

Mainstreaming Report 2025



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



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Section 1

1.1 Introduction

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

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

It should be noted that the content of the report highlights progress up to and including 31 December 2024 to allow for our internal governance processes prior to publication in April 2025.

1.2 About Us

NHS Ayrshire & Arran is dedicated to helping our population stay healthy and providing safe, effective, and person-centred care. Our purpose is:

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

We are committed to delivering high-quality care that meets the needs of patients, carers, and families, while treating everyone with dignity and respect, in line with our core values of **Safe, Caring, and Respectful**.

Our services span East, North, and South Ayrshire, with a focus on our **Caring for Ayrshire** vision: delivering care as close to home as possible through community services, with timely access to high-quality specialist care when needed.

The Covid-19 pandemic accelerated changes to service delivery, including increased use of telephone and video consultations and redesigned urgent care pathways to ensure patients see the right person, in the right place, at the right time.

We continue to innovate and collaborate with our communities to develop services that are effective, accessible, and sustainable, led by NHS Ayrshire & Arran and the three Ayrshire Integration Joint Boards.

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

1. Over 300 GPs and their practice teams (53 GP practices) providing a full range of general medical services across 79 sites, stretching from Ballantrae in the south to Wemyss Bay in the north, including practices on the Isles of Arran and Cumbrae;

2. around 199 general dental practitioners providing NHS dental services at more than 63 practices (4 of which are orthodontic practices), including Arran;
3. 98 community pharmacies are the first port of call for common clinical conditions providing a range of pharmaceutical services; medicines care and review, NHS Pharmacy First Scotland and Public Health Service, including smoking cessation and sexual health;
4. 45 optometry practices providing services ranging from NHS eye tests to minor optical ailments, diabetic eye screening and cataract follow-up across mainland Ayrshire and Arran, with seven domiciliary-only practices also providing care in people's homes.

1.3 NHS Ayrshire & Arran's population and health

National Records for Scotland (NRS) estimated the 2023 mid-year population of NHS Ayrshire & Arran to be 366,150. Of the three Health and Social Care Partnership (HSCP) areas in Ayrshire and Arran, East Ayrshire accounts for 33 per cent (120,750) of the total population, North Ayrshire 37 per cent (133,750) and South Ayrshire 30 per cent (111,830). [Mid-2023 population estimates - National Records of Scotland \(NRS\)](#)

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

- over 36% of the population will be over 65 years of age in Ayrshire and Arran by 2032, compared to 24% across Scotland.
- over 13% of the population will be over 75 years of age in Ayrshire and Arran by 2032, compared to 11% across Scotland.

[Population Projections for Scottish Areas 2018-based - National Records of Scotland \(NRS\)](#)

Overall life expectancy in Ayrshire and Arran at birth has increased slightly for both men and women which was 77.5 years and 81.4 years respectively in the period 2018-19 and 77.9 years and 81.4 years respectively in the period 2023-2024. This is similar to the trends in the Scottish average for men and women which was 77.7 years and 81.5 years respectively in the period 2018-19 and 78.2 years and 82.0 years respectively in the period 2023-2024. [Population Projections for Scottish Areas \(2018-based\) | National Records of Scotland \(nrscotland.gov.uk\)](#)

Males	Quintile 1 (Most Deprived)	Quintile 5 (Least Deprived)
East Ayrshire	69.7	80.4
North Ayrshire	70.0	81.3
South Ayrshire	71.5	82.0

Females	Quintile 1 (Most Deprived)	Quintile 5 (Least Deprived)
East Ayrshire	75.7	84.7
North Ayrshire	74.7	84.5
South Ayrshire	77.0	84.4

[Data Tables for Life Expectancy in Scotland, 2020-2022 | National Records of Scotland \(nrscotland.gov.uk\)](#)

Figure 1 shows the gap in life expectancy; people living in most deprived areas of East, North and South Ayrshire have a shorter life expectancy than those living in the least deprived areas.

There were 2,843 live births in 2023, Ayrshire and Arran has a slightly higher birth rate at 47.8 per 1,000 women aged 15 to 44 compared to the Scotland rate of 44.8 per 1,000 women.

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

There were 5,217 deaths in Ayrshire and Arran in 2023. The three major causes of mortality were cancer, heart disease and stroke and these accounted for over 50 percent of all deaths during 2023

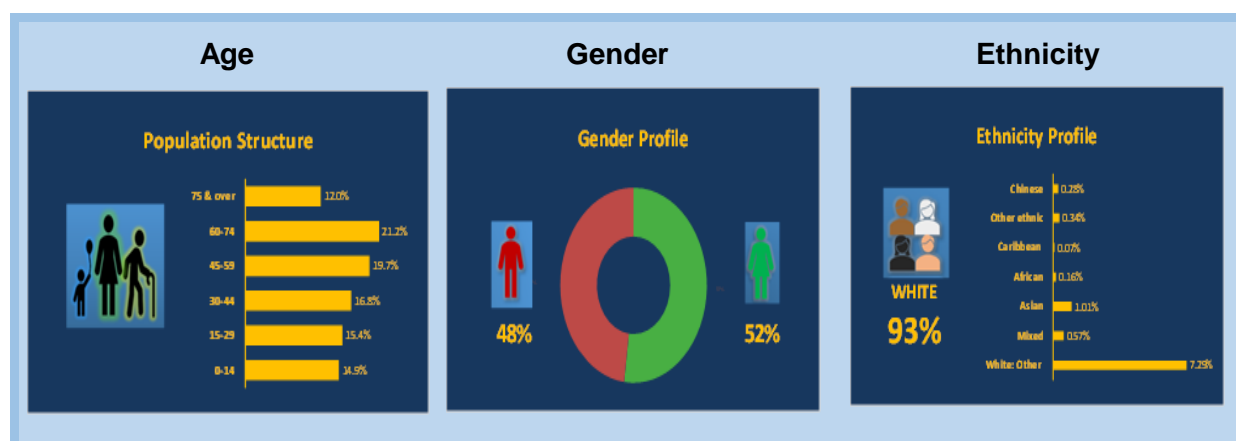
[List of Data Tables | National Records of Scotland \(nrscotland.gov.uk\)](#)

