

# **Equality and Diversity Mainstreaming and Equality Outcomes Report 2025**

## Accessibility

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[dg.equalityanddiversity@nhs.scot](mailto:dg.equalityanddiversity@nhs.scot)

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## INTRODUCTION

NHS Dumfries and Galloway (NHS D&G) is committed to tackling discrimination, advancing equality of opportunity and fostering good relations, both within the workforce and the wider community, to provide services and employment that is fair and equitable to all.

The Dumfries and Galloway Integration Joint Board Partnership (IJB) is responsible for a wide range of Health and Social Care services, provided by NHS D&G, Dumfries and Galloway Local Authority and Third and Independent Sector partners since 2016. The IJB must ensure that these services are delivered in a way that best achieves the aims set out in the Dumfries and Galloway Strategic Commissioning Plan.

The equalities agenda continues to be an area of ongoing improvement and development for NHS D&G and its partners across Health and Social Care. The purpose of this report is to provide a two-yearly update on progress and continuing commitment to embed equality, diversity and person-centred care, as required by the public sector duties, into IJB services, highlighting progress and areas for improvement.

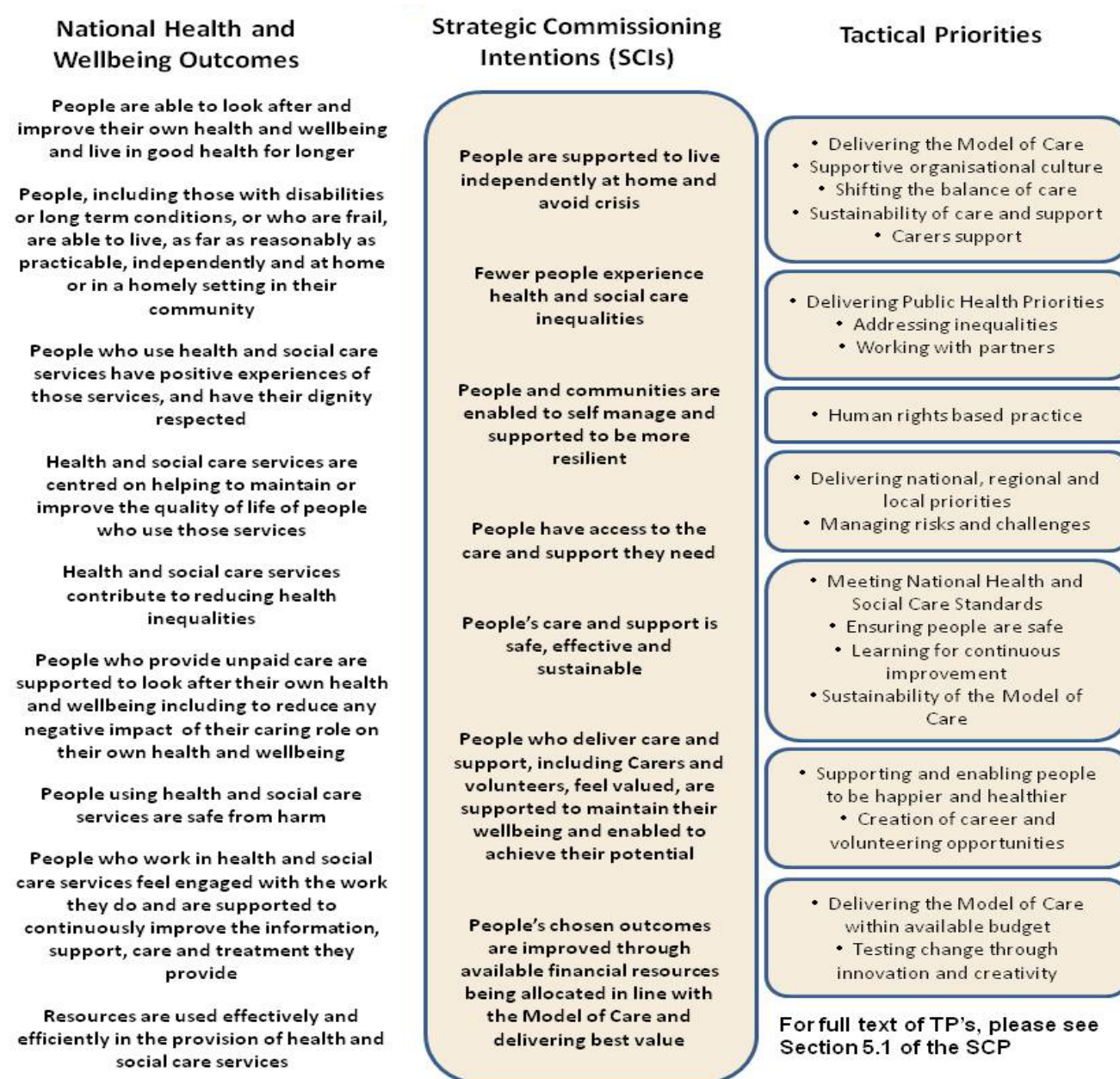
This is a joint mainstreaming report, developed on behalf of NHS D&G and the IJB. Dumfries and Galloway Local Authority also have a responsibility under the Specific Duties to publish an equality mainstreaming report. This report can be found [here](#).

The purpose of this mainstreaming report is to set out the progress made within the partnership, whereby the organisations are working towards ensuring that equality is at the heart of everything it does and integrating the General Equality Duty into day-to-day functions.

## HEALTH AND SOCIAL CARE PRIORITIES

The main purpose of integration is to improve the wellbeing of people who need health and social care and support services, particularly those whose needs are complex and involve support from health and social care at the same time.

It is intended that integration, and therefore the work of the IJB, will achieve the nine National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations. These are backed by local Strategic Commissioning Intentions and Tactical Priorities. Further information can be found in the [Health and Social Care Strategic Commissioning Plan](#).



## THE LEGAL CONTEXT

### The Equality Act 2010

The Equality Act 2010 brings together the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation into one piece of legislation.

All health boards and IJBs across Scotland are required to comply with the three aims of the Public Sector General Equality Duty (Equality Act 2010) and the (Specific Duties) (Scotland) Regulations 2012 and must have regard to this in the exercise of their functions.

The three aims of the Act's Public Sector General Equality Duty are as follows:

- 1. Eliminate discrimination, harassment, victimisation and any other conduct which is prohibited under this Act**
- 2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not.**
- 3. Foster good relations between people who share a protected characteristic and those who do not by tackling prejudice and promoting understanding.**

### Purpose of the Public Sector Equality Duty

The purpose of the Public Sector Equality Duty (PSED) is to ensure that all public bodies mainstream equality into their day-to-day business by proactively advancing equality, encouraging good community relations and addressing discrimination. The current duty requires equality to be considered in relation to key board functions including the development of internal and external policies, decision making processes, procurement, workforce support, service delivery and improving outcomes for individuals.

The PSED is being reviewed in Scotland. This is intended to deliver improvements in the effectiveness of the legislation and in turn, deliver improved outcomes for equality groups.

### Specific Duties

In Scotland, an additional set of specific duties were created by secondary legislation: the Equality Act (2010) (Specific Duties) (Scotland) Regulations 2012, which came into force in May 2012.

The specific duties listed below are intended to support public bodies, including health boards and IJBs, to meet the needs of the general equality duty effectively:

- **Report progress on mainstreaming the public sector equality duty**
- **Publish equality outcomes and report progress**
- **Assess and review policies and practices (impact assessment)**
- **Gather and use employee information**
- **Publish statements on equal pay**
- **Consider award criteria and conditions in relation to public procurement**
- **Publish in a manner which is accessible**

All public bodies are required to publish an updated mainstreaming report, an update on the 2021-2025 equality outcomes, an updated set of equality outcomes, up to date gender pay gap figures and an Equal Pay Statement by 30 April 2025.

The implementation of the legislation is monitored by the Equality and Human Rights Commission (EHRC) in Scotland.

## MAINSTREAMING REPORT

Mainstreaming equality and diversity is a specific requirement for public bodies implementing the Equality Act (2010). Mainstreaming is defined as integrating equality into the day to day working of both the IJB and NHS D&G, taking equality into consideration as part of everything both organisations do.

Both organisations recognise the benefits of mainstreaming equality:

- Equality becomes part of the structures, behaviours and culture of an organisation
- It supports organisations to ensure that services are fit for purpose and meet the needs of the local community
- It helps organisations attract and retain a productive workforce, rich in diverse skills and talents.
- It helps organisations contribute to continually improve performance through growing knowledge and understanding.
- It helps organisations to work towards social inclusion and to improve the lives of everyone living in Dumfries and Galloway.

By mainstreaming equality, the board and the IJB will experience improved quality of service design and delivery, i.e. equitable access and equity of informed, person-centred care. This leads to improved outcomes for patients and staff.

Since the previous mainstreaming report was published in 2023, NHS D&G and the IJB have continued to embed equality and diversity into their functions. This report will provide case study examples as to how both organisations are continuing to achieve and improve on mainstreaming equality and diversity.

### Organisational Commitment

Health and Social Care Services continue their commitment to 'mainstreaming' equality, promoting equality and diversity and working to ensure it is at the heart of carrying out their functions effectively and fairly.

Both public sector organisations recognise that equality means treating everyone as an individual with equal dignity and respect, taking account of protected characteristics. Achieving equality requires removal of the discriminatory barriers that limit what people can do and achieve.



Mainstreaming also means trying to ensure that all staff take responsibility for equality and diversity issues; that this work is not solely the remit of the Equality Team, but a shared responsibility.

The organisations continue to adopt an incremental approach, setting realistic goals which recognise that mainstreaming is not an overnight process of change. This may appear to be a slow process, but it allows managers and staff to take time to build their knowledge and skills and then to put this into practice.

**IJB Vision – People living happier healthier lives in Dumfries and Galloway**

**NHS D&G Aim - “to deliver care that is person centred, safe, efficient, reliable, as well as working with the communities and partner organisations to reduce health inequalities across the region”.**

The above IJB vision and NHS D&G aim would not be achievable without consideration of inequalities and the protected characteristics.

### **Leadership and Responsibilities**

Mainstreaming the equality duty is an organisational responsibility, with leadership and staff awareness central to its success. Leadership must be demonstrated at all levels, providing a mandate for the workforce to integrate equality into all board functions.

The Chief Executive of NHS D&G and the Chief Operating Officer of the IJB are ultimately accountable for ensuring that equality legislation is upheld and that services are designed and delivered in a way that meets the Equality Act 2010. Within NHS D&G, this responsibility is delegated to the Workforce Director.

The NHS Dumfries and Galloway Board consists of 14 members; 5 Executive Directors, 1 Chair and 8 Non-Executive members (appointed via Public Appointments). The Gender Representation on Public Boards (Scotland) Act 2018 sets a gender representation objective for the non-executive member component of public boards; that 50% of non-executive members are women and that steps are taken towards achieving the objective. The intention of the Act is to help address the historic and persistent underrepresentation of women in public life.

The NHS D&G Board can be broken down as follows, and is evidence that the ‘Gender Representation Objective’ has been met:

**Non-Executive Members**

|                            |         |
|----------------------------|---------|
|                            |         |
| Women – 5                  | Men – 4 |
| <b>Executive Directors</b> |         |
| Women – 3                  | Men - 2 |

The recruitment materials for Board members encourage people from a range of backgrounds and specific underrepresented groups to apply, with applicants offered the opportunity to have an informal chat with the Chair as part of the recruitment process. When Board vacancies become available, the recruitment information and materials are distributed as widely as possible. These are advertised via contacts within local equality and diversity groups, community councils, local libraries and online. These are also promoted through partnerships and networks, including voluntary and third sector organisations. The long-term aim is to have a Board representative of our local population and various protected characteristic groups. The NHS Dumfries and Galloway NHS Board currently has an Interim Chair in place at present and the role will be advertised in January 2025 to begin recruitment of a new Chair.

The IJB consists of 24 members, comprised from members of the NHS Board, the Local Authority, Third and Independent Sectors. There are currently 5 vacancies. Of the members in place at present, 10 are women and 9 are men.

### **Tackling Inequalities**

Since 2022, an Inequalities Working Group has been in place to oversee the partnership approach to tackling inequalities and maximising our status as an ‘anchor institution’, embedding this into the mainstream business of the partnership and ensure that appropriate monitoring around progress is in place. The Group meet on a monthly basis and have previously undertaken work to map activity across the partnership in relation to inequalities against the Joseph Rowntree Foundation Progressive Anchor Organisation Framework and identify any gaps. The group is also responsible for developing policy and guidance around Equality Impact Assessment and further developing the organisational approach to Equality Impact Assessment.

### **Equality Impact Assessment**

An Equality Impact Assessment (EQIA) is a careful examination of a proposed policy, guideline, strategy, service or function to explore if it may affect some groups unfavourably, especially minority groups who may experience inequality, discrimination, social exclusion or disadvantage. It applies equally to internal and external policy, strategy, functions and services.

Where barriers are identified, a plan should be developed to ensure that any negative consequences are minimised and opportunities for promoting equality maximised.

