term.
Review would be helpful
Sorry I have baby brain!
It was an interesting seminar, should be refreshed every so often.
Was useful course, well delivered and the networking supported the content well Not actually sure which level course I attended
I always find these courses interesting, I may not remember the specifics but the principles remain the same and help me to make the right decisions at work on a daily basis.

I thoroughly enjoyed the training as it made me realise that there was a lot of discrimination in society that people were oblivious to.
no
I think the session I attended was useful and it raised my awareness and potentially exposed some 'blind' spots. Like anything though I think reinforcement is helpful and while it need not necessarily be formal or extensive session I think availability of further opportunities and chance to just think about equality and diversity issues and the conversation around these will be valuable.
No.
It was almost 2 years ago to the day (02/11/18) when I did the training. I remember that these were interesting sessions, with other colleagues, who engaged well. I enjoyed the discussion element in small groups.
N/A
Thoroughly enjoy attending this Seminar on previous two occasions. Find it to be worthwhile, engaging, and informative; usually find it encourages group conversation about the topics covered which is enables better understanding and provide different insights. Nigel, on both occasions, was a brilliant presenter of the Seminar by using humour (in the appropriate areas) and his own personal experiences to explain the material in a way that is easy to understand.
In previous question it wouldn't let me exit until I had ticked something but I haven't consulted any of them.
I absolutely loved this training course and found it incredibly useful, however I do seem to have forgotten a few of the facts learnt in terms of practical characteristics. I would definitely be happy to complete this course again in the future as part of a group of colleagues.
I enjoy Nigel's courses - he delivers these in such an engaging way and truly seems to enjoy his job
I think this would be a good course to be compulsory every few years

This survey has made me aware that I probably need to refresh my knowledge and understanding in this area. I know that our last face to face training at City Hospital was very informative and created a lot of discussion. Many things in society have changed - some for the better - since then.

With regard to literature that I took away from the session - I can't put my hand on my heart and say I remember what I took or how useful it was.

4. Conclusions

- a) The response rate of 52.4% is high for this type of survey. Although not every respondent completed all of the questions.
- b) The answers show a high degree of information retention, justifying the face to face approach which gives staff the opportunity to discuss and ask questions.
- c) It is extremely encouraging that 45 of the respondents gauge their confidence to challenge discriminatory behaviour at 3 or above.
- d) It is extremely encouraging that 15 respondents have actually used the knowledge gained at a Seminar to actually intervene in a discrimination situation.
- e) The resources provided at the Seminars have proved useful.

5. Future Equality and Diversity Training Seminars

Sadly, due to COVID-19, since April 2020, Equality and Diversity Training Seminars are now provided by Teams, Video Conferencing and the internet.

These remote learning formats do not have the immediacy or impact of face to face training, nor do they offer the opportunity to discuss and ask questions as easily. However, the content and presentation methodology has been adapted to maximise the benefits arising from these remote learning methods.

5. Acknowledgement

Grateful thanks are expressed to Louise Ballantyne for setting up the Lime Survey and providing helpful advice.

Nigel Firth,
Equality and Diversity Manager,
NHS Grampian.
28th October 2020