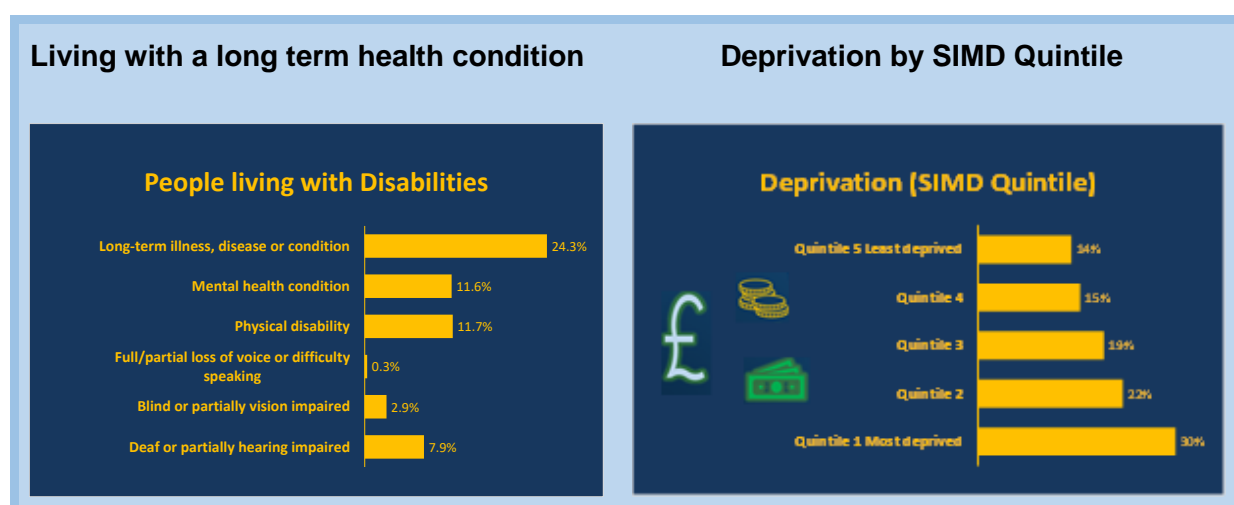
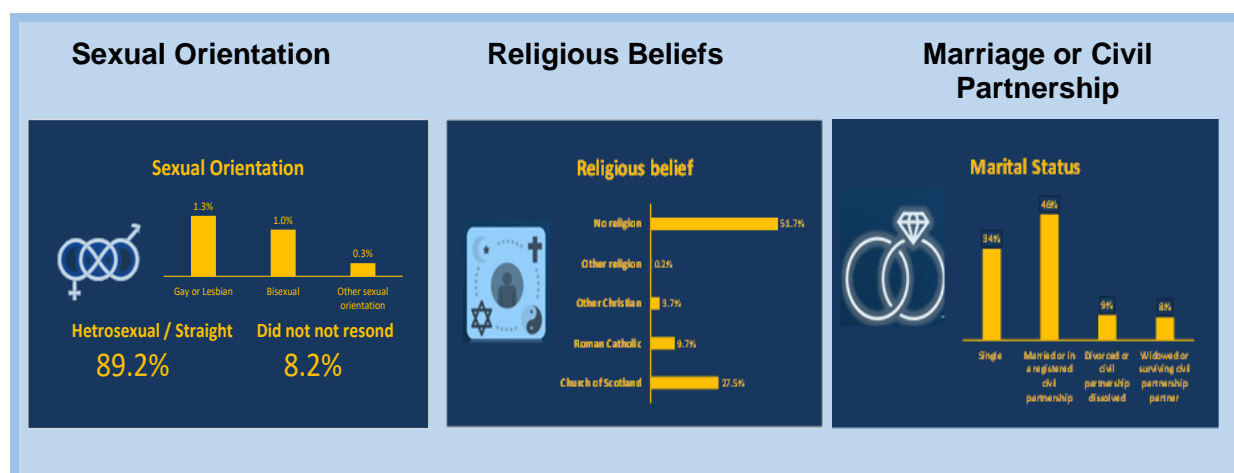
1.4 Ayrshire Equality Profile

Data from National Registrars of Scotland and the Scottish Census 2022 was used to create the following graphics to highlight the equality profile of Ayrshire and Arran.

Main points are:-

- Ayrshire and Arran has a more aged population than Scotland as a whole
- Ethnic minorities make up less of the population of Ayrshire and Arran than Scotland as a whole, but the proportion has increased over the last ten years.
- Ayrshire and Arran has high levels of people living with ill health and disability.
- People identifying as LGBTQ+ make up less of the population of Ayrshire and Arran than Scotland as a whole but the proportion has increased.
- A higher proportion of the population of Ayrshire and Arran live in deprived areas than Scotland as a whole.





The data collected shows the two largest protected characteristic groupings in Ayrshire are age and disability. In recent years we have noted a slight increase in relation to our black and ethnic minority communities due to recent refugee programmes, however this has not had a significant impact on the demographic profile.

Section 2

2.1 Mainstreaming

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

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

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

3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

2.2 NHS Ayrshire & Arran's Approach

2.2.1 Leadership

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

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

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

In our 2023 report, we referred to an initiative to engage with our staff, the 'Ask Me Anything' sessions. The Ask Me Anything sessions were face-to-face and virtual meeting opportunities to meet with the Chief Executive, Executive Nurse Director or Executive Medical Director. These sessions were open to all staff and held throughout the year at various health care sites across Ayrshire. The Ask Me Anything sessions were paused in 2024 but have returned in early 2025. The Ask Me Anything Chief Executive mailbox has remained in place and is monitored continuously for queries.

Ask me anything sessions have also been combined with senior leadership walkabouts where the Chief Executive, Medical Director and Director of Nursing have a schedule of site, team and service visits throughout the year. This time provides a less formal setting for staff to meet and talk with members of the corporate leadership team.

The Information and Support Services Directorate developed their Ask Me Anything Initiative into an Ask Me Anything Viva Engage page which allows staff to direct questions to their Director at a time that suits them. It's a place to ask any questions staff may have about the Directorate or make suggestions for improvement. The staff within the Directorate can also access their organisational Ask Me Anything mailbox where staff can email their questions anonymously enabling the Director of Information and Support Services to respond directly.

The Director of Public Health facilitates an online informal DPH Engagement session with the whole Public Health Team. This is a non-compulsory drop in session that

takes place once per month. There is also the opportunity to post questions on a MS Teams Channel dedicated to the informal sessions.

2.2.2 Organisational Commitment

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

As a Board, we are committed to enhancing our engagement and communication with people. Work is currently underway to develop a Board wide Communications and Engagement Strategy. This will ensure a coordinated, consistent and inclusive approach to stakeholder engagement and communication.

The ways in which NHS Ayrshire & Arran communicates and engages is shaped by feedback from our patients, staff, citizens and other stakeholders. We use a wide range of communication and engagement channels and methods to ensure we tailor our messages to the appropriate audience, while following accessibility guidance.

