



What NHS Orkney and NHS Orkney Health and Care have done in the period April 2015 to March 2017 to make the Equality Duty an integral part of the way they function

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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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What NHS Orkney has done in the period April 2015 to March 2017 to make the Equality Duty an integral part of the way they function

1. 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

2. 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 report every two years detailing the work which we have done to make the public sector equality duty an integral part of the way we function as an organisation. This is “mainstreaming” the needs of our local equality and diversity communities.

This is the NHS Orkney mainstreaming report for the period April 2015-March 2017 and details the work we have carried out to mainstream equality for each of the 9 “protected characteristics” as defined by the Equality Act 2010.

As required by Section 10 of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, this Report has been made widely available and has been 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 in Orkney.

Overarching work relevant to all 9 “protected characteristics” such as:

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

are covered in Sections 4-6. The specific work we have done in the sphere of each of the 9 “protected characteristics” is covered in Sections 7-15.

3. The new Orkney Health and Care Partnership

In the period 1st April 2015 to 31st March 2016, Orkney Health and Care was an integral part of NHS Orkney. Accordingly, the mainstreaming work done by Orkney Health and Care during this period is an integral part of this document. From 1st April 2016, Orkney Health and Care became an independent Health and Social Care Partnership and will therefore publish its own mainstreaming report covering the period 1st April 2016 to 30th April 2018, by 30th April 2018.

4. 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.

In the last 2 years, NHS Orkney has provided Equality and Diversity training for staff which includes sections 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 in the equality and diversity field, accordingly, both syllabi will continue to be updated on a regular basis.

The Equality and Diversity Training plays an important part in 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.

5. Equality and Diversity Impact Assessment

All new or updated NHS Orkney policies, strategies and re-organisational proposals have been Equality and Diversity Impact Assessed, using the methodology provided by the Scottish Government. Impact Assessment began in the NHS in Scotland 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 staff trained as Level One Impact Assessors. Impact Assessor Training Seminars and Level Two Impact Assessor support is provided by NHS Grampian as part of a Service Level Agreement.

This work will continue. In addition, 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 apply 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..."

No NHS Orkney policy, strategy or re-organisational proposal is approved unless it has been Equality and Diversity Impact Assessed. This ensures that equality and diversity considerations are an integral part of NHS Orkney policies, strategies and re-organisational proposals. This is "mainstreaming" in action.

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

6. 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 2016/17 onwards, the Report must 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 Orkney 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.

7. Race

The 3 main priority areas of work to mainstream the public sector equality duty in terms of race over the last 2 years have been:

- Telephone interpretation services
- Translation services
- Monitoring the ethnicity of NHS Orkney patients

The work done in each of these 3 areas to meet the equality duty is detailed below.

(a) Telephone Interpretation Services

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

NHS Orkney has a contract with “Language Line” for the provision of a telephone interpretation service. “Language Line” gives our staff access to expert interpreters on the telephone in 60-90 seconds for over 170 different languages. This service is available 24/7. This service is especially useful in the Summer months when large numbers of visitors come to Orkney aboard cruise ships.

(b) Translation services

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

Any NHS Orkney material will be translated into any other language, upon request.

(c) Monitoring the ethnicity of NHS Orkney patients

A great deal of work has been done over the last 2 years to improve ethnicity data collection for both inpatients and outpatients.

For inpatients, NHS Orkney currently has the 4th most complete ethnicity data collection rate in Scotland and is well above the “All Scotland” average which is the benchmark.

For outpatients, great improvements have been made and NHS Orkney is working towards the “All Scotland” average.

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

(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 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

8. Disability

The 5 main priority areas of work to mainstream the public sector equality duty in terms of disability over the last 2 years have been:

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

The work done in each of these 5 areas to meet the equality duty is detailed below.

(a) Communication support

(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 used 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.

(b) Help for carers of disabled people

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.

(c) Supporting national and local mental health initiatives

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

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 Health and Care 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.

9. Age

The disability equality work described at 8 above has applicability to older people on Orkney. In addition, the 3 main priority areas of work to mainstream the public sector equality duty in terms of age over the last 2 years have been:

- Getting it right for every child
- “Childsmile”

- Independent living for older people

The work done in each of these 3 areas to meet the equality duty is detailed below.

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

NHS Orkney and Orkney Health and Care have supported this multi-disciplinary multi-agency training.

(b) “Childsmile”

NHS Orkney and Orkney Health and Care have continued their active involvement in this national initiative to improve dental health for children.

(c) Independent Living for Older People

NHS Orkney and Orkney Health and Care have continued their active involvement in this national initiative.

