



NHS Orkney Equality Outcomes 2017 to 2021

What NHS Orkney wishes to achieve in the period 2017-2021, to progress equality both in the services it provides and within NHS Orkney

This report is also available in large print and other formats and languages, upon request. Please call NHS Orkney on (01856) 888031 or (01856) 888221 or email: ork-hb.alternativeformats@nhs.net

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1. Foreword by the Chairman

NHS Orkney has made excellent progress over the last four years to progress equality and diversity both in the services we provide and within NHS Orkney. The challenge now is to maintain and build on this progress over the next four years for each of the 9 “protected characteristics” as defined by the Equality Act 2010. The 9 “protected characteristics” are: race, disability, age, sex (male or female), sexual orientation, gender reassignment, pregnancy and maternity, marriage and civil partnership and religion or belief. The outcomes we wish to achieve are set out in this, our second Equality Outcomes Report.

Our excellent progress over the last four years has been made possible by the hard work and commitment of all NHS Orkney staff, Orkney Health and Care staff, the staff of partner agencies, Orkney Islands Council, local equality and diversity groups and other interested parties and the people of Orkney generally. I am confident that with their continued support, our outcomes will be achieved, to the benefit of the equality and diversity communities we serve.

From 1st April 2016, Orkney Health and Care became a separate organisation managed by its own Board, with its own Equality Outcomes. However, both organisations will continue to work closely together for the benefit of the people of Orkney whom we serve and our outcomes are fully harmonised.

The next four years will see new and exciting developments in healthcare on Orkney. The biggest development will be the opening of the new Orkney Hospital and associated facilities, which will enable us to enhance both the range and quality of healthcare services we provide. As always, the close involvement of our local population will be central to everything we do.

Thankyou for your continued support.

Ian Kinniburgh,
Chair,
NHS Orkney

February 2017

2. What is the Public Sector Equality Duty?

The Public Sector Equality Duty is defined in the Equality Act 2010, Part 11, Chapter 1, Section 149 which states:

“(1) A public authority must, in the exercise of its functions, have due regard to the need to-

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

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

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

The 9 “protected characteristics” as defined by the Equality Act 2010 are:

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

3. Why produce this report?

In Scotland the Equality Act 2010 is supplemented by the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 which came into force on the 27th May 2012. One of the requirements of the Regulations is that public bodies such as NHS Orkney must produce and publish a set of equality outcomes every four years. The equality outcomes must state what NHS Orkney wishes to achieve in the sphere of each “protected characteristic” over the next four year period. The outcomes must be designed to help NHS Orkney meet the Public Sector Equality Duty. An update on progress is required to be produced and published after two years

In preparing these equality outcomes, NHS Orkney has involved as many people as possible who share a relevant “protected characteristics” and their representative organisations. NHS Orkney has also considered other relevant evidence relating to people who share a relevant protected characteristic.

This is the NHS Orkney Equality Outcomes Report for the period April 2017 to April 2021. Details on how to make comments on the Report are shown at Section 16 on page 27. All comments will be warmly welcomed.

This Equality Outcomes Report will, as required by Section 10 of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, be made widely available and published on the NHS Orkney website and other community websites to make it easily accessible to local equality and diversity groups and the general public on Orkney.

The overarching work NHS Orkney will do relevant to all 9 “protected characteristics” such as:

- Staff Training
- Equality and Diversity Impact Assessment
- Annual NHS Orkney Equality and Diversity Workforce Monitoring Reports

is covered in Sections 5-7. The specific work we will do in the sphere of each of the 9 “protected characteristics” is covered in Sections 8-15.

4. Information about NHS Orkney

(a) What is NHS Orkney?

NHS Orkney is an island Health Board responsible for providing a wide range of health care services to the people of Orkney, we work closely with Orkney Health and Care.

NHS Orkney front line services are supported by corporate services such as Finance and Human resources. A Health Board made up of representatives from the local Orkney community oversees this work assisted by a management team. The headquarters are based in Garden House, New Scapa Road, Kirkwall.

(b) What does NHS Orkney do?

The purpose of NHS Orkney is to:

- Improve the health of people living on Orkney.
- Provide safe, high-quality treatment, based on clinical need in comfortable surroundings and within the available resources, both on-Island and with our healthcare partner NHS Grampian.
- Help people choose the best ways to look after their health.