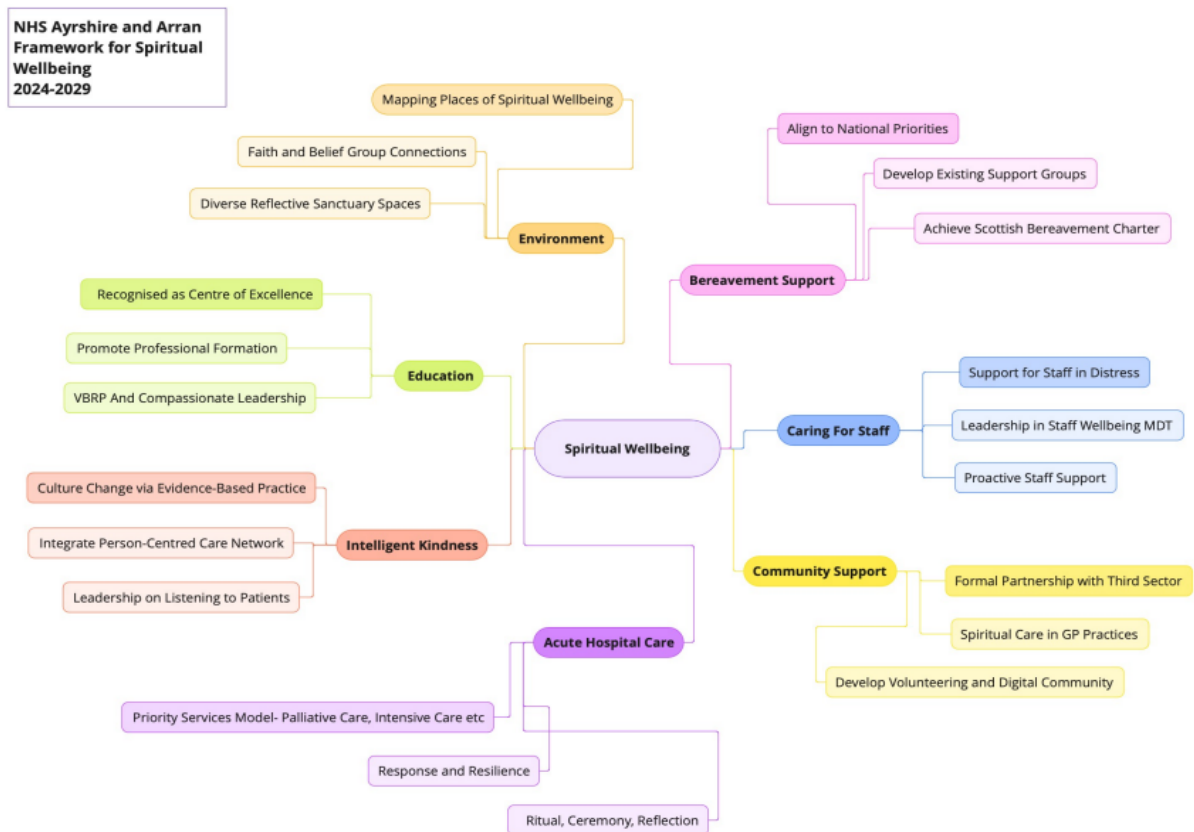
We are committed to using effective communication methods to support our equality, diversity and inclusion agenda - for example, use of captions, easy read version, sound and British Sign Language interpreters in videos and animations.

We strive to involve a diverse range of stakeholders in decision-making, ensuring our communication is clear, accessible, and transparent. By fostering trust through meaningful interactions and actively removing barriers to participation, we aim to create an environment where everyone feels valued and heard. Through these efforts, we aim to build a more inclusive and adaptable health and care system that truly reflects the voices of our community.

2.2.3 Our commitment to Spiritual Care

NHS Ayrshire & Arran is proud to have agreed a five-year plan to provide spiritual care and promote spiritual wellbeing to patients, their families, carers and staff. It is our hope and intention that by doing so we can continue to promote and mainstream dignity, respect and understanding around issues of faith, belief and meaning in the lives of those we serve and work with.

One of the key domains in this work is developing our connections with the local faith and belief communities. Around half of the Ayrshire population describe themselves as having a religious affiliation. At the same time in our experience many people, who do not describe an overt religious belief, do hold a spiritual life stance. For this reason our work around equipping patients to be supported by local faith and belief groups with whom our health board has established a meaningful relationship feels important. At the same time, our healthcare chaplains operate in a person-centred way which means that spiritual support is provided appropriate to the needs of the person requesting it. This means no assumptions about life-stance, religion or belief limit the ability for any patient, member of staff or family member to receive spiritual support.



Another aspect of the spiritual care framework that helps promote spiritual wellness to the people of Ayrshire and Arran is our commitment to providing appropriate sanctuary spaces that allow reflection, connection and healing through facilitating users to access their own spiritual assets whether by prayer, meditation, quiet or access to religious materials. These spaces are available to all hospital users and are evaluated as being a "port in the storm" for many who use them.

2.2.4 Volunteering

Our organisation prides itself on fostering a diverse and inclusive environment that reflects the communities we serve. Over the past year, we have made significant strides in enhancing the diversity of our volunteer base.

Our volunteers come from various backgrounds, including different ethnicities, genders, age groups and socioeconomic statuses. This diversity not only enriches our programmes, but also enables us to address the unique needs and perspectives of our patient groups.

In our recent outreach initiatives, we have actively engaged with underrepresented groups to ensure that our volunteer opportunities are accessible to all. We have seen a noticeable increase in volunteers from diverse backgrounds, including Ukrainian refugees, providing mutually beneficial placements which provide them with additional skills and experience. This diversity has fostered a culture of collaboration and innovation, allowing us to approach challenges from multiple viewpoints and ultimately enhance the impact of our work.

In alignment with our commitment to diversity and engagement, we have introduced our new Youth Volunteering Programme. This initiative aims to empower young

individuals aged 14 to 18 to engage in meaningful volunteer opportunities that not only benefit our organisation but also promote personal growth and development.

The Youth Volunteering Programme focuses on several key areas:

Skill development – Participants will have the chance to develop valuable skills, including leadership, teamwork, and communication. Workshops and training sessions will be provided to equip them with the tools they need to succeed.

Mentorship opportunities – Each young volunteer will be paired with a mentor from our experienced volunteer base, fostering guidance and support as they navigate their roles and responsibilities.

Diversity and inclusion – We are committed to ensuring that our Youth Volunteering Programme reflects the diversity of our communities. We will actively recruit and support young individuals from various backgrounds, ensuring that everyone has a voice and an opportunity to contribute.

Recognition and celebration – We believe in acknowledging the contributions of our young volunteers. Regular recognition events will be held to celebrate their achievements and encourage continued involvement.

Through the launch of this programme, we aim to inspire the next generation of leaders and change makers whilst continuing to build a diverse and vibrant volunteer community. We are excited to see the positive impact that these young volunteers will have on our organisation and the broader community.