EQIA has been an ongoing area of focus and development since the initial legislation was brought in and ongoing work has taken place to ensure that the paperwork and process is simplified, while retaining key areas of focus: to assess any new policy, strategy, service review and development against the aims of the General Equality Duty. The approach to EQIA incorporates the requirement to assess against the Fairer Scotland Duty and the Armed Forces Covenant Duty. The EQIA toolkit and guidance documentation is currently reviewed and updated on an annual basis to ensure that it stays relevant and fit for purpose.

All of NHS D&G Board and Committee papers and the IJB papers require the author to confirm if an impact assessment has been carried out and if not, to provide information as to the justification for not doing so.

The area of impact assessment is one which requires continuous promotion in order to fully embed the process within all of our decision-making processes.

### **Case Study: Equality Impact Assessment Review and Improvement Plan 2024**

During 2024, the Impact Assessment Toolkit and Impact Assessment Guidance were reviewed.

The Impact Assessment Toolkit and Guidance are refreshed on an annual basis to ensure that terminology and recommendations are as up to date as possible. Both the Toolkit and Guidance were previously simplified and streamlined to ensure that the process of completing an EQIA is as straightforward and accessible as possible. Aligning the Toolkit and Guidance with the NHS Education Scotland EQIA training approach has ensured consistent messaging around key considerations related to access, experience, outcomes and participation of all protected characteristic groups.

The Toolkit encourages engagement with members of the Staff Equality Networks in relation to workforce focussed Impact Assessments. This ensures that Staff Network members have their voices heard and those undertaking programmes of workforce related change can take into account learning from those with lived experience.

The Toolkit also signposts staff to the Equality and Diversity Team's folders on the internal intranet site which hosts resources collated to increase awareness around the experiences of protected characteristic groups. This will result in better informed Impact Assessments and ultimately more positive impacts on people.

The group also identified opportunities for positive impact on protected characteristic groups, leading the way in a cultural shift towards EQIAs as opportunities to identify potential for positive impact as well as mitigation of negative impact.

An ongoing EQIA improvement plan has been developed and has been in place since 2023. The Plan includes action around a number of themes including:

**Communication** – ensuring that information about the EQIA Policy, toolkit and guidance is shared widely with all staff

**Training** – Signposting to online and face to face training and awareness sessions for all staff but in particular those who are likely to ‘lead’ on EQIAs

**Enforcement** – ensuring that staff are aware of the requirement to carry out EQIAs and that decisions that require EQIA will not be approved without the EQIA process being carried out.

**Random Audit/Sampling** – using the internally developed quality checklist on a random sample of EQIA to gain insight into the quality of assessments taking place.

The number of EQIAs published on the NHS Dumfries and Galloway website increased from 4 during 2021/22 to 13 during 2023/24.

## **Employment and Employee Information**

Embedding equality and diversity practice in all we do is not only a core part of being a supportive employer, but also provides a strong foundation from which to begin the journey of improvement. The greatest asset across health and social care is the people who work within services. As an employer, NHS D&G is committed to equality and treating staff with dignity and respect, supporting them to reach their full potential at work. The board 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 which we serve.

The IJB does not have any direct employees.

### *Staff Awareness and Understanding*

The requirement to mainstream equality and diversity provides NHS D&G with an opportunity to build the knowledge and understanding of all staff to consider and promote equality within their own roles. The board recognise that the success of the organisation in providing high quality, patient centred services and patient experience depends on the workforce being valued, supported and developed. Equality and Diversity awareness training continues to be mandatory

for all new staff to the organisation and for all current staff, including Senior Managers and Board members, every two years.

All staff new to the organisation undertake equality and diversity awareness training as part of their induction programme on their first day. From the outset, they are aware that equality and diversity is an integral part of the organisation and the responsibility of everyone within it.

The percentage of staff that have undertaken online mandatory training has increased from 73% in November 2021, to 90% in November 2024. Performance targets have been set in relation to mandatory training within NHS D&G, with a current ongoing target of 94%. 90.5% of the workforce had undertaken the Equality and Diversity module as at November 2024, a slight increase since February 2023 when it was 89%.

In addition to the corporate equality and diversity training, the board have continued to look at options for specific, targeted training where required and to attempt to mainstream equality into all training and awareness sessions that are being delivered.

### **Case Study: Equality & Diversity Learning**

A range of Continuous Learning opportunities continue to be offered to support staff to increase knowledge around Equality, Diversity and Inclusion. These include:

- **Formal learning:** internal or external training or workshops
- **Self-directed learning:** independent learning through reading, research, webinars
- **Social learning:** learning through discussion with colleagues, exploring relevant blogs and social media, informal communications

Over the last two years, formal learning opportunities have included workshops on: Understanding Bias, Bystander Awareness, Developing Confidence and Skills in Equality Impact Assessments and, Transgender Awareness and Trauma Aware Workforce. A number of these were offered as 45 minute 'Lunch & Learn' sessions enabling staff to increase knowledge without needing to commit substantial time in doing so. Other sessions were requested by specific departments as part of CPD for staff. 641 staff attended these formal learning sessions and 186 participants completed evaluations. On a scale of 0 (not useful) to 5 (very useful) the average score in evaluation for the sessions was 4.6. Participants said:

- 'Really enjoyed the session. Very nice to see MS Teams being used effectively with breakout rooms, sharing of presentations and polling. Presenters were relaxed and obviously know the subject very well. Very well done and thank you.' (*Developing confidence in Equality Impact Assessment*)

- ‘The facilitators were excellent, so clear and well prepared. A great refresher and thought provoking’ (*Understanding bias and taking action*)
- ‘Good length of session, bite sized, interactive and informative. I feel empowered to take action in situations’ (*Bystander Awareness*)
- ‘It was excellent. Promotion of and exposure to different people's experiences is something I think is hugely valuable.’ (*Transgender Awareness*)

A number of new self-directed learning opportunities were provided through the E&D Team on Beacon. The Team folder offers opportunities to explore research, best practice guidance, videos and websites to increase knowledge about the experiences of disabled staff, LGBT+ staff and patients, ethnic minority staff and patients, gender-based violence and Equality Impact Assessment. Over the last two years, these resources have been accessed on over 830 occasions.

Social learning opportunities have been provided through a wide range of communication channels, including the Core Briefing, #ontheground, the HSCP blog and social media. These signposted people to external sites as well as providing ‘top tips’ for quick personal actions they could take to increase inclusion and challenge discrimination.

The attendance and evaluation for the formal events and the number of resources being accessed shows that there is a real appetite for increased knowledge and confidence to ensure our relationships with colleagues and our care for people within Dumfries and Galloway are inclusive and equitable.

### *Disability Confident*

NHS D&G is a Disability Confident Employer. The Board has an obligation to interview all disabled applicants who meet the minimum criteria for a job vacancy and consider the applicant on their abilities. When an employee becomes disabled, every effort is made to ensure that they stay in employment by making any reasonable adjustments required.



### *Employment Monitoring*

The most up to date NHS D&G equality and diversity employee data can be found [here](#). The data within this report relates to staff in post as at 1<sup>st</sup> April 2024. This data is gathered and reported annually.

There continues to be a lack of data on a significant proportion of the workforce This issue was addressed within the 2021-25 Equality Outcomes whereby there was a specific outcome on improving the data on both the workforce and people who access services.

However, improvements in the quality of data can be observed. The number of 'not specified' records on staff around disability has decreased from 70.7% in 2021 to 49.3% in 2024 and in relation to ethnicity decreased from 32.8% to 22.6%. Specific performance indicators have been developed to improve the quality of the data on protected characteristics. The previous targets set – that by March 2025, the number of 'not specified' records relating to disability would have reduced to 50% and the target for ethnicity set at 25%. Both of these targets have now been met and ongoing work will continue to improve the quality of the workforce data.

### *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 protected characteristics of age and gender have a particular focus within workforce planning and are routinely used and reported within workforce plans and intelligence.

Changes to the local population and labour market require us to plan our future workforce. Dumfries and Galloway has a greater population of older adults than in other parts of Scotland. This is compounded by an ongoing reduction in working age people.

The [Health and Social Care Workforce Plan](#) details key workforce principles for all partners. This includes a commitment to using inclusive language and imagery to attract as diverse a candidate pool as possible and showcase the diversity of the Partnership workforce or which make efforts to target under-represented groups. It also outlines the principle to support employees to access their work remotely with an agile/hybrid approach. Finally, there is also a commitment to ensure a 'values based' approach to recruitment and training activity.

Given that we have an aging population locally, and in turn, an aging workforce, the need to attract and keep young people employed in local services is crucial. The partnership have delivered a range of programmes that will support and engage young people around working in health and social care; focused on developing people and attracting new talent to the region, promoting local career opportunities and the diverse range of jobs available in the region. With regards to the younger workforce the plan states that *"it is vital that the Health and Social Care Partnership understands who is available for work in the region and that there is engagement with them so they see the Partnership as an employer they would want to work for. The attraction and recruitment methods need to be as open and inclusive as possible and take account of the preferred ways of communication for that generation"*.

### **Case Study: Workforce Sustainability across Health and Social Care**

The Workforce Sustainability Team work closely with services and a range of external partners and national colleagues, including Scottish Government, to deliver a range of projects that support the workforce shortages - primarily within NHS Dumfries and Galloway but also other partners across health and social care services. Throughout the planning stage of each project, the team have ensured that considerations were made for inclusive practice, either through EQIA or the imbedding of good practice.

### ***Improving the onboarding and retention of our out of area staff from a diverse range of cultural backgrounds***

The team are continuously using feedback gathered from our international recruits who relocated to Dumfries and Galloway as part of an ongoing government funded project. Engagement was also carried out with managers and supporting colleagues, such as our clinical and medical educators who support medical trainees and nursing staff, Ethnic Minority Staff Network colleagues, national colleagues at the centre for Workforce Supply and NHS Academy, to continuously improve the experience, onboarding practice and ongoing support for our international staff. This year our focus is building on new support initiatives created in the last year with the aim of making Dumfries and Galloway a place where international staff feel supported.

### ***The Welcome Ambassador Programme***

In early 2024 a new programme was created to enable existing staff to volunteer to become a 'Welcome Ambassador' and link in with new recruits from out of the area. The new recruits are offered the opportunity to complete a Cultural Passport that helps us to match them with a 'Welcome Ambassador', based on a range of personal circumstances. For example, a new recruit may be interested in linking in with other parents so that they can discuss childcare options, or someone from a similar cultural background to gather information around where speciality foods can be bought locally, or someone to make connections with before they arrive with whom they can build a relationship with outside the formality of their team. The next improvement for this initiative is the creation of an annual survey to gain feedback from new recruits to improve this service.

### ***The Welcome Hub***

Launching in March 2025 the Welcome Hub will provide a permanent visual space with information and support for staff from out of the area with links to the Health and Social Care Staff Equality Networks, the Welcome Ambassador programme and a range of key, useful information including information that promotes and celebrates the diversity within the



workforce. The Hub will be staffed monthly, every payday, to offer drop-in support and advice for staff on a range of pastoral needs such as housing, understanding payslips and how to link in with other networks. This initiative is to address ongoing queries that staff new to the area have after their initial onboarding into the board.

### ***Enhanced Inductions***

The team have successfully rolled out Enhanced Induction to Nursing and AHP staff via the funded recruitment programme. This bespoke induction has been designed to provide a more in depth welcome for internationally recruited staff and has grown over the last 3 years, with the inclusion of sessions such as the 'Living the Language' course. 'Living the Language' includes support to learn local colloquial terms and phrases that staff from outwith the area may not use or understand the meaning of, as well as awareness sessions covering issues around consent and relationships, following feedback on the impact of different cultural expectations on an individual and their perceived behaviour. The aim for 2025 is to widen this programme to all our staff who come from out with the UK, whether they are a trainee or substantive employee. This programme is currently in its scoping stage.

### ***Cultural Humility Training - Supporting Managers***

This online programme was developed by colleagues at the NHS Academy with support from Educators, international recruitment leads and international recruits who were recruited via the funded programmes across Scotland. The programme covers a range of topics designed to support managers and teams to think about the cultural differences and the potential difficulties, biases and barriers that new recruits may face. The programme was rolled out in NHS D&G for all staff to complete and is specifically targeted at any unit/ward that has employed staff recruited internationally where managers are encouraged to complete this intensive training with their team.