We can only achieve these goals by working closely with our staff, patients, Orkney Health and Care, partner agencies, carers, the local community and organisations/groups on Orkney and nationally.

(c) What is the size of the population served?

NHS Orkney provides a comprehensive healthcare service to the population of Orkney. The National Records of Scotland Mid-2015 Population Estimates show that the population of Orkney is 21,670.

(d) Where are services provided?

The aim is to deliver services as close to the patients' home as it is clinically safe to do so. Services are provided in a range of community settings; workplaces, peoples' homes, in one of the 6 GP practices or in the Balfour Hospital which has 49 beds.

More specialist healthcare services are provided off-Island by NHS Grampian at Aberdeen Royal Infirmary, Woodend Hospital, Royal Aberdeen Children's Hospital, Cornhill Hospital and Aberdeen Maternity Hospital.

(e) Resources used

NHS Orkney had a revenue budget of £50.29 million for the 2015/16 Financial Year. In 2015/16 there were 594 full and part time staff. The budget supports hospital services, community based services and primary care services for Orkney.

5. Staff Training Seminars

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

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

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

The training is delivered face to face which gives staff the opportunity to ask questions and discuss current topics. The Equality and Diversity Training includes a section on each of the 9 "protected characteristics". Attendance is recorded at each Seminar and

feeds directly into staff personal development plans. This recording also allows us to extract statistical data.

NHS Orkney provides two levels of equality and diversity training:

- KSF Level Four is for senior staff such as, consultants, managers and senior charge nurses. It also meets the Equality and Diversity Training Requirement of the various Royal Colleges.
- KSF Level Two, is for supervisory and basic grade staff

Experience has shown that offering these two levels of training meet the needs of all NHS Orkney staff.

At present, there are a large number of legislative changes. Accordingly, both syllabi will continue to be updated regularly.

The Equality and Diversity Training plays an important part of helping NHS Orkney staff to be sensitive to the healthcare and cultural needs of our local equality and diversity communities.

Evaluation of training

Participants are encouraged to provide feedback (anonymously if they wish) by hard copy questionnaire at the end of the training or they can complete an on-line Feedback Form.

Over the next four years

Over the next four years, the Annual Equality and Diversity Staff Training Programme will continue.

6. Equality and Diversity Impact Assessment

Since May 2005, all new or updated NHS Orkney-wide policies, strategies and re-organisational proposals have been Equality and Diversity Impact Assessed, using the methodology provided by the Scottish Government. Impact Assessment in NHS Orkney began in 2005 in response to the NHS Reform (Scotland) Act 2004 which de facto, made Equality and Diversity Impact Assessment a legal duty for NHS Health Boards in Scotland. Since then, compliance with the Public Sector Equality Duty introduced by the Equality Act 2010, has effectively made Equality and Diversity Impact Assessment a legal requirement for all UK public bodies.

The aim of Impact Assessment is simply to avoid policies, strategies or re-organisational proposals being introduced with the best of intentions, which discriminate against anyone who possesses one or more of the protected characteristics.

NHS Orkney currently has 12 trained Level One Impact Assessors. Impact Assessor Training Seminars are held when required.

NHS Orkney is fully compliant with the Impact Assessment requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, which came into force on 27th May 2012, and only applies in Scotland. These Regulations:

- Re-state that Public Bodies in Scotland have a legal duty to carry out Equality and Diversity Impact Assessment of their proposed, new or revised policies or practices in terms of the 9 protected characteristics
- Require Public Bodies in Scotland when carrying out Impact Assessments to consider relevant evidence relating to persons who share a relevant protected characteristic: "...including any received from those persons."
- State that Public Bodies in Scotland **must** take account of any Impact Assessments carried out on a policy or strategy. This is a tightening up of the law.
- Require that existing policies and strategies must also be Impact Assessed if this is required to comply with the Public Sector Equality Duty.
- As at present, public bodies must publish any Impact Assessments carried out "...within a reasonable period..."

Over the next four years

As at present, every NHS Orkney policy, strategy or re-organisational proposal will continue to be Equality and Diversity Impact Assessed. This will ensure that all of our policies, strategies and re-organisational proposals are fully compliant.

In compliance with the Regulations, a list of recent Impact Assessments will continue to be posted on the NHS Orkney website and updated regularly. This will include information on who to contact should anyone wish to receive a copy of an Impact Assessment. All requests are met promptly.