2.2.5 Equality Impact Assessment (EQIA)

NHS Ayrshire & Arran continues to ensure the ongoing importance of embedding equalities into the organisation through the use of equality impact assessment. In 2020 we incorporated considerations of socio-economic impact in line with the Fairer Scotland Duty. Our EQIA tool has been further adapted to give consideration to the articles of the United Nations on the Convention of the Rights of the Child (UNCRC) following the Bill being approved on 7 December 2023 and becoming an Act on 16 January 2024.

NHS Ayrshire & Arran continue to access information on the Scottish Government [Equality Evidence Finder](#). The evidence finder is a tool provided by the Scottish Government and its agencies where they collect, analyse and publish equality evidence across a wide range of policy areas. The evidence finder can provide evidence by equality characteristic or more specific by policy area and equality characteristic. As well as using the evidence finder, NHS Ayrshire & Arran uses local and national research, and engagement with local stakeholders to ensure our processes are robust and inclusive.

2.2.6 International Recruitment

As part of the national workforce strategy the Scottish Government announced funding for all Health Boards to commence international recruitment of nurses,

midwives and allied health professionals (NMAHP) in 2022. NHS Ayrshire & Arran's (NHSA&A) international recruitment (IR) programme commenced in February 2023, with cohorts of international NMAHP staff arriving every three months. The programme ran in this form for over a year, with more than 50 international recruits (IRs) being welcomed and supported into NHSA&A employment.

The value in overseas workers and the benefits they bring to the NHS cannot be overestimated, and it is extremely important that we do everything we can to support them through the recruitment and relocation process and ensure their transition into employment is smooth and effective. The Scottish Code of Practice for International Recruitment of Health and Social Care Personnel highlights the importance of the provision of pastoral care to support the integration of IRs to NHSA&A and the wider area.

To this end the IR team devised an induction plan for international recruits, which was continuously reviewed and improved throughout the programme. A key part of this plan was transitional sessions. During transitional sessions the IR team delivered various presentations and workshops relating to the topics above and about life in Ayrshire and the UK. The transitional sessions also featured guest speakers, both internal and external to the organisation, which may be useful for the recruits to engage with throughout their NHSA&A employment. One of the main partners was the Spiritual Care team.

NHS A&A Spiritual Care team support the human need for meaning, purpose and hope, particularly in the context of injury, illness, and loss. Our team of healthcare chaplains offer a holistic, person-centred approach to individuals, teams and the organisation which is informed by values of compassion, congruence and collaboration.

The Spiritual Care and IR teams identified that although IRs come into their new roles with a great deal of hope and motivation for the future, they may also have experienced significant losses in leaving home, family, language and culture for new beginnings in Ayrshire and Arran. We recognised that a safe space to identify, name and begin to process losses and adjustments could be a valuable aspect of their induction process.



To ensure the IRs built a relationship with the Spiritual Care team during their induction process, three one-hour sessions were planned into the transitional sessions for each cohort. The sessions included an introduction to the service and how to access this (both for their own spiritual needs and for their patients), supportive discussion around the transition from overseas to the UK and reflective practice throughout the process. The sessions also covered common themes which were identified such as the cultural differences associated with death and dying, missing family and friends, and self-care advice to cope with the significant changes being faced.

This provided a safe space for the IRs to seek support and to support each other with the emotional and spiritual components of relocation. The sessions gained positive feedback and relationships were built between the cohorts and the Spiritual Care team, with many now accessing the service further on in their NHSA&A employment.

The Spiritual Care team continue to support other IR activity such as the IR Buddy Scheme and welcoming IRs of other staff groups.

The IR and Spiritual Care teams will continue to work in partnership and in collaboration with the IRs community to make the process of joining NHS Ayrshire & Arran from overseas a successful and nurturing transition for all.

NHS Ayrshire & Arran was also awarded the NHSScotland Pastoral Care Quality Award. This award recognises the Board's work in international recruitment and commitment to providing high-quality pastoral care to internationally recruited staff during the recruitment process and their employment.



2.2.7 Gender Equality in the Workplace

Equally Safe at Work accreditation

As outlined in our last mainstreaming report, NHS Ayrshire & Arran became one of only four Boards in Scotland to be involved in the pilot to work towards the Equally Safe at Work Development level accreditation. This programme followed on from the success in local authorities. Close the Gap, the lead organisation on this programme, developed a tailored version of the programme to pilot in NHS Boards. This work, which supports the delivery of the Scottish Government's Gender Beacon Collaborative initiative, was achieved by NHS Ayrshire & Arran in October 2023 and we have committed to mainstreaming the elements of this programme further in our next set of equality outcomes by striving to achieve Equally Safe at Work Bronze level.



Equally Safe at Work is a tiered programme which enables employers to progress from building a foundation for change to embedding a strong culture of gender equality within the organisation, building gender considerations into our working practices and ensuring work is seen as a safe place to be.

Menopause/Endometriosis work

On Monday 26 August 2024, Professor Anna Glasier, National Women's Health Champion visited Ayrshire and Arran and attended a showcase of work happening across the organisation under the topic of women's health.

Organised by public health, and drawing colleagues from across Public Health, Primary Care and Women and Children's (including obstetrics, gynaecology and sexual health) around 25 senior leaders and clinicians participated in the showcase.



Presentations included updates on:

- Menstrual health (including endometriosis and Polycystic Ovary Syndrome)
- Menopause

- Contraception
- Termination of Pregnancy
- Maternal Health (including breastfeeding support)
- Heart Health

There was constructive discussion on some of the challenges faced in improving women's health but also recognition of the significant volume of work and innovation happening across the organisation.

As a follow up to this, representatives from NHS Ayrshire & Arran were asked to present at a National Development Day for the Women's Health Plan in December 2024, sharing the approach taken by the board, and work underway, as an example of good practice.

The priorities for 2025 include working towards menopause and endometriosis friendly employer accreditation through two separate programmes with HenPicked and Endometriosis UK. Work is underway to recruit Women's Health Champions from across the organisation to provide staff support and guidance; recruitment is expected in early 2025.

October 2024 saw a month of activities designed to raise awareness of the menopause, and particularly the impacts in the workplace. NHS Ayrshire & Arran has a high percentage of female employees, and many will be at work as they experience the menopausal transition. Over the summer we distributed a staff survey to find out what staff would like to see from the organisation, we were overwhelmed with the response, with around 800 responses. This was used to develop a series of webinars, including input from occupational health on workplace accommodations and some of our menopause clinicians providing a session on treatment options including HRT. We have also developed a one stop shop page on our internal intranet, Athena, for information, signposting and copies of the webinars which will be helpful for staff working across the organisation.

March will see Endometriosis Awareness Month, and we will be developing similar resources for this campaign as we used in October and will be expanding our one stop shop to include menstrual health resources.