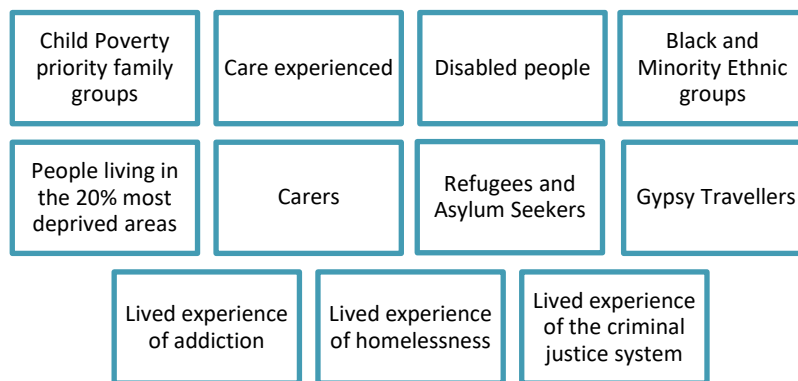
### ***Grow Our Own Youth Engagement Programme***

Our Youth Engagement Plan sets out our intention to provide a pathway for young people to enter the Health & Social Care workforce, aligning with the work of the NHS Scotland Youth Academy. Over the last 3 years, we have worked with our partners across the region to inform and inspire young people to consider a career within Health and Social Care. To support these activities, we have created the role of Health and Social Care Ambassadors where staff can volunteer time to support in the activities below that may inspire others into work. These include:

- **Inspiring Futures** – Health, Emergency and Social Care Services multi agency event for young people at S4 level.
- **Health & Care Week** – an annual programme, including a one day induction and introduction to our services, three days on placement and one day feeding back and celebrating successes
- **Engagement with Primary schools** – exploring options to roll out an ‘Our Future nurse’ programme
- **Annual Teacher and supporting agency** such as Developing the Young Workforce and Skills Development Scotland engagement event to discuss the future of our services and any changes in role design etc.
- **Parent Engagement Session** – Planned for 2025

***Anchors Employability Programme***

As an Anchor organisation we have been working with our Local Employability Partnership in the region to identify programmes of work that we can deliver to will support and inspire individuals who fall into the target groups below:



Dumfries and Galloway has one of the highest unemployment rates of disabled people in Scotland. The region also has an active Child Poverty agenda to reduce unemployment amongst family groups from our most deprived areas. Therefore, there is a priority to focus on programmes such as Project Search and work with the Department of Work and Pensions to identify parents and young adults who are from deprived y backgrounds to provide support to undertake work placements. In order to deliver these programmes successfully a new Employability Officer will work within the Workforce Sustainability team to plan and coordinate these placements.

**Case Study: Voices For Change**

Voices for Change aimed to increase knowledge and understanding of the experiences of women and disabled employees working within NHS D&G in order to make appropriate and sustainable changes to create more inclusive workplace environments for women and disabled people. The project was supported by Scottish Government's Workplace Equality Fund.

The project was designed to enable disabled people and women to have a direct voice to influence change. A Steering Group was formed to co-create and oversee the project which included representation from both the Women's and Disability Staff Equality Networks and the NHS Dumfries & Galloway Equality and Diversity Team, as well as two external representatives with expertise in engaging and representing disabled people: DG Voice and the Public Protection Violence Against Women Sub-Committee.

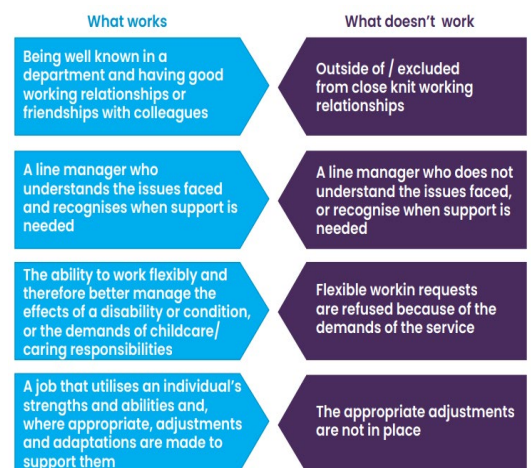
175 people participated in the project by completing an online survey or taking part in an in-depth interview. The report, published in 2023, showed that while 60.6% (106) of survey respondents rated their overall workplace experience as good, 39.4% (69) did not.

The findings showed that good working relationships with colleagues, a supportive line manager who understands the issues faced by staff and the ability to work flexibly to manage the effects of a disability, condition or caring responsibilities had a positive impact on workplace experience. A job that utilises an individual's strengths and abilities was also highlighted as an important factor.

Participants who felt excluded from close knit working relationships and who had a line manager who did not understand the issues faced had a less positive experience in the workplace. Lack of support for flexible working requests and appropriate adjustments were also noted as contributing to a more negative experience.

Recommendations include a focus on increased understanding amongst managers around disability, mental health, neurodivergence and women's issues, improved physical work environments, more consistent implementation of policies and a strengthened approach to ensuring that the strengths and talents of all staff are harnessed.

Training sessions on flexible working, neurodiversity, neuroinclusive recruitment and reasonable adjustments have been delivered by Flexibility Works and Perth Autism. A new 'Wellbeing Passport' is in development, which aims to support conversations between managers and staff about what staff need to work at their best within their role. An Implementation Group has been



set up, including members from both the Disability and Women's Networks, to ensure ongoing action to respond to the project recommendations and improve the workplace experience for both women and disabled people.

### **Case Study: Neurodiversity Working Group**

The Neurodiversity Working Group was set up in 2023 to link up those working to improve the experiences of neurodivergent staff and to coordinate activity towards a more neuroinclusive workplace. The Working Group includes representatives from HR, Staff side, Psychology, Occupational Health and Equality and Diversity as well as a number of staff with lived experience of neurodivergent conditions.

During its first year the Group identified actions designed to implement three of 10 key recommendations from Scotland's National Autism Implementation Group (NAIT)'s [Adult Neurodevelopmental Pathways report](#):

- **Recommendation 8:** Neuroinclusive Further Education and Employment environments.
- **Recommendation 5:** Build a Neurodevelopmentally Informed workforce in Scotland.
- **Recommendation 10:** Seek to understand the changes needed to effectively meet the mental health needs of neurodivergent people.

Members scoped and identified activity across the organisation already contributing to achieving the recommendations. The group worked closely with neurodivergent staff and members of the Staff Disability Network to gain insight into the challenges facing neurodivergent staff and potential solutions. A particular focus has been the assessment of tools designed to support neurodivergent staff to explore, identify and communicate what they need to function effectively within their role. These tools have fed into the Wellbeing Passport, currently being developed by a short life working group. The group has also promoted resources designed to increase awareness around the needs of neurodivergent colleagues and the benefit of a neurodiverse workforce.

The Working Group plans to continue to take forward actions over the next 12 months that contribute towards achieving the NAIT Recommendations. These will include offering training and resources to increase knowledge and understanding, promoting and celebrating the value of neurodivergent colleagues, ensuring that the Culture Improvement Plan and Behaviours Framework are neuroinclusive and exploring opportunities to ensure the organisation implements good practice around a neuroinclusive workplace.

### *Culture Plan*

Work to develop a new Culture Plan was initiated in 2023 and progressed during 2024 to include wider work across the partnership that plays a role in improving organisational culture. The Plan has been informed by research, evidence and stakeholder engagement.

The Scottish Government's ambition is to enhance working cultures across our health, social care and social work workforce through programmes of work at a national level delivered as part of the National Workforce Strategy for Health and Social Care in Scotland and Improving Wellbeing and Working Cultures, across the three pillars of: wellbeing, leadership and equality.

The aim of the Culture Plan is to create an environment which makes NHS Dumfries and Galloway a great place to work for everyone. The Great Place to Work (GPTW) Action Plan identifies opportunities aim to strengthen and improve the culture in NHS Dumfries & Galloway making it inclusive, supportive and the best place to work over the next 5 years.

The Board, Executive Team and Senior colleagues will work closely with our staff teams to build and deliver an approach which actively and overtly demonstrates the behaviours required to bring our CORE values of compassion, openness, respect and excellence to life. The Plan includes actions under the following themes:

1. Building a kinder organisation
2. Equality, Diversity and Inclusion
3. Wellbeing
4. Organisational Development and Learning and Development
5. Patient Safety and Improvement

The development of a Behaviours Framework will build on the work around the CORE values. The Behaviours Framework will be co-created by the workforce and will align values and behaviours to each part of the day-to-day experience, enhancing all five pillars of the workforce journey (Attract, Train, Nurture, Plan, Employ).

### *Staff Support*

Prioritising staff wellbeing is vital, particularly given the significant increase in pressures within Health and Social Care.

There are a range of current wellbeing initiatives available to staff:

- **Psychological Support:** We offer a confidential one-to-one support system through our Staff Psychological Services, available via self-referral. This service provides short-term interventions and, where necessary, guidance towards long-term support.
- **Spiritual Care:** Our chaplains provide spiritual and emotional support, offering a space for reflection and peace, which can be particularly comforting during stressful times.
- **Financial Support:** We have partnered with Dumfries and Galloway Citizens Advice Bureau to offer financial guidance, helping to alleviate the stress associated with personal financial issues.
- **Occupational Health:** Our occupational health services are designed to manage physical and mental stress at work, offering therapies and conflict management support.
- **Social Wellbeing:** Joining our staff support networks fosters a sense of community and belonging, crucial during challenging times.
- **Mental Health Training:** We are implementing training programmes to help staff recognise and respond to emotional distress, enhancing our collective ability to support each other.
- **Active Living Programmes:** We have implemented initiatives like the Step Count Challenge that encourage physical activity to boost morale and health. It's fun, promotes team building, and is beneficial for overall wellbeing.
- **Upcoming Initiatives:** We are planning the Working Well Functional Fitness Programme and an Arts Project from January 2025 to further enrich our wellbeing offerings, focusing on both physical and creative health.

### **Case Study: Trauma Informed Workplace Programme**

The D&G HSCP Trauma Aware Workplace Programme is a joint initiative between Equality and Diversity, Spiritual Care and Psychology. The programme was initiated by the NHS Dumfries and Galloway Equality and Diversity Facilitator to respond to a need for a more trauma aware workplace, identified through the Voices for Change project. Three separate, but linked, learning opportunities are offered and participants are able to register for individual sessions, or for all of them. Over the last 12 months, the Trauma Aware Workplace Programme has comprised 7 sessions, delivered online as 60 – 90 minute 'Lunch and Learn' sessions on Microsoft Teams.

- Introduction to Psychological Trauma
- Self Care in Working with Trauma
- Creating Trauma Resilient Teams

The sessions are delivered by Rab McColm, Lead Psychological Therapist for Psychology Trauma Services, NHS Dumfries and Galloway, Nathan Mesnikoff, NHS Dumfries and Galloway

Spiritual Care Lead and James Lemon, Consultant Clinical Psychologist, Staff Psychological Services, NHS Dumfries and Galloway. The programme is promoted and coordinated by the Equality and Diversity Facilitator with support from the Psychological Therapies Training Coordinator.

435 people attended the Programme between November 2023 and November 2024, with 31% of participants coming from NHS D&G, 45% from D&G Council and 24% from 3<sup>rd</sup> sector organisations.

In evaluation participants average rating for the usefulness of the session was 4.6/5.

- 'I found the whole session very useful, providing first class information and well structured and presented' (*Trauma resilient teams*)
- 'All very useful and relatable, great delivery in an understandable way' (*Trauma resilient teams*)
- 'It was fantastic - one of the best seminars I've ever been on' (*Introduction to psychological trauma*)
- 'As a result of attending, I have much more understanding of triggers and will consider why people react the way they do in certain situations and have more empathy, there are reasons why people behave the way they do.' (*Introduction to psychological trauma*)
- 'Understanding compassion vs empathy, was like a light bulb moment for me. I am a huge empath and I realise I need to balance that better with compassion to enable me to help others.' (*Self care in working with trauma*)
- 'A brilliant session, well structured, insightful and very useful' (*Self care in working with trauma*)

The team delivering the programme has valued the opportunity to work together to address the need for increased awareness and understanding around trauma within the workplace. The 2025 programme will offer 9 further sessions, 6 delivered via Teams and 3 offered as face-to-face sessions.

### **Case Study: Equally Safe at Work**

Violence Against Women affects all aspects of women's lives, including the workplace. It can make it difficult for victim-survivors to do their job well, prevents them from progressing, and in some cases forces them out of their job altogether. For employers, this can mean reduced productivity, the cost of managing unplanned absences, and higher staff turnover.

Equally Safe at Work is an innovative employer accreditation programme designed to support employers in the public and third sector to prevent violence against women (VAW) and advance

gender equality at work. Equally Safe at Work was developed by Close the Gap, Scotland's expert policy advocacy organisation working on women's labour market participation.

NHS Dumfries and Galloway were awarded Development Level in December 2023. In order to meet the standards and receive accreditation, evidence was required to be submitted to demonstrate that progress was being made within six categories:

- Leadership
- Date
- Flexible Working
- Occupational Segregation
- Workplace Culture
- Violence Against Women

### **Case Study: Providing culturally sensitive support in multicultural healthcare teams**

This programme, funded through NHS Charities Together, was initiated to increase opportunities for ethnic minority staff to develop within NHS Dumfries and Galloway. The programme was led by a lived experience Steering Group, who worked with the Equality and Diversity Team to design the programme in collaboration with the external consultant delivering it.

Two pilot sessions focussed on a) increasing cultural awareness and developing skills in managers to mentor people from different identity groups and b) developing the skills of ethnic minority staff to provide peer coaching support to ethnic minority colleagues.

