



Spiritual Care, Diversity & Bereavement Support Department

## Bi-annual Equality & Diversity Mainstreaming Progress Report 2023-24

### Equality Act Statutory Report 2025 and Equality Outcomes 2025-29

Authors

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## **Executive Summary**

NHS Western Isles has a duty under the Public Sector General Duty, Equality Act 2010 and (Specific Duties) (Scotland) Regulations 2012 to work towards meeting the following aims:

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

This report provides evidence against these requirements. It also provides assurance to the public that the organisation is making progress to address any issue that affects mainstreaming of equality in its operations.

## **Content of the Report**

The report will give:

- Assurance to the NHS Western Board Isles that the organisation is making progress to address any issue that prevents mainstreaming of equality in its operations.
- An account of steps the organisation has made to mainstream equality and the impact of these ventures.

The Equality Outcomes will relate directly to the 2010 Equality Act Protected Characteristics, and the updates given pertain both to the welfare of patients and staff.

The report will be published on the NHS Western Isles public website and will be available to Equality Focus Groups locally and nationally, as well as our submission of evidence to the Equality & Human Rights Commission.

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**NHS WESTERN ISLES  
DEPARTMENT OF SPIRITUAL CARE, DIVERSITY & BEREAVEMENT SUPPORT  
MAINSTREAMING REPORT FOR 2010 EQUALITY DUTY**

**APRIL 2025**

**1. Introduction**

NHS Western Isles serves a population of 26,120 (2022 census estimate) residents over eight populated islands and works in partnership to provide Health and Social Care services to this population.

NHS Western Isles employs 1,064 people in its operations (as of March 2024), a Whole Time Equivalent (WTE) of 554 posts. It is therefore a hugely significant employer in the community, making a major contribution to the economy of the islands.

In addition to the Equality Act General Duty contained in the Executive Summary, we are required by the end of April 2025 to discharge the following Equality Act Specific Duties for Scotland: -

- Report progress on mainstreaming the public sector equality duty every two years.
- Publish equality outcomes and report progress.
- Assess and review policies and practices (impact assessment) on an ongoing basis.
- Gather, use and publish workforce Equality and Diversity information in the mainstreaming report.
- Publish statements on equal pay.
- Publish gender pay gap information.
- Publish in a manner that is accessible.

This report, which is a bi-annual one, is a submission by NHS Western Isles to the Equality and Human Rights Commission Scotland, to demonstrate how we are meeting the requirements of the 2010 Equality Act. Equality Duty requirements are integral to the exercise of our functions. The following report covers progress on adherence on the part of NHS Western Isles as a Public Authority to the protected characteristics of the 2010 Equality Act.

Benefits to health boards in mainstreaming Equality and Diversity can be listed thus:

- Equality is embedded in the systems, functions, and culture of the board.

- Policy making is improved by avoiding the development of policies and programmes that inadvertently sustain or compound existing inequalities.
- Enhanced performance of core health practice and improved outcomes for patients and service users
- Improved quality of service design and delivery, i.e. equitable access and equity of informed, person-centred care
- Established transparency in relation to board functions such as procurement and workforce recruitment, development, and equal pay.
- Workforce is trained, supported, and equipped to deliver an equitable and person-centred informed health care response.
- Capacity maximised through collaborating with partner agencies and Community Planning Partnerships (CPPs)
- Maximised participation in decision-making by local people with protected equality characteristics and those with experience of social inequalities
- Able to demonstrate compliance with equality legislation to the Scottish Equality and Human Rights Commission

There is also a strong business case for Equality and Diversity. A substantial body of evidence shows that managing diversity is key to:

- *an organisation's reputation* - a good reputation attracts talent from all communities, helping to meet service delivery needs.
- *staff recruitment and retention* - valuing diversity enables employers to recruit and retain the best people for the job.
- *productivity* - staff perform better in organisations that value diversity and are committed to employees' well-being.
- *mitigating organisational risks* - effective diversity management limits the risk of legal challenges and costly awards.

## 2. **NHS Western Isles Mission Statement**

*“To be the best at what we do”*

The above mission statement applies not only to our clinical practice, but also how we treat our service users and our staff with equity.

Alongside the above statement, NHS Western Isles will aim to provide a dignified, safe and equal service provision for all its service users.

### 3. **MAINSTREAMING IN STRATEGIC ASPIRATIONS**

#### 3.1 **Embedding in NHS WI Corporate Plan**

NHS Western Isles' commitment to fairness and diversity for all who come into contact with its services is made in a very transparent way in the organisation's Corporate Values and Objectives 2023-25. Three of the Corporate Values state, as follows:-

##### Dignity

*We will respect and value the wishes, rights and informed choice of the individual to be the person they are.*

##### Fairness

*We will make judgements that are based on merit and free from discrimination, dishonesty and injustice.*

Reinforcing this, in the list of Corporate Objectives:

- *CO1 -To provide person-centred care, focusing on the evidence-based health needs of our increasingly diverse population, identifying and taking every opportunity to improve our patient's health, experience and outcomes.*
- *CO5 - To specifically target early years, health inequalities, vulnerable and under-represented and more difficult to engage with groups.*

#### 3.2 **NHS Once for Scotland Equality, Diversity and Inclusion Policy**

The former NHS Western Isles' Equality and Human Rights Policy was superseded early in 2024 by the implementation of the NHS Scotland Once for Scotland Equality, Diversity and Inclusion Policy. This is one of a suite of eight nationally applicable policies,

designed and assembled in partnership, as standardised policies to ensure consistent and seamless employment practice across NHS Scotland.

This new Policy is embedded here:



Once for Scotland  
Equality, Diversity an

### **3.3 Healthcare Improvement Scotland Strategy 2023-28**

The developments outlined herein across NHS Western Isles services and functions are compliant with the elements of the NHS Scotland Quality Strategy and the 2020 Vision for Health and Social Care in Scotland. The Quality Strategy has three Quality Ambitions – Safe, Person-Centred and Effective.

Healthcare Improvement Scotland has refreshed its Plan to improve health outcomes for people and to tackle deep-rooted inequalities. Informed by the foundation of Scotland's Healthcare Quality Strategy, it pledges that the design, delivery and evaluation of care will be underpinned by the voice of people needing, using and delivering care, evidence of what works and how, data to see where change is needed and to show if improvement is effective and a culture which enables continuous learning, innovation and development. It is envisaged that this **Strategy for 2023-28** will be a whole systems approach driver for meeting the challenges of the years ahead.

It is embedded here:



NHS  
HIS-Quality-Strategy

### **3.4 NHS Scotland Charter of Patient Rights and Responsibilities**

This Charter, published for the first time in 2016, influenced as it was by the launch of Scotland's National Action Plan for Human Rights in 2014, was revised in 2022. The Charter enshrines the principle of mutual respect – that is, everyone who uses and provides NHS services has a right to be treated as an individual and with consideration, dignity and respect. It summarises what patients are entitled to when they use NHS services and receive NHS care and what redress options they have when they feel their rights have not been respected, alongside what is expected from them when accessing the NHS.

The Charter now incorporates a commitment to uphold the right to the provision of communication equipment and support and the right to access interpreter services. This is an explicit commitment of Part 4 of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016, which placed a legal duty on NHS Boards for the first time to provide or secure communication equipment. This is a welcome acknowledgement of those with Assisted and Augmentative Communication needs.

The Charter is embedded here, along with a Gaelic version, reflecting our location as the Gaelic heartland of Scotland.



charter-patient-right  
s-responsibilities-revi



Còir-Sgrìobhte  
Chòraichean is Dleast

### **3.5 Scottish Government's National Islands Plan**

It is a requirement of the Islands (Scotland) Act 2018 that in addition to the 2019 National Islands Plan being reviewed for its effectiveness every five years and the undertaking of Island Communities Impact Assessments by relevant authorities a National Islands Plan Annual Report is published each year, analysing the previous year and detailing the breadth of actions across the SG



to support our Island communities. The Annual Report is then followed by an updated Implementation Route Map, looking forward to the year ahead and setting out the actions for how the National Islands Plan commitments will be delivered in the coming year.

The five yearly review of the National Islands Plan is currently underway. As part of this review the Scottish Islands Federation supported the SG to conduct a widespread Consultation in 2023 to gather the views of the public and residents of Island Communities pertaining to the National Islands Plan. The Consultation gave consensus on the need for a new National Islands Plan and following approval by Ministers, it is intended to publish a new Plan in 2025.

This discussion and appraisal is of much interest to all who work in and access NHS Western Isles, given how depopulation, transport infrastructure, increased fuel costs and economic challenges impact on the planning and delivery of our services.

The **Annual Report**, **Implementation Route Map** and **Review Consultation Analysis** are embedded here:



national-islands-plan-  
annual-report-2023.p



national-islands-plan-  
implementation-route



national-islands-plan-  
review-consultation-z

### **3.6 Diversity and Equality co-operation**

The NHSWI Equality and Diversity Team continues to share key developments and resources remotely with inter-agency colleagues for mutual benefit. An NHSWI Equality and Human Rights Operational Group was inaugurated in January 2024 by the Strategic Diversity Lead and convenes three times a year. On a Scotland-wide basis, the Team are members of the Scotland NHS Equality Leads Network. Prior to the pandemic the network met three times a year but now convenes every two months on Microsoft Teams. This has improved the mutual support and policy influencing that is integral to the work of the Network.

This collaborative approach is echoed in NHSWI's aspirations for public engagement and dialogue re: the effectiveness of its services. The work together of the Equality and Diversity Team, the Patient Focus Public Involvement Officer and the Scottish Health Council seeks to have dialogue with and solicit the opinion of the public that we serve as much as possible, so that they can

shape our services. This approach rests on Healthcare **Improvement Scotland's Strategic Vision for Community Engagement 2023-28**. Mobilised by the pillars of Evidence, Improvement and Assurance, it is embedded here:



NHS HIS Community  
Engagement Strategy

### **3.7 Fairness Assessment Tool**

It is now incumbent on public bodies to impact assess all new and reviewed policies, protocols and strategies for compliance with the Equality Act 2010 Public Sector General Duty, Equality Act 2010 and (Specific Duties) (Scotland) Regulations 2012. This is to ensure that any new policies are inclusive and not discriminating against any group. A large number of Indirect Discrimination breaches occur because of the unforeseen impact of a new directive on one group, so, in seeking to minimise the risk of this happening, the importance of equality impact assessment is crucial.

NHS Western Isle's equality impact assessment formula is the Fairness Assessment. This examines any potential impact of a policy, protocol or strategy on the 2010 Act Protected Characteristics and the European Convention of Human Rights requirements. Policies and procedures that potentially impinge on the whole population are being planned around the Fairness Assessment outreach approach. The Fairness Assessment can be viewed in Section 5, Appendix 2.

### **3.8 Deprivation**

Research in Scotland has shown how crucial the social determinants of health are, and how penetrating their legacy is throughout the lifespan (The Economic and Social Research Council 2014, University of Stirling 2013, Scottish Government Communities Analytical Services 2010, Scottish Government 2009 and 2008). Health Inequalities in Scotland: A GP view cited that patients from deprived areas had more multimorbidity, more psychological problems, more chronic health problems and reported not having enough time to discuss these with their GP. Yet they had shorter consultations, had to wait longer for an appointment, GP stress was higher and patient empowerment lower. Scottish Government figures show that as of 21<sup>st</sup> March 2024 24% of children in Scotland were living in relative poverty after housing costs in 2020-23, 21% of working-age adults in Scotland were living in relative

poverty after housing costs and 15 % of pensioners in Scotland were living in relative poverty. Marie Curie and Loughborough University found in 2024 that one in six people with a terminal illness in Scotland die in poverty and that one in five people in Scotland die in fuel poverty in their last year of life.