2.2.8 Partnership Working

Development of second British Sign Language (BSL) Local Plan 2024-2030

The Scottish Government wants Scotland to be the best place in the world for BSL users to live, learn, work and visit. This means that people whose first or preferred language is BSL will be fully involved in daily and public life, as active, healthy citizens, and will be able to make informed choices about every aspect of their lives.

Following on from the success of developing our first shared BSL Local Plan, partners across Ayrshire embarked on the development of a subsequent [shared BSL Local Plan](#). A small working group was set up with representation from the three Councils, three HSCPs, NHS Ayrshire & Arran, and Ayrshire College. As part of the development of the plan, engagement and consultation was undertaken with the local Deaf community.

The plan builds on the work taken forward in our previous action plan and outlines our strategic aims, while at the same time mirroring actions, where appropriate, in the national BSL Plan. The plan was developed and published in both English and BSL in May 2024. A working group has been established to develop the actions to drive forward the strategic aims with BSL representation from the local deaf club, college students and representatives from the education sector.

Black History Month – An Ayrshire Perspective event

Black History Month is an annual observance as a way of remembering important people and events in the history of the African displacement. It is broadly an opportunity to reflect on the struggles, resilience, and progress of Black communities throughout history.

In October 2024, the Ayrshire Equality Partnership held a celebratory event, 'Black History Month – An Ayrshire Perspective'. This partnership event held at Ayrshire College's Kilmarnock Campus brought together representatives from all public bodies in Ayrshire along with members of the community to celebrate black history and culture.



The event featured four guest speakers including two from NHS Ayrshire & Arran - Dr Santanu Acharya, Consultant Gynaecologist and Chair of our Ethnic Minority Staff Network and Pauline Brown, Healthcare Chaplain. The other guest speakers were Dr Trent Kim of the School of Business and Creative Industries, University West of Scotland and Felicia

Taiwo from the Powerful African Women in Ayrshire community group.

The event offered several engaging discussions and presentations which explored the rich history and contributions of the Black community in Scotland and Ayrshire. Those who attended the event deemed it to be a huge success in meeting its aim of raising awareness but moreover giving people the chance to reflect on the contributions of black people as well as the Scottish connections with Calcutta.

2.2.9 Procurement

The [sustainable procurement duty](#) of the Procurement Reform (Scotland) Act 2014 requires public bodies to consider how their procurement activity can be used to contribute to social, economic and environmental well-being, with a particular focus on reducing inequality, and to act in a way to secure these improvements.

Fair Work focuses on the positive working practices that can be delivered through a public contract, and can be used as a vehicle to provide meaningful social impact beyond the workplace, in communities and the wider economy.

Fair Work First is central to achieving the Scottish Government's priority for sustainable and inclusive growth, and must be at the heart of employment practices, procurement and funding. [Statutory guidance](#) requires public bodies to consider how to address fair work practices in public contracts.

Fair Work First encourages businesses bidding for a public contract to commit to adopting the following:

- payment of at least the real Living Wage
- provide appropriate channels for effective workers' voice, such as trade union recognition
- investment in workforce development
- no inappropriate use of zero hours contracts
- action to tackle the gender pay gap and create a more diverse and inclusive workplace
- offer flexible and family friendly working practices for all workers from day one of employment
- oppose the use of fire and rehire practices

NHS Ayrshire & Arran continues to apply Fair Work First criteria in all procurement processes, where relevant and proportionate to do so.

Section 3

3.1 Equality Outcomes 2021-2025

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

NHS Ayrshire & Arran published four equality outcomes in April 2021 with associated outputs and actions. The following tables outline what the equality outcomes are and how the actions and activities have progressed over the last four years, what our plans are for the future and some examples of practice to showcase good practice.

Equality Outcome 1.1:

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

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

What we set out to do:

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

Action – NHS Ayrshire & Arran Community Wealth Building (CWB)

Programme Board Yearly deliverables aligned to workforce and fair work pillar

Measurement – CWB quarterly reporting to CWB Programme Board and CWB Yearly Reports to NHS Board to include update on employment of women, reporting of workforce data for disability including long term conditions and opportunities for young people.

What we did:

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

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

NHS Ayrshire & Arran (NHS A&A) signed the Ayrshire CWB Anchor Charter in October 2020. The Ayrshire CWB Commission brings together all major Anchor Institutions in Ayrshire with the aim of developing a collaborative approach to CWB in Ayrshire and supports Anchors to develop and adopt CWB initiatives.

NHS A&A as a large Anchor institution has established a Community Wealth Building Programme Board.

We developed our Employability Strategy in 2021 which set out our ambition to create employment opportunities for all with a focus on supporting key groups experiencing barriers to employment and may be seen as being 'far' from the workplace. This included supporting opportunities for young people, single

parents and those in the benefit system. We have made modest progress on delivering our ambition within our strategy and continue to engage and collaborate with our Local Employability Partnership (LEP) colleagues to introduce and support employability programmes. A recent example of this is a pre-employment programme which has resulted in employability opportunities for nine people at two of our hospital sites.

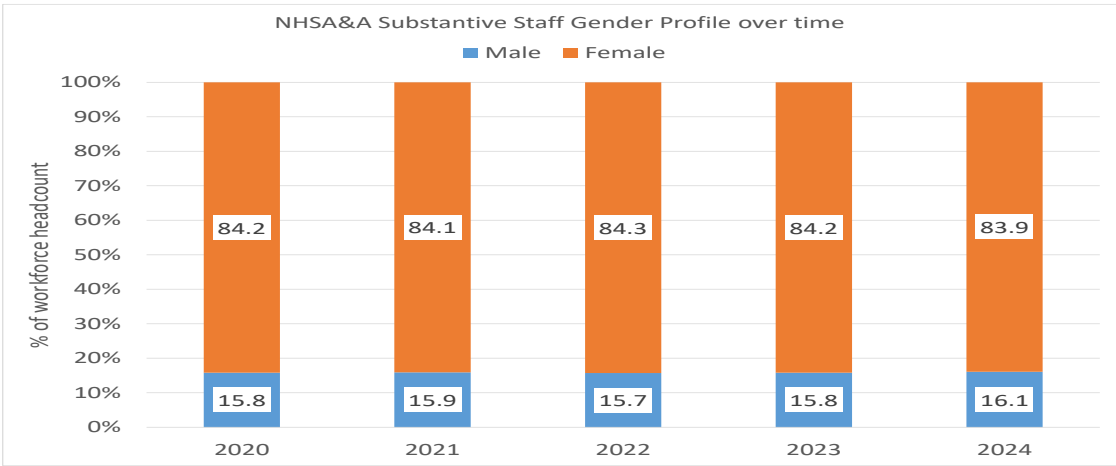
Our Employability Strategy published in 2021, along with our organisational Workforce Plan, People Plan and Recruitment Plan are all due for refresh during 2025. We will take this opportunity to systematically review our approach to employability ensuring there is robust linkage, read across and avoidance of duplication across the suite of aforementioned plans across which it spans.