7. Annual NHS Orkney Equality and Diversity Workforce Monitoring Reports

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

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

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

- From 2017/18, the Report will also detail the gender make up of the NHS Orkney Board.

The NHS Orkney Workforce Monitoring Report for 2013/14 is available on the NHS Orkney website at: www.ohb.scot.nhs.uk. The 2013/14 Report has been compiled in the new format required by the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. It contains more information than the previous reports. NHS Orkney is committed to developing and improving the Annual Workforce Report year by year by developing local data collection systems for information which we were previously not required to collect.

Staff have the legal right not to disclose information about their protected characteristics, if they so choose. Any information staff supply is on a purely voluntary basis. However, NHS Orkney now has information for approximately 75% of our staff.

The Workforce Report:

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

The Report goes to the NHS Orkney Person Centred Care Group each year for discussion and approval, prior to widespread distribution including being posted on the NHS Orkney website, as required by the Regulations.

Over the next four years

NHS Orkney will continue to produce an Equality and Diversity Workforce Monitoring Report annually. NHS Orkney is also committed to developing and improving the Annual Workforce Report year by year by developing local data collection systems for information which we were previously not required to collect.

8. Race equality outcomes

There are two main race equality outcomes, these are:

- Meeting the communication and healthcare needs of our local ethnic communities and the promotion of good health
- Ensuring there is race equality within NHS Orkney

In detail:

(a) Outcome One: Meeting the communication and health care needs of our local ethnic communities and the promotion of good health. This will advance equality of opportunity, specifically equality of access to health care and healthcare information.

Supporting actions

(i) Telephone interpretation

Definition: interpretation is changing the spoken word from one language to another.

The “Language Line” telephone interpretation service gives access to expert interpreters, on the telephone, in 60-90 seconds, for 170 different languages. Language Line is used on average twice per month. This usage increases in Summer because Orkney is a popular stopping place for cruise liners, which can bring over 1,000 visitors to the Islands for several days.

(ii) Translation services

Definition: translation is changing the written word from one language to another.

All NHS Orkney policies, strategies and re-organisational proposals contain the offer at the front to make the document available in any other language or format upon request.

(iii) Meeting the healthcare needs of our local ethnic communities and the promotion of good health

NHS Orkney meets the healthcare needs of our local ethnic communities. The promotion of positive health and well being within our ethnic communities is an NHS Orkney priority. NHS Orkney will continue to do health promotion work within our local ethnic communities, in co-operation with Orkney Health and Care.

Over the next four years

This work will continue.

(b) Outcome Two: Ensuring there is race equality within NHS Orkney. Any discriminatory conduct will be eliminated.

Supporting actions

Detailed information on the ethnic make up of the NHS Orkney workforce and other monitoring data is contained in the annual NHS Orkney Equality and Diversity Workforce Monitoring Reports. The NHS Orkney Workforce Monitoring Report for 2013/14 is available on the NHS Orkney website at: www.ohb.scot.nhs.uk.

Any issues or complaints raised by members of staff with a racial discriminatory element have been promptly and thoroughly investigated and appropriate follow up action taken if required. This has involved other bodies and agencies, where necessary.

Over the next four years

This work will continue.

(c) The information and consultation underpinning the race equality outcomes

(i) Demographic profile of our local ethnic communities

The 2011 Census showed that only 0.8% of the population of Orkney came from an ethnic community other than Scottish. A major factor in this limited inward migration is the limited number of job opportunities on Orkney. The overall population figures are:

Area	Census 2011 Population	Mid-2015 Estimate	+/- Difference
Orkney	21,349	21,670	+ 321

(ii) Orkney Equality Forum

NHS Orkney has a relatively small population when compared to mainland Health Boards. If every public body on Orkney carried out their own separate involvement and consultation arrangements, this would quickly lead to “involvement fatigue”. Accordingly, public bodies on Orkney work together to involve people with different protected characteristics in their work through the Orkney Equality Forum. For most of the last 2 years, the Orkney Equality Forum has been the main vehicle for this involvement work.

(iii) Specific Healthcare involvement events

For major healthcare related projects, NHS Orkney carries out large scale direct involvement and consultation. A good example is the work carried out over the last two years to involve the local community in the design of the new Orkney Hospital and the range of service which should be provided on-Island. This has involved:

- discussion forums
- presentations to different groups
- exhibitions
- extensive use of the local radio, local newspaper and social media
- Direct involvement of groups representing people with a protected characteristic

Over the next four years

This work will continue.