(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.

10. Sex (male or female)

The 4 main priority areas of work to mainstream the public sector equality duty in terms of sex over the last 2 years have been:

- Identification and provision of continued targeted healthcare support to patients who are victims of gender based violence such as rape or sexual abuse
- 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

The work done in each of these 4 areas to meet the equality duty is detailed below.

(a) Identification and provision of continued targeted healthcare support to patients who are victims of gender based violence such as rape or sexual abuse

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 such as Maternity Services, Sexual Health, A&E, Primary Care and adult protection.
- 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

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 last two years, NHS Orkney has:

- Mounted 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.

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 from 30th April 2013 onwards, 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 Orkney complies fully with these requirements. A copy of the 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.

11. Sexual orientation

The 3 main priority areas of work to mainstream the public sector equality duty in terms of sexual orientation over the last 2 years have been:

- Meeting the healthcare needs of our local LGB and T communities
- Staff training to help our staff be sensitive to the sexual orientation needs of patients
- Increasing the availability of information

The work done in each of these 3 areas to meet the equality duty is detailed below.

(a) Meeting the healthcare needs of our local LGB and T communities

This work has been ongoing over the last 2 years.

(b) Staff Training

Sexual orientation is covered in detail in the staff Equality and Diversity Seminars. The training is designed to help NHS Orkney and Orkney Health and Care staff be sensitive to the sexual orientation of patients.

(c) Increasing the availability of information

NHS Orkney and Orkney Health and Care have expanded the range of healthcare information of particular interest to the LGB and T communities. Work has also continued to identify any new information needs.

(d) The information underpinning the sexual orientation mainstreaming 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) Consultation

The Orkney Equality Forum has also been a vehicle for consultation on sexual orientation healthcare matters.

12. Gender reassignment

The 2 main priority areas of work to mainstream the public sector equality duty in terms of gender reassignment over the last 2 years have been:

- The provision of a comprehensive gender dysphoria service
- Training for staff

The work done in each of these 2 areas to meet the equality duty is detailed below.

(a) The provision of a comprehensive gender dysphoria service

The main priority area of work to mainstream the public sector equality duty in terms of gender reassignment over the last 2 years has been the provision of a comprehensive gender dysphoria service.

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.

(b) Training for staff

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

(c) The information underpinning the gender reassignment mainstreaming priorities

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

Transsexual or trans: refers to a person who intends to start, or who has started or completed the process of transitioning from one sex to another. This process is often called "**gender reassignment**".

Gender dysphoria is a broad spectrum and the umbrella terms used for people who fall within this spectrum is **transgender**.

(i) Gender reassignment profile

There is no reliable information on the number of people in Scotland who have transitioned from one sex to another. However, various studies have shown that 70% of people who transition from one sex to another, transition from male to female.

The average age at which people realise they have gender dysphoria is 14, the average age to transition is 42. This often means that when people come to transition, they are married with children. This adds emotional trauma to the trauma of facing a massive life changing transition and major surgery.

(ii) Consultation

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

13. Pregnancy and maternity

The 3 main priority areas of work to mainstream the public sector equality duty in terms of pregnancy and maternity over the last 2 years have been:

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

The work done in each of these 3 areas to meet the equality duty is detailed below.

(a) 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 of the services which will be provided in the New Orkney Hospital and associated facilities. Improved services for pregnant women, babies and nursing Mothers 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.

(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.

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

NHS Orkney has ensured that pregnant staff have received their full maternity leave and pay entitlements.

(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

The main priority area of work to mainstream the public sector equality duty in terms of marriage and civil partnership over the last 2 years has been staff training. In detail.

(a) Staff Training

(i) The possible existence of an undisclosed civil partnership or same sex marriage

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.

(ii) Awareness of the needs of spouses, civil partners, same sex marriage partners and common law partners

Of necessity, healthcare and social care staff focus on 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.

(b) 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.

(c) Consultation

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

15. Religion or belief

The 2 main priority areas of work to mainstream the public sector equality duty in terms of pregnancy and maternity over the last 2 years have been:

- 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

The work done in each of these 2 areas to meet the equality duty is detailed below:

(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, 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.

(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.

(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 Mainstreaming Report has been published in a manner which is easily accessible to the public. The Report has been placed on the NHS Orkney website. It will also be made available to local equality and diversity groups and bodies and partner agencies as well as the wider community of Orkney.

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

All comments on this mainstreaming 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

Nigel Firth,
Equality and Diversity Manager,
NHS Grampian and NHS Orkney
24th January 2017