In October 2024 we took the decision to incorporate Employability within our standing Workforce Planning & Improvement Group. The reasoning for this is to ensure mainstreaming of employability, and avoid any preconceptions that it is a standalone activity, with stronger and appropriate linkage to workforce planning and recruitment functions which are all commonly managed within the Resourcing portfolio within the Directorate of Organisation & Human Resource Development.

Our Engagement and Digital Media Team have worked closely with our Workforce Department and have developed new job opportunity digital assets to use and promote on our social media platforms; this improvement has already seen an increase in applications and has increased engagement with younger candidates.

Employment of Women

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



There is no significant change over time in the gender balance in workforce. Some job families have differences compared to the organisational average, for example, medical staff and some scientific and technical roles.

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

Disability including Employment of people with long-term conditions

Workforce data for disability includes long term conditions. There is no onus on staff to declare a disability or long term condition to the organisation and the current rate of declaration in 2024 is 1.02% of the substantive workforce (compared to 0.88% in 2020). The figure for disability and long term conditions is likely to be grossly deflated given a large proportion of our workforce are Ayrshire residents and the prevalence of long term conditions on a population basis should be reflected in our workforce.

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

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

Our managers are now more aware of the benefits of provision of our various employability programmes such as Project Search and Modern Apprenticeships. We will continue to build on this awareness and promotion across the organisation.

Opportunities for home working for existing staff, where appropriate, has increased supported by structured risk assessment. Support and adjustments were provided to staff with disabilities and long term conditions who required to shield during the pandemic.

Opportunities for young people

We actively participate in work experience and careers events and fairs with schools. Our aforementioned work with our Digital Engagement Team has also been assistive in providing greater outreach to young people who may be interested in a career within the NHS. In 2020 we had 29 headcount substantive staff aged 20-24 within our substantive workforce which was 0.27% of the entire workforce. By contrast 2024 we have 431 headcount substantive staff aged 24 or under working across job families as illustrated in the table below:

Job Family	Headcount	
	Under 20	20 - 24
ADMINISTRATIVE SERVICES	6	58
ALLIED HEALTH PROFESSION		50
DENTAL SUPPORT		
HEALTHCARE SCIENCES		4
MEDICAL AND DENTAL		2
MEDICAL SUPPORT		1
NURSING/MIDWIFERY	1	213
OTHER THERAPEUTIC		16
PERSONAL AND SOCIAL CARE		1
SENIOR MANAGERS		
SUPPORT SERVICES	39	42
Grand Total	46	385

Equality Outcome 1.2:

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

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

What we set out to do:

Output – Improved health of pregnant women

Action – Roll out of Maternity Care Assistant programme

Measurement – Improved audit results

Scottish Patient Safety Programme (SPSP) measures

Maternity and Children Quality Improvement Collaborative (MCQIC) measures

What we did:

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

What difference did we make?

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

What we will do now/future work?

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

This aspect of the equality outcome was completed in 2022 and the work has now been mainstreamed into a function of the organisation.

Case study:

A family had a house fire and were left struggling. Contact was made with their local midwifery team. The family knew through discussions with the Maternity Care Assistant (MCA) that there were supports that would be available to them to help them financially during this traumatic time.

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

Equality Outcome 1.3:

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

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

What we set out to do:

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

Action – Increase in number of home births

Measurement – Number of home births recorded

What we did:

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

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

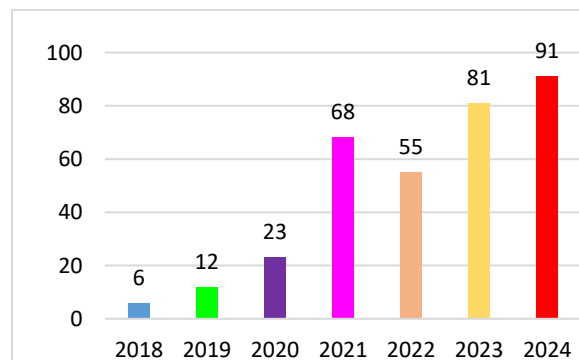
What difference did we make?

We have seen a continual increase in homebirth numbers since 2018 from 6 per year in 2018 to 55 in 2022 (2 being born on Christmas Day), although this has fallen from our highest number of 68 in 2021. This included 14 first time mums giving birth at home. Since our mid-term update, in the following 2 years, there were 81 home births in 2023 and 91 home births in 2024.

As well as having an increase in the number of women giving birth at home, NHS Ayrshire & Arran supported 39 water births at home.

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

A number of the mothers who birthed at home breastfed their child, further supporting good bonding opportunities with their child.



What we will do now/future work?

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

Case study

Where do I start? Firstly, I can't thank the home birth team enough, but especially my midwife Jenni. I couldn't have done my whole 9 months without her.

From my 12 week appointment Jenni put me at ease right away and offered support and guidance on a home birth. As I struggle with health anxiety and having all my appointments at the comfort of my own home really put me at ease and helped me cope throughout my pregnancy with no added stress to attend doctor's appointments.

On the lead up to birth, I was given essential oils made to suit me and help me relax; acupuncture which was a new and lovely experience; and eventually a sweep as I was overdue. The Home birth team offer so much experience and care throughout this journey. They're all amazing.

On the early hours of Friday 13th September I went into labour. Karen and Jenni arrived quickly and put my worries at ease as I was starting to panic and could feel my anxiety rising thinking I couldn't do it. Then just a couple of hours later my baby girl, Corah, arrived at 6:42am in the birthing pool with no pain relief. It was the best experience of my life. If I can do it anyone can. I would recommend a home birth to anyone especially if you suffer from mental health issues like anxiety.

I can't thank the Home Birth team enough for everything they have done for us. We will miss visits from Jenni, and I was kind of sad to be discharged from this amazing team.