9. Disability equality outcomes

There are four main disability equality outcomes, these are:

- Communication support
- Help for carers of disabled people
- Supporting national and local mental health initiatives
- Disability Equality within NHS Orkney

In detail:

(a) Communication support. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

(i) British Sign Language (BSL) Services

Whenever possible, NHS Orkney makes use of the one qualified BSL interpreter on Orkney, when BSL users access health care services.

NHS Orkney and Orkney Health and Care are also part of the National Video BSL service which is a useful supplement to the “face to face” BSL service.

(ii) Portable Induction Loops and fixed induction loops

Portable and fixed induction loops are available to assist patients who use a hearing aid.

(iii) Information in other formats

NHS Orkney will provide any of its published material in any other format or language, upon request. Our leaflets, booklets and other published material contain this offer at the front of each document, together with information on who to contact to obtain this. All requests are met promptly.

(iv) Royal National Institute for the Blind (RNIB) “Good Practice” Guidelines

Most people with a sight problem can read written material without adaptation, if it is written clearly. All of our new information leaflets, booklets and published material complies with the requirements of the RNIB publication: “See it right, making information accessible for people with sight problems”. For example:

- All material should be in a sans serif font, minimum font size 12.
- There should be a good colour contrast between the print and the background
- Text should be justified left, this gives a jagged edge at the edge of the right hand side of the page which helps people with a sight problem to see where the next line begins
- Text should not be in all capitals, often the shape of a word helps a person to identify the word. Capitals remove the recognisable shapes.
- Emboldening should be used to give emphasis rather than underlining. Underlining masks the shape of words.

Over the next four years

This work will continue.

(b) Help for carers of disabled people. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Caring for a person with a disability or multiple disabilities can be a 24/7 commitment. It is important to keep carers fully informed and involved when treatment is provided for their charge. Where possible, the welfare of carers should also be considered. It is widely accepted by the Scottish Government and society in general, that many carers feel undervalued and are socially isolated.

NHS Orkney and Orkney Health and Care have taken a number of initiatives over the last 2 years to enhance support to carers. These will continue.

Over the next four years

This work will continue.

(c) Supporting national and local mental health initiatives. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

NHS Orkney will continue to support both national and local mental health initiatives, such as the “Butterfly Scheme” for people with dementia and the “See me” campaign to help overcome the stigma often associated with mental ill health.

(d) Disability equality within NHS Orkney: appointments procedures, training, promotion and monitoring arrangements. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Information on the number of disabled people in the NHS Orkney workforce together with other monitoring data is contained in the annual NHS Orkney and Orkney Equality and Diversity Workforce Monitoring Reports.

Any issues or complaints raised by members of staff with a disability discriminatory element have been promptly and thoroughly investigated and appropriate follow up action taken if required. This has involved other bodies and agencies, where necessary.

(e) The information and consultation underpinning the disability equality mainstreaming priorities

(i) Disability profile

The 2011 Census figures showed that approximately 18.9% of the population of Orkney had a long-term activity limiting health problem or disability. The figures are:

People on with a long-term activity limiting health problem or disability

Location	2001 Census	2011 Census
Orkney	17.4%	18.9%

The Mid-Year 2015 population estimate from the General Registrar for Scotland indicates the population of Orkney to be 21,670. Using the 2011 Census percentage, this would give a total of 4,096 people with a long-term activity limiting health problem or disability. This is a substantial number. In addition, the 2015 Mid-Year population estimate suggest that 29.2% of the population of Orkney are over 60, this compares to the Scottish average of 24.2%. This would suggest that through time, an increasing number of people will develop a long-term activity limiting health problem or disability.

(ii) Orkney Equality Forum

The Orkney Equality Forum has been the main vehicle for consultation on disability related healthcare matters.

10. Age

The disability equality work described at 9 above has applicability to older people on Orkney. In addition, there are three main additional age related equality outcomes, these are:

- Getting it right for every child
- “Childsmile”
- Independent living for older people

In detail:

(a) Getting it Right for Every Child (GIREC)

NHS Orkney and Orkney Health and Care have supported this multi-disciplinary multi-agency training and will continue to do so.

(b) “Childsmile”

NHS Orkney will continue its active involvement in this national initiative, which is having a positive impact on children’s dental health on Orkney.