Following evaluation of the initial pilots, the Steering Group refined and develop the programme for further delivery. *'Providing culturally sensitive support in multicultural healthcare teams'* was delivered to 3 further cohorts between January and June 2024. Each cohort comprised a one day face to face event with a half day follow up via Teams. The sessions offered participants the opportunity to:

- increase cultural awareness
- consider the impact of racism and microaggressions on feelings, behaviour and relationships at work
- reflect on the challenges and opportunities of supporting people from different identity groups to develop
- explore practical ways to build positive relationships
- develop skills to facilitate culturally sensitive conversations
- identify actions to implement learning



45 people participated in the face-to-face sessions from departments across the Board including: Physiotherapy, Surgery, Workforce, Primary Care, Dietetics, Nursing, Mental Health, Acute and Diagnostics, Pharmacy. Women, Children, Sexual Health, Allied Health Professionals, Rheumatology, Facilities and Clinical Support, Medical and Speech and Language.

Evaluation showed that, after attending, all participants felt more confident to recognise racism, explain racism and its impact on relationships, challenge racism and promote anti-oppressive practice. 100% of participants said they would recommend the programme to colleagues.

- 'I think the course is useful, loads of transferable skills and opportunities to question own beliefs'
- 'This should be embedded in practice - today has fuelled motivation for change'
- 'This training is really essential and I hope it can be made available or extended to everyone'
- 'It's necessary for us all to feel confident in how to challenge the power dynamics that uphold discriminatory cultures'

Participants reflected on the strategies that NHS Dumfries and Galloway should adopt to address the challenges around racism within the organisation and identified the following:

- Wider acceptance that there is an issue
- Visible leadership that holds poor conduct to account and is seen to challenge
- Commitment from all, clear accountability and honesty
- Consistent approach, everyone doing their part
- Education, safe spaces for discussion
- Praise, feeling valued, empowerment
- Psychological safety
- Celebrating and promoting stories from ethnic minority staff

With support from the NHS Endowments Fund, this programme will continue, through two further cohorts delivered by the external trainer and her support to develop an internal programme in partnership with the lived experience Steering Group who have overseen the project from its outset.

### **Case Study: Development of Staff Equality Networks**

Our four Staff Equality Networks celebrated their second birthdays during 2024. In the two years since the Networks were set up for employees of the D&G Health & Social Care

Partnership, 250 staff have joined the Disability Network, Ethnic Minority Network, LGBT+ Network or Women's Network.

The Staff Equality Networks offer a place for staff to be part of a community of support, share experiences with other members and be part of a collective voice to influence positive change.

Network activity and priorities are collaboratively agreed by members of each Network, with Office Bearers, elected through a democratic process, facilitating Network activity. The Equality and Diversity Facilitator provides coordination, with support also available via dedicated Board Champions, Workforce Sponsors and a key link in staff side and HR. The HSCP Leadership Group have agreed to support protected time for members and provided a governance structure enabling concerns to be raised and achievements to be shared with leadership on a regular basis.

The Disability Network continues to focus on improving the workplace for disabled and neurodivergent staff, with representatives participating in the Voices for Change Implementation Group, the Neurodiversity Working Group and Wellbeing Passport Short Life Working Group. Members have contributed to the HSCP Blog and the development and promotion of tools to increase awareness around the challenges for disabled staff.

The Ethnic Minority Network has provided opportunities for members to come together via walks, a film screening and dance event. Members have also provided input to national policies and local HR processes. Representatives from the Network have participated in the Board's Anti Racism Implementation Group and led the development of the programme, *'Providing culturally sensitive support in multicultural healthcare teams.'*

The LGBT+ Network have travelled to locations across the region to promote the Network and the Pride Badge Pledge scheme. All those signing up to the scheme become a Network Ally, with opportunities to participate in events and support the Network to raise awareness and promote inclusive practice. The Network recently commissioned a research project 'LGBT+ experiences of giving and receiving healthcare in NHS Dumfries and Galloway'. The findings will inform the Network Action Plan for the coming year.

The Women's Network has just delivered its 3<sup>rd</sup> Wellbeing Programme. These programmes have offered women the opportunity to participate in online and face to face activities including guided walks, relaxation, better breathing, mindfulness and yoga. Learning opportunities have been provided on menopause, women's health and sexual health. A recent development has been 'Let's Talk' sessions which provide a space for connection, discussion and peer support around a particular topic.

All four Networks have had the opportunity to raise concerns directly with leaders, as a result of visits from the Chief Executive Officer, Workforce Director and Executive Director of Nursing.

A highlight for 2024 was a joint event on National Staff Networks Day, where all four Networks came together to celebrate achievements, offer a marketplace for new members and participate in a joint Network meeting.

### **Gender Pay Gap and Occupational Segregation Information**

The [NHS D&G Equal Pay statement and Gender Pay Gap Report 2025](#) has been published on the NHS D&G website and contains information on the gender pay gap and occupational segregation information by gender, disability and ethnicity.

### **Equality of Access to Health and Social Care Services**

NHS D&G and the IJB are aware that many people face difficulties either in accessing healthcare services, getting information or communication due to language, literacy or disability barriers.

#### *Information*

NHS D&G continue to have in place a Patient Information Policy which ensures that all written information for patients, carers and people who access our services is of a high standard and easily understood. Effective communication is a key component to patient safety and positive patient experience. In order to ensure that statutory requirements are met, patient and carer information is required to be:

- Accessible and clear
- Accurate
- Approved
- Cost Effective
- Appropriate Quality
- Respectful and sensitive
- Reviewed regularly

Progress made in relation to Patient Information:

- An internal audit was carried out in relation to patient and carer information and found that local policies and procedures reflect national guidance and legislation and that there is a clear and appropriate approval process in place for new and updated information. The Patient Experience team are continuously working on awareness raising in relation to this area of work. Improvement actions included reviewing and enhancing awareness

raising and training and maximising use of existing EIDO leaflets and information (consent related clinical information).

### *Interpretation and Translation*

NHS Dumfries and Galloway approach to interpretation and translation is guided by the NHS Scotland Interpreting, Communication Support and Translation national policy and the associated legislation including the Equality Act 2010 and the British Sign Language (Scotland) Act 2015.

The NHS Dumfries and Galloway British Sign Language Plan 2024 can be found [here](#).

Progress made in relation to interpretation and translation:

- A recent internal audit found that NHS Dumfries and Galloway has comprehensive and robust interpretation and translation provisions in place and that guidance for staff is readily available and well used. Improvement actions included undertaking a gap analysis to ensure that all of the national policy requirements are in place and being addressed and enhanced financial governance to ensure that services are being used appropriately.
- The 'Insight' app is available for staff to access to support non-English speaking people. The app offers remote interpreting and audio interpreting services. This can be accessed via an app and desktop link.
- There is standard guidance available for staff on the intranet to support the requesting of interpretation and translation of documents. This is shared and promoted at regular intervals.

### **Case Study: CAMHS Youth Mental Health Forum**

CAMHS Youth Mental Health Forum, are a group of young people from across Dumfries and Galloway who are aged between 12 and 17 years old, who are currently accessing services or have in the past. The youth forum members play an extremely important role in informing and shaping our approaches to delivery of services, as well as raising wider awareness around mental health issues affecting young people.

Involving young people can bring new energy and ideas to projects and services. There are huge benefits to young people and organisations when meaningful engagement occurs, as collaboration often improves the quality of decision making when the people affected by those decisions are involved in making them. It also fosters active citizenship, sense of community,

identity, belonging and ownership, and provides young people with the opportunity to develop their skills for life, learning and work.

The CAMHS Youth Forum played a role in achieving Equality Outcome 1: 'Protected characteristic groups experience an improvement in accessibility to, and information about, health and social care services.' In particular it helps broaden the understanding of the needs of protected characteristic groups and young people with intersectional identities.

Youth Forum members took the lead role in designing a new website for CAMHS. Young people, parents and carers were involved in the website working group, working alongside health professionals. Their goal was to research, design and develop a CAMHS website that would empower people with accurate knowledge and information that would add value to them. It was very important to ensure that the voices, experiences and ideas of young people and parents and carers who are accessing services were at the heart of this website project.

Youth forum member aged 16, shared; "We tried to make it as colourful and as nice as possible, to try to bring the mood up a bit. It's important for us young people to be involved in building the service – we know what it's like to have accessed the service before or who are accessing it now, so we can feed back our own experiences."

The CAMHS Youth Forum was recognised for all of their excellent work and were finalists within the Dumfries and Galloway Youth Awards in the Health and Wellbeing category.

### *Physical Access*

All public NHS buildings have disabled parking and toilet facilities and hearing loop systems. Annually, NHS D&G submit a 'Property and Asset Management Strategy' which goes to the Board for approval, and which highlights any issues which require to be addressed.

Every five years, all of our properties are re-surveyed in relation to a range of maintenance issues but which also take into account compliance regarding physical access. Considering equality has become mainstreamed into this process, both in terms of new developments and any refurbishments. A 'Changing Places' toilet facility has been developed within Mountainhall Treatment Centre. These are larger facilities that have accessible equipment including a changing bench and a hoist to support disabled people.

### *Video Consultations*

The Partnership continues to promote and support the use of video consultations for the provision of health and social care services. Video consultations enable people to have visual

contact with health and social care professionals using an internet enabled device from a location that suits them.

NHS Near Me (powered by Attend Anywhere) remains the Partnerships chosen platform for video consultations, offering a secure web based service that works on smart phones, tablet devices, laptops and PC's. The platform has been expanded to cover Group consultations for larger groups of patients and this feature is being used by a number of services across the organisation including the Mental Health and Acute directorates.

The Right Care, Right Place Programme will see Community Hubs created in four locations across the region during 2025 – Kirkcudbright, Moffat, Newton Stewart and Thornhill – and a key component of the hubs will be a room enabled for patients to attend video consultations with clinicians based in Dumfries. This element of the project is in the planning stages and has buy in from senior leadership.

The Lens Intrapreneurship Programme has supported the Devices for All project resulting in 73 laptop devices that are no longer used within NHS Dumfries and Galloway to be sent to a local charity, The IT Centre in Castle Douglas. The devices will be securely wiped and refurbished before being made available to individuals and organisations, enabling them to make more use of the internet and the advantages that being online can have. The IT Centre work with a number of partners to ensure that those most in need are able to access devices including young people that are leaving the care system and continuing their education and refugees and have committed to supporting patients identified by NHS D&G services that would benefit from an internet enabled device to attend appointments by video consultation.

### **Service User Data and Monitoring**

Monitoring service user data continues to be an important aspect of NHS D&G's commitment to equality, diversity and inclusion.

NHS Dumfries and Galloway use three systems to collect patient data – TOPAS, the Patient Administration System, Cortix, a ward based system and Morse, a community based system. The characteristics of age and sex are routinely collected and recorded, and we continue to regularly report on ethnicity monitoring above our target of 80%. Improvements to patient data have been identified as a priority within the equality outcomes.

### **Partnership Working**

Partnership working and engagement are at the heart of how we operate, allowing us to respond more effectively to opinions of local communities and stakeholders around what our priorities should be.

Health and Social Care Integration has meant that partner organisations are increasingly working more closely together.

### *Equality and Diversity Working Group*

NHS D&G and Dumfries and Galloway Council continue to have representation on the Community Planning Equality and Diversity Working Group. The Working Group is a local group made up of a number of organisations who come together to ensure joint working between public sector organisations and local representative equality groups in relation to the duties under the Equality Act 2010. Membership includes:

- Public Sector – NHS Dumfries and Galloway, Dumfries and Galloway Council, Police Scotland, Dumfries and Galloway College, Scottish Fire and Rescue Service, University of the West of Scotland, Scotland's Rural College, University of Glasgow (Dumfries Campus) and Scottish Enterprise.
- Representative Diversity Groups – DG Voice, Dumfries and Galloway Interfaith Group, Dumfries and Galloway Multicultural Association, LGBT Youth Scotland, Dumfries & Galloway LGBT Plus and the Over 50s Group.
- Other Sectors – Dumfries and Galloway Citizens Advice Bureau, Third Sector Dumfries and Galloway

### *NHS Scotland Equality Lead Network*

Nationally, NHS Dumfries and Galloway continue to be represented on the NHS Equality and Diversity Lead Network. This is a peer support network for equalities officers from all Scottish Health Boards. This is a group which allows an opportunity for information sharing, discussion and the sharing of knowledge and expertise around the Equality Act 2010 duties. There are also regular opportunities to engage with national bodies including Scottish Government and the Equality and Human Rights Commission.

### **Case Study - Infant Feeding Service**

NHS Dumfries and Galloway participated as a study site in the UK wide ABA –Feed trial, a randomised controlled trial, which focused on increasing the information and support people receive around infant feeding in the first 8 weeks of their baby's life. There was a particular emphasis on supporting parents in more economically deprived SIMD areas and younger

parents. This “assets based” approach was not exclusively breastfeeding focused, although one of the aims of the study was to improve breastfeeding rates, and it offered non-judgmental support to both breast- and bottle-feeding parents. This trial is now completed, and early results should be available by March 2025. The impact of the study will be measured using both quantitative and qualitative data.