Equality Outcome 2.1:

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

What we set out to do:

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

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

Measurement – Community Language interpretation provider contract in place

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

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

Measurement – BSL interpretation provider contract in place

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

Action – Increase in the number of digital face to face

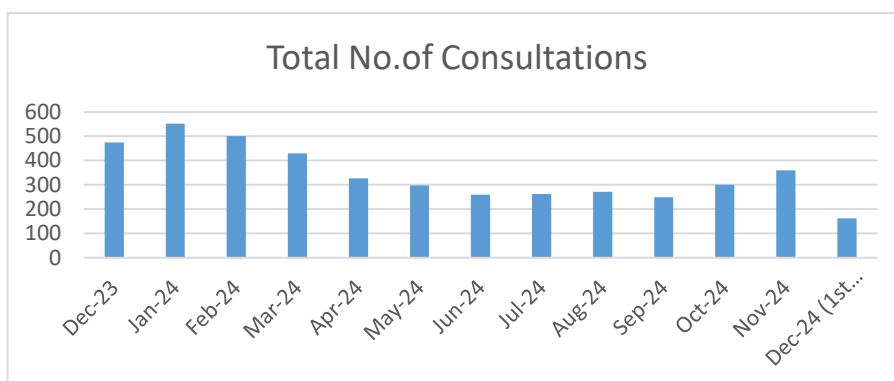
Measurement – Baseline of numbers / Increased usage of interpretation support

What we did:

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

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

In the last 12 months, there has been an overall reduction in the use of Near Me, with a total of 4,442 consultations.



Over the last 12 months there has been limited use of Near Me generally in NHS Ayrshire & Arran, and even less so of, both community language interpretation services and BSL interpretation. This has been a continuing trend since 2023 and throughout the recovery phase post-pandemic. Due to significant resource constraints, Near Me has not been actively marketed or promoted to services in the last year.

The following services have made use of Near Me in the last year:

- Maternity Services
- Respiratory Services
- Bankfield Medical Practice
- Dietetics
- Mental Health Services
- The Ayrshire Hospice

- South Ayrshire Health & Social Care Partnership

What difference did we make?

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

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

What we will do now/future work?

This equality outcome has been extended into the next set of equality outcomes for the period 2025 - 2029. As part of that, we will work to progress further with the use of interpreters to support any communication or language barriers.

A working group has been established to re-engage with services and work with them to identify opportunities and overcome barriers to using Near Me as part of service provision to increase usage over the next year. Feedback from staff and patients on the use of Near Me will be gathered to inform opportunities, improvements and further promotion. Further promotion to new services will include the availability of interpretation support with the use of Near Me. Digital Services are committed to re-engaging and promoting the use and benefits of Near Me, including the options of the community language interpretation services, particularly with the Cochlear Implant Service. The clinical lead is also exploring options for use of the BSL service with patients.

Additionally, there is agreement for a test of change to trial the use of Near Me with a Breast Cancer family clinic initially, and if successful to widen the use to other clinics within the service.

At the same time we will also work with public members whose first language is not English to promote this service being available should they wish to participate in it.

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

Equality Outcome 3.1:

Women and children through access to localised and targeted service provision will experience improved mental health

What we set out to do:

Output – Improved perinatal mental health of women.

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

Measurement – Scottish Patient Safety Programme (SPSP) measures
Maternity and Children Quality Improvement Collaborative (MCQIC) measures

Output – Improved perinatal mental health of women.

Action – Signposting to necessary support mechanism.

Measurement – Scottish Patient Safety Programme (SPSP) measures
Maternity and Children Quality Improvement Collaborative (MCQIC) measures

What we did:

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

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

Some midwives have also been trained to deliver the Institute of Health Visiting Perinatal Mental Health (PMH) training. Members of the women and children's teams have also been trained in the National Society for the Prevention of Cruelty to Children (NSPCC) crying child. This provides them with the confidence to educate families on crying and help them cope with this.

There has also been training and information provided, via Fathers Network, to staff to help with an understanding of paternal perinatal mental health.

What difference did we make?

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

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

What we will do now/future work?

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

The birth reflections service had to be altered significantly during COVID. This went from a team approach to two staff members running telephone appointments only. The birth reflection service has now been fully remobilised to the pre pandemic faculty with appointments for women as required.

Healthcare Support Workers (HCSWs) have commenced training in accredited counselling. This is a rolling programme to ensure our Band 4 team can undertake mental health counselling as part of the continuity model. This will help with both perinatal and infant mental health. The infant massage programme has been implemented with the HCSWs undertaking this role since the beginning of 2024. This allows them to provide this education to parents.

In 2023 we reported that we were about to commence work within maternity services on debrief and making this more effective in supporting all women post birth in the hope that this can reduce the number of women presenting to PMH services with concerns regarding birth trauma. Since then a full Multi-Disciplinary Team process mapping has commenced to look at our PMH service and evaluate if it covers all the requirements from national recommendations such as the birth trauma scoping document, SANDS bereavement recommendations and the Maternity Strategy.

Case study

A woman was referred to the MNPI team for support following the birth of her child. She was reviewed by the team, and as well as support required from them, they also advised support from the birth reflections team would be beneficial. The review by the birth reflections service was undertaken following referral from the MNPI team.

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

Equality Outcome 3.2:

Women and children through access to localised and targeted service provision will experience improved mental health

What we set out to do:

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

Action – Establishment of sexual forensic suite in paediatrics.

Measurement – Number of individuals accessing the service.

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

What we did:

After publishing our equality outcomes in 2021, NHS Ayrshire & Arran carried out a scoping exercise for a forensic suite for children and young people in Ayrshire. Due to the impact of the Covid pandemic, work in this area was paused, however, in 2023 recommenced with a view to establishing a sexual forensic suite in paediatrics.

The Acorn suite, sexual forensic suite, is now officially open and allows for local Ayrshire children and young people, in the age range 13 year upwards, to receive forensic care in Ayrshire and Arran rather than having to travel to Glasgow.

What difference did we make?

Unfortunately work in this area was paused due to the Covid pandemic so when we reported in 2023, little progress was taken forward to establish the sexual forensic suite in paediatrics.

Work in this area has now recommenced and our 2025 report will provide evidence of the progress made and improvements to the experience of children and young people who require access to sexual forensic services.

What we will do now/future work?

NHS Ayrshire & Arran continues to progress work to improve the experience of children and young people who require access to sexual forensic services. Work recommenced on the estates aspect of the forensic suite in January 2023 with the Acorn suite opening later in 2023.

We will continue to report our numbers into the West of Scotland Sexual Assault Referral Centre (SARC) group and evaluation compliance against national standards.

We are also in the process of streamlining our Adult and Child protection processes to ensure that all systems link to referrals and escalation including the use of our forensic suites.

We are also in the process of providing prevention work linked with Police Scotland targeting schools and addressing the key SARC topics with children and young people.

Equality Outcome 4.1:

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

What we set out to do:

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

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

Measurement – BAME staff network established.

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

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

Measurement – Disability staff network established.

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

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

Measurement – LGBT+ staff network established.

What we did:

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

In September 2021, we had an initial meeting of an LGBT+ Staff Network. The group meets quarterly and are looking to carry forward work to ensure that NHS Ayrshire & Arran is a safe and supportive environment to work for staff who identify as LGBT+. A chair and two vice-chairs were appointed, however, the Chair moved to a new post in another Board in November 2022. Since then an Executive Sub Group has been established to support the setting of agendas and ensuring work streams are carried forward.

