

Equality Outcomes

2025 - 2029



MIS25-019-CC

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1. Introduction

All public authorities in Scotland must comply with the public sector equality duty, also known as the general equality duty, set out in the Equality Act 2010. This means that all public authorities, as part of their day to day business, must show how they will:

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

The protected characteristics referred to, as listed in the Equality Act are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. We are all likely to have more than one protected characteristic which make up our individual identities.

This work builds on the equality outcomes set in previous years. As we reviewed the progress and relevance of previous outcomes, we have developed, updated and added to provide this fresh set of outcomes.

By reviewing, revising and publishing equality outcomes on a regular basis, we aim to make better, fairer decisions and be able to show that they are bringing tangible benefits for our communities and our staff.

2. What are Equality Outcomes?

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

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

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

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

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

3. Evidence Review

As mentioned previously, we are not starting with a blank sheet. The foundation of existing good practice on equalities, established and committed to through our previous work, allowed us to build upon and reinforce taking this agenda forward. Given this, it makes sense to ensure that equality outcomes are aligned explicitly with existing NHS and Scottish Government policy priorities, as well as evidence from local engagement.

This approach to implementation aims to provide coherence, minimise duplication and support the ongoing mainstreaming of equality into health policy and practice within NHS Ayrshire & Arran.

A desktop research and evidence review was undertaken that presented a baseline selection of the key facts and figures we know about groups that meet one or more of the protected characteristics. The review drew on the evidence collected from previous engagement and consultation exercises as well as national policy context; a staff and service user survey and ongoing priority work for the organisation in line with the mainstreaming agenda. This evidence review highlighted the following key themes:

- Anti-racism both for the workforce and wider population
- Sexual harassment in the workplace
- Under-representation in the workplace
- Digital access to services, particularly for more vulnerable communities
- Women's heart health