(c) Independent Living for Older People

NHS Orkney has continued its active involvement in this national initiative. This will continue, on a joint basis with Orkney Health and Care

(d) The information and consultation underpinning the age equality mainstreaming priorities

(i) Age profile

The Mid-Year 2015 population estimate from the General Registrar for Scotland indicates the population of Orkney to be 21,670. This is broken down:

Age band	Numbers	%
0-15	3,489	16.1%
16-29	3,236	14.9%
30-44	3,557	16.4%
45-59	5,052	23.3%
60-74	4,239	19.6%
75+	2,097	9.7%
Totals	21,670	100%

It can be seen that 29.3% of the population are 60 years of age or older, while the numbers aged 0-15 are 16.1% of the population. This suggest that Orkney has an aging

population and that deaths are greater in number than births. If this trend continues this has implications for the future when there might not be sufficient people of working age to provide health and social care for the older generation. This would suggest that inward migration for NHS Orkney and Orkney health and Care will be increasingly important to enable them to have the staff to provide health and social care in the future.

Orkney does have some health advantages. For example, life expectancy of females at birth is 82.8 compared to the Scottish average of 81.1. For males, the figures are 78.8 on Orkney and 77.1 for the Scotland average. Work will continue to further improve average life expectancy on Orkney about the Scottish average.

(ii) Orkney Equality Forum

The Orkney Equality Forum has been the main vehicle for consultation on age related healthcare matters.

11. Sex (male or female) equality outcomes

There are four main sex equality outcomes. These are:

- Continue to identify and provide targeted healthcare to patients who are victims of gender based violence such as rape, sexual abuse or who have been trafficked.
- Improving the uptake of health care by men
- Ensure there is gender equality within NHS Orkney
- Compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012

In detail:

(a) Outcome One: Continue to identify and provide targeted Healthcare to patients who are victims of gender based violence such as rape, sexual abuse, or who have been trafficked. This will help to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act,

NHS Orkney has developed and implemented a number of policies and strategies to address this issue since 2007. The work undertaken includes:

- The introduction of the routine inquiry of gender based violence in priority areas.
- Providing training for front line NHS Orkney managers and staff to recognise the signs of gender based violence and to have the knowledge and skills to respond.

- Producing information on the sources of help and support and making these readily available.

NHS Orkney along with other public bodies and the Scottish Government recognises that sex/gender based violence is a serious issue. It affects both the physical and mental health of those involved. 87% of incidents occur in a domestic setting or dwelling. The most recent information available on gender based violence comes from Police Scotland for 2015/16. The figure show:

- There were 58,104 incidents of domestic violence recorded, a 3% decrease compared to 2014/15.
- 79% of incidents involved a female victim and a male perpetrator. There is a gradual downward trend in the number of incidents involving a female victim and a male perpetrator. In 2006/07 this figure was 87%.
- 18% of incidents involved a male victim and a female perpetrator. There is a gradual upward trend in the number of incidents involving a male victim and a female perpetrator. In 2006/07, this figure was 11%
- 3% of incidents involves the victim and the perpetrator being of the same sex
- 51% of incidents resulted in at least one crime or offence being committed
- People in the 26-30 age group were at highest risk
- Across Scotland, there were on average 108 incidents per 10,000 of population.
- Orkney has one of the lowest rates of domestic abuse in Scotland with a rate of 64 incidents per 10,000 of population, but this still means that there were 134 incidents of domestic abuse on Orkney in 2015/16.

However, it is generally accepted by all of the agencies concerned, that these figures are understated. Many incidents of gender based violence go unreported. This violence can take many forms, such as physical assault, rape, sexual assault, mental cruelty, forced marriages and so-called “honour crimes”

(b) Improving the uptake of health care by men. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

GPs on Orkney offer a range of health checks specifically for men. However, men still visit their GP on average 33% less than females. In addition, on average, 65% of men are overweight or obese, compared to 60% of women.

Over the next four years, NHS Orkney will continue to:

- Mount men’s health awareness campaigns

- Promoted the Healthy Workplace Initiative
- Promoted health care services through the “Know Who To Turn To” campaign
- Supported National Health promotion initiatives

The reasons for the differential uptake of health care by men are many and varied. The 2011 European community report entitled: “The State of Men’s Health in Europe” sums up this complexity on page 29. It states:

“Traditionally, “masculine” health-related behaviours include physical toughness, risk taking and heavy drinking, whereas traditionally “non-masculine” health related behaviours include concern about diet and appearance and seeking help for physical and psychological concerns. The extent to which a man endorses and supports such traditional definitions of masculine behaviour will influence his pattern of health –related behaviour.”