There is now a “Once for Scotland” HR Breastfeeding policy available for NHS Scotland employees. This policy will influence and facilitate a more inclusive workplace culture for breastfeeding employees. The policy requires employers to provide a clean, comfortable, lockable room, with hand washing and milk storage facilities, for expressing milk during work time and/or for a baby to be brought in for breast feeds where this is practicable.

The Infant Feeding Coordinator will be asking the Infant Feeding Strategy Group to review the expressing/breastfeeding facilities for NHS Dumfries and Galloway staff who are breastfeeding/expressing milk in light of this new policy.

## **Procurement**

The degree to which equality and diversity requirements are specified and incorporated within procurement documentation will vary according to the goods, services or works being purchased and are assessed on a case by case basis. Contractors are expected to demonstrate their compliance with the legislation around equality and diversity, and the degree to which is proportionate based on what service is being contracted. The Competitive Quotations and Tenders Procedure contains a section on Equality and Diversity as well as a link to the Equality and Human Rights Commission Procurement Guidance.



## EQUALITY OUTCOMES –2025-2029

Our approach to setting the 2025-2029 Equality Outcomes involved drawing on a range of sources. An evidence gathering exercise took place between October and December 2024 considering both national and local sources of evidence including:

- An engagement exercise in partnership with Dumfries and Galloway Council. Five face to face events, as well as two online events, were held in various locations across the region both during the day and in the evening to maximise attendance. British Sign Language interpreters were booked for two of the face-to-face events and one of the online events.
- A survey was developed to allow people to provide feedback on a number of themes, as well as the ability to raise issues for consideration within the Equality Outcomes.
- The events were promoted via the Community Planning Partnership Equality and Diversity Working Group which includes representatives from DG Voice, LGBT Youth, Dumfries and Galloway LGBT Plus, Dumfries and Galloway Multicultural Association, Third Sector Dumfries and Galloway, Dumfries and Galloway Over 50s Group and Youth Work Services.
- The engagement opportunities were also shared via NHS and Council Social Media channels.
- National evidence and research, including the EHRC 'Is Scotland Fairer' report
- Research carried out internally within the Health and Social Care Partnership via a number of projects; *Voices for Change*, *Race in the Workplace* and *Increasing Understanding of LGBT+ Experiences of Receiving and Providing Healthcare in Dumfries and Galloway*
- Feedback gathered as part of the development of the NHS Dumfries and Galloway Culture Improvement Plan and Behaviours Framework.
- Progress made within the previous set of outcomes and associated actions. A number of actions have been carried forward to ensure that progress continues to be made.

Each of the Equality Outcomes for 2025-2029 set out on pages 34 to 37 describes:

- Which Public Sector Equality Duty aim and protected characteristic(s) it covers
- Objectives
- Lead Officer

Appendix 2 contains the associated evidence for each of the Equality Outcomes.

## Equality Outcome 1: Culture, recruitment and workplace experience

***NHS Dumfries and Galloway are working to foster an inclusive culture around recruitment, staff wellbeing and experience***

|  |  |
|--|--|
| <b>How does this outcome meet the Public Sector Equality Duty:</b><br>Eliminate discrimination<br>Advance equality of opportunity<br>Foster good relations   | <b>Protected Characteristics covered:</b><br>All     |
| <b>Objectives</b>  | <b>Lead</b>  |
| Develop a Culture Improvement Plan and Behaviours Framework, in collaboration with staff, that is informed by lived experience and takes into account groups that experience exclusion.  | <b>Head of OD</b>                                    |
| Continue to review recruitment procedures and processes locally and nationally to ensure the approach to recruitment is in line with best practice to increase diversity within the workforce.   | <b>Workforce Sustainability Manager</b>              |
| Continue to work in partnership with local protected characteristic communities to gain greater understanding of any barriers to employment and progression within the NHS/Health and Social Care Partnership and work together to address these.  | <b>Workforce Sustainability Manager/E&amp;D Lead</b> |
| Develop and increase opportunities for underrepresented groups via employability programmes such as Project Search and work placement opportunities.   | <b>Workforce Sustainability Manager</b>              |
| Work with individuals that have attended placements with us via employability programmes, and who fall into one of the underrepresented groups or one of the 11 Anchor target groups, via focus sessions and surveys to source feedback and ideas to understand and overcome barriers to applying for roles in our organisation. | <b>Workforce Sustainability Manager</b>              |
| Explore options to increase awareness and implementation of team management approaches which identify, develop and maximise the strengths of team members.   | <b>Head of OD</b>                                    |
| Improve monitoring and analysis of equality and diversity data and explore mechanisms for increasing inclusion of workforce equality data when setting Board and team priorities.  | <b>E&amp;D Lead/Workforce Intelligence Analyst</b>   |
| Increase mechanisms for staff to report discrimination and awareness of routes for reporting.  | <b>Head of HR</b>                                    |
| Increase confidence that reports of discrimination from staff will be dealt with.  | <b>Head of HR</b>                                    |
| Develop understanding around what would contribute to increased wellbeing in the workforce.  | <b>ODL Advisor (Wellbeing)</b>                       |
| Develop and promote clear wellbeing offer that includes opportunities for all staff.   | <b>ODL Advisor (Wellbeing)</b>                       |

## Equality Outcome 2: Women, Disability and Neurodivergence

***NHS Dumfries and Galloway and the Dumfries and Galloway IJB are reducing inequality for women, disabled people and neurodivergent people***

|  |   |
|--|---|
| <b>How does this outcome meet the PSED:</b><br>Eliminate discrimination<br>Advance equality of opportunity<br>Foster good relations  | <b>Protected Characteristics covered:</b><br>Disability, Sex      |
| <b>Objectives</b>  | <b>Lead</b>   |
| Consider the viability of setting up a strategy and planning group comprising professionals from across the HSCP and members of the lived experience community to improve experiences and outcomes for neurodivergent adults within the region | <b>General Manager for Mental Health</b>                          |
| Explore opportunities to improve signposting and access to support for neurodivergent adults   | <b>General Manager for Mental Health</b>                          |
| Explore and implement opportunities to establish a neuroinclusive workplace within NHS Dumfries and Galloway via training, awareness raising, access to resources and participation in an accreditation programme.                             | <b>E&amp;D Lead</b>   |
| Develop a Wellbeing/Reasonable Adjustment Passport which is piloted and rolled out across the organisation for staff across NHS Dumfries and Galloway.   | <b>Occupational Health/E&amp;D Lead</b>                           |
| Increase awareness and understanding of staff from across the partnership around neurodivergence, in collaboration with the Staff Disability Network.  | <b>E&amp;D Lead</b>   |
| Train and support managers to better understand issues faced by women working within Health and Social Care services including periods, menopause, fertility, flexible working, in collaboration with the Women's Staff Network.               | <b>E&amp;D Lead</b>   |
| Continue to deliver the actions contained within the Women's Health Plan for people accessing our services and within our workforce  | <b>Women's Health Lead</b>  |
| Continue to develop opportunities to establish a Trauma Aware workplace across the Health and Social Care Partnership.   | <b>Lead Therapist for Psychology Trauma Services/E&amp;D Lead</b> |
| Explore opportunities for renewing Equally Safe at Work accreditation.   | <b>E&amp;D Lead</b>   |

### Equality Outcome 3: Anti-Racism

***NHS Dumfries and Galloway are making progress to becoming an anti-racist organisation***

|  |  |
|--|--|
| <p><b>How does this outcome meet the Public Sector Equality Duty:</b><br/>         Eliminate discrimination<br/>         Advance equality of opportunity<br/>         Foster good relations</p>  | <p><b>Protected Characteristics covered:</b><br/>         Race/Ethnicity</p> |
| <p><b>Objectives</b></p>   |  |
| <p>Establish explicit commitment from leadership on Board approach to anti-racism.</p>   | <p><b>Lead</b><br/><b>E&amp;D Lead</b></p>                                   |
| <p>Build understanding and capacity across leadership and the wider workforce on anti-racism.</p>  | <p><b>E&amp;D Lead</b></p>   |
| <p>Develop an anti-racist plan in partnership with staff and communities who are racially minoritised.</p>   | <p><b>E&amp;D Lead</b></p>   |
| <p>Establish clear process for monitoring and review of the plan in partnership with people with lived experience.</p>   | <p><b>E&amp;D Lead</b></p>   |
| <p>Build local understanding around racial inequalities in relation to Type 2 Diabetes and Cardiovascular Disease, perinatal care and mental health services and consider specific regional priorities linked to race inequalities within health and social care services.</p> | <p><b>Director of Public Health</b></p>                                      |
| <p>Improvement in completeness and accuracy of equalities data for staff and people accessing our services, making use of Public Health Scotland resource and learning hub.</p>  | <p><b>E&amp;D Lead / Workforce Intelligence Analyst</b></p>                  |

## Equality Outcome 4: Engagement and Involvement

***NHS Dumfries and Galloway and the Dumfries and Galloway IJB value input from a diverse range of stakeholders and engagement opportunities and strengthen the voice of patients and staff from protected characteristic groups***

|   |  |
|---|--|
| <b>How does this outcome meet the Public Sector Equality Duty:</b><br>Eliminate discrimination<br>Advance equality of opportunity<br>Foster good relations  | <b>Protected Characteristics covered:</b><br>All                       |
| <b>Objectives</b>   | <b>Lead</b>  |
| Benchmark and understand the makeup of the current Participation and Engagement Network.  | <b>Director of Strategic Planning and Transformation</b>               |
| Link with local protected characteristic representative groups to identify and implement best practice methods for engagement with the Participation and Engagement Network.                                  | <b>Director of Strategic Planning and Transformation /E&amp;D Lead</b> |
| Improve opportunities for all departments carrying out community engagement activities to share good practice and learning around the experiences of patients and carers from protected characteristic groups | <b>E&amp;D Lead</b>  |
| Agree approach and clear process for involving local groups in Equality Impact Assessments.   | <b>E&amp;D Lead</b>  |
| Increase number of EQIA panels involving members of the community and the Staff Equality Networks.  | <b>E&amp;D Lead</b>  |
| Increase opportunities for the voices of Staff Network members to contribute to decision making.  | <b>E&amp;D Lead</b>  |
| Develop Youth Health Advisory Forum.  | <b>Participation Lead (Women and Children's Directorate)</b>           |

## **Appendix 1**

### **Update on Equality Outcomes –2021-2025**

The previous set of equality outcomes were developed and published in April 2021, covering the period 2021 – 2025. The impact of COVID-19 had a significant impact on the development of the outcomes and the themes which emerged in terms of priority setting in 2021. A number of the objectives have been carried forward into the 2025-2029 Equality Outcomes if these were considered to continue to be a priority highlighted as part of the evidence gathering and priority setting.

The tables below contain details of the four previous equality outcomes and updates for the period 2021-2025.

**Equality Outcome 1: “Protected characteristic groups experience an improvement in accessibility to, and information about, health and social care services”**

**Evidence:** During the COVID-19 pandemic there was a significant increase in the use of digital technology to deliver essential health, care and support and reduce the risk of infection. This included the use of video consultations, development of a national programme of work to increase the use of remote monitoring for long term conditions, online triage tools for GPs and some third sector organisations providing services virtually, having used this as an opportunity to develop new ways of working with people.

Findings from local research undertaken by Third Sector Dumfries and Galloway in 2022 has implications for health and social care and our partners in how we design digital and on-line services and develop a more inclusive relationship with service users and, importantly, involve them much earlier in the decision making and design process. Themes identified include:

- There are now fewer people with no digital access. Instead the main concerns are around quality of access. This includes connectivity (speed and reliability), quality of device (type and age) and the move towards on-line access.
- Motivation to use digital technologies is now the main barrier. There are many people who know how to, but do not want to, use online services. These individuals appear to have a strong preference for face-to-face service interactions and using friends and family to undertake transactions. Due to motivational issues, there is also a challenge in convincing people that there are benefits to them in learning to use the internet.
- A substantial literacy barrier and a smaller English language issue which affects more than just digital inclusivity.

The pandemic highlighted that access to information in a variety of languages and formats is often lacking, yet it became vital to ensure that all people understood restrictions and health advice around COVID-19 and that this was updated as guidance changed.

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| <p><b>How does this outcome meet the Public Sector Equality Duty:</b><br/>Eliminate discrimination<br/>Advance equality of opportunity</p> | <p><b>Protected Characteristics covered:</b><br/>Age, Disability, Race</p> |
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| <b>Objectives</b>  | <b>Lead</b>  |
|--|--|
| 1.1 Implement the Digital Health and Care Strategy taking local needs into account in relation to protected characteristic groups and reducing digital exclusion.  | <b>Director of Strategic Planning and Transformation</b> |
| 1.2 Increase the support people receive to access our services e.g. via increased digital inclusion, considering how we communicate with patients; ensuring appointment letters are inclusive and can be understood, inclusive appointment scheduling. | <b>Director of Strategic Planning and Transformation</b> |
| 1.3 Increase wider understanding of the languages spoken and accessible formats required across the region. Ensure that information relating to health and social care services and information can be easily and comprehensively accessed.            | <b>Workforce Director/Nurse Director</b>                 |
| 1.4 Increase the health and social care information available in alternative formats and an improvement in the promotion of accessible information for disabled people and for those where English is not their first language.                        | <b>Nurse Director</b>                                    |

**Update:**

- The Digital Transformation Program Board has been replaced with the formation of a Digital Steering Group. This group has a more operational focus with a responsibility to monitor the implementation of the Digital Delivery Plan (DDP) for year 1. The projects within the DDP have

equality impact assessments in place. In January 2025 a focused workshop with all members of the group will review progress with the plan and will review the 2-5 year road map to identify the priorities for the next phase of the Digital Delivery Plan.