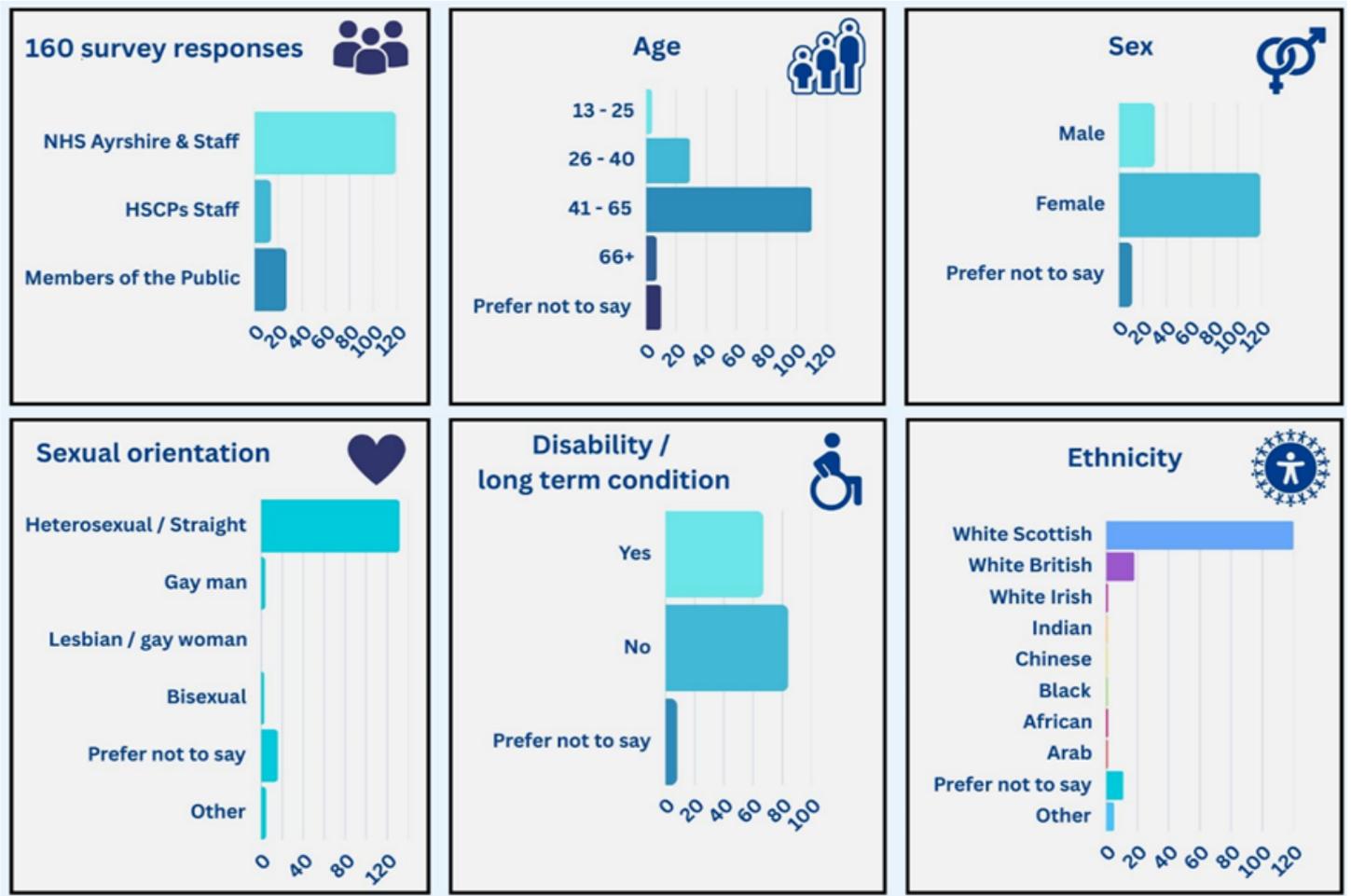
4. Engagement and Consultation

Our new set of outcomes have been developed ensuring the principles of involvement and consultation are key to the final outcomes set. This has included service user and staff surveys, engagement with third sector organisations and engagement with our staff diversity networks. These people have a wide range of backgrounds and characteristics and are drawn from across Ayrshire and Arran.

This approach ensures that we capture the lived and living experience of our key stakeholders to deliver targeted and meaningful outcomes to support our approach to improving and mainstreaming equalities in the functions of the organisation.

The engagement on the proposed equality outcome themes focussed on an online survey. The survey contained questions relating directly to equality outcome themes, plus an additional 'about you' section asking people for relevant demographic information.

The infographic below shows a breakdown of the responses received.

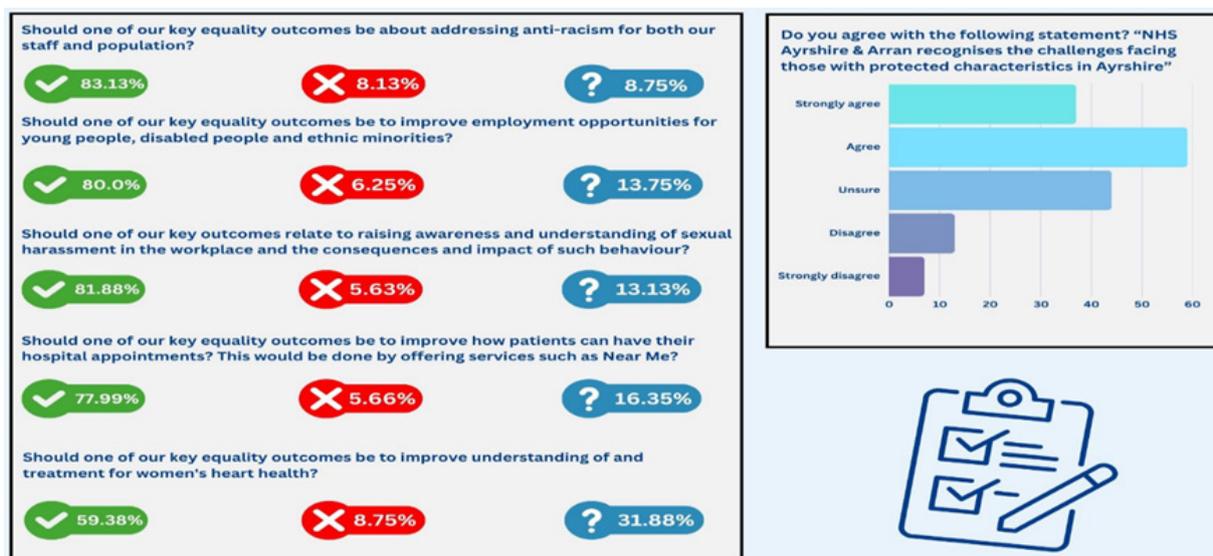


The online survey consultation ran from 16 December 2024 until 6 January 2025.

5. Analysing the Results and Defining Final Equality Outcomes

The responses to the survey focused on asking whether NHS Ayrshire & Arran had identified relevant key themes for the next iteration of equality outcomes.

Below is an infographic showing the results of the questions asked along with some summarised feedback on each of the outcome themes proposed.



Anti-racism

The majority of responses agreed that anti-racism should be a key equality outcome, however 2 responses indicated that they had not come across racism, or had done but rarely.