(c) Ensure there is gender equality within NHS Orkney. This will eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act.

NHS Orkney produces an Annual Equality and Diversity Workforce Monitoring Report covering all of the 9 “protected characteristics”, as defined by the Equality Act 2010. The Workforce Report contains information on:

- The sex, female/male make up of the NHS Orkney workforce
- Information on the sex of new starts and leavers
- The sex of staff promoted
- The sex of staff applying for training and receiving training
- The sex, female/male, make up of NHS Orkney Senior Managers

Any anomalies highlighted by the Report are followed up appropriate action taken if required.

Any complaints and alleged incidents with a sex equality element, is promptly investigated and appropriate follow up action taken, involving other agencies, as appropriate.

(d) Compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012

These regulations came into force on 27th May 2012. An integral part of the new Regulations are a number of measures to monitor public bodies to ensure that there is no gender inequality in their pay rates. Measures include:

- A requirement to publish every two years information on any Gender Pay Gap. This information should be shown as any difference: “... between the men’s average hourly pay (excluding overtime) and women’s average hourly pay (excluding overtime).”

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

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

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

The information published must be based on the most recent data available. NHS Grampian complies fully with these requirements. A copy of the most recent NHS Orkney Gender Pay Gap Statement is available on our web site.

(e) The information underpinning the sex (male or female) priorities

(i) Sex (male or female) profile

The National Records of Scotland Mid-2015 Population Estimates show that the numbers of males and females on Orkney are roughly equal. The figures are:

Location	Females	Males	Total Population
Orkney	10,785	10,885	21,670

It is possible that this balance will change with a higher proportion of females to males, over the next 20 years, as a result of the aging population and females on average living longer than males.

(ii) Orkney Equality Forum

The Orkney Equality Forum has been the main vehicle for consultation on age related healthcare matters.

12. Sexual orientation outcome

There are two main sexual orientation outcomes. These are:

- Meeting the specific healthcare needs of our local LGB and T communities
- Staff training to help NHS Orkney staff to be sensitive to the healthcare needs of our local LGB and T communities

In detail:

(a) Meeting the specific healthcare needs of our local LGB and T communities. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Supporting actions

(i) Men who have sex with men

NHS Orkney will continue the safe sex awareness campaign.

(ii) Blood Borne Virus (BBV) testing

NHS Orkney will continue its BBV testing campaign and carry out further outreach initiatives.

(iii) Increase the availability of information

Over the next four years, NHS Orkney will continue to provide healthcare information of particular interest to our LGB and T communities. Work will also continue to identify and meet any new information needs.

(iv) Training to help NHS Orkney staff to be sensitive to the sexual orientation of patients

LGB and T training is an integral part of the NHS Orkney Equality and Diversity Staff Training Programme.

(v) Stonewall Scotland

NHS Orkney will work closely with the newly appointed NHS Scotland LGB and T partner agency Stonewall Scotland.

Over the next four years

The work at 12 (i) and (v) will continue and be expanded.

(b) Staff training to help NHS Orkney staff to be sensitive to the healthcare needs of our local LGB and T communities. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

The healthcare needs of our local LGB and T communities are an integral part of all NHS Orkney Equality and diversity Training Seminars.

(c) The information underpinning the sex (male or female) priorities

(i) Sexual orientation profile

Information on sexual orientation is something which many people feel uncomfortable divulging. The General Register Office for Scotland considered including an LGB and T question in the 2011 Scottish census. A pilot was carried out in 2005 involving 4,400 households. They found:

“Overall only 2.2% of respondents declared non-heterosexual orientation.”

Most respondents felt that sexual orientation was too sensitive and too intrusive a question to include in a Census. Accordingly, no sexual orientation question was included.

The official UK Government estimate is that 6% of the population are gay, lesbian or bisexual. Using this estimate and assuming an Orkney population of 21,670 (the National Records of Scotland Mid-2015 Population Estimate) this would give an LGB and T figure for Orkney of 1,300.