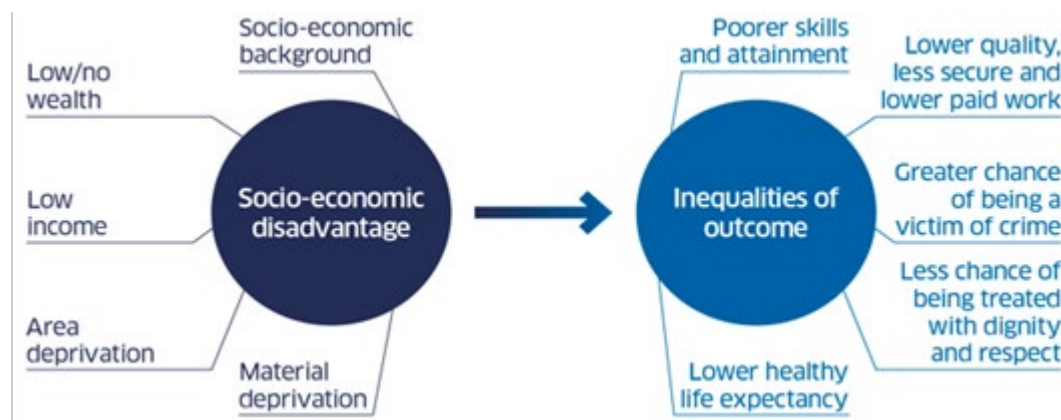
The **Poverty in Scotland 2024 Report by the Joseph Rowntree Foundation** showed in addition that working age adults in a family where someone is disabled were three times as likely to experience combined low-income and material deprivation, as well as suggesting reforms to aspects of Universal Credit payments.

It is embedded here:



poverty-in-scotland-  
2024-Joseph Rowntree

A recent major national policy driver here has been The Fairer Scotland Duty, Part 1 of the Equality Act 2010, which came into force in Scotland from April 2018. This places a legal responsibility on particularly public bodies to actively consider (pay due regard to) how they reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The rationale behind this new Duty can be seen in the diagram on the next page.



Also, in relation to national policy, following on from the first Tackling Child Poverty Delivery Plan, 'Every Child, Every Chance' the Scottish Government published its **second Tackling Child Poverty Delivery Plan 2022-26, 'Best Start, Bright Futures'** in March 2022. It outlines a range of measures and actions with partners to provide the support families need immediately and in the medium to longer term. It is embedded here:



SG

Best-Start-Bright-Fut

NHS Western Isles recognises the importance to health improvement that tackling deprivation will make to the health of the population of the Western Isles. The Health Promotion Department has been engaging with others to build a consensus of concern around the issue.

Since the creation of the multi-agency The Western Isles Poverty Action Group in 2012 from this concern, they have continued to do sterling work. These take on board not just the concerns intrinsic to the Fairer Scotland Duty but the responsibilities emanating from The Child Poverty (Scotland) Act 2017. This Act works to set targets relating to the eradication of child poverty. It sets a duty requiring local authorities and territorial NHS Boards to publish an annual report on activity to tackle child poverty.

Thinking of our location, it has been estimated that rural poverty accounts for 16% of all poverty in Scotland, affecting approximately 160,00 people. Access to affordable housing for islanders remains challenging. Fragile, short-term employment and the necessity of car ownership with its corresponding impact on household expenditure are other distinctive characteristics of rural poverty.

The inaugural Outer Hebrides Anti-Poverty Strategy 2019-24, which contains the Local Child Poverty Action Report 2019 – 24 & published jointly by the local authority, the Outer Hebrides Community Planning Partnership and NHS Eileanan Siar, enshrined for the first time therefore the concerted response to the challenge illuminated by the Child Poverty (Scotland) Act. Since then, this has mobilised as an **Annual Outer Hebrides Local Child Poverty Action Report**.

The **Action Report for 2023-24** is embedded here. It considered Income from Employment, Cost of Living, Transport, Food Insecurity and Eligibility and Take Up of Benefits among others.



OH-Local-Child-Pover  
ty-Action-Report 202

To mark Western Isles Challenge Poverty Week in October 2023 a prominent social media campaign was mounted on NHSWI, the local authority and Hebridean Housing Partnership platforms, aligned to Poverty Alliance Scotland's key themes.

A series of 'healthy eating on a budget' sessions were also run, some of which shared videos on preparing meals using the Wonderbag non-electric insulated crock cosy, based alongside the Community Fridge in the Ceàrns, Tigh Céilidh. The NHSWI Health Promotion Fàs Fallain Manager has obtained a number of them subsequently for distribution. There were soup and sandwiches provided at these sessions, and those who came said they benefited from the social aspect – reduced isolation for them. A significant number of those who came along were single mothers.

The Fàs Fallain Manager is now based in the Ceàrns Resource Centre every Tuesday and Thursday, and this accessibility of the lifestyle support she provides is making a real difference. She uses the quiet/private room at the back of this for confidential and sensitive discussions. Alcohol and Drugs project workers also use this room for client discussions.

She has also forged a strong alliance with the local authority's Adult Learning department, together assisting refugees and migrants who have come to live here, using food as a vehicle for community engagement. A series of food-based events have been run in the Learning Shop in the Town Hall building, where members of various cultures have bought their unique dishes along, of which Scottish and particularly Hebridean cuisine is a popular component. Eating together has fostered good bonds and has been a springboard for the solving of common problems.

Food was also a hook of a course on Health Literacy the Fàs Fallain Manager ran in 2023 in conjunction with Morag Fletcher of Adult Learning. This sought to demystify the seeming labyrinth of health information and multiplicity of leaflets for people whose first language is not English. The Fàs Fallain Manager and Morag consequently made a video of the key points around Health Literacy which was sent to all our GP Practices throughout the archipelago, which Practice Receptionists and Healthcare Assistants have found especially useful. The needs of the Deafblind community locally have also been considered in the design of resources for this.

The former Poverty Awareness Training has now been re-vamped into Poverty Sensitive Practice Training for managers and frontline staff across agencies. There is now a larger focus on the stigma associated with poverty and holding the conversation around community needs, with more interactive elements.

The formation of the Outer Hebrides Strategic Anti-Poverty Group in 2024 from out of the Outer Hebrides Community Planning Partnership has given further impetus to driving this work locally.

### **3.9 Inclusion and Empowerment**

#### **Virtual Visiting**

Conscious of the emotional and mental health impact on patients on not being able to see their family members when hospital visitation was severely restricted at the height of the COVID-19 pandemic, in 2021 NHSWI launched a Virtual Visiting service. This imaginative solution around the issue of patient isolation made a real difference to patient wellbeing and family reassurance at such a worrying time for everyone.

The kind donation of 20 iPads from Health Improvement Scotland meant that patients without smartphones – particularly true in relation to elderly patients – could see their loved ones for a conversation that adhered to Infection Control precautions and regulations. Liaising with the Virtual Visiting Co-ordinator, the family members would be given a suitable time to link in with the

Virtual Visiting remote platform. With the support of the Ward Clerks an iPad is delivered to the patient, at which point both they and their family member begin their conversation via the platform. The feedback for the scheme has been enormously positive.

### NHS Western Isles Patient Perspective

NHS Western Isles attaches much value to the perspective of patients and carers who come within our orbit of care and treatment and is mobilizing wider avenues for the feedback of care experience in order to continually inform and improve our services.

The NHSWI Patient Feedback Learning Review Group convenes regularly to digest and cascade recommendations from feedback received from a variety of conduits such as the sharing of stories from patients on Care Opinion - [Write Story | Care Opinion](#). The Carers' Strategy Group, the Patient Panel, Patient Experience Surveys on key clinical services, Feedback Friday on NHSWI's social media platforms and Community Engagement around consultations in relation to service re-shaping and re-design. The rich nature of the ongoing learning activity around this can be gleaned in the report embedded below of the key items discussed at the Group's meeting in August 2023.



Patient Feedback  
Learning Review Gro

The Western Isles Patient Panel was established in 2019 to enable people with lived experience to inform practice development and quality improvement. The Panel brings together representatives of existing Patient Peer Support Groups and Managed Clinical Networks, with a strengthened focus on disability and human rights.

Since the 2020-21 pandemic the Panel now convenes remotely. These Microsoft Teams discussions now cover the whole Health Board area, which has led to much wider representation than was the case at the pre-pandemic physical meetings in Lewis. This remote technology has also levelled the playing field of participation for our Disability Access Groups, rectifying the considerable issues their members had in attending physical meetings.

There is much valued Third Sector membership in the Panel, representing interests and experiences such as dementia, Chest Heart and Stroke, Advocacy, Carers and mental health, amongst others.

### **MAINSTREAMING ACROSS THE FUNCTIONS AND PURPOSES OF THE SERVICE**

Expanding on this preamble, progress thus far in instilling the Equality Duty into the heart of our functions and services will be here outlined. These will be listed centred on the Protected Characteristics, with reference both to Patients and Public, and staff.

The infographic on the next page shows all the Equality Act Protected Characteristics & the values instilling them.



## 2010 EQUALITY ACT PROTECTED CHARACTERISTICS



**OUR RIGHTS FOR OURSELVES, OUR RESPONSIBILITIES TO OTHERS**

#### **4.1 RACE**

##### **Outcome**

Patients from all backgrounds and ethnicities to be free from discrimination & harassment, with the safeguard of redress being open to all.

# ETHNIC HEALTH INEQUALITIES IN THE UK



BLACK WOMEN ARE **4x** MORE LIKELY THAN WHITE women to DIE in PREGNANCY or childbirth in the UK.  
Ref: <https://bit.ly/3hDwcN>



SOUTH ASIAN & BLACK PEOPLE ARE **2-4x** MORE LIKELY TO DEVELOP Type 2 diabetes than white people.  
Ref: <https://bit.ly/3u0y08>



IN BRITAIN, SOUTH ASIANS HAVE A **40%** HIGHER DEATH RATE from CHD than the general population.  
Ref: <https://bit.ly/3u0y08>



IN THE UK, AFRICAN-CARIBBEAN MEN ARE UP TO **3x** more likely to DEVELOP PROSTATE CANCER than white men of the same age.  
Ref: <https://bit.ly/39Kw6ls>



ACROSS THE COUNTRY, FEWER THAN **5%** OF BLOOD DONORS are from BLACK AND MINORITY ETHNIC communities.  
Ref: <https://bit.ly/3u0y08>



BLACK AND MINORITY ETHNIC PEOPLE HAVE UP TO **2x** the mortality risk from COVID-19 than people from a WHITE BRITISH BACKGROUND.  
Ref: <https://bit.ly/3E2S20d>



BLACK AFRICAN AND BLACK CARIBBEAN PEOPLE ARE OVER **8x** more likely to be subjected to COMMUNITY TREATMENT ORDERS than White people.  
Ref: <https://bit.ly/3u0y08>



ESTIMATES OF DISABILITY-FREE LIFE EXPECTANCY ARE **10 YEARS** LOWER FOR BANGLADESHI MEN living in England compared to their White British counterparts.  
Ref: <https://bit.ly/3u0y08>



**24%** OF ALL DEATHS IN ENGLAND & WALES, IN 2019, were caused by CARDIO VASCULAR DISEASE in Black and minority ethnic groups.  
Ref: <https://bit.ly/3CYz22P>



CONSENT RATES FOR ORGAN DONATION ARE AT **42%** for Black and minority ethnic communities and 71% FOR WHITE ELIGIBLE DONORS.  
Ref: <https://bit.ly/3u0y08>

For more information and sources for above statistics please visit:  
**[www.nhsrho.org](http://www.nhsrho.org)**  
October 2021

**NHS**  
**RACE & HEALTH**  
**OBSERVATORY**

## **Rationale**

In the UK as a whole, ethnic differences are most marked in the areas of mental wellbeing, cancer, heart disease, HIV, TB and diabetes. BME populations may face discrimination and harassment and may be possible targets for hate crime.

The 2021 Census showed that 83.4% of the WI population characterized themselves as White Scottish in comparison with 12.7% describing themselves as White British. It revealed too that 17.4% now of the Western Isles population were not born in Scotland. Interestingly 0.3% of the population were White Polish, which is a legacy of the migration from the EU since 2005, with 0.3% being the figure as well for those describing themselves as Asian, Asian Scottish or Asian British. Other African and Arab, Arab Scottish and Arab British formed 0.1% of the WI population respectively.

A recent major policy driver here has been the Race Equality Framework for Scotland 2016-30, followed by the Fairer Scotland for All Race Equality Action Plan 2017-21. The Action Plan is pivotal for advancing race equality, tackling racism and addressing the barriers that prevent people from minority ethnic communities from realising their potential.

The COVID-19 pandemic still casts a long shadow. For many people from minority ethnic communities in Scotland, the pandemic exposed, or worsened, existing inequalities in society. Across the UK people from Afro-Caribbean and Pakistani/Bangladeshi ethnic groups had significantly worse outcomes in susceptibility to the virus and in-patient hospital treatment, as well as lower uptake rates of the vaccines that emerged at the end of 2020. The Expert Reference Group on Covid-19 and Ethnicity that was set up in 2020 provided the Scottish Government with the evidence and considered challenge needed therefore to ensure greater equity for minority ethnic Scots. Subsequently the Scottish Government published the **Immediate Priorities Plan for Race Equality in Scotland** as a response in September 2021. This Plan includes recovery from the pandemic as well as areas as diverse as wider health priorities, education, housing, fair work, poverty and social security. It is intended to afford a route map for the way ahead to 2023.