Improve employment opportunities

The majority of responses agreed with the proposed outcome, however some respondents felt this approach would be unfair, or seen as favouring certain groups.

Sexual harassment in the workplace

Almost 82% of responses agreed this should be an area of focus for our equality outcomes. Further comments highlighted that more needs to be done in this area with one respondent indicating that it is an issue that affects both males and females. However, from the majority of comments it was felt that gender equality and 'banter' requires more awareness and focus.

Providing digital access to services (Near Me)

Almost 78% agreed with the improvement of access to services via Near Me but patient choice was imperative as well as location of patients, suitability, digital poverty/competency and replacing in-person interactions.

Women's heart health

This outcome received mixed views as to the relevance of focusing solely on women's heart health. Some comments highlighted that many women do not know the signs and symptoms and finding information that relates directly to women is difficult.

The themes in the proposed outcomes for the most part were supported with some areas such as disability and neurodiversity, and LGBT and in particular Trans health being cited as areas where more work requires to be undertaken.

While we have not highlighted specific equality outcomes in the aforementioned areas, work to support individuals with a disability, including those with a neurodiverse condition, will be incorporated into the actions for the equality outcome on improving employment opportunities.

With regards to the reference to LGBT inclusion in the equality outcomes, NHS Ayrshire & Arran has had focused LGBT+ equality outcomes in the last 2 sets of equality outcomes and, therefore, the feedback has highlighted that we need to better promote some of the work we have done and the areas of support and information available.

6. Finalising Our Equality Outcomes

The foundation of existing good practice on equalities, established and committed to through our previous equality outcomes, allowed us to build upon and reinforce taking this agenda forward. In order to provide coherence, minimise duplication and support the ongoing mainstreaming of equality into policy and practice across Ayrshire, it is important to ensure that equality outcomes are aligned explicitly with existing organisational and governmental policy priorities, as well as evidence from local engagement, and integrated into current performance management systems.

We have taken consideration of national policy context in the development of our equality outcomes to ensure robust and effective outcomes are set for the next four years. We are cognisant that there is close intersection between the protected characteristics, and while we have set an outcome to make improvement for a particular characteristic there is scope for wider impact.

The protected characteristics intersect in complex ways, shaping individuals' experiences of discrimination and inequality. This intersectionality recognises that people can be affected by multiple, overlapping forms of disadvantage. Understanding these intersections helps create a more inclusive approach to equality, addressing how different forms of discrimination compound to create unique challenges for individuals.

While not a specific protected characteristic, a number of our equality outcomes will also support improvements in the area of socio-economic disadvantage. The social determinants of health are the non-medical factors that influence health outcomes and this includes, but not restricted to:

- Income and social protection
- Unemployment and job insecurity
- Working life conditions
- Social inclusion and non-discrimination

In the development of our equality outcomes many people gave us their experiences, views and not least their time freely and willingly to make sure that the outcomes we set meet the specific needs of the people we serve. For this and all the other people who have supported the development of these outcomes, we thank them all for their contribution.

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| Links to National Outcomes | <p>We respect, protect and fulfil human rights and live free from discrimination</p> <p>We live in communities that are inclusive, empowered, resilient and safe</p> <p>We are healthy and active</p> |
| Equality Outcome 1 | <p>Minority ethnic staff, and our local communities, experience better outcomes through proactive tackling of racism and improving cultural competency.</p> |
| Context | <p>Racism is a significant public health challenge and the NHS has a key role to play in tackling racism, reducing racialised health inequalities and creating a more equitable health and care system for all. The NHS Race and Health Observatory carried out a Rapid Evidence Review into ethnic inequalities in healthcare (2022) which showed that:</p> <ul style="list-style-type: none"> ▪ Ethnic inequalities in access to, experience and outcomes of healthcare are longstanding problems in the NHS. Inequities experienced include: <ul style="list-style-type: none"> • lack of appropriate treatment for health problems, • poor quality or discriminatory treatment from healthcare staff, • a lack of high quality ethnic monitoring data recorded and used, • lack of appropriate interpreting services, • delays in, or avoidance of seeking help for health problems due to fear of racist treatment from NHS healthcare professionals. ▪ Ethnic healthcare inequalities are rooted in experiences of structural, institutional and interpersonal racism. ▪ The review focused on mental healthcare, maternal and neonatal healthcare, digital access, genetic testing and genomic medicine and the NHS workforce. <p>In another report, routine diabetes care was found to be lower in visible minority ethnic groups compared to white groups, in both the short- and medium-term following diabetes diagnosis. Differences were most pronounced for people in the African, Caribbean or Black, Indian and other ethnicity groups. A report by the King's fund also found that diabetes prevalence in Black groups is up to three times higher than in the white population with cardio-vascular disease being a further contributing factor. Up to 80 per cent of premature deaths from CVD are preventable through better public health and prevention of risk factors such as obesity, inadequate physical exercise and diabetes.</p> <p>An analysis report by the Scottish Government shone a light on one of the communities who face the worst health inequalities; the Gypsy/Traveller community. Compared to the 'White: Scottish' group, Gypsy/Travellers were twice as likely to have a long-term health problem and were three times more likely to report 'bad' or 'very bad' health. The analysis</p> |