During the summer months in 2022, we ran a survey to gauge if there was interest among staff for a Disability Staff Network. 85% of respondents to the survey advised that they had a disability or long-term health condition and, of them, 87% felt that there should be a Disability Staff Network. In November 2022, an initial meeting took place of the Disability Staff Network. A Chair has been agreed for the group supported by an Executive Sub Group to build confidence in other members to take the role of Chair in the future. The sub group currently agrees the agenda for the meetings and initiates work streams.

What difference did we make?

The staff networks have been well received by staff who have joined them and there is a strong appetite to work towards ensuring inclusivity throughout the organisation. The networks have also provided a safe space for staff to share experiences with others who share a protected characteristic. This space allows staff to discuss really important things, not only from a work perspective, but for their own health and wellbeing with likeminded people. These experiences are fed back through the Board's equality structure and can help shape and inform organisational policies and processes. As well as opportunities to share experiences in the groups, member's staff experience stories have been shared with the organisation's Culture Steering Group to ensure the lived experience of staff informs improvements.

In June 2023, two Celebrating Diversity Days were held on our main hospital sites that provided opportunities to raise awareness of the staff networks and encourage individuals to get involved, dispel myths, break down barriers and foster relations between staff.

Many individuals who attended the days were not aware of the networks and so the face to face interaction allowed the opportunity to share information for staff to use themselves to take back to their base to raise further awareness.



Each of our staff networks have an action plan and have also supported celebrating / commemorating various dates aligned with their protected characteristics. This has included involvement in

partnership working such as Pride 2024 in Glasgow and Black History Month – An Ayrshire Perspective event on 29 October 2024.

What we will do now/future work?

We will continue to facilitate the three existing staff networks with a view to increasing numbers. There will also be opportunities for the staff networks to work together to discuss areas of intersectional disadvantage for individuals who belong to more than one minority group.

The action plans for each of the staff networks will be used to support more inclusive policy and practice across NHS Ayrshire & Arran.

The staff networks will continue to be supported to take forward work that they identify as being necessary.

Case study

Through feedback and engagement at the Ethnic Minority Staff Network (EMSN) it became apparent that our ethnic minority staff did not feel the current staff and spiritual care provision across NHS Ayrshire & Arran was culturally appropriate.

Engagement between the Chair of the EMSN and another member of the EMSN, who is a Healthcare Chaplain, has resulted in the establishment of a support group for ethnic minority staff. As well as group sessions, the Healthcare Chaplain offers one to one support as needed.

Section 4

4.1 Employee Information

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

As outlined in our previous mainstreaming reports, NHS Ayrshire & Arran continues to provide opportunities for flexible working practices balancing both individual and organisational needs and we continue to offer employability training to staff in line with local and national agendas.

4.1.1 Employment Monitoring

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

The table below provides an illustrative example of rates of staff disclosure against a selection of characteristics over the last 11 years:

Period ending	30/09/2024	31/03/2013
Substantive staff in post headcount	11,724	10,445
Detail not known / undisclosed for ethnicity	15.0%	32.89%
Detail not known / undisclosed for religion	15.9%	34.17%
Detail not known / undisclosed for sexual orientation	18.2%	36.72%
Detail not known / undisclosed for disability	40.9%	98.82%

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

4.1.2 Use of Equality and Diversity Workforce Data

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

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

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

In our communications to staff, we highlight the importance of gathering this data, in particular:

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

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

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

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

4.2 Equal Pay

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

To achieve this, pay systems require to be transparent, based on objective criteria and free from unlawful bias. The Agenda for Change pay structures implemented in the NHS were equality proofed to ensure this. Our equal pay policy and occupational segregation and equal pay analysis can be found on our website. [\[will insert hyperlink once approved and published.\]](#)

NHS Scotland is a Living Wage employer and, as such, the lowest available salary of £24,518 translates into an hourly rate of £12.71 per hour, which is above the Real Living Wage rate of £12.60 per hour.

4.3 Local Labour Market

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

Our employability ambition also contributes to community wealth building within Ayrshire, as commonly supported by our community planning partners. The table

below shows the claimant count of work benefits (seasonally adjusted) versus Scotland as published by NOMIS Official Census and Labour Market Statistics:

Claimant count by local authority as at September 2024

Area	Claimant Rate (% of population)	Number of claimants
East Ayrshire	3.8%	2,895
North Ayrshire	4.5%	3,650
South Ayrshire	3.6%	2,375
Scotland	4.0%	

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

4.4 Employability

Supporting employability is a shared goal across all three Community Planning Partnerships (North, South and East) in Ayrshire, and is an intrinsic strand of NHS Ayrshire & Arran’s Community Wealth Building / Anchor institution ambitions.

Meeting our anchor responsibilities by implementing community wealth building is not a short term project or additional one-off programme of work; it is a long-term intention by the Board to use its assets and resources to do what we already do: employ people, buy goods and services, manage our land, buildings and the environment and form partnerships. This commitment is shared by our Anchor partners across Ayrshire.

Each year NHS Ayrshire & Arran promotes and encourages opportunities for Modern Apprenticeships across a range of clinical and non-clinical services. Recognising the average age of employee in NHS Ayrshire & Arran is currently 45 years, with 41% of our workforce over the age of 50 years, we are committed to promoting the benefits of apprenticeships as an investment to grow our workforce of the future.

The Board’s apprenticeships provide training programmes that deliver valuable work experience, specific skills and enable apprentices to gain recognised qualifications boosting their careers. We continue to collaborate with operational leads to explore further opportunities within Medical Records, Finance, Procurement, AHPs and Health Care Science.

Project SEARCH is a transition to work programme committed to transforming the lives of young adults aged 18 to 30 with a learning disability and/or those on the autistic spectrum. It is delivered in partnership with East Ayrshire Council, Ayrshire College and NHS Ayrshire & Arran. The project provides young people with job training/coaching, meaningful work placements and a recognised qualification. Work placements are predominantly provided at University Hospital Crosshouse but where the services have been unable to accommodate this, alternative placements were

sought through East Ayrshire Council or Ayrshire College. Local private employers also supported the programme.

Project SEARCH began 10 years ago in NHS Ayrshire & Arran and has provided a fruitful partnership with our local partners. Since 2015/16, NHS Ayrshire & Arran has supported an average of ten Project SEARCH students each year, with the majority completing their course.

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

4.5 NHS Board Diversity Data

There are fourteen non-executive directors of the Ayrshire & Arran NHS Board. The gender split of non-executive directors is eight males, 57%, and six females, 43%, and this represents a positive increase compared to the NHS Board makeup in 2012/13 whereby the percentage of female non-executive directors was 36%.

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

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

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