NHS Orkney also bases our sexual orientation health needs assessment on:

- The present uptake of LGB and T related services
- Involvement and consultation with LGB and T interest communities and their representative organisations
- Information from front line NHS Orkney staff who provide services.

(ii) Orkney Equality Forum

The Orkney Equality Forum has also been a valuable vehicle for consultation on LGB and T healthcare matters.

13. Gender reassignment

There are two main priority gender reassignment outcomes. These are:

- The provision of a comprehensive gender dysphoria service
- Gender dysphoria training for staff

In detail:

(a) The provision of a comprehensive gender dysphoria service. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

NHS Orkney contracts with NHS Grampian for the provision of a gender reassignment service. NHS Grampian provides the full range of 22 elements recommended by the Department of Health as comprising a gender dysphoria service.

NHS Grampian has committed over the next four years to redesign the service to give improvements in all areas. The users of the service will be closely involved in the redesign process.

(ii) Feminising facial surgery

Feminising facial surgery for trans females is not included in the list of services which the Department of Health recommends Health Authorities should provide. A number of our local trans community feel that it should be included. Both the Westminster and Scottish Parliaments have been lobbied by trans groups on this issue. If the lobbying campaign is successful, NHS Grampian will respond positively to any changes in the Department of Health or Scottish Health Department recommendations.

(ii) Possible expansion of the current counselling services

This development might be possible as part of the service redesign detailed at 12 (a) above.

Over the next four years

All of the work detailed at 13 (a) will continue and every opportunity will be taken to further develop local initiatives.

(b) Training for staff

Gender reassignment is an integral part of all NHS Orkney Equality and Diversity Training Seminars.

(c) Information and consultation underpinning the gender reassignment outcome

Useful definitions:

Sex: is a person's biology at birth

Gender: Refers to a person's own identity within society

"Gender dysphoria" is a condition where a person feels that they are in a body of the wrong sex.

A transsexual or "trans" is someone who has transitioned or is about to transition from one sex to another.

(i) Gender reassignment profile

Given the small numbers involved, no information is provided here, to avoid the risk of identifying individuals.

(ii) Consultation

The Orkney Equality Forum has been a vehicle for consultation on gender reassignment related healthcare matters.

13. Pregnancy and maternity

There are three main pregnancy and maternity equality outcomes. These are:

- Improved facilities for pregnant patients and nursing Mothers
- Sex education for teenagers
- Making sure pregnant NHS Orkney staff receive their full maternity leave entitlements

In detail:

(a) Improved facilities for pregnant patients and nursing Mothers

Over the last two years, a great deal of time and effort has gone into the design and planning for maternity services to be provided from the New Orkney Hospital and associated facilities. Improved services for pregnant women and their babies have been an integral part of the design brief.

There are also enhanced facilities for nursing Mothers who may be visitors to the new Hospital or GP Practice.

NHS Orkney staff will work hard to ensure that all of the potential benefits offered by the new facilities are realised, for the benefit of patients.

(b) Sex education for teenagers

Teenage pregnancy rates in Scotland have been falling for several years. Over the last two years, the successful sex education campaign for teenagers on Orkney has continued. Orkney now has the lowest rate of teenage pregnancy in Scotland.

However, there is no room for complacency. The sex education initiative will be continued and enhanced over the next four years, working closely with Orkney Health and Care and the Orkney Islands Council Education Department.

(c) Making sure pregnant staff receive their full maternity leave entitlements

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

(d) The information underpinning the pregnancy and maternity priorities

(i) Pregnancy and maternity profile

Demographic information on pregnancy and maternity on Orkney is taken from the General Register Office for Scotland and the Information Service Division of the Scottish NHS.

(ii) Birth rate on Orkney

The birth rate on Orkney over the last 4- 5 years has been relatively stable. The 2013 and 2014 figures are shown below

Births 2013	Births 2014
181	189

Fertility rates are in line with the Scottish national average.

(e) Consultation

Consultation on pregnancy and maternity services was part of the consultation and involvement process for the New Orkney hospital and associated facilities. In addition, the Orkney Equality Forum provided valuable input.

14. Marriage and civil partnership

There are two main pregnancy and maternity equality outcomes. These are:

- Staff Training
- Awareness of the need of spouses, civil partners, same sex marriage partners and common law partners

In detail:

(a) Staff Training

All NHS Orkney Equality and Diversity staff training includes information on the need for staff to be aware of the possible existence of an undisclosed same sex marriage or civil partnership.

When treating patients, staff are already aware of the need to respect the legal rights of spouses, especially when important healthcare decisions are being made which may involve seriously ill patients or end of life issues. However, it might be less obvious when treating a seriously ill patient or a patient for whom the end of life is imminent that they may be in a same sex marriage or civil partnership. It is possible that a seriously ill patient may have entered into a same sex marriage or civil partnership, of which neither partner's family are aware. In extreme circumstances, this may lead to families taking important decisions about the patient, while the patient's same sex marriage partner or civil partner is excluded, because neither partner wish to disclose their relationship.

If this situation is suspected, staff are advised to act with tact and diplomacy. They are advised to seek the first opportunity to speak to the possible civil partner or same sex marriage partner privately and ask whether they have entered into a civil partnership or same sex marriage with the patient. The response received will then help to guide future decision making.

(b) Awareness of the need of spouses, civil partners, same sex marriage partners and common law partners

Of necessity, healthcare staff focus on the needs of the person receiving care. However, sometimes the needs of spouses, civil partners, same sex marriage partners and common law partners can be great, especially if one partner is a carer for the other. It is important for staff to keep partners fully informed and involved in the provision of care. This message is an integral part of our Equality and Diversity Training for staff.

(c) The information underpinning the marriage and civil partnership priorities

(i) Marriage and civil partnership profile

Orkney is below the Scottish average in terms of marriages per head of population. The figures for Orkney from the General Register Office for Scotland are:

Orkney 2015

Marriages	Civil Partnerships
114	1

Same sex marriage

From 16th December 2014, same sex marriage has been legal in Scotland. Most same sex couples have opted to either convert their civil partnership to a same sex marriage or enter into a same sex marriage. Hence the decline in the number of civil partnerships. The figures for Scotland in 2015 are:

Total number of same sex marriages	Conversions from civil partnership to same sex marriage	New same sex marriages
1,671	935	736

There are no statistics available on the number of Common Law partners on Orkney.

(d) Consultation

The Orkney Equality Forum has been the main vehicle for marriage and civil partnership consultation.

15. Religion or belief outcomes

There are two main religion or belief equality outcomes. These are:

- Continue to ensure that patients and staff who wish it, have access to spiritual care of their choice
- Continue to provide educational resources for staff to enhance their awareness of the specific religious and spiritual needs of patients in the healthcare setting

In detail:

(a) Continue to ensure that patients and staff who wish it, have access to spiritual care of their choice

NHS Orkney in co-operation with NHS Shetland, has created the new post of Head of Spiritual Care. Over the last 2 years, the post holder has done a great deal of work to enhance, expand and develop the chaplaincy services on Orkney and build strong relationships with religious and belief groups. This work will continue.

(b) Continue to provide educational resources for staff to enhance their awareness of the specific religious and spiritual needs of patients in the healthcare setting

The Head of Spiritual Care has worked with staff to enhance their knowledge of religion and spiritual care. The “religions and Cultures” booklet has also been made widely available to provide a ready reference for staff. This work will continue.

(c) The information underpinning the religion or belief priorities

The religion or belief makeup of people on Orkney mirrors closely the overall Scottish pattern. The figures are:

Religion	2011 Census main results for Orkney	2011 Census main results for Scotland
Church of Scotland	40.4%	32.4%
Roman Catholic	2.8%	15.9%
Other Christian	7.6%	5.5%
Muslim	0.1%	1.4%
Buddhist	-	-
Hindu	-	-
Jewish	-	-
Sikh	-	-
Other	0.9%	1.1%
No religion	39.2%	36.7%
Declined to comment	9%	7%
Not known	-	-
Totals	100%	100%

The chaplaincy provides a service to any patient or member of staff who requests this, and have an inclusive approach to people of all religions or beliefs and those with no religion or belief.

(d) Consultation

The Orkney Equality Forum has been the main vehicle for religion or belief consultation.

16. Comments or suggestions

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

The Report will also be made available in any other format or language, upon request.

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

By email to: ork-hb.feedback@nhs.net

By post to:

Feedback Service,
NHS Orkney,
Garden House,
New Scapa Road,
Kirkwall
Orkney
KW15 1BH

By voicemail to: 01856 888000

Compiled on behalf of NHS Orkney by Nigel Firth, Equality and Diversity Manager, NHS Grampian and NHS Orkney
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