showed that on every indicator of what is required to live a happy, productive and fulfilled life, Gypsy/Travellers were worse off than any other community in Scotland.

Some of the inequalities experienced by the Gypsy/Traveller community include:

- A [higher suicide rate](#) than the general population - six times higher for Gypsy/Traveller women and almost seven times higher for Gypsy/Traveller men.
- Poorer mental health - often linked to poverty, social exclusion, stigma and hate crime. In a [study](#) one Gypsy/Traveller described experiences of hate crime as 'as regular as rain'.
- Barriers when accessing health services which includes difficulties registering with GPs, poor staff attitudes and lack of trust of services because of previous experiences.
- Lower uptake of [preventative health services](#) including antenatal and postnatal care, childhood development assessments and dental services, and missed routine appointments because of lack of postal address.

Looking at the workforce a number of reports have highlighted significant disparities. A report, [Delivering Racial Equality in Medicine](#), from the British Medical Association (BMA) highlights significant racial disparities in the medical profession:

- Over 90% of Black and Asian doctors, 73% of Mixed-race doctors, and 64% of White doctors surveyed believe that racism in the medical profession is an issue.
- 76% of doctors experienced racism in the past two years, with 17% facing it regularly.
- Despite these issues, 71% of doctors chose not to report racist incidents, mainly due to fear of being labelled as troublemakers or doubting that their complaints would be addressed.

The King's Fund (2020) study on [race inequalities in the NHS](#) found that:

- 15.3% of ethnic minority staff reported discrimination from managers or colleagues, compared to 6.4% of white staff.
- Only 69.9% of ethnic minority staff believed their employer offered equal career progression opportunities, compared to 86.3% of white staff.

The [MDDUS Racist Microaggressions Report](#) from November 2023 highlights the prevalence and impact of racist microaggressions experienced by healthcare professionals in the UK, especially International Medical Graduates (IMGs). Key findings and recommendations include:

Key Statistics:

- **58% of IMGs** reported experiencing racist microaggressions.

- **33% of members** in the medical field reported similar experiences.
- **72% of IMGs** did not report these incidents due to a lack of confidence in reporting systems.
- **64% of healthcare members** witnessed racist microaggressions but did not report them.
- **66% of IMGs** felt their concerns would not be taken seriously if reported.

These reports emphasise the need for leadership, allyship, and structural changes to address racial inequalities and support staff progression in the NHS.

Anti-racism approaches have been recognised as an integral improvement tool to help advance equality within the workforce and for patients / service users. As such, a focus on anti-racism has wider applicability and will generate learning to support improvements that benefits everyone, regardless of protected characteristic.

| Outcome Aim | | Outputs | Actions | Measurement | Protected Characteristics | General Equality Duty | Lead Officer and Timescale |
|-------------|--|--|---|--|--|--|--|
| 1.1 | To provide fair and equitable healthcare to all regards of race or ethnic group. | Improved patient experience and health outcomes for patients from all ethnic and racial backgrounds. | Development of an anti-racism plan with targeted interventions to improve access and experience | Anti-racism plan developed and measurable actions implemented. | Race, religion and belief, disability, pregnancy and maternity | Eliminate Discrimination Advance equality of opportunity Foster good relations | Public health, O&HRD, Equality and Diversity Adviser, Engagement & Digital Media Team December 2025 |
| 1.2 | | | Undertake engagement with the Gypsy / Traveller community to identity actions to progress against national priorities | Actions to progress G/T inclusion included within anti-racism plan. | | | September 2025 |
| 1.3 | To foster a culture where staff from all racial and ethnic backgrounds feel | Staff are better informed of the impact of racism and how this can manifest | Provision of anti-racism and cultural competency training | Number of staff participating in anti-racism and cultural competency training. | Race, religion and belief | Eliminate Discrimination | Head of Learning, Organisational Development |

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| | valued and supported. | | Raising awareness of relevant inclusive and equitable policies | | | Advance equality of opportunity | and Staff Experience April 2026 |
| 1.4 | | Organisation takes steps to eradicate racial discrimination in the workplace | Establish a confidential and easily accessible reporting system Clear pathway for staff to report racial discrimination incidents | Data on concerns and incidents raised by staff, disaggregated by race. | | Foster good relations | Deputy HR Director April 2026 |
| 1.5 | | | Staff Engagement and Well-being: Overall staff well-being and engagement scores, with a focus on racial equality | iMatter results and any associated actions to address | | | Head of Learning, Organisational Development and Staff Experience April 2026 |
| 1.6 | | | Promotion of anti-discrimination campaign across NHS Ayrshire & Arran | Anti-discrimination campaign developed and delivered | Applicable to all protected characteristics | | Engagement & Digital Media and Communication Teams December 2025 |
| 1.7 | | Improved understanding by employees of why we collect equalities data resulting in improved data disclosure rates | 'Bring your whole self to work' campaign | Increase in the proportion of staff disclosure rates across all equality strands | | Advance equality of opportunity Foster good relations | Head of Workforce Resourcing & Planning July 2025 and ongoing |

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| Links to National Outcomes | <p>We respect, protect and fulfil human rights and live free from discrimination</p> <p>We live in communities that are inclusive, empowered, resilient and safe</p> <p>We are healthy and active</p> |
| Equality Outcome 2 | <p>Employees at all levels are well-informed about what is covered by sexual harassment and the consequences and impact of such behaviour.</p> |
| Context | <p>Sexual harassment is defined by the Equality and Human Rights Commission (EHRC) as “unwanted conduct of a sexual nature” that has the purpose or effect of “violating a worker’s dignity” or “creating an intimidating, hostile, degrading, humiliating or offensive environment for that worker”.</p> <p>In September 2023, the BBC reported on incidences of sexual harassment, assault and in some cases rape on female surgeons. The analysis was undertaken by the University of Exeter, the University of Surrey and the Working Party on Sexual Misconduct in Surgery found nearly two-thirds of women surgeons who responded to the researchers said they had been the target of sexual harassment and a third had been sexually assaulted by colleagues in the past five years. The research also found that women say they fear reporting incidents will damage their careers, and they lack confidence the NHS will take action. This was further reinforced by research conducted by the University of Glasgow published the same month.</p> <p>Furthermore, on 26 October 2024 the new Worker Protection (Amendment of Equality Act 2010) Act 2023 came into force. The Act introduces a new positive legal obligation on employers to take reasonable steps to protect their workers from sexual harassment. If an employer breaches the preventative duty, the Equality and Human Rights Commission has the power to take enforcement action against the employer.</p> <p>Employers have a positive legal duty to prevent sexual harassment of their workers. They must take reasonable steps to prevent sexual harassment of workers in the course of their employment (the ‘preventative duty’). The preventative duty is an anticipatory duty. Employers should not wait until an incident of sexual harassment has taken place before they take any action. Taking reasonable steps to prevent sexual harassment is a key element of the preventative duty.</p> <p>The duty requires that employers should anticipate scenarios when its workers may be subject to sexual harassment in the course of employment and take action to prevent such harassment taking place. If sexual harassment has taken place, the preventative duty means an employer should take action to stop sexual harassment from happening again.</p> <p>What is reasonable will vary from employer to employer and will depend on factors such as the employer’s size, the sector it operates in, the working environment and its resources. There are no particular criteria or minimum standards an employer must meet.</p> |

Employment tribunals will also have the power to increase compensation for sexual harassment by up to 25%.

The work to reduce sexual harassment in the workplace will support NHS Ayrshire & Arran to deliver our priorities in line with the Equally Safe Delivery Plan 2024-2026 which has an emphasis on primary prevention, education, and public engagement. The plan promotes societal change through awareness and challenges misogyny and harmful gender norms.

Further evidence can be found at:

[Female surgeons sexually assaulted while operating - BBC News](#)

[University of Glasgow - University news - Archive of news - 2023 - September - A third of female surgeons have been sexually assaulted, finds new research](#)

[Close the Gap | Blog | How to help prevent sexual harassment in the workplace?](#)

| Outcome aim | | Outputs | Actions | Measurement | Protected Characteristics | General Equality Duty | Lead Officer and Timescale |
|-------------|---|---|---|---|-----------------------------------|--|---|
| 2.1 | To create a workplace culture where sexual harassment is actively prevented, promptly addressed and consistently condemned. | Staff are more informed of sexual harassment and consequences | Increased number of staff completing training / awareness raising | Numbers of staff completing training | Age, sex, pregnancy and maternity | Eliminate Discrimination Advance equality of opportunity Foster good relations | Head of Learning, Organisational Development and Staff Experience April 2026 |
| | | | | Roll out of the Sexual Harassment Once for Scotland guide | | | Principal Lead for Pay, Policy and Terms and Conditions August 2026 |

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| | | | Progress to ESAW Bronze accreditation | ESAW accreditation achieved | | | Equality and Diversity Adviser |
| 2.2 | | Organisation takes steps to eradicate sexual harassment in the workplace | Clear pathway for staff to report incidents of sexual harassment | Establish a confidential and easily accessible reporting system | | | October 2027 Deputy HR Director April 2026 |
| 2.3 | | Staff are able to access information to support individuals affected by sexual harassment | Availability of information, resources and signposting to support for victims | Development of page on Athena (intranet) with information and resources for signposting | | Eliminate Discrimination Advance equality of opportunity | Equality and Diversity Adviser April 2026 |

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| Links to National Outcomes | <p>We are well educated, skilled and able to contribute to society</p> <p>We are healthy and active</p> <p>We respect, protect and fulfil human rights and live free from discrimination</p> <p>We tackle poverty by sharing opportunities, wealth and power more equally</p> |
| Equality Outcome 3 | Increase the number of young people, disabled people and ethnic minority people employed across the organisation. |
| Context | <p>Research has shown that having a diverse workforce brings a wealth of benefits to organisations including inspiring creativity and innovation, enhancing effective decision-making and problem-solving, and improving overall business performance. When employees come from varied backgrounds, including culture, ethnicity, ability, sex or lived or living experience, they bring different perspectives and approaches to tasks and challenges. This diversity of thought often leads to more creative solutions and encourages employees to challenge each other's assumptions.</p> <p>Moreover, a diverse workforce improves an organisation's ability to connect with its service users. An organisation that reflects the diversity of its service users is better positioned to understand and meet their unique needs. This connection enhances service user satisfaction, and can also increase their trust in the organisation to support meeting their needs.</p> |

Additionally, a multicultural workforce can facilitate greater understanding of the diverse communities, their needs and their customs.

In terms of employee engagement and retention, diversity fosters an inclusive workplace culture where individuals feel valued and respected. This leads to higher job satisfaction and a more positive working environment. Employees are more likely to stay with an organisation that embraces their differences and offers opportunities for growth. Furthermore, inclusive workplaces often attract top talent from various demographics, which enhances the organisation's overall skill set and talent pool.

[Studies](#) have shown that organisations with diverse leadership and workforces often experience better performance. Diverse teams across all levels of the organisation encourages open communication and trust between staff, supervisors and management which in turn improves team relationships and collaboration. This also leads to effective, better informed decision-making as a result of consideration of a number of factors and viewpoints. Therefore, investing in workforce diversity is not only a social or ethical priority but also a strategic business advantage.

Within NHS Ayrshire & Arran, there are 432 (headcount) staff aged 24 or under which represents 3.7% of the whole organisational headcount. Largest proportions are within nursing (213), support services (79), admin (65) and Allied Health Professionals (AHPs) (47) with the remaining 28 in other job families across the organisation. Conversely, 12.2% of our workforce are aged 60+.

Claimant count details for all three local authorities in Ayrshire (as per NOMIS Official Census & Labour Market Statistics as at September 2024) shows that there are 1660 headcount 18 to 24 year olds claiming out of work allowances. As the largest employer in Ayrshire, and in keeping with our Community Wealth Building and wider Community Planning ambitions it is incumbent on the organisation to ensure we are actively encouraging and facilitating employment for this age group, and wider cohorts not in work, recognising that being in work is a positive determinant of health.

| Outcome aim | | Outputs | Actions | Measurement | Protected Characteristics | General Equality Duty | Lead Officer and Timescale |
|-------------|--|--|---|---|---------------------------|--|--|
| 3.1 | To create a more equitable and inclusive workplace that better represents the diversity of our local population. | Staff are more informed of cultural practices | Training / Awareness raising around cultural practices | Number of staff who have undertaken cultural competency training Number of staff who have completed Unconscious Bias / Active Bystander training | Age, disability, race | Eliminate Discrimination Advance equality of opportunity Foster good relations | Head of Workforce Resourcing & Planning October 2026 |
| 3.2 | | Increased number of diverse applications | Targeted recruitment efforts Inclusive job descriptions | Increases in applications from those in protected groups evidenced via equality and diversity workforce monitoring reporting | | Head of Workforce Resourcing & Planning February 2027 | |
| 3.3 | | | Reviewing recruitment processes, practice and skills including diverse interview panels and awareness of unconscious bias | Increasing proportion of successful appointees from protected groups evidenced via equality and diversity workforce monitoring reporting | | Head of Workforce Resourcing & Planning February 2027 | |
| 3.4 | | Holistic and sensitive consideration of supports that will enable wider groups to consider NHSA&A as an employer | Development of a reasonable adjustment guide / passport for staff and managers to support inclusivity both for interview and employment | Reasonable adjustment guide / passport produced Greater diversity within our workforce evidenced via equality and diversity workforce monitoring reporting | | Age, disability | Eliminate Discrimination Advance equality of opportunity Foster good relations |

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| Links to National Outcomes | We are healthy and active We respect, protect and fulfil human rights and live free from discrimination We value, enjoy, protect and enhance our environment |
| Equality Outcome 4 | Services in NHS Ayrshire & Arran aim to increase patient / carer engagement with Near Me in order for our patients to have care close to home where is it safe and practical to do so. |
| Context | <p>Digital access to healthcare services has been evolving to enhance patient care and streamline services. They offer several online and digital solutions to make healthcare more accessible and convenient for patients.</p> <p>A significant advancement in digital access is the use of Near Me, a video consultation service that allows patients to meet with healthcare professionals from their homes or wherever is convenient to them. This service reduces the need for travel, making healthcare more convenient and safe, especially for vulnerable populations. Near Me can also make it easier for the patient to have a member of their family / carer with them who may not have been able to travel to their appointment.</p> <p>There are many benefits to the use of Near Me including:</p> <ul style="list-style-type: none"> • Timeous and convenient access – patient can access healthcare services from their home or other convenient place reducing the need for travel to appointments. It can also make attending appointments easier for working individuals by avoiding the need to take time off work. This also has benefits for family members or friends when individuals rely on their support to take them to face to face appointments. • Improved accessibility – for some individuals in remote or rural areas, including the Isles of Arran and Cumbrae, being able to see a specialist on screen removes the need for travel and for the islands this is particularly beneficial during periods of adverse weather. • Reduction in exposure to other illnesses – similar to Covid, offering Near Me consultations reduces the risk of exposure to other infections which is particularly important for vulnerable or immuno-compromised patients. • Continuity of care – with the move to digital health provision, clinicians are more easily able to monitor patient and track progress effectively over time. |

- Environmental benefits – all organisations are now considering the impact of their carbon footprint and by using Near Me, the patient and clinician are still able to see one another but the carbon emissions are reduced.
- Privacy and confidentiality - Near Me ensures secure, encrypted consultations which supports protecting patient confidentiality and meeting the requirements for data protection.
- Reduction in travel for patients, families and carers – being able to access appointments virtually has been cited as one of the key benefits of Near Me in terms of time to get to appointments as well as the cost of travel. Near Me also provides increased opportunity for family members / carers to be involved due to the reduction in travel and the need for time off work.

During the pandemic we know that in NHS Ayrshire and Arran there was a concerted effort to utilise this mode of contact by services including Maternity, MSK, AHP, Paediatrics and some medical specialties. However, since then and the move to in person appointments again, NHS Ayrshire & Arran's use of Near Me has significantly declined.

| Outcome Aim | | Outputs | Actions | Measurement | Protected Characteristics | General Equality Duty | Lead Officer and Timescale |
|-------------|--|---|---|--|----------------------------|---|--|
| 4.1 | To implement the option of Near Me where clinically appropriate for patients requiring outpatient or community care in Ayrshire and Arran. | Increased use of Near Me platform for patient interaction | Identify baseline of current use of Near Me. | Evidence current use of Near Me across the organisation | Age, disability, race, sex | Eliminate Discrimination Advance equality of opportunity | RM Team April 2027 |
| | | | Identify targeted services to offer Near Me as an option | Number of Near Me calls offered by identified disciplines | | | |
| | | | Level of satisfaction reported by patients/carers in relation to Near Me consultation | Patient satisfaction survey responses | | | |
| | | | Level of satisfaction reported by staff | Staff satisfaction survey responses | | | |
| | | | Review whether Near Me has increased or reduced DNA rates | Percentage of DNAs for patients/carers who opt for Near Me | | | |
| | | | Encourage other services to engage with Near Me | Share examples of practice with other areas to encourage more uptake | | | |
| 4.2 | To ensure patients are not negatively impacted, due to communication barriers, of accessing Near Me. | Interpretation support provision for Near Me in place | Identify baseline of current use of communication support with Near Me | Evidence current use of communication support with Near Me | Disability, race | Eliminate Discrimination Advance equality of opportunity | RM Team / Equality and Diversity Adviser April 2027 |
| | | | Increase in the number of digital face to face consultations using interpretation support | Baseline of numbers Increased usage of interpretation support | | | |

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| Links to National Outcomes | We are active and healthy We respect, protect and fulfil human rights and live free from discrimination We live in communities that are inclusive, empowered, resilient and safe We grow up loved, safe and respected so that we realise our full potential |
| Equality Outcome 5 | Women will experience improved health outcomes through equitable access to screening, diagnosis, treatment and rehabilitation in relation to cardiovascular conditions |
| Context | <p>The NHS Confederation report states that the UK health and social care system, like many others worldwide, was designed around a white, cisgender, heterosexual, male prototype. However, the UK stands out as the country with the largest female health gap in the G20 and the 12th largest globally, with women spending three more years in ill health and disability when compared to men. The ‘male default’ permeates research, clinical trials, education and training, as well as the design of policies and services. Gender bias in medicine is therefore not only scientific or biomedical, but also social, cultural and political. One area of focus is cardiovascular health that often viewed as a male condition.</p> <p>The British Heart Foundation Bias and Biology briefing outlines some of the key inequalities in heart health:</p> <p>Under aware One in 10 deaths in women are caused by heart disease, yet only 25% of women surveyed recognised it as a leading cause of death.</p> <p>Heart disease is primarily thought of as a male disease in our society, leading many to not understand the potential risk factors and preventive steps that should be taken. This is important across the life course, including at key stage such as pregnancy and menopause. Both healthcare professionals, women and their families need to be supported to understand the risks of heart disease across the life course.</p> <p>Under diagnosed When women present to services with symptoms of a heart attack they are less likely to be referred for timely diagnostics tests. Local data suggests those women open to services are often older with more complicated disease - which may be a feature of later identification and diagnosis.</p> <p>Under treated Evidence from the British Heart Foundation indicates that women are less likely to receive optimal treatment following a cardiac event. This included immediate treatments, imaging and drug treatments. It may be driven by unconscious bias within the healthcare system that does not recognise the specific needs of women experiencing a cardiac event.</p> |

| Outcome Aim | | Outputs | Actions | Measurement | Protected Characteristics | General Equality Duty | Lead Officer and Timescale |
|-------------|--|---|---|--|---|--|---|
| 5.1 | By addressing gender disparities in healthcare, the goal is to reduce cardiovascular morbidity and mortality among women, ultimately enhancing their overall well-being and quality of life. | Improved awareness of cardiovascular health in women | Women's Health Plan Strategic Oversight Group-Heart Health action plan | WHP SOG Action Plan in place and measurable actions implemented. | Age, Disability, Pregnancy and Maternity, Sex | Eliminate Discrimination Advance equality of opportunity Foster good relations | Consultant in Public Health April 2025 |
| | | | Focus on increasing awareness across healthcare professionals and the public the importance of CVD in women | Development and delivery of a campaign to raise awareness cardiovascular disease in women. | | | Consultant in Public Health / Engagement team March 2026 |
| | | | Encourage routine screening and assessment of CVD risk in women at all stages of life course | Increase in targeted services providing routine CVD screening and assessment for women. | | | Consultant in Public Health March 2027 |
| 5.2 | | Improved screening and diagnosis of cardiovascular disease in women | Explore and implement programmes to increase routine CVD screening for women across different healthcare encounters (such as cervical screening, contraception reviews etc) | Pilot / exploration of programmes completed. | Age, Disability, Pregnancy and Maternity, Sex | Eliminate Discrimination Advance equality of opportunity | Consultant in Public Health March 2026 |
| | | | | Expansion / implementation of programmes. | | | Consultant in Public Health March 2027 |
| | | | Explore provision of care with ED/ Urgent care settings to | Gender based analysis of care pathways undertaken. | | | Consultant in Public Health |

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| | | | identify any variation in care pathways based on gender and how this can be addressed | | | | March 2028 |
| 5.3 | | Equality of treatment of cardiovascular disease across the population | Explore current prescribing and treatment patterns to identify sex based variation and address root causes of this | Gender based analysis of prescribing and treatment patterns undertaken. | Age, Disability, Pregnancy and Maternity, Sex | Eliminate Discrimination Advance equality of opportunity | Consultant in Public Health and Nurse Consultant - Acute Cardiac Care March 2028 |



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