In 2023 the Scottish Government published its **Anti-Racism Scotland Progress Review**. This report updated what progress had been made with reference to the six themes in the Race Equality Framework as already highlighted.

Both of these documents are embedded here. The Anti-Racism Progress Review is the Executive Summary Easy Read version.





### **What we've done**

Communication and literary needs of racial groups are increasingly supported through the Health in My Language web resource, for provision of written materials, and via NHS WI Service Level Agreement with Language Line, for simultaneous remote interpreting.

NHS Eileanan Siar has had this Service Level Agreement with Language Line for twenty years. Language Line provides interpreting services for over 240 languages. The benefits this service affords to healthcare cannot be underestimated, given the serious safety implications of inaccurate communication in clinical consultations.

The ground-breaking Language Line inSight interactive video relay interpreting facility has expanded into usage of the InSight Interpreter on Wheels by NHSWI Physiotherapy at the end of 2021, in addition to usage of the InSight app on smartphones over 2021-22 by specialist nursing teams undertaking home visits. The agility of the InSight web resource across devices means that the communication needs of patients with diverse languages can be much better supported across domiciliary and primary care settings in addition to acute ones.

There are a number of NHS WI health information leaflets available in Polish and Latvian, as there are a large number of Polish and Latvian workers in the local community.

Following the groundwork laid by NHS Western Isles inaugural Gaelic Language Plan 2012-17, **our second GLP from 2023-28 as a Language Plan partner of Bòrd na Gàidhlig was approved in September 2023.** This will further promote the use & stature of Gaelic throughout the organisation. This logically reflects our location, as the Western Isles is the Gaelic heartland of Scotland, with the number of Gaelic speakers in the parish of Barvas recorded at 64.1 per cent in the 2021 Census, which is the highest proportion of Gaelic speakers in Scotland. It is therefore appropriate that this cultural asset is harnessed in the activities & outcomes of the Health Board.

Our GLP is embedded here, along with the National Plan for Gaelic 2023-28, with its priorities and targets to bolster the role of the language in the social and economic good of Scotland.



NHS WI Gaelic  
Language Plan 2023-28



FINAL BnG National  
Gaelic Language Plan

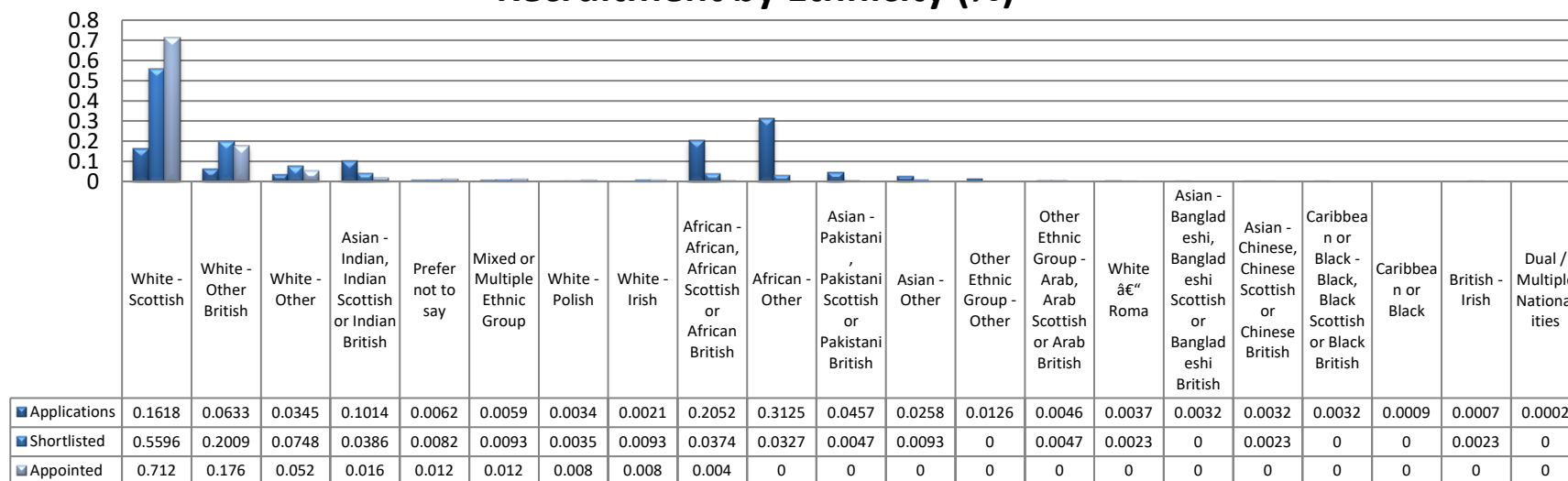
10 colleagues have undertaken Gaelic courses over 2023-24 by means of our Service Level Agreement with Lewis Castle College. These courses have expanded to not just consist of the *Ùlpan* course but also *Speak Gaelic* (in conjunction with the BBC Alba programme), *Sgilean Cànan* and, rather helpfully for employers such as ourselves, *Gaelic for Work Purposes*. This is an important part of the Staffing commitment of the GLP & reflects the Increasing the Use of Gaelic objective of the National Plan for Gaelic 2023-28. The NHSWI Operational Diversity Lead continues to provide Gaelic translation of written materials on request and has produced a wide range of Gaelic literature & posters in the areas of Infection Control, Dietetics, Health Promotion and Mental Health amongst others.

Being a Language Plan partner of Bòrd na Gàidhlig has afforded NHSWI the opportunity to submit bids annually to their Gaelic Language Act Implementation Fund (GLAIF).

The following charts show the ethnic mix of both recruitment and in employees of NHS Western Isles.

<b>Job Family</b>	<b>Asian - Other</b>	<b>%</b>	<b>Declined</b>	<b>%</b>	<b>Don't Know</b>	<b>%</b>	<b>Mixed or Multiple Ethnic Group</b>	<b>%</b>	<b>Other Ethnic Group</b>	<b>%</b>	<b>White Irish</b>	<b>%</b>	<b>White Other</b>	<b>%</b>	<b>White British</b>	<b>%</b>	<b>White Scottish</b>	<b>%</b>
Administrative Services	<5	*	7	0.65 %	58	5.40%	0	0.00 %	0	0.00 %	<5	*	<5	*	17	1.58 %	110	10.23 %
Allied Health Profession	<5	*	6	0.56 %	11	1.02%	0	0.00 %	<5	*	0	0.00 %	<5	*	16	1.49 %	58	5.40%
Dental Support	0	0.00 %	<5	*	6	0.56%	0	0.00 %	0	0.00 %	0	0.00 %	<5	*	<5	*	32	2.98%
Healthcare Sciences	0	0.00 %	0	0.00 %	<5	*	0	0.00 %	0	0.00 %	0	0.00 %	<5	*	7	0.65 %	15	1.40%
Medical and Dental	<5	*	<5	*	12	1.12%	0	0.00 %	0	0.00 %	<5	*	5	0.47 %	<5	*	11	1.02%
Medical Support	0	0.00 %	0	0.00 %	<5	*	0	0.00 %	0	0.00 %	0	0.00 %	0	0.00 %	<5	*	<5	*
Nursing and Midwifery	0	0.00 %	24	2.23 %	126	11.72 %	<5	*	0	0.00 %	<5	*	<5	*	26	2.42 %	285	26.51 %
Other Therapeutic	0	0.00 %	0	0.00 %	7	0.65%	0	0.00 %	0	0.00 %	<5	*	<5	*	<5	*	11	1.02%
Personal and Social Care	0	0.00 %	<5	*	<5	*	0	0.00 %	0	0.00 %	0	0.00 %	0	0.00 %	0	0.00 %	9	0.84%
Senior Managers	0	0.00 %	0	0.00 %	<5	*	0	0.00 %	0	0.00 %	0	0.00 %	<5	*	<5	*	8	0.74%
Support Services	<5	*	<5	*	15	1.40%	0	0.00 %	0	0.00 %	0	0.00 %	7	0.65 %	14	1.30 %	123	11.44 %

## Recruitment by Ethnicity (%)



It is important to note that many applications received from overseas will not have the right to work in the UK. Some posts are eligible for a Health and Social Care visa. NHS Western Isles has supported International Recruitment in a number of hard to fill vacancies with successful outcomes.



## **4.2 SEX**

### **Outcome**

Sensitive practice to be extended around gender-specific needs and conditions.

### **Rationale**

In the inhabited islands of Scotland, including the Western Isles, males constitute a slightly higher proportion of the population compared to Scotland as a whole, at 49.4% versus 48.5%.

Breast cancer is the most common cause of cancer in women in Scotland. Lung and colorectal cancers are the most common causes of cancer in men, followed by prostate cancer. The Scottish Public Health Observatory reports that women have a generally less positive experience than males as inpatients, but that regarding health help-seeking behaviour, men consult their GP less often than women and are more likely to attend an emergency department.

Regarding domestic abuse, over 2023/24 Police Scotland recorded 63,867 incidents of domestic abuse. Of those incidents recorded, 81% involve a male perpetrator and female victim, 15% featured a female perpetrator and male victim and 3% featured same sex couples.

The 31 to 35 years old age group had the highest incident rate for both victims and perpetrators over this period. A third of the recorded incidents took place over a weekend.

In 2023, National Records of Scotland recorded that there were 590 male suicide deaths, up by 34 (6%) compared to the previous year. There were 202 suicide deaths among females, 4 (2%) less than 2022. The mortality rate for suicides in 2023 was 3.2 times as high for males as it was for females.

### **What we've done**

Building on the Equally Safe Delivery Plan for Scotland 2017-21 published by the Scottish Government and COSLA, the **Equally Safe Short Life Delivery Plan** was published in 2022, to take up to the autumn of 2023. This refreshed interim Delivery Plan contains 33 actions across four overarching priorities, taking account of the post-COVID landscape, the growing focus on misogyny and the findings of the Violence Against Women and Girls: Strategic Review of Funding and Commissioning Services.

The Short Life Delivery Plan is embedded here:



equally-safe-short-lif  
e-delivery-plan-summr

NHSWI is a committed member of the dynamic multi-agency Violence Against Women Partnership forum. The coalescing of resolve and insights within the Partnership in relation to public awareness and safety around this are constantly informing a culture of quality improvement and learning, which was agile to the impact of COVID-19 in the community. This can be seen in the **Equally Safe Quality Standards Local Area Report 2021-22 for the Western Isles**. This is embedded here:



Western Isles 21-22  
Equally Safe Quality S

In relation to MARAC, this was introduced to the Western Isles in April 2016, following a period of development by the Domestic Abuse Forum. NHS Western Isles is a key member of the group.

A MARAC is a meeting where information is shared about the highest risk domestic abuse cases between representatives of local agencies. After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and turn these into a coordinated action plan. The primary focus of the MARAC is to safeguard the adult victim. At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety.

The MARAC data for 2023-24 is shown here.

**Western Isles MARAC**

**1st April 2023 - 31st March 2024**

Cases discussed - 18

*Referral criteria:*

Repeat Case - 3 (17%)

Professional Judgement - 6 (33%)

Visible High Risk - 9 (50%)

Potential Escalation - 4 (22%)

MARAC Transfer - 2 (11%)

*Children:*

Number of children in household - 12

Number of cases with children in the household - 3\*

*Referrers:*

Police referrals - 9 (50%)

IDAA referrals - 7 (39%)

CFSW referrals - 1 (5.5%)

Primary Care referrals - 1 (5.5%)

*Equality & Diversity:*

Black, asian and racially minoritised cases - 0

LGBTQ+ cases - 0

Disabled victims - 0

Male victims - 2 (11%)

Victims under 18 - 0

Person causing harm under 18 - 0

Victim ages 65+ - 0\*

Victims from Asian or Asian British ethnic groups - 0\*

Victims from Black, Black British, Caribbean or African ethnic groups - 0\*

Victims from mixed or multiple ethnic groups - 0\*

Victims from White ethnic groups - 7\* (39%) (may be higher as we are dependent on referrers completing this question on the referral)

Victims from any other ethnic groups - 0\*

(As the completion of these 12 fields on the MARAC referral is not mandatory (excluding victim gender), this may not show the full picture)

\*new data collected by SafeLives since 1st January 2024

#### *Actions:*

Total number of actions - 56

Since February 2024 NHS Eileanan Siar, in common with all Health Boards in Scotland, is drawing from the Once for Scotland Gender-Based Violence Policy. This was one of a suite of eight refreshed workforce policies for all employees in NHS Scotland.