- The group will also consider the outputs from the Digital Maturity Assessment which was completed in November 2024. The outputs have been subjected to an initial analysis in areas which pertain to access and this analysis will be presented to the DSG in January and will support the review at the workshop.
- Practical measures to reduce inequality in terms of access to digital solutions are being developed with the implementation of the Community Health and Social Care Hubs with these expected to be operational from March 2025
- A range of digital solutions are being tested across the partnership, the evaluation of one solution (ETHEL) has confirmed the value of feedback received from people who use services, and this will be formalised to develop user feedback to inform the procurement of further digital solutions.
- The Community Planning Partnership have agreed a range of projects in the Local Outcome Improvement Plan. There is a specific project in relation to Digital and this will build on the work undertaken by the Third Sector as noted above.
- A Digitally Enabled Workforce (DEW) plan is in development, and this will build on the findings of the DMA to improve skills and develop a digital first culture which will improve staff confidence and enable staff to engage with people who use services and offer digital solutions as alternatives to the more traditional face to face appointments
- A recent internal audit found that NHS Dumfries and Galloway has comprehensive and robust interpretation and translation provisions in place and that guidance for staff is readily available and well used. Improvement actions included undertaking a gap analysis to ensure that all of the national policy requirements are in place and being addressed and enhanced financial governance to ensure that services are being used appropriately.
- The 'Insight' app is available for staff to access to support non-English speaking people. The app offers remote interpreting and audio interpreting services. This can be accessed via an app and desktop link.
- There is standard guidance available for staff on the intranet to support the requesting of interpretation and translation of documents. This is shared and promoted at regular intervals.
- Engagement was undertaken with local British Sign Language users during 2024. The British Sign Language Plan 2024 contains a number of actions to continue improve access to information in BSL and engagement with local communities in 2025 to continue to increase understanding and ensure that information is being provided in appropriate formats.

## **Equality Outcome 2: “Increased resources and communication illustrate the contribution that those from protected characteristic groups experiencing inequality make to health and social care services”**

**Evidence:** People from Black, Asian and Minority Ethnic (BAME) communities have experienced poorer health outcomes during the COVID-19 pandemic. Mortality rates from COVID-19 are highest among minority ethnic communities.

Barriers to effective communication because of language, stigma, prejudice and other cultural differences in health and social care settings are likely to lead to negative outcomes. This is particularly the case when people are attending primary care unaccompanied.

Ethnic minority groups are more likely to say that they don't have support in a time of crisis.

Public Health Scotland have identified the need to seek out and understand lived experience to inform service development to remove barriers for those most marginalised and excluded. They also



recommend that opportunities for greater participation of marginalised communities in service planning, policy and strategy groups are identified and increased.

Consultation with local third sector groups also highlighted the need to involve people and raising awareness within service provision and employment.

Evidence and research shows that there is a particular need to focus on specific protected characteristic groups. This outcome is focused on Disability, Gender Reassignment, Race, Religion or Belief, Sex and Sexual Orientation.

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| <p><b>How does this outcome meet the Public Sector Equality Duty:</b><br/>Eliminate discrimination<br/>Advance equality of opportunity<br/>Foster good relations</p> | <p><b>Protected Characteristics covered:</b><br/>Disability, Gender Reassignment, Race, Religion or Belief, Sex and Sexual Orientation</p> |
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| <b>Objectives</b>   | <b>Lead</b>                    |
|---|--------------------------------|
| 2.1 Increase the work highlighting the contributions made by people from groups experiencing inequality and develop and share materials to promote, recognise and celebrate the diversity of intersectional identities across the population. | <b>Workforce Director</b>      |
| 2.2 Establish a clear action plan and resource to increase the understanding of the wider population of the experiences of employees from minority ethnic communities across health and social care.  | <b>Workforce Director</b>      |
| 2.3 Undertake a review as to how we engage and involve people from diverse communities in service development.  | <b>Chief Operating Officer</b> |
| 2.4 Develop a clear mechanism which supports long term representation and involvement in service development for minority communities across health and social care services.   | <b>Chief Operating Officer</b> |

**Update:**

- The Ethnic Minority Funded Project gathered evidence of the experiences of employees from minority ethnic communities across health and social care and highlighted the contribution of ethnic minority staff to healthcare with the region. Findings and recommendations from the project were shared via relevant internal groups and committees and an Implementation Group was set up to progress actions to achieve the recommendations from the Ethnic Minority Project. Findings included recommendations around both the employee experience and effective engagement with local stakeholders.
- 4 cohorts of the programme 'Providing culturally sensitive support in multicultural healthcare teams' were collaboratively developed with a Steering Group of ethnic minority staff and delivered to 45 staff.
- A short life working group was set up to respond to the recommendations of the Mental Welfare Commission in 'Racial Inequality and Mental Health in Scotland: A Call to Action'.
- A group was set up to lead work around the development of an Anti-racism Plan, anti-racism training resources and an anti-racism statement were drafted
- A range of E&D communications promoted, recognised and celebrated the diversity of intersectional identities across the population.
- Objectives 2.3 and 2.4 have been carried forward into the 2025-2029 Equality Outcomes. Work is currently underway to 'benchmark' the current membership of the Participation and Engagement Network.

**Equality Outcome 3: “An inclusive workplace culture is developed across Health and Social Care services within Dumfries and Galloway, taking into account specific protected characteristic groups”**

**Evidence:** Some protected characteristic groups are more likely to experience discrimination and less fair treatment in the workplace which can create barriers to employment, progression and opportunities.

An inclusive workplace that supports and promotes equality and diversity will benefit from a workforce that are more likely to be happy and motivated at work, more likely to come up with new ideas, attract and retain good staff and will avoid more serious or legal issues arising.

A significant level of sickness absence is linked to anxiety and stress. The impacts of the pandemic has led to increased levels of burnout, low mood, overworked, stress, anxiety and fatigue which can lead to increased risk of mental health distress and Post Traumatic Stress Disorder. Stigma may also play a role as a barrier to accessing help.

People experiencing inequalities may have poorer mental wellbeing due to direct or indirect discrimination.

Social isolation and loneliness can have a significant impact on mental wellbeing as well as physical health impacts. It is estimated that social isolation and loneliness leads to an estimated annual cost of £2.5 billion to employers through absence, caring activity, reduced productivity and staff turnover. People spend a significant amount of time at work, and an integral part of maximising wellbeing is an inclusive culture where employees feel supported and connected.

**How does this outcome meet the PSED:**

Eliminate discrimination  
Advance equality of opportunity  
Foster good relations

**Protected Characteristics covered:**

Age, Disability, Gender Reassignment, Marriage or Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation

**Objectives**

**Lead**

3.1 Undertake a review of recruitment procedures and processes to ensure the local approach to recruitment is in line with best practice to increase diversity within the workforce.

**Workforce Director**

3.2 Work in partnership with local protected characteristic communities to gain greater understanding of any barriers to employment and progression within the NHS/Health and Social Care Partnership and work together to address these.

**Workforce Director**

3.3 Develop and increase opportunities for underrepresented groups, for example via mentoring schemes, work placement opportunities.

**Workforce Director**

3.4 Explore options for workplace ‘charter mark’ schemes and adopt at least one as part of developing best practice.

**Workforce Director**

3.5 Provide mental health information resources which signpost staff to available support services which are accessible, safe and inclusive.

**Workforce Director**

3.6 Develop an organisational culture awareness programme and resources with a clear focus on equality and understanding bias as part of a positive constructive culture. Embed the programme into induction and mandatory training as well as into existing management programmes.

**Workforce Director**

3.7 Establish Staff Networks for key protected characteristic groups, with clear resource in place to support establishment, promotion and ongoing sustainability.

**Workforce Director**

**Update:**

- Four Staff Equality Networks were established in 2022: the Ethnic Minority Network, Disability Network, LGBT+ Network and Women’s Network. The Networks are supported by a dedicated

- Facilitator, Board Champions, Workforce Sponsors and link staff within HR and staff side and have a clear governance route to ensure the voices of members are heard at a senior level.
- The Board achieved the Equally Safe at Work Award at Development Level in December 2023. Equally Safe at Work is an employer accreditation programme designed to support employers in the public and third sector to prevent violence against women and advance gender equality at work.
  - The Voices for Change project was set up to increase knowledge and understanding of the experiences of women and disabled employees working within NHS D&G. The project was designed to enable disabled people and women to have a direct voice to influence change: 175 staff participated. A Steering Group co-created the project and oversees implementation of the project recommendations.
  - The Kickstart programme offered 18 six month paid placements for young people aged 16-25 to develop skills within Health and Social Care
  - ‘Working Well’ is the HSCP’s approach to improving and maintaining staff wellbeing. An action plan was agreed and developed, aiming to achieve an inclusive, supportive and compassionate culture via three key areas of action: addressing emotional distress, improving organisational culture and early intervention/prevention approaches.
  - The induction and mandatory training programmes have been updated to include new content on equality, diversity and inclusion
  - Highly evaluated ‘Understanding Bias’ and ‘Bystander Awareness’ workshops have been delivered to over 150 participants

**Equality Outcome 4: “Robust systems are in place to record equality data, improve the quality of the data and integrate awareness and understanding into key priorities ”**

**Evidence:**  
 The Scottish Government Race Equality, Employment and Skills Committee report 2020 highlighted that having the right data, analysed rigorously is crucial to tackling inequalities to better understand disparities and inequalities.

Without robust data, and reporting systems it is difficult to measure and evaluate the success of any measures identified to tackle inequalities.

In order to prioritise equality activity, organisations require data evidence to highlight inequalities and to benchmark progress.

There is a need to address a number of gaps in the data our organisations hold in terms of the protected characteristics of our staff. There are a number of protected characteristic groups under-represented across the organisations as a whole but particularly within senior roles, creating the potential for pay gaps.

There is also a need to prioritise ‘flags or ‘alerts’ on our patient data systems, to ensure that people accessing our services have the reasonable adjustments they require in place, and any language support needs. Feedback from local British Sign Language (BSL) users has indicated that interpretation and translation support is not always provided or arranged in advance when accessing services. This action is also highlighted within the NHS D&G BSL plan.

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| <p><b>How does this outcome meet the PSED:</b><br/>         Eliminate discrimination<br/>         Advance equality of opportunity<br/>         Foster good relations</p> | <p><b>Protected Characteristics covered:</b><br/>         Age, Disability, Gender Reassignment, Marriage or Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation</p> |
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| Objectives  | Lead   |
|---|--|
| 4.1 Increase the level of demographic, high level data that we gather in relation to people accessing our services by protected characteristic.   | <b>Director of Strategic Planning and Transformation</b> |
| 4.2 Increase the level of information that people accessing our services share with us, in relation to their individual support needs, for example, in relation to language or access requirements.   | <b>Director of Strategic Planning and Transformation</b> |
| 4.3 Improve the quality of equality and diversity data of the existing workforce to allow more in depth, high level workforce monitoring.   | <b>Workforce Director</b>                                |
| 4.5 Undertake activity to increase understanding within the workforce around the value of sharing data and seek commitment to updating personal data, via promotion and awareness raising.  | <b>Workforce Director</b>                                |
| 4.6 Undertake activity to increase inclusion of workforce data when setting Board and team priorities across the wider workforce.   | <b>Workforce Director</b>                                |
| <p><b>Update:</b></p> <ul style="list-style-type: none"> <li>Promotion and awareness raising around the benefits of sharing equality and diversity data, and the reasons why we gather this information has been undertaken through a range of communication channels including core briefing, #ontheground and social media and via email. Ongoing work is underway to engage with staff that do not routinely access computers to ensure that all staff are aware of the benefits of sharing their protected characteristic and are encouraged to do so.</li> <li>We can see an improvement in employee data – the number of ‘unknown’ fields in disability and ethnicity has decreased from 69.4% in 2021 to 62% in 2022 and from 34.4% in 2021 to 32.2% in 2022 respectively.</li> <li>In relation to COVID19 vaccination programme, the proportion of people eligible for the vaccines recorded as ‘not known’ went from 3.5% (816/23,298) in the Spring 2023 campaign to 2.8% (686/24,713) in Spring 2024 campaign. In spring 2024, the Scotland average was 4.5%.</li> <li>For new and return outpatient appointments in the year running September to August in 2022-23, of the 103,553 appointments, 10,436 were recorded as ‘not known’ (10.1%). In the subsequent year, this was 9.4% (9,478 out of 101,014) for D&amp;G and 14.6% for Scotland.</li> <li>For admissions by board of residence, 2022-23, 9.5% of records had an ethnic group recorded as ‘not known’, compared to 2023-24 which was 9.1%. Whilst not a huge difference, this still benchmarks well against the Scottish average for the same period of 16.8%.</li> <li>Improvements in the quality of workforce data can be observed. The number of ‘not specified’ records on staff around disability has decreased from 70.7% in 2021 to 49.3% in 2024 and in relation to ethnicity decreased from 32.8% to 22.6%. Specific performance indicators have been developed to improve the quality of the data on protected characteristics. The previous targets set – that by March 2025, the number of ‘not specified’ records relating to disability would have reduced to 50% and the target for ethnicity set at 25%. Both of these targets have now been met.</li> </ul> |  |

## **Appendix 2: Evidence to inform the 2025-2029 Equality Outcomes**

### **Equality Outcome 1: Culture, Recruitment and Workplace Experience**

#### ***NHS Dumfries and Galloway and the Dumfries and Galloway IJB fosters an inclusive culture around recruitment, staff wellbeing and experience***

#### **Supporting evidence**

##### **Culture Plan and Behaviours Framework**

The NHS Dumfries and Galloway Workforce Equality Data Report 2024 details a reduction in the percentage of disabled applicants from 6% in 2021/2022 to 4.0% in 2023/24.

The Voices for Change research was carried out during 2022/2023 to gather knowledge and understanding around the experiences of women and disabled people working in NHS Dumfries and Galloway. Experiences of women and disabled people in the workplace was mixed. A number of key themes emerged from the research to support EO1:

**Line Managers** – those with supportive line managers tended to have a positive experience in the workplace

**Implementation of policies and procedures** – Different interpretation of policies and procedures by line managers were perceived to create inconsistencies in implementation, particularly in relation to flexible working arrangements.

**Awareness and understanding of issues faced by women** – fertility, periods and menopause were thought to be poorly understood and inappropriate or offensive comments were experienced.

**Flexible Working Arrangements** – Working part time was reported to limit access to training, meetings and wider workplace discussions and was therefore a barrier to development and progression opportunities. There is a perception that if people wish to progress within the workplace, then working full time hours is expected.

**Close Workplace Networks** – Close networks within the workplace, and inclusion or exclusion from them was also reported to affect workplace experiences. For staff members who don't have friends or family relationships at work, the networks were perceived to be 'cliques' that blurred personal and professional boundaries.

**Physical Workplace Environment** – Busy, loud, hot and bright workplaces were overstimulating for some staff members and the absence of a quiet space meant that there was

little respite from this. Staff with physical disability faced barriers including the distance between workplaces, changing and parking facilities and canteens, the placement of door access controls and inaccessible hot desks.

**Being Heard** – Speaking out is difficult for some staff members. For staff who has asked for support but felt dismissed, there was a perceived need to listen and discuss the barriers that existed in the workplace.

Less than half of all respondents rated the workplace culture as good (46.7%) but 34.7% rated it as poor.

Half of respondents rated the recruitment process as good (50.3%) and 22.1% rated it as poor. 41.3% rated opportunities for development, progression and promotion as poor. There was a similar pattern of responses amongst female respondents and respondents with a disability or condition – more rated opportunities as poor than good.

44.0% rated opportunities to influence changes that affected them at work as poor.

Over a third (37.3%) felt that there had been a lack of support for flexible working. 80.9% of respondents who had experience this had a disability or condition. Just under a third (31.0%) had experienced difficulties combining work and childcare and just under a quarter (23.0%) had experience difficulties combining work and other caring responsibilities.

LGBT+ Experiences of Giving and Receiving Care in NHS Dumfries and Galloway is a project which asked LGBT+ staff across the Health and Social Partnership what it was like to give and receive care within the NHS.

11% of staff completing the survey said that their overall workplace experience was poor and 32.7% thought that being LGBT+ had a negative affect on work culture. Negative attitudes towards LGBT+ people and heteronormative assumptions were important here. Where staff encountered these, they were made to feel uncomfortable or vulnerable at work.

46.8% of staff had encountered managers or staff expressing negative attitudes or behaviours towards LGBT+ people. Negative attitudes or behaviours towards their own LGBT+ identity had also been experienced – 29.8% had encountered this from managers or staff and 31.9% from patient or service user. Negative comments were often expressed as 'banter' making it difficult for LGBT+ staff to challenge without being dismissed as oversensitive.

8.2% of staff completing the survey thought that being LGBT+ had negatively affected recruitment, development, progression and promotion opportunities.

The EHRC 'Is Scotland Fairer?' report states that the Age Scotland Big Survey found that 12% of adults age 50 or above had experienced discrimination because of their age and only 13% of respondents said their workplace offered skills development aimed specifically at older workers to help them make positive plans about their future work opportunities.

Despite increasing levels of employment nationally, disabled people in Scotland were more likely to earn a lower hourly wage and/or be in low paid employment than non-disabled people.

## **Equality Outcome 2: Women, Disability and Neurodivergence**

### ***NHS Dumfries and Galloway is reducing inequality for women, disabled people and neurodivergent people***

#### **Supporting evidence**

The NAIT Adult Neurodevelopmental Pathways Report recognised the need to improve experiences and outcomes for autistic adults, adults with ADHD and those with co-occurring neurodevelopmental conditions in Scotland - before, during and after diagnosis, identifying a need for:

- Neurodevelopmentally informed services developed with and for neurodivergent people.
- Neurodiversity affirming, proportionate, relevant support and information across services, communities and society
- Timely access to neurodevelopmental assessment, diagnosis and interventions or medical treatments where required
- Better ways to understand and manage demand and capacity
- Building workforce capacity including broadening cross sector and multi-disciplinary roles

The report recommends that an adult neurodevelopmental pathway strategy and planning group should be hosted in all Health and Social Care Partnerships.

**It should be noted that there is currently access to diagnosis for those who meet existing referral criteria for Mental Health services.**

The Voices for Change research was carried out during 2022/2023 to gather knowledge and understanding around the experiences of women and disabled people working in NHS Dumfries and Galloway. The research identified a lack of understanding around neurodivergence and challenges for neurodivergent people due to the physical working environment and recommended:

- Training and support

- Addressing challenges in the physical environment
- Cultural change to better support different needs in the workplace

Experiences of women and disabled people in the workplace was mixed. A number of key themes emerged from the research to support EO2:

- **Line Managers** – those with supportive line managers tended to have a positive experience in the workplace
- **Implementation of policies and procedures** – Different interpretation of policies and procedures by line managers were perceived to create inconsistencies in implementation, particularly in relation to flexible working arrangements.
- **Awareness and understanding of issues faced by women** – fertility, periods and menopause were thought to be poorly understood and inappropriate or offensive comments were experienced.
- **Flexible Working Arrangements** – Working part time was reported to limit access to training, meetings and wider workplace discussions and was therefore a barrier to development and progression opportunities. There is a perception that if people wish to progress within the workplace, then working full time hours is expected.
- **Close Workplace Networks** – Close networks within the workplace, and inclusion or exclusion from them was also reported to affect workplace experiences. For staff members who don't have friends or family relationships at work, the networks were perceived to be 'cliques' that blurred personal and professional boundaries.
- **Physical Workplace Environment** – Busy, loud, hot and bright workplaces were overstimulating for some staff members and the absence of a quiet space meant that there was little respite from this. Staff with physical disability faced barriers including the distance between workplaces, changing and parking facilities and canteens, the placement of door access controls and inaccessible hot desks.
- **Being Heard** – Speaking out is difficult for some staff members. For staff who has asked for support but felt dismissed, there was a perceived need to listen and discuss the barriers that existed in the workplace.
- Over a third (37.3%) felt that there had been a lack of support for flexible working. 80.9% of respondents who had experience this had a disability or condition. Just under a third (31.0%) had experienced difficulties combining work and childcare and just under a quarter (23.0%) had experience difficulties combining work and other caring responsibilities.



The Neurodiversity Working Group was set up in 2023 as a forum for sharing and coordination of activity related to a neuroinclusive workforce in NHS D&G. In a 2024 survey, members identified the following as priorities for action:

- Much more training and awareness raising of what neurodivergence is for all staff but especially anyone with Line Management responsibilities
- Adjustments to the work environment, to be made consistently across all sites
- Ensuring support is well signposted and that there are opportunities for support when required, early on, to ensure that mental health needs don't escalate.
- Support for the implementation of the Wellbeing Passport as a tool to better understand and respond to the needs of ND people.

Think Differently, an informal, group of neurodivergent adults living in Dumfries and Galloway, carried out a survey in 2024, with 185 participants. The survey indicated that:

- Everyday life and staying healthy was difficult for some
- Getting a diagnosis was difficult
- Not having a diagnosis made living with neurodivergence more difficult for some and was damaging to mental health
- Increasing awareness and understanding would also make a difference to neurodivergent adults
- Different types of support would help people to better manage the difficulties they faced

The group submitted a participation request in 2024, expressing a wish for Think Differently to work with NHS Dumfries and Galloway and partners to improve experiences and outcomes for neurodivergent adults and to develop a stronger and more meaningful partnership between NHS Dumfries and Galloway and local neurodivergent people. The group proposed the setting up of an adult neurodevelopmental pathway strategy and planning group with a longer term hope of:

- Increased awareness and understanding of neurodivergence
- timely access to a stepped-care diagnostic pathway
- access to appropriate care and treatment
- support to manage the difficulties neurodivergent people can face

Community Engagement: The Dumfries and Galloway Equality Outcomes Survey gathered views from the public on setting priorities within the Equality Outcomes. A number of responses pointed to access and provision of services for neurodivergent people, for both young people

and adults. The lack of access to diagnosis and support for adults was highlighted as a key priority within the Outcomes. This was supported by a number of participants that came along to the face to face engagement sessions held across the region.

The EHRC 'Is Scotland Fairer?' report states that there has been a notable increase in both disabled and non-disabled people reporting poor mental health in Scotland since 2015, but the increase has been much larger for disabled people than for non-disabled people.

### **Equality Outcome 3: Anti-Racism**

#### ***NHS Dumfries and Galloway are making progress to becoming an anti-racist organisation***

#### **Supporting evidence**

##### Ethnic Minority Funded Project Recommendations:

1. A **comprehensive review of policies and practices by ethnicity** should be conducted over time to identify actions to address any concerns. Additionally, this should include an evaluation of how discrimination is reported and the effectiveness of any actions
2. A **task and finish group** should be developed exploring the messages from the data that can be used to develop targeted actions and interventions. This will show staff that NHS Dumfries and Galloway are serious about stamping out discrimination
3. Significant work needs to be done to **highlight and champion** to patients, relatives, and members of the public the **positive contribution staff from ethnic minority communities make to Dumfries and Galloway NHS**
4. Many **Black/Asian Minority Ethnic respondents felt their efforts were not recognised by colleagues, managers or team leaders**, there needs to be a concerted effort to stress and communicate the importance of this staff group
5. More ethnic minority staff have experienced discrimination or been **afraid of experiencing discrimination** if they spoke out. The majority of respondents felt able to **challenge discrimination at work**, however Black/Asian Minority Staff felt less able to do so, this suggests that this group may be more **reluctant to speak out**.

More work needs to be undertaken, a radical review and a frank and open discussion regarding how the trust should tackle and challenge discrimination needs to be had. This should include developing a **zero-tolerance policy/communications campaign** aimed at staff and the public which defines **unacceptable behaviour** and sets out a procedure for

reporting and what action has been taken. Rather than a tick box exercise this needs to have teeth and be results driven. This could be explored future in the newly formed **ethnic minority staff network** which is a safe place to talk

6. **Black/Asian Minority staff feel less valued and supported** by those from more senior positions. More in-depth work needs to be done to explore why those in senior positions are not recognising and appreciating staff. **Those in more senior positions need to think how they are communicating with staff, they play a key role in engagement, building respect and trust.**
7. A large majority of staff believe that Dumfries and Galloway NHS have a workforce that accurately reflects communities and the diverse groups that live within it, however fewer Ethnic Minority staff agree with this statement. It is apparent that the recording of equality and diversity data is lacking across the NHS as a whole and at Dumfries and Galloway. **Monitoring and evaluating progress and change is critical, the quality of data collection needs to be improved so ethnic minority analysis can be performed, shared and disseminated.** This should include qualitative and staff survey and comprehensive monitoring of specific areas e.g., promotions, complaints or grievances. We know measures are in place to improve the situation however this needs to be made a priority to provide insight into the current situation within the NHS and the wider community
8. 35% of all respondents agreed that identify and background can influence the opportunities staff are given. **Cumulative results show that Black Minority Ethnic staff don't feel that suitable training and development opportunities have been available.** These issues can have a negative impact on staff moral and staff retention, a transparent process needs to be developed which shows fairness and transparency for all staff. Actions to remedy this situation should include setting targets to ensure all staff have access to training and development opportunities. This should also be monitored over time.
9. Some **ethnic minority staff feel that their career progression had failed to meet their expectations**, given the levels of education and professional aspiration all staff should in principle excel in their chosen career. As this was a quantitative study, more qualitative work needs to be done to discover why. **Black/Asian Minority Ethnic staff feel there are senior people with whom they can identify and aspire to be like at work the task now is to turn this aspiration into real career opportunities**
10. A large proportion of all respondents believed the **main issue facing ethnic minority staff was unconscious bias** (the assumptions, beliefs or attitude that exists in the

subconscious). This can influence the way we recruit, interact, make decisions, alongside having a **negative impact on the culture of the organisation**. The organisation should **develop a compulsory training program** to increase awareness of unconscious and conscious bias and its impact, this will go some way to help people identify and manage bias, change behaviours and understand other peoples lived experiences.

Cultural/language barriers were also identified this should be explored further in the ethnic minority staff network

11. Given the negative impact Covid-19 has had on participant numbers, the survey should be repeated in the future and include staff members from varying staff groups, e.g. cleaning, health care assistants, porters etc. this will provide a richer picture of specific issues for distinct groups.

The BMA's (2022) report Delivering Racial Equality in Medicine provided a high level overview of barriers to equality for their members, drawing on findings of the BMA's 'Racism in Medicine' survey which found that:

- Just over 90% of Black and Asian respondents, 73% Mixed and 64% of White respondents said racism in the medical profession is an issue.
- 76% of the doctors surveyed experienced racism at least once in the last two years, with 17% experiencing these racist incidents on a regular basis.
- There was a low-level of reporting for racist incidents, with 71% of doctors who experienced racism choosing not to report due to a lack of confidence that the incident would be addressed or a fear they would be labelled as 'troublemakers'

The King's Fund (2020) undertook a research study of workforce race inequalities and inclusion in (UK) NHS providers.

They found that ethnic minority staff are more likely to report bullying, harassment and abuse from patients and colleagues; and they are more likely to enter into the formal disciplinary process:

- 15.3 per cent of ethnic minority staff report experiencing discrimination at work from a manager, team leader or other colleague – more than double the proportion of white staff reporting discrimination (6.4 per cent)

- 69.9 per cent of ethnic minority staff report that they believe their trust (employer) provides equal opportunities for career progression or promotion, compared with 86.3 per cent of white staff

The NHS Race and Health Observatory carried out a Rapid Evidence Review into ethnic inequalities in healthcare (2022) which showed that:

- Ethnic inequalities in access to, experience and outcomes of healthcare are longstanding problems in the NHS. Inequities experienced include:
  - 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.

## **Type 2 Diabetes and cardiovascular disease**

### **Scotland**

- Receipt of 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 (Arab and any other ethnic group). (Scottish Diabetes Research Network epidemiology group, 2024)<sup>1</sup>
- Cardiovascular disease (CVD) is a leading cause of morbidity and mortality in Scotland, and a significant contributor to inequalities in life expectancy.

### **UK wide**

- South Asian groups are up to six times more likely than in white groups to develop T2D and have higher mortality from diabetes. Diabetes prevalence in Black groups is up to three times higher than in the white population and they have higher mortality from diabetes. (The Health Of People From Ethnic Minority Groups In England | The King's Fund (kingsfund.org.uk))
- Black groups have higher-than-average incidence of and mortality from hypertension and stroke and have strokes at a younger age. However, in contrast to South Asian groups they have a lower risk of heart disease compared to the majority of the population (The Health Of People From Ethnic Minority Groups In England | The King's Fund (kingsfund.org.uk))
- Compared to White people, minority ethnic groups have a higher prevalence of diabetes, poorer glycaemic control and higher risk of complications. However, receipt of routine diabetes care was lower in minority ethnic groups compared to majority White groups, in both short-and medium-term following diabetes diagnosis. (Ethnic disparities in quality of diabetes care in Scotland: A national cohort study - Scheuer - Diabetic Medicine - Wiley Online Library)

### **Perinatal care**

Inequalities in outcomes for mothers and babies from Black and minority ethnic backgrounds are well-evidenced. The most recent Mother and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) reports highlight that, across the UK:

- Black women are almost four times more likely to die during the childbearing year, while Asian women are almost twice as likely to die, than their majority White counterparts ((MBRRACE-UK, 2023))
- Inequalities in mortality rates by deprivation and ethnicity remain, with stillbirth and neonatal mortality rates considerably higher for Black and Asian women than for white women. The impact of inequalities by ethnicity can be compounded by the intersection of deprivation.

### **Neonatal mortality**

- There are significant ethnic inequalities in neonatal mortality in the UK. MBRRACE-UK reported that neonatal mortality rates for 2021 continued to be higher for babies of Black and Asian ethnicity compared with babies of White ethnicity. (Source: Neonatal mortality review: February 2024, Healthcare Improvement Scotland)

- In 2021 in the UK, Black babies were over twice as likely to be stillborn, and Asian babies over 50% more likely, compared with White babies.
- The neonatal death rate among babies born at 24 weeks gestation and over was the lowest in white babies, and highest amongst Black and Asian babies. (The Sands Listening Project – Learning from the experiences of Black and Asian bereaved parents, 2023)

### **Other key findings**

- Refugee and asylum-seeking women in the UK have a higher risk of perinatal mental health problems and postnatal depression. (Amma Birth Companions Birth Outcomes and Experiences Report)
- Muslim women from racialised minority communities have reported poorer experiences during labour, delivery and postnatal periods, such as being denied choice, inaccessibility of information, lack of cultural competence, compassion, respect and dignity and not being listened to (Invisible – Maternity Experiences of Muslim Women from Racialised Minority Communities, Muslim Women’s Network UK)

The birthrights inquiry into racial injustice and human rights in UK maternity care revealed common themes across the evidence including:

- Lack of physical and psychological safety
- Being ignored and disbelieved
- Racism by caregivers
- Dehumanisation
- Lack of choice, consent and coercion
- Structural barriers
- Workforce representation and culture

The birthrights inquiry report recommends a commitment to anti-racism, that the maternity curriculum and guidance are decolonised, including Black and Brown women in decision-making, creating safe, inclusive workforce cultures and dismantling structural barriers to racial equity through national policy change.

### **In Scotland**

Pregnant women of African and Caribbean or Black ethnic backgrounds are more likely to reside in deprived areas compared to pregnant White majority women. (Amma Birth Companions Birth Outcomes and Experiences Report).

During 2021-22, birth companions reported practice issues or discrimination, including lack of attention and delayed pain relief, inadequate consent & communication, insensitive and disrespectful behaviour, and inadequate support and dismissive attitudes in 37% of 76 recorded cases. Issues with interpreting were identified in 74% of these cases. ((Amma Birth Companions Birth Outcomes and Experiences Report)

In Scotland, recording of maternal ethnicity on the SMR02 dataset has historically been around 80% with the remaining 20% being not known/refused/not provided. It is therefore not possible to draw any conclusions regarding the impact of ethnicity, and / or any changes associated with ethnicity in Scotland on neonatal mortality in 2021/22. (Source: Neonatal mortality review: February 2024, Healthcare Improvement Scotland)

Public Health Scotland (PHS) reports in its latest *Births in Scottish Hospitals* publication: the percentage of pregnancies booked in by 12 weeks in 2023 was lower for ethnic minority populations compared with those from the white ethnic group (94%), with the lowest percentage for those of African ethnicity (70.5%).

## **Mental Health**

The experiences of minority ethnic people in Scotland relating to mental health vary widely and are often under-represented in research around mental health indicators and outcomes. In general, there is a complex picture of rates of mental health among minority ethnic groups which indicate that some groups have higher risk of experiencing mental illness. This is linked to numerous social determinants, including experiences of racialised and generational trauma and discrimination, and a higher likelihood of living in areas of deprivation. Minority ethnic groups may have different experiences in accessing services, encountering barriers such as mental health stigma and a lack of access to, and availability of, culturally appropriate and sensitive support. (Mental Health Equality Evidence Report, Scottish Government 2023).

## **Inequalities in access, experience and outcomes of mental healthcare**

There are barriers to seeking help for mental health problems due to distrust in primary and mental health care providers, and a fear of being discriminated against (NHS RHO Rapid Evidence Review )



Other barriers to access include mental health stigma within some minority ethnic communities, lack of awareness of available services, lack of trust in formalised mental health services, and language and cultural barriers. (Mental Health Equality Evidence Report, Scottish Government 2023)

Many Gypsy, Traveller and Roma people have experienced trauma, discrimination and racism from a very early age. Many of their children are also in state care, adding further trauma and a mistrust of statutory services. (NHS Race and Health Observatory (RHO), Inequalities in Mental Health Care for Gypsy, Roma and Traveller Communities (2023).

The Mental Welfare Commission for Scotland (2021) found:

- Differences in how the Mental Health Act is applied and that people who were black, or of mixed or multiple ethnicity were perceived a greater risk to themselves and others, whereas all categories of white people were more often perceived a risk to themselves.
- A higher proportion of emergency detentions starting in the community for black people (54%) compared to white Scottish people (41%).
- Some minority ethnic people and refugees described difficulties in accessing treatment; some described a high level of stigma of mental illness in their communities.
- Nearly a third of the 320 staff who responded to a survey reported witnessing racism.
- In relation to cultural competent service delivery, barriers included a lack of awareness of issues, lack of senior representation, gaps in training and inadequacy of 'one-off' diversity and equalities training modules, location of equality and diversity lead role.
- Other issues raised included limited understanding of how race and ethnicity data collected was used, and a lack of data.

Race Equality Foundation Mental Health Briefing: (UK)

- Research has repeatedly shown that minority ethnic communities have poorer experiences and negative outcomes within mental health care when compared to the majority population.
- The Covid-19 pandemic has had a disproportionate impact on minority ethnic communities, who have experienced higher levels of anxiety and depression rates than the white population.

- The reasons for this are multi-factorial; and there is overwhelming evidence that existing inequalities compounded by structural racism and discrimination at the face of accessing and utilising services have played a key role in the exacerbation of these inequalities.

### **Asylum seekers and refugees**

Asylum seekers and refugees are disproportionately likely to experience mental health impacts from trauma and a range of post-displacement stressors, including social isolation, poverty, lack of access to resources and discrimination (Mental Health Equality Evidence Report, Scottish Government 2023)

### **Gypsy Traveller Health**

It is widely accepted that Gypsy/Traveller communities typically experience poorer health outcomes and shorter life expectancy than the general population. Scottish Census data, for example, demonstrates that this population is approximately twice as likely to report a limiting long-term health problem or disability compared to the White Scottish population, and is approximately 3 times as likely to rate their health as being either bad or very bad. These health inequalities are likely attributable to a range of broader social inequalities experienced by Gypsy/Traveller communities, including relatively poor living conditions, high rates of homelessness, low educational attainment, social exclusion and stigma and discrimination.

**Mental Health:** Evidence collated in a report by Friends, Families and Travellers relating to Gypsy, Roma and Traveller people across the UK indicates that Gypsies and Travellers have an increased likelihood of experiencing depression and anxiety and are six times more likely to die by suicide than the general population.

**Inequity in accessing services and support:** Reports from third sector organisations and NHS Scotland highlight the challenges in accessing primary and specialist health care, including accessing services without fixed address or proof of identification; longstanding experiences of discrimination and resulting mistrust of services, particularly in the absence of culturally appropriate service delivery; difficulty in establishing continuity of care within mobile lifestyles and difficulties in communication, particularly for those with low or no literacy and knowledge of navigating healthcare systems (Mental Health Equality Evidence Report, Scottish Government 2023)

EHRC 'Is Scotland Fairer' Report – Ethnic Minority Women report negative experiences when reporting sexist and sexual harassment in the workplace. Research into sexist and sexual

harassment of women at work in Scotland found that some groups had particularly poor experiences, including 'women of colour'

#### **Equality Outcome 4: Engagement and Involvement**

***NHS Dumfries and Galloway and the Dumfries and Galloway IJB value input from a diverse range of stakeholders and engagement opportunities and strengthen the voice of patients and staff from protected characteristic groups***

Voices for Change – the staff familiar with the recently formed Staff Networks suggested that they might provide a forum through which more voices could be heard.

LGBT+ Experiences of Giving and Receiving Care in NHS Dumfries and Galloway is a project which asked LGBT+ staff across the Health and Social Partnership what it was like to give and receive care within the NHS.

Staff taking part in interviews and the focus group thought the Staff Network – and its Chair – was an important vehicle for change. They described how it was giving LGBT+ staff a voice and, by connecting with senior leaders, making sure their voice was heard. It was also seen as a space in which LGBT+ staff could connect with and learn from each other.

Some staff questioned whether there was scope for more joined up working across all the Partnership's staff networks to help create a more holistic approach to supporting minorities and marginalised groups.

The Promise report set out action to give children a voice in decisions about them.

Planning with People Guidance (2024) states that NHS Boards and Integration Joint Boards must involve people and communities in the development of care services, and in decisions that will significantly affect how services are run. High quality and ongoing community engagement builds relationships and trust.

Effective and ongoing engagement brings many benefits, including:

1. Organisations hear new ideas and understand all the issues for communities, creating opportunities to identify sustainable solutions to service challenges
2. Communities, especially vulnerable and seldom-reached groups, are connected and engaged with services, improving access to care services and health outcomes
3. Improved public confidence and less resistance to change due to better understanding of the reasons for change

4. Reduced risk of legal challenge resulting from concern about the process of engagement