In connection with raising awareness of domestic abuse in the workforce, the major employers in the Western Isles, including NHS Eileanan Siar, have mobilized the **16 Days of Action Against Domestic Abuse** campaign every year from November to December. The Western Isles Violence Against Women Partnership is the major local mobilising force to promote this worldwide initiative.

NHSWI is one of the coalition of agencies that contribute to the vital lifeline provided by Western Isles Women's Aid in Stornoway for women and children fleeing domestic abuse. Having had a presence in the town for many years, they are now based in a much better building with superior facilities. They offer support, someone to talk to and information on benefits, legal advice and housing options. They also provide one to one counselling and telephone counseling, a safe and secure space way from the abuser with a direct link to the Police Station and support for women and children who have left a mainland refuge to return to the Western Isles. Being part of a national network of 35 refugees across Scotland is also a considerable advantage in terms of access to expert advice and resources.

The Western Isles is part of an innovative and exciting new three-way partnership with Orkney and Shetland which has resulted in three Equally Safe Scotland new posts being created, with the establishing of a Co-ordinator on each island based within Women's Aid. Through collaboration with other island colleagues, the coordinators have been able to share information, valuable ideas and research, and compare data to see where there may be gaps, as well as looking to the other members for solutions to overcome comparable difficulties. While gathering information for the Equally Safe Quality Standards and Data Return, it became apparent that the Western Isles lacked a widely available directory of public protection organisations. The co-ordinator therefore created a directory for the Western Isles in the form of a website. The website [www.saferouterhebrides.com](http://www.saferouterhebrides.com), was successfully launched in 2023. It contains contact information for local and national public protection organisations and helplines offering support, advice and information. The site has a news section, calendar of events, training information and a members' area for practitioner resources. It will also be used to regularly highlight campaigns (such as 16 Days) and the work of specific organisations, particularly those involved in domestic abuse and VAWG matters. It was created in response to Equally Safe' Quality Standard requiring clear signposting to VAWG support services.

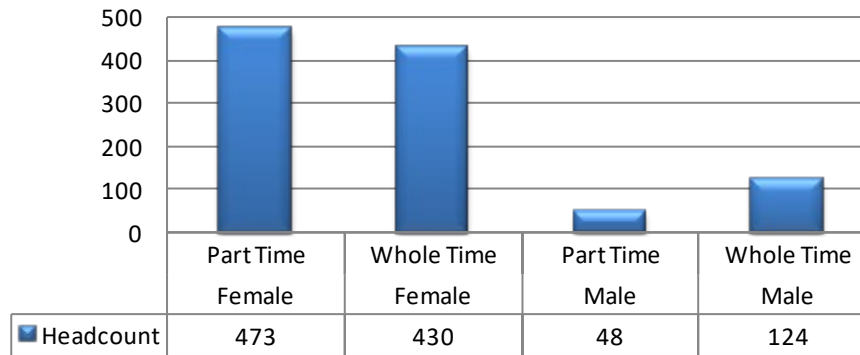
In relation to the field of men's health, NHS Western Isles has been proud to be a key partner of the Hebridean Men's Cancer Support Group. The Group celebrated its tenth anniversary in 2018, having been set up in 2008. The Support Group meets in person at the Fàilte Centre in Stornoway.

The Support Group addresses every new diagnosis in the Western Isles, sending a welcome pack containing introductory leaflets about the group, as well as the benefits available from Macmillan Cancer Support. The launching of the Western Isles Cancer Care Initiative has been a most welcome development too in recent years, and the Support Group has forged a strong partnership with them. Men diagnosed with cancer can apply for grants of up to £500 from the WICCI's Social Fund, which the Support Group can signpost to. The opening of the WICCI's premises in Cromwell Street has now provided a much-needed tranquil well-being space for people with cancer and their families. A number of complementary therapies & access to counsellors are to be found there.

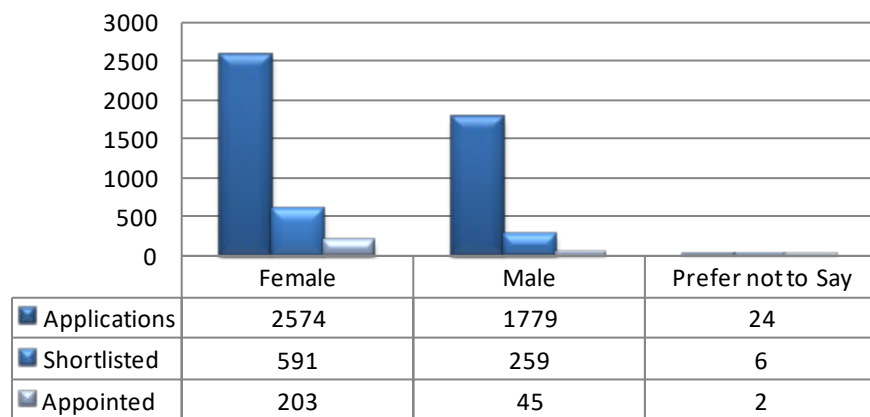
NHS Western Isles is an Equal Opportunity Employer, and, as a Public Authority in Scotland, we have to, in compliance with both the Equalities Act 2010 and the (Specific Duties) (Scotland) Regulations 2012, work towards a workforce that is representative of the organisation and shows equal opportunity of advancement i.e. our promoted posts should be as near as possible to the ratio of males and females in our organisation.

The charts below show the number of male/female Whole Time and Part Time Equivalent staff in the organization, our male/female ratios across Job Families and Recruitment by Gender.

### Full-Time/Part Time by Gender as at 31st March 2024



## Recruitment by Gender (Headcount)



## Workforce

Job Family	Female Employments	%	Male Employments	%
Administrative Services	168	15.63%	30	2.79%
Allied Health Profession	83	7.72%	13	1.21%
Dental Support	41	3.81%	<5	*
Healthcare Sciences	20	1.86%	6	0.56%
Medical and Dental	14	1.30%	23	2.14%
Medical Support	<5	*	<5	*
Nursing and Midwifery	438	40.74%	25	2.33%
Other Therapeutic	19	1.77%	<5	*
Personal and Social Care	10	0.93%	<5	*
Senior Managers	10	0.93%	<5	*
Support Services	98	9.12%	62	5.77%

The next charts show the proportion of male/female in posts A4C grade 7 and above, including staff not employed under Agenda for Change terms.

Agenda for Change Staff					
Job Family	Band	Female Employments	Male Employments	Gender Pay Gap Male to Female %	Total Employments
Administrative Services	Band 7	6	6		12
	Band 8A	4	2		6
	Band 8B	2	2		4
	Band 8C	1	1		2
	Band 8D	0	2		2
Allied Health Professions	Band 7	14	2		16
	Band 8A	4	1		5
	Band 8B	3	0		3
	Band 8C	0	0		0
	Band 8D	0	0		0
Healthcare Sciences	Band 7	2	0		2
	Band 8A	0	0		0
	Band 8B	0	1		1
	Band 8C	0	0		0
	Band 8D	0	0		0
Medical & Dental Support	Band 7	3	0		3
	Band 8A	0	0		0
	Band 8B	0	0		0



	Band 8C	0	0		0
	Band 8D	0	0		0
Nursing & Midwifery	Band 7	62	4		66
	Band 8A	4	0		4
	Band 8B	5	0		5
	Band 8C	1	1		2
	Band 8D	0	0		0
Other Therapeutic	Band 7	6	0		6
	Band 8A	2	0		2
	Band 8B	0	0		0
	Band 8C	3	0		3
	Band 8D	0	0		0
Personal & Social Care	Band 7	1	1		2
	Band 8A	0	0		0
	Band 8B	0	1		1
	Band 8C	0	0		0
	Band 8D	0	0		0
Support Services	Band 7	0	1		1
	Band 8A	0	0		0
	Band 8B	0	1		1
	Band 8C	0	0		0
	Band 8D	0	0		0

Non Agenda for Change Staff				
	Female Employments	Male Employments	Gender Pay Gap Male to Female %	Total Employments
Medical Staffing	7	16		23
Dental	4	5		9
Executive Level	3	1		3

### 4.3 Equal Pay

An integral part of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 is 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 30<sup>th</sup> 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.

In line with the General Duty of the Equality Act 2010, our objectives are to:

- Eliminate unfair, unjust or unlawful practices and other discrimination that impact on pay equality.
- Promote equality of opportunity and the principles of equal pay throughout the workforce
- Promote good relations between people sharing different protected characteristics in the implementation of equal pay.

The NHS Eileanan Siar Equal Pay Statement for 2025 can be found in Appendix 1 at the end of this Report.

## Gender Pay Gap Analysis

NHS Western Isles employ staff on different sets of nationally agreed terms and conditions. We carried out analysis of women's and men's pay within each pay band of the Agenda for Change (AFC) Medical and Dental and the Senior Managers' contract groups. Through these arrangements posts are graded, not the individual. There is no evidence that gender informs the level of pay for any post within NHS Western Isles.

There were overall more female employees than male with AfC and Senior Manager terms and conditions and more male than female with Medical and Dental terms and conditions. This related to our substantive workforce and did not include temporary cover/locum arrangements.

It is good that the data below shows that we are treating males and females equally in terms of employment opportunity and pay. As the Senior Managers numbers are very small this data is not listed in the table below to eliminate risk of identification.

## Gender Pay Gap Analysis Tables 2023-24

Grade	Female				Male				Total	Total	Total	Total
	Headcount	Percentage	Average Hourly Rate £	Median Hourly Rate £	Headcount	Percentage	Average Hourly Rate £	Median Hourly Rate £				
Agenda for Change	876	85.7%	18.51	19.25	146	14.3%	18.83	15.34	1,022	100.0%	18.56	19.25
Medical and Dental	14	37.8%	45.97	50.57	23	62.2%	46.56	48.66	37	100.0%	46.34	50.57
<b>Total</b>	<b>892</b>	<b>84.0%</b>	<b>18.98</b>	<b>19.25</b>	<b>170</b>	<b>16.0%</b>	<b>22.89</b>	<b>19.25</b>	<b>1,062</b>	<b>100.0%</b>	<b>19.60</b>	<b>19.25</b>

#### **4.4    DISABILITY**

##### **Outcome**

We will engage and work with our patients & staff as diligently as possible to improve the experience of care and to enhance physical access.

# Better health for people with disabilities



**1** Over **BILLION** people globally experience disability



**1 in 7** people

People with disabilities have the same health care needs as others

But they are:

**2x** more likely to find inadequate health care providers' skills and facilities

**3x** more likely to be denied health care

**4x** more likely to be treated badly in the health care system



**1/2** of people with disabilities cannot afford health care

They are: **50%** more likely to suffer catastrophic health expenditure



These out-of-pocket health care payments can push a family into poverty

Rehabilitation and assistive devices can enable people with disabilities to be independent

**70 MIL** people need a wheelchair. Only **5-15%** have access to one.



**360 MIL** people globally have moderate to profound hearing loss.

Production of hearing aids only meets: **10%** of global need **3%** of developing countries' needs

Making all health care services accessible to people with disabilities is achievable and will reduce unacceptable health disparities

remove physical barriers to health facilities, information and equipment

make health care affordable

train all health care workers in disability issues including rights

invest in specific services such as rehabilitation

Source: World report on disability: [www.who.int/disabilities/world\\_report](http://www.who.int/disabilities/world_report)

## **Rationale**

The 2021 Census showed that one in five people in Scotland reported a long-term health problem or disability. This is more or less replicated in the Census results in the Western Isles, where a percentage of 10.5 per cent reported that their day-to-day activities were limited a lot and 13.8% reported that their day to day activities were limited a little. As healthcare patients, there is also the dimension of co-morbidity of disabling conditions that requires planning and treatment.

The causal link between disability and penury can be seen in the Scottish Government's findings that households in which one or more disabled person resides is likely to have no working members and to be at greater risk of financial difficulties. In the workplace, disabled employees are more likely than non-disabled ones to face barriers to work because of lack of confidence and attitudes of employers.

In 2023 the Scottish Human Rights Commission asked for wide ranging evidence from the Scottish Disabled Peoples' Organizations' coalition (SILC) and Inclusion Scotland for an update report into the recommendations contained in the 2016 Inquiry by the UN Convention on the Rights of Persons with Disabilities (CRPD) into the UK. The update report sought to evaluate the level of progress and continuing barriers with regard to the excoriating impact of austerity measures on disabled people in the UK as originally highlighted in 2016. This has fed into the UK's Independent Monitoring Mechanism for the Convention (UKIM). The subsequent UKIM report highlighted increasing poverty rates, affecting disabled people's right to live independently at home, forcing some into hospital or residential care.

Both the main SILC report and the Easy Read version are embedded here:



silc-supplement-to-uk  
im-report-for-shrc Au



easy-read-silc-report  
-for-shrc Aug 2023.p

It is important not to lose sight of the fact that many disabilities are hidden in plain sight. 93% of disabled people don't use a wheelchair. Under the provisions of the Equality Act, depression is classed as a life limiting disability.

## **What we've done**

### **British Sign Language**

Developments in BSL provision in NHSWI since 2017 have been informed by the historic British Sign Language (Scotland) Act 2015 and the subsequent BSL National Plan for Scotland 2017-23. These have made Scotland the first country in the UK to recognise BSL as a language in law, with all the rights, privileges and protections this affords. The Act is a major catalyst in dismantling the barriers to participation in civic life that BSL users, & indeed the deaf community as a whole, have endured for so long.

Tailoring the BSL National Plan to local needs & circumstances led to the milestone of NHSWI's first ever BSL Plan being assembled & then approved in May 2019. This carries up to 2024. It's contextualisation of the local priorities has been acknowledged and welcomed by the BDA Scotland.

The NHSWI BSL Local Plan can be viewed here:



Approved NHSWI  
BSL Local Plan 2019-2

Following on the landmark success of the first BSL National Plan, the second BSL National Plan for Scotland was published in November 2023, carrying up to 2029. It proposes actions on the priority areas of BSL Accessibility, Children Young People and their Families, Access to Employment, Health and Wellbeing, Celebrating BSL Culture, BSL Data, Transport, Access to Justice and Democratic Participation. NHSWI is subsequently preparing a second BSL Local Plan in response to this via dialogue with key stakeholders.

The second BSL National Plan is embedded here:



Crucially with regard to correcting a historic injustice around access to BSL interpreting in NHS Eileanan Siar, since the purchase of the LanguageLine Insight Interpreter on Wheels unit as described earlier in this Report, BSL video interpreting is available on demand between 9-5 Monday to Friday. This has made a huge difference to BSL speakers in receipt of care because of the lack of suitably qualified BSL interpreters locally.

The service has been exorted to our associates at the Western Isles Sensory Centre. This had been run as a satellite hub of Sight Action Inverness but in March 2024 it ceased its operation there as well as its outreach work throughout the archipelago, owing to rationalisation of its services. People in the community with a sensory impairment, for whom the Centre has been a vital resource as a supportive space and equipment repository, were therefore most grateful to know that the Sensory Centre was being re-instated, via a new contractual arrangement with Highland Blindcraft. The Sensory Centre accordingly reopened in May 2024 with two additional Sensory Support Rehabilitation Officers engaged to carry out home assessment throughout the archipelago.

At the same time a multi-agency umbrella forum called Western Isles See Hear Improvement Group was set up to support Islands-wide partnership working around sensory loss. The group membership includes, the Comhairle, NHS Eileanan Siar (Audiology) Third Sector Interface, Scottish Fire and Rescue Service, Department of Work and Pensions, Highland Blindcraft and 'DHALIAS' (Deaf and Hearing Loss Isles Associated Support), the newly established voluntary support group.

Improved Deaf Awareness, incorporating simple things we can all do, is increasingly important for employees in both the public and private sector. A member of NHSWI with a hearing impairment is keen to take this forward for the benefit of all staff.

The launch of the video relay BSL interpreting service within NHS Eileanan Siar, along with the clear benefits of collaboration with our associates at the WI Sensory Centre, shows clearly how a local BSL Plan gives impetus towards the commissioning of such assets.

The NHSWI Audiology Service consists of one Practitioner who is under the management umbrella of NHS Highland. She undertakes hearing tests in the special soundproofed consultation facility at Outpatients prior to the fitting of tailored hearing aids, and supplies batteries and tubing for their ongoing maintenance thereafter. Counselling and management strategies for patients with tinnitus are also provided.



Inaccessible information is one of the main comprehension barriers that individuals with a learning disability encounter when interacting with health services. Documents presented in the Easy Read graphical format are one of the best ways of improving the understanding of this client group when they and their carers require guidance or wish to take part in consultations. Accordingly, NHSWI in 2021 added a suite of **Easy Read** documents for the benefit of this client group on our public website. These are arranged by *Your Health Information, Local Services, National Services, Autism Information, Professional Toolkit and Strategies/Policies*.

These aspirations will benefit Advocacy Western Isles especially. This organisation provides issue-based one-to-one, non-instructed and collective independent advocacy support to individuals in need throughout the Western Isles. Priority is given to those with mental health issues, people with a learning disability, older people, children and young people and parents/carers. It currently provides specialist advocacy for mental health which works closely with legal services for individuals who are subject to statutory measures. It also works with individuals with a diagnosis of mental illness and any other undiagnosed mental illnesses such as depression.

The Autism Eilean Siar Support Group meets is a dynamic forum in the archipelago. This provides support & raises awareness for the parents of children with conditions on the autism spectrum disorder. The group holds face to face support group meetings for parents and carers in the Failte Centre in Stornoway once a month. Autism Eileanan Siar strives to raise awareness of autism within the local community and are contactable between the hours of 10am–5.30pm seven days a week by telephone, email or written communication.

NHS Western Isles staff, such as Health Visitors and School Nurses, refer children to the Support Group subsequent to anomalies being picked up on the Universal Health Visiting Pathway. Work step and Capability Scotland assisted schemes are in place for the provision of financial assistance for the procurement of aids and adaptations to enable supported employment for appropriate employees in NHS Western Isles.

Set up in 2022, the Disability Advocacy Collective (DAC) is a new local group that deals with issues around services for children and adults with care needs throughout Lewis, Harris, Uist and Barra. The DAC is a collective advocacy group with Advocacy Western Isles and is made up of the Speak Out Group for adults with learning disabilities, the local Enable Group, Autism Eilean Siar, The Harris Disability Access Panel and individuals who require social care services for whatever reason, their carers and anyone with an interest in Social Care.

The DAC came about because families who care for people with disabilities, the elderly, people with dementia and people with any kind of additional support needs started to share their stories. The DAC wish to be involved in resolving such issues and want to support each other while doing so. They would:

- like to try to have seamless transitions from children's services to adult services.
- wish to not have to worry so much about those they care for having no other option available to them than going to the mainland for residential care.
- hope to try and find answers to the concerns parents, carers and people who are cared for have about future planning.
- welcome plans that tell them there are services available for their loved ones when they are no longer able to provide the care needed due to age or circumstances out with their control.
- appreciate access to services that allow people to receive good care at home and in their community.
- like to remain on the islands.
- wish to return to the islands.
- like to try to receive equity of travel to services throughout the islands and in our dispersed communities.
- be grateful for respite services that meets their needs.

Subsequently, a Board of Promise was mobilized and displayed at the Sandwick Road offices of Comhairle nan Eilean Siar in 2023 to allow all councillors to show their support for a new advocacy group for disabled people, their carers and supporters. The board, designed and created by the Speak Out Group with the support of Advocacy Western Isles, had space for the signatures of all the councillors as they attended a series of engagement meetings.

The first meeting saw councillors being told about issues like withdrawal of transport, lack of service choices for people with learning disabilities, unmet care needs, respite, education and provision for children and young people with additional support needs. Councillors heard about problems facing people with disabilities, many service users raising the issue of the lack of transport. The council's decision to withdraw transport post pandemic at the time caused huge problems for disabled people, putting extra financial pressure on families. One person had to give up their job because of the withdrawal of transport and a carer described a monthly 600-mile return journey to bring their child to Stornoway for their regular support service. In addition, people in remote and rural areas throughout the Western Isles accessing Stornoway services are having to pay out much more on travel than their peers who live closer to Stornoway. A wide range of other issues were described from direct personal experience, and at the end of the meeting councillors were presented with the board of promise. The DAC asked councillors to sign as a pledge that they would collaborate with integrity and kindness, ensuring the DAC voice is heard and listened to.

The attractively designed Board of Promise for the Elected Representatives' pledges to be recorded on is embedded here:

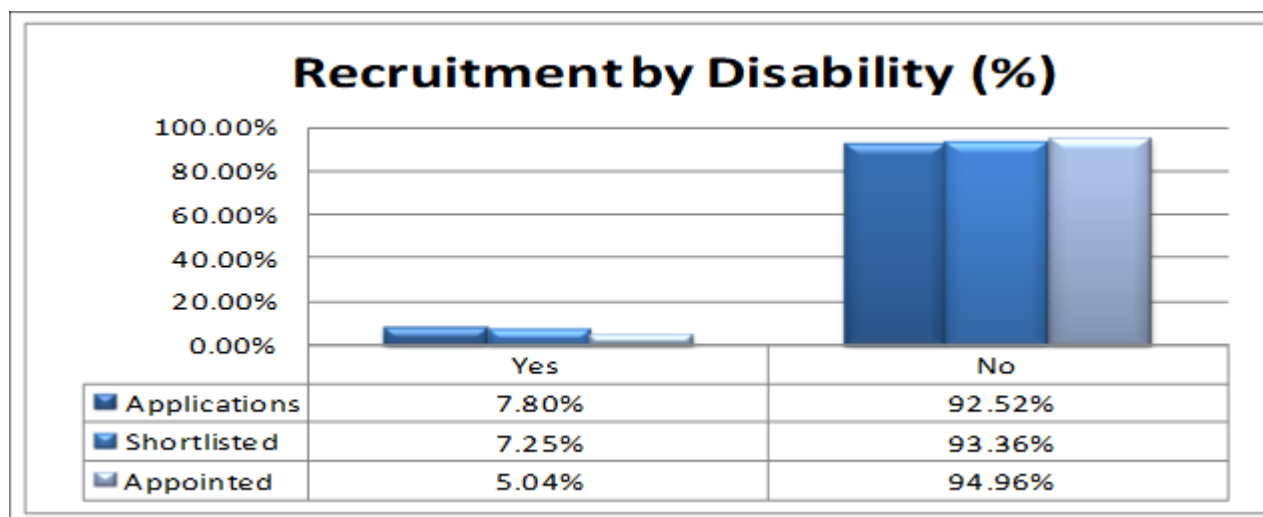


WI Disability  
Advocacy Collective E

The following charts show our ratio of staff with disabilities across the Job Families and Recruitment by Disability.

## Workforce

Job Family	Don't Know	%	Yes	%	No	%	Declined	%
Administrative Services	81	8.19%	<5	*	112	9.79%	<5	*
Allied Health Profession	26	2.82%	<5	*	66	5.65%	<5	*
Dental Support	11	1.60%	0	0.00%	30	2.73%	<5	*
Healthcare Sciences	<5	*	<5	*	20	1.60%	<5	*
Medical and Dental	13	1.41%	0	0.00%	24	1.88%	0	0.09%
Medical Support	<5	*	0	0.00%	<5	*	0	0.00%
Nursing and Midwifery	167	16.95%	<5	*	281	25.24%	13	1.32%
Other Therapeutic	<5	*	<5	*	17	1.22%	0	0.00%
Personal and Social Care	<5	*	0	0.00%	8	0.85%	<5	*
Senior Managers	<5	*	<5	*	6	0.00%	<5	*
Support Services	31	4.14%	<5	*	127	10.73%	<5	*



## 4.5 RELIGION AND BELIEF

### Outcome

We will provide Spiritual Care within a professional framework to NHS WI patients and staff, to enable the finding of hope, meaning and comfort to those of all faiths and beliefs in addition to those of none, upholding respect and their dignity at all times.

### Rationale

There can be no doubt that the need to make sense of one's circumstances becomes more pressing in times of illness. This desire does not only reside within the patient, but in their loved ones, who seek at least a listening ear, not just answers, in their distress. In serving the needs and aspirations arising from these concerns, spiritual care, as expressed through pastoral support, adds value

to the whole organisation. This coming alongside people also impacts positively on staff morale, with the compassion and advocacy inherent in spiritual care mitigating strife and stress in the workplace.

Research conducted by the European Centre of Social Welfare Policy in 2013 showed that people with a faith or belief were better able to cope with shocks such as losing a job or divorce and had higher levels of life satisfaction. Taking this wider to the exercise of Chaplaincy pastoral support to those of all faiths and none, Kirshnakumar and Neck (2002) suggested that the encouragement of spirituality in the workplace can lead to benefits in the areas of creativity, honesty, personal fulfilment and commitment, which will ultimately lead to increased organisational performance.

The legacy of the well-recorded Christian faith traditions of the Western Isles, both Protestant and Catholic, can be seen in the 2022 Census results, in which the archipelago had the lowest percentage of people in Scotland saying they had no religion, at 29.9% per cent. However, the increase in this from the 18.1% figure of 2011 should be noted. This may be connected to the majority of Scotland's population for the first time ever declaring themselves to have no religion in the Census, at a figure of 51.1%, a large increase from the 36.7% figure of 2011.

With 35.3% in the archipelago declaring themselves to be Church of Scotland (a slight increase actually from 2011) 16.2% affiliating themselves to Other Christian (including the Free Church of Scotland) and 12.1% subscribing to Roman Catholicism (traditionally strong from Benbecula to Barra) this gives a total of 63.6% of the Western Isles population with a Christian belief system. This is by far the highest in Scotland, contrasting with the national picture.

### **What we've done**

Spiritual Care in the NHS throughout Scotland is currently being guided by the pillars of the Person-Centred Care approach. These four dimensions are Leadership, Care Experience, Staff Experience and Co-Production. This is a way of operating in which value is invested in each individual and what matters to them.

Openness and responsiveness to all is at the heart of the NHS Western Isles Spiritual Care Policy. Underpinned by this, the Chaplaincy service at NHS Western Isles consoles those of all faiths or none. This heterogeneous approach is underpinned by the CEL 2008 on Spiritual Care.

This need to promote inclusion within NHS Western Isles can be seen in the variety of faith groups that patronise the sanctuary. Regrettably the weekly Christian Protestant service that was held in the Sanctuary every Sunday morning and that was so

appreciated by in-patients with a church connection ceased at the start of the pandemic, as did the monthly Roman Catholic service and the Saturday Ba'hai gathering. It is hoped to re-commence these when it is safe to do so. In the interim patients on the wards are being supported to access their own congregational service live streams on the Sunday remotely, using the iPads distributed round the wards for the Virtual Visiting initiative. Muslim members of staff remain free to use the Sanctuary as an individual prayer space when required. A Muslim prayer mat was purchased a few years ago, and this is provided for Muslim prayer requirements.

The sanctuary is also used as a quiet room for staff to use at any time, should they wish a tranquil space for reflection and calm. This is particularly appreciated in times of stress, such as bereavement. The move of the Spiritual Care & Diversity Department to its current location in 2017 in the former Acute Psychiatry Group Therapy room has benefited the weekly Sunday morning service, in that greater numbers are coming to it in the new Sanctuary. Since its refurbishment for an explicit Spiritual Care Purpose, the area is now compliant with faith observation requirements in a way that it was not in the old Chapel, particularly by the installation of appropriate ablution facilities for Muslim staff & patients in the enlarged bathroom. The presence of a toilet facility is also beneficial for elderly patients attending the Sunday service.

The Bereavement Support Group run by the NHSWI Chaplains that was set up in 2018 was suspended at the start of the 2020/21 pandemic and has not yet re-convened. However, it is planned to re-start in 2025.

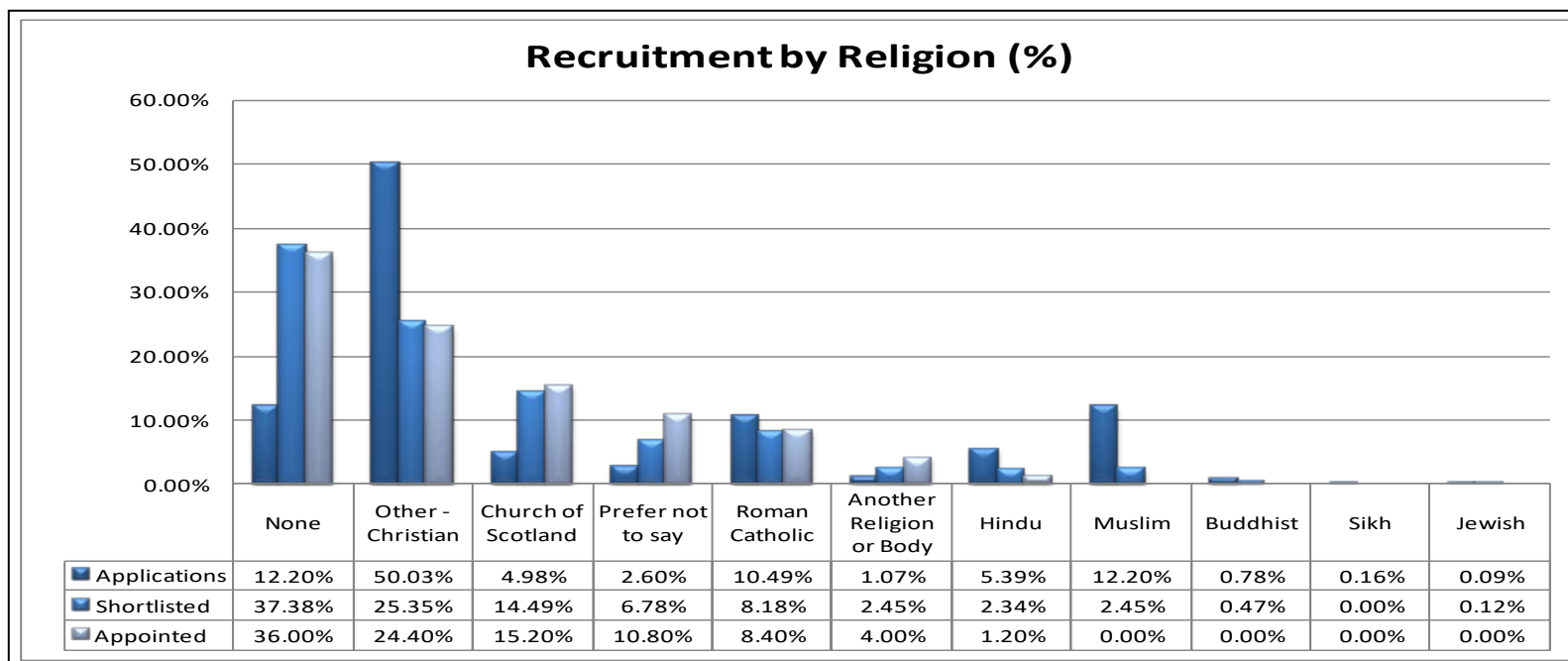
The Community Chaplaincy Listening Service has been running for 10 years now, following a successful pilot project. It is carried out within a pastoral care framework by the trained Chaplaincy Listener, who provides this in the different GP surgeries. It enables people who have been attending their GPs to help themselves by identifying assets and resources within themselves, via the telling of their story in a series of sessions. The impact of the service can be seen in that there has been a reduction in inappropriate GP appointments, an increase in patients' capacity to cope with challenging circumstances and a bolstering of community resilience. At the onset of the pandemic CCL switched to a telephone format but has now reverted back to the pre-COVID service of GP surgery consultations.

The very successful Values Based Reflective Practice support model for team cohesion difficulties as deployed by the Chaplains has evolved and adapted since the onset of the pandemic to an outreach with individuals in addition to that with teams. The I See, I Wonder and I Realise verbatim intrinsic to VBRP was found to be of huge benefit as a lit pathway to members of staff who were under significant levels of strain and stress with the clinical burden on them at the height of the pandemic, when case numbers were so high. It is therefore a most positive development that a level of agility, spontaneity even, is further developing the VBRP approach so that it is flexing to the pace of events and unexpected challenges.

The following charts show the demarcation of religious and faith affiliations across our Job Families and Recruitment by Religion.

## Workforce

Job Family	Buddhist	%	Christian - Other	%	Church of Scotland	%	Declined	%	Don't Know	%	Hindu	%	Muslim	%	No Religion	%	Other	%	Roman Catholic	%	Sikh	%
Administrative Services	<5	*	24	2.23 %	62	5.77 %	9	0.84 %	59	5.49 %	<5	*	0	0.00 %	31	2.88 %	<5	*	9	0.84 %	0	0.00 %
Allied Health Profession	<5	*	18	1.67 %	25	2.33 %	13	1.21 %	12	1.12 %	0	0.00 %	0	0.00 %	18	1.67 %	<5	*	7	0.65 %	0	0.00 %
Dental Support	0	0.00 %	8	0.74 %	15	1.40 %	<5	*	6	0.56 %	0	0.00 %	0	0.00 %	<5	*	<5	*	5	0.47 %	0	0.00 %
Healthcare Sciences	0	0.00 %	<5	*	6	0.56 %	<5	*	<5	*	0	0.00 %	0	0.00 %	9	0.84 %	0	0.00 %	<5	*	0	0.00 %
Medical and Dental	0	0.00 %	5	0.47 %	<5	*	<5	*	12	1.12 %	0	0.00 %	<5	*	5	0.47 %	0	0.00 %	7	0.65 %	0	0.00 %
Medical Support	0	0.00 %	0	0.00 %	<5	*	0	0.00 %	<5	*	0	0.00 %	0	0.00 %	<5	*	<5	*	0	0.00 %	0	0.00 %
Nursing and Midwifery	<5	*	67	6.23 %	145	13.49 %	39	3.63 %	129	12.00 %	<5	*	0	0.00 %	41	3.81 %	6	0.56 %	34	3.16 %	<5	*
Other Therapeutic	0	0.00 %	0	0.00 %	<5	*	<5	*	7	0.65 %	0	0.00 %	0	0.00 %	5	0.47 %	<5	*	<5	*	0	0.00 %
Personal and Social Care	0	0.00 %	<5	*	<5	*	<5	*	<5	*	0	0.00 %	0	0.00 %	0	0.00 %	0	0.00 %	<5	*	0	0.00 %
Senior Managers	0	0.00 %	<5	*	<5	*	<5	*	<5	*	0	0.00 %	0	0.00 %	<5	*	0	0.00 %	<5	*	0	0.00 %
Support Services	<5	*	24	2.23 %	65	6.05 %	11	1.02 %	15	1.40 %	<5	*	0	0.00 %	31	2.88 %	<5	*	9	0.84 %	0	0.00 %



## **AGE**

### **Outcome**

NHS Western Isles will listen to the views of the young and the old who access our services and will promote the importance of dignity and respect for staff who work with them, in a way that identifies barriers and challenges.

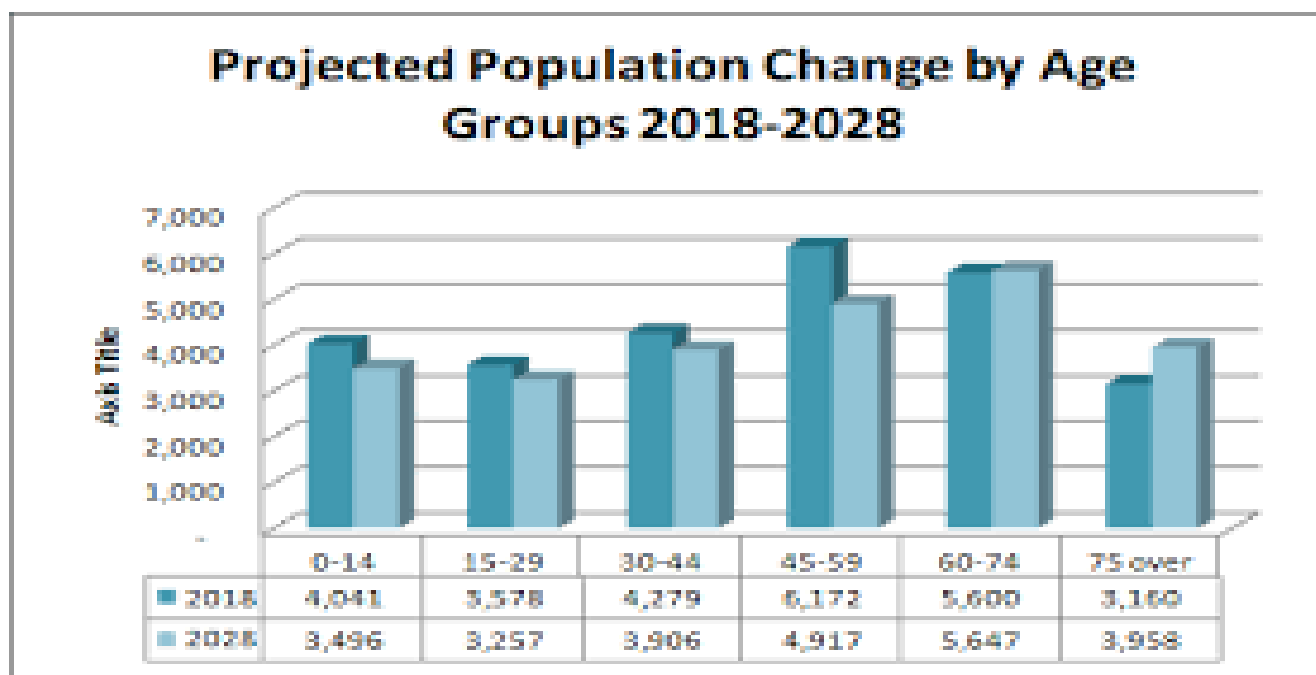
### **Rationale**

The 2021 Census showed that 26.6% of the Western Isles population was aged 65 or over, a significant increase from the previous Census. 7.2% were between 16 and 24, with 16.9% aged between 35 and 49. The majority of people living in the archipelago now are over 45.



What is particularly worrying regarding our sustainable future therefore from the Scottish Health Survey data for the Western Isles of November 2022 is that the population is ageing significantly, which will have a significant impact on the delivery and cost of our health and care services. Considering the updated population prediction, the Western Isles is predicted to see a 6% reduction in population by 2028, one of the biggest population decreases in Scotland. The working age population is set to decrease by 6% by 2028 and, in contrast, the over 75s, with the greatest levels of co-morbidity, is set to rise by 25%. The decrease can be attributed to declining numbers of inward migration and low birth rates although there will be other factors at play. The population changes will result in a year-on-year reduction in the available workforce to support/care for the ageing population. Health and Social Care services are already seeing the impact of the changes in demography with high levels of vacancies across the Health and Social Care Partnership.

The graph below gives a visual representation of this population change.



Generally, epidemiology has revealed that health issues tend to be greater amongst the very young and the very old. The Census showed that there was a much higher level of disability in people aged 65 years or over in Scotland, and that four fifths of people aged 85 years and over reported that their day-to-day activities were limited by health problems or disability.

On 7 December 2023, the Scottish Parliament unanimously passed the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill for the second time. The Bill received Royal Assent on 16 January 2024 and is now the [United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Act](#).

Children's services in the archipelago have been significantly shaped recently by the **Integrated Children's Services Plan 2023-26**, produced by the Outer Hebrides Children and Young People Planning Partnership (CYPPP). NHS Western Isles is a significant partner in relation to this. This adopts a human rights aware, anti-poverty focused approach, integrating early intervention, the importance of trauma awareness and island proofing. It is embedded here:



Outer Hebrides  
Integrated-Childrens

If we turn to a major mental health concern, suicide is the leading cause of death among young men in Scotland. In Scotland over 2019, the Samaritans reported that the suicide rate amongst young people aged between 15 and 24 increased by 52.7% from the previous year. This is the highest it has been since 2007.

### **What we've done**

NHSWI clinicians who work with children follow the Getting it Right for Every Child framework National Practice Model. This is also adhered to by the local authority staff who work with children. This provides a foundation for identifying concerns, assessing needs and risks and making plans for children in all sectors of treatment. The NHSWI Lead Nurse Public Protection has made a significant contribution to improving our safeguarding, risk management and welfare support procedures. She works closely with the Child Health Commissioner and the Scottish Children's Reporter for the locality.

The NHS Western Isles Specialist Child and Adolescent Mental Health Service (CAMHS) Team (Tier 3/4) sees children, young people (0-18, though this can be extended to 25 in specific protected groups if more appropriate), and their families with a wide range of mental health difficulties. Its aim is always to help the people they work with to understand the factors that lead to mental health problems, while working to stop these factors leading to further difficulties.

The Specialist CAMHS team has expanded in response to patient needs, and includes a Consultant Child Psychiatrist, a Consultant Clinical Psychologist, Child and Adolescent Nurses, Child and Adolescent Mental Health Workers, a Social Worker, an Occupational Therapist, and a CAMHS/Learning Disabilities Link Nurse. Specialist CAMHS clinicians work within the framework of the Mental Health Act (2003, updated 2015); The Mental Health of Children and Young People: A Framework for Prevention, Promotion and Care (2005); and the Getting It Right For Every Child (GIRFEC) National Practice Model Framework as highlighted above. It is through a robust GIRFEC assessment of need that referrals to CAMHS would be indicated.

Over the last 5 years, NHSWI Specialist CAMHS has received an average of around 150 new referrals every year and issued an average of 1171 appointments each year.

Out with the above activity, CAMHS undertake further intervention and consultation at lower tiers. Since 2018 the demand for lower tier activity around mental wellbeing and emotional health has increased greatly. Between 2020 and 2022 an increase of 313% has been recorded within Primary Care CAMHS. These referrals are directed from GPs, schools, and third sector agencies. This level of demand is borne out in the national picture, with 36,659 referrals made to child mental health services in Scotland across 2023/24 – a hundred a day. To support the lower tier activity, a Community Mental Health Worker in the CAMHS WI Team is committed to training and mentoring colleagues across children's services.

In relation to national CAMHS outcomes, NHSWI has consistently met the Scottish Government 18 week waiting time target for referral to treatment. Where possible, patients are given a choice on preferred appointment type. This has allowed CAMHS to continue to operate across all of the Western Isles, reducing the geographical challenges.

Advocacy Western Isles' Children and Young Persons Independent Advocacy Project, which was established in 2006, is a key multi-agency partner with NHSWI in the field of child welfare. Advocacy Western Isles provides one-to-one Independent Advocacy, Collective Advocacy (groups) and Non- instructed Advocacy as required for Children and Young People aged 0 to 18 who experience disadvantage and adversity in the Western Isles.

The issues supported are wide ranging. These can include Additional Support Needs for Learning, Bullying, Transitions between schools and from Child to Adult Services, referrals to the Additional Support Needs Tribunals for Scotland, Childs Plan Assessments, Disability Discrimination, Contact and Residency around parental break-up, the WI Children's Panel, second opinions for medical diagnoses and access to legal services where required.

Since 2021 the Western Isles Respite Care Service, funded by both the local authority and NHSWI and administered by Western Isles Action for Children, has been providing individual packages of care and support to allow parents of children with additional support needs a break from caring. This is either in the form of an Activity Respite for a couple of hours while the child is taken out in the community or a for a longer Residential Respite at the Hillcrest residential facility in Stornoway. There are Gaelic speakers available as part of this respite support.

NHSWI Health Visiting Team continue to distribute the Book bug early years reading materials, in both Gaelic and English, to help instil a reading habit between the mother and the child. Reading is pivotal to language & cognitive development & is a key component therefore of the Universal Health Visiting Pathway in Scotland.

The Gaelic words list assessment as devised by the HVs' is embedded here, to gauge child verbal fluency with reference to developmental milestones.



HV Word List - Words  
Children Say.pdf

## **Older People**

### Cycling Without Age

The charity Cycling Without Age has been operating most successfully in the Western Isles since 2019. This is a scheme where free trishaw rides are provided to older and less able-bodied individuals, fostering community engagement and combating loneliness. The initiative aims to embrace the residents of local care homes especially, enriching their lives and fostering social interaction. The trishaws and accompanying outrider bikes for road safety are entirely manned by volunteers.

The programme relies on funding from various sources, including the Scottish Government and local organizations. The SG has recognised the programme's impact on social cohesion and has supported its expansion.

NHS Western Isles has also provided funding to bolster the initiative. In 2023 a £13,500 grant from NHSWI enabled the purchase of an additional trishaw and two e-bikes. This means that Cycling Without Age Western Isles now has three trishaws, two in Stornoway and one in Harris.

The programme is also taking private referrals from families who would like to use the service.



### Community Nursing

The majority of patients supported by NHSWI Community Nursing Teams in their own homes are over 65. Community Nursing has been delegated to the Western Isles Integrated Joint Board (IJB) since 2016. The increasing number of older people with multiple co-morbidities, long term conditions, polypharmacy and complex social care needs emphasize the importance of community nurses' case management and specialized clinical skills. Community nurses proactively manage care by promoting health, anticipating health needs, enabling and supporting self-care and providing support and supervision to the well elderly.

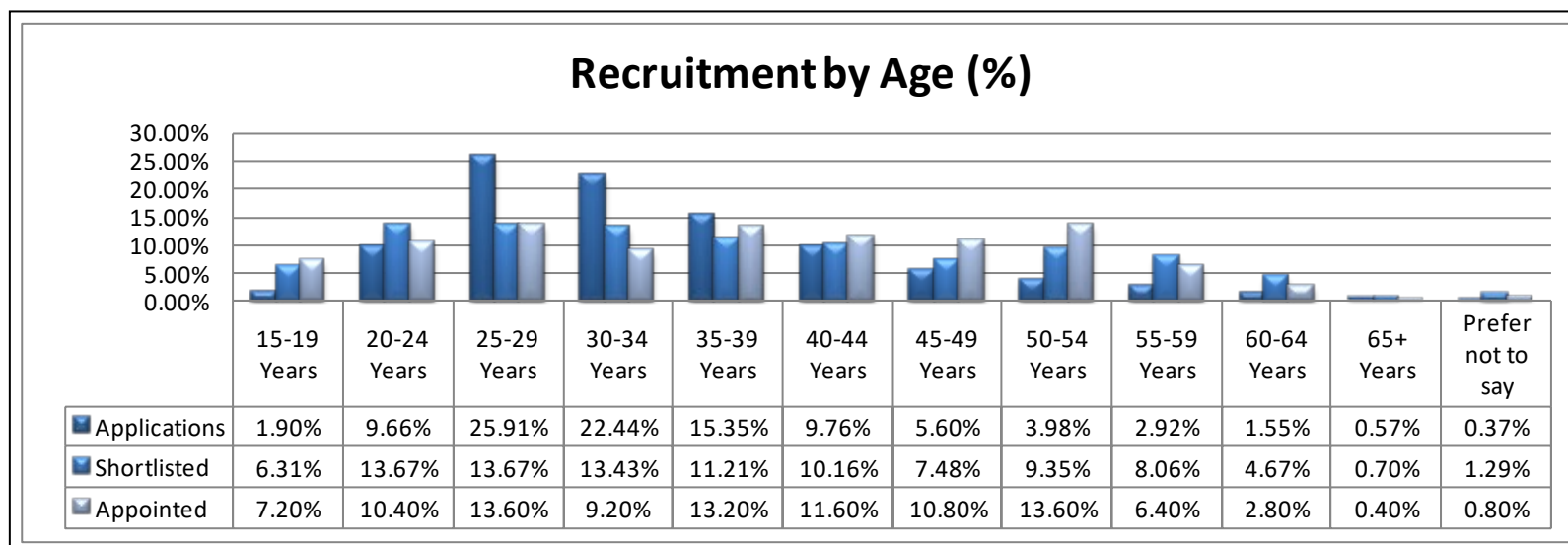
The Community Unscheduled Care Nursing Service (CUCN) has in recent years significantly improved outcomes for elderly housebound patients. The administering of intravenous antibiotic therapy at home along with wound assessment and treatment, continence management and promotion and chronic condition management on a 24-hour basis has made a valuable contribution to shifting the balance of care in the archipelago.

Of the seven WTE Community Psychiatric Nurses who provide a generic mental health service to the people of the Western Isles one of them has a part-time dementia liaison remit for Lewis and Harris. Dementia care in the Uists and Barra is subsumed into the generic CPN profile.

The following charts show the age ranges across our Job Families and Recruitment by Age.

### Workforce

Job Family	15 thru 19	20 thru 24	25 thru 29	30 thru 34	35 thru 39	40 thru 44	45 thru 49	50 thru 54	55 thru 59	60-64	65+
Administrative Services	0	0	19	14	15	26	39	17	32	23	13
Allied Health Profession	0	<5	5	7	12	13	17	15	10	11	5
Dental Support	0	0	5	<5	<5	12	<5	5	7	<5	0
Healthcare Sciences	0	0	5	<5	0	<5	5	5	<5	<5	0
Medical and Dental	0	0	0	<5	5	8	0	6	7	6	<5
Medical Support	0	0	0	<5	<5	0	0	<5	0	<5	0
Nursing and Midwifery	<5	15	29	40	51	54	59	72	73	50	19
Other Therapeutic	0	0	<5	0	<5	5	<5	<5	<5	0	<5
Personal and Social Care	0	0	0	<5	0	0	<5	<5	5	<5	<5
Senior Managers	0	0	0	0	<5	0	<5	<5	<5	<5	<5
Support Services	<5	5	6	10	9	10	16	17	38	31	14



## 4.7 SEXUAL ORIENTATION

### Outcome

We will endeavour to ensure that a person's sexual orientation, if declared, shall be no obstacle to them as a beneficiary of care.

### Rationale

A Trades Union Congress survey of LGB employees in 2000 suggested that 44 per cent had experienced some form of discrimination. Gay or lesbian individuals may be possible targets for hate crime additionally.

Certain sexual health issues may be more prevalent in gay or lesbian populations e.g. gay men are in a higher risk group for HIV. Gay and lesbian people may be less likely to be screened for certain conditions, meaning problems are not picked up as early as they could be. Research done by de Montfort University in 2009 showed that lesbian and bisexual women were up to 10 times less likely to have had a cervical smear test in the preceding 3 years.

These health inequalities are particularly more acute around mental health, where evidence shows:

- Suicidal behaviour is 3 times more prevalent around Lesbian, gay and bisexual when compared to the general population; this rises to 8 times among transgender people
- Self-harm is 8 times more prevalent among LGB people; this rises to 20 times among transgender people

### **What we're doing**

NHSWI signed up to the NHS Scotland national LGBT+ Pride Badge scheme in June 2021. This incorporated members of staff who wished to do so (taking part in the scheme was entirely voluntary) signing the LGBT Pride Pledge undertaking to raise awareness around this grouping, following which the Pride Badge with its rainbow logo was given to them to wear. 82 members of staff signed the Pride Pledge after the scheme was publicised.

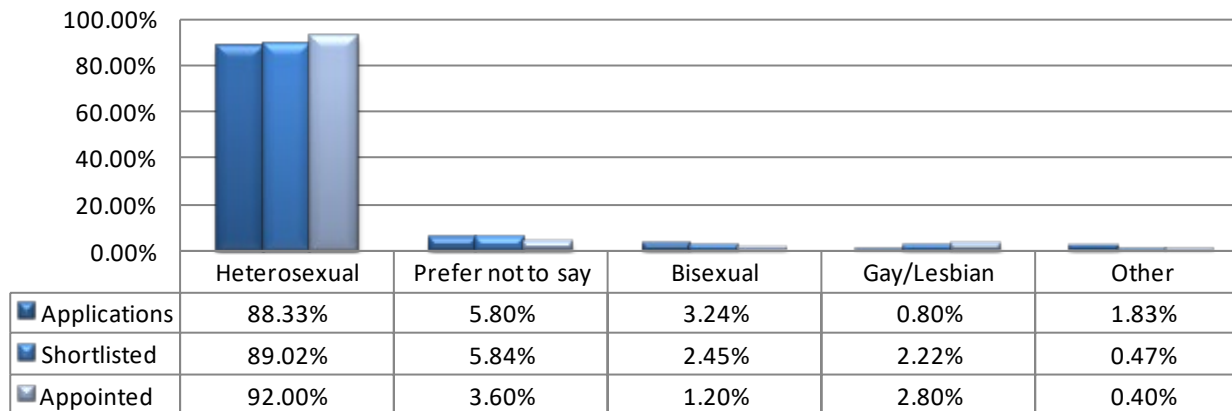
The Hebridean Pride March has resumed once a year, following a hiatus of two years due to the COVID-19 pandemic.



## Workforce

Job Family	Bisexual	%	Declined	%	Dont Know	%	Gay	%	Gay Lesbian	%	Heterosexual	%	Lesbian	%	Other	%
Administrative Services	0	0.00%	11	1.02%	50	4.65%	0	0.00%	0	0.00%	137	12.74%	0	0.00%	0	0.00%
Allied Health Profession	<5	*	10	0.93%	9	0.84%	<5	*	0	0.00%	74	6.88%	0	0.00%	0	0.00%
Dental Support	0	0.00%	5	0.47%	<5	*	0	0.00%	0	0.00%	33	3.07%	0	0.00%	0	0.00%
Healthcare Sciences	<5	*	<5	*	<5	*	0	0.00%	<5	*	20	1.86%	0	0.00%	0	0.00%
Medical and Dental	0	0.00%	<5	*	11	1.02%	0	0.00%	0	0.00%	22	2.05%	0	0.00%	0	0.00%
Medical Support	0	0.00%	0	0.00%	<5	*	0	0.00%	0	0.00%	<5	*	0	0.00%	0	0.00%
Nursing and Midwifery	<5	*	47	4.37%	117	10.88%	<5	*	0	0.00%	296	27.53%	<5	*	<5	*
Other Therapeutic	<5	*	0	0.00%	<5	*	0	0.00%	<5	*	15	1.40%	0	0.00%	0	0.00%
Personal and Social Care	0	0.00%	0	0.00%	<5	*	0	0.00%	0	0.00%	11	1.02%	0	0.00%	0	0.00%
Senior Managers	0	0.00%	<5	*	<5	*	<5	*	0	0.00%	8	0.74%	0	0.00%	0	0.00%
Support Services	<5	*	5	0.47%	16	1.49%	<5	*	0	0.00%	134	12.47%	0	0.00%	0	0.00%

## Recruitment by Sexual Orientation (%)



## **4.8 GENDER REASSIGNMENT**

### **Outcome**

We will deal sensitively, & with discretion, any transgender or transsexual patient that comes into our orbit.

### **Rationale**

Surveys have found that rates of mental ill health in this group are higher than the average. Transgender individuals can also face discrimination and harassment and be possible targets for hate crime.

Under the terms of the 2010 Equality Act, the requirement for medical supervision to take place as part of a process of 'gender reassignment' has been removed for Gender Reassignment, so someone who simply changes the gender role in which they live without ever going to see a doctor is protected.

### **What we're doing**

NHS Western Isles has a Policy and Action Plan in place for this, and sensitive awareness and the need for dignity has been stressed at the Equality Act training sessions.

## **4.9 MARRIAGE AND CIVIL PARTNERSHIP**

### **Outcome**

NHS Western Isles will give respect and support to all couples who either receive care from the organisation or work for it, in order to promote stable and loving unions.

### **Rationale**

A wide body of research has shown how steadfast and stable couple relationships are vital to the security and welfare of children, and therefore to society as a whole. Domestic violence, as previously mentioned, is particularly corrosive here, but is not the only variable. Difficulties in maintaining a healthy work/life balance can fracture family cohesion unless changes to lifestyle are made.

### **What we're doing**

Health Visitors and Mental Health staff work effectively with Social Work colleagues to support vulnerable couples and families who are experiencing economic and social difficulties. Where relationships are coming under particular strain, there are referral pathways to the Family Mediation Service counselling support.

Employees who experience particularly stressful family circumstances, such as a child health crisis, can apply through their line manager for Special Leave, within the parameters of the Special Leave Policy.

Specialist interventions such as Family Therapy will be contingent on increased investment in Clinical Psychology and Psychiatry.

## **4.10 PREGNANCY AND MATERNITY**

### **Outcome**

We will give practical and sensitive assistance to expectant and new parents to make this time for them as positive as possible and will uphold the rights and dignity of all women in pregnancy.

### **Rationale**

There are still examples of women losing pay and status, and even their jobs, due to pregnancy. The number of maternity-related employment tribunals has been rising, even as other types of case decline. Over a tenth of sex discrimination claims in GB employment tribunals in 2009-10 concerned pregnancy.

There is limited data which suggests that there may be concentrations of lone mothers in the most deprived neighbourhoods, and that it can be difficult for authorities to engage with those in most need of support.

Most disturbingly, the incidence of physical abuse of women, and particularly domestic violence, increases during pregnancy and early maternity.

There are many common health problems that are associated with pregnancy, such as backache, constipation, sleeplessness and hypertension. There are also health issues such as morning sickness that are specific to pregnancy. This is why health screening and monitoring is such an important aspect of pregnancy care, from the first semester onwards.

### **What we've done**

The Parentcraft sessions for expectant parents resumed after the pandemic hiatus and are running well. For additional parent education needs, there is the option of virtual sessions of the Solihull Approach programme.

As NHSWI Maternity Services provide an integrated midwifery service midwives plan, deliver and evaluate care between both hospital and domiciliary settings. Intrinsic to this is an affiliation to GP Practices with close links to the Health Visiting Team. Mothers are supported to make an informed choice as to where they give birth. This aligns with the Best Start ambitions for Maternity Care in Scotland. The BadgerNet database is an agile recording system for storing all the patient data for the whole maternity care journey.

The adaptation to technology instigated by the pandemic can be seen further in that the Antenatal Booking Appointment is now done via NHS Near Me. All of these now include a discussion on Routine Enquiry in relation to domestic abuse.

The Maternity Unit in the Western Isles Hospital purchased their own Language Line InSight Interpreter on Wheels in 2021, after being deeply impressed with the Hospital-wide IOW purchased in 2018. They have a significant number of mothers and spouses whose first language is not English, and the need to provide more effective assistance for foreign language communication was evident. Recent arrivals of Syrian & Ukrainian refugees into the community as part of the Government resettlement programme has been a factor in this.

Following the passing into law of The Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act in 2021 and its receiving Royal Assent on 1 April 2022, this legislation means health boards can now provide Forensic Medical Examinations (FME) after a self-referral, without victims/survivors needing to report to police first. Accordingly, as part of the NHS Sexual Assault Response Co-ordination Service that NHSWI now provides, the Head of the Midwifery Unit undertook training in 2021/22 as a designated Forensic Medical Examiner. This will dramatically improve the quality of the service that victims of sexual assault will receive, of which a streamlined process is a part.

This incorporates a self-referral system with a dedicated NHS telephone number that can be phoned 24 hours a day, 7 days a week.

The former Bosom Buddies local support group for women who are breastfeeding, which offers professional and peer support, moved under the jurisdiction of NHSWI Health Visiting in 2019 and, through this, linked up to the UK-wide Breastfeeding Network. 12 ladies in the community, all mothers with experience of breastfeeding, have now been trained as Breastfeeding Network Peer Supporters. They liaise closely as required with the Health Visitors caseloads, assisted by a part-time BFN Peer Supporter Coordinator.

**Total Number of Employees on Maternity Leave between 1st April 2023 - 31st March 2024**

Number of Employees	23
Total Days Lost	4061

In conclusion, NHS Western Isles is increasingly conscious of the duties incumbent upon us in relation to equity for those we serve, as well as those of equality. This is the acknowledgement fundamentally that the same approach to resolve an inequality problem will not work for everyone, and of the need to discuss solutions with the individual that are tailored to their particular needs and dilemmas in a way that will be distinct from the next person. This is intrinsic to the Person-Centred Care Strategy for NHS Scotland.

## Appendix 1 NHSWI Equal Pay Statement

### 1. National Context

Equal pay is a legal requirement. Women and men performing work of the same value must be paid at the same rate. In contrast, the Gender Pay Gap is a comparison of the average rate of pay for all female staff compared to the average rate of pay for all male staff, regardless of their role.

[Close the Gap](#) produces information on the gender pay gap in Scotland. The purpose of this is to outline and analyse the key trends in the gender pay gap across various measures to show how it has changed over time.

Recent data from the ONS's Annual Survey of Hours and Earnings (ASHE) indicates that both the median and mean gender pay gaps have decreased between 2022 and 2023 across all measures.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 require listed authorities to publish information about the mean gender pay gap which is the percentage difference between men and women's average hourly pay (excluding overtime). The mean pay gaps have had a slightly larger reduction compared to median pay gaps, where falls have been more varied. The mean pay gaps have all seen significant decreases by around 4 percentage points, with the combined pay gap now sitting at 6.3%, the full-time gap at 3.5%, and the part-time at 22.1%.

Given that the mean pay gap is calculated from the basic hourly rates of all individual employees, it therefore includes the highest and lowest rates and provides an overall indication of the size of the pay gap. The median basic hourly rate, on the other hand, is

calculated by taking the mid-point from a list of all employees' basic hourly rates of pay and provides a more accurate representation of the 'typical' difference in pay that is not skewed by the highest or lowest rates. It is possible however that the median pay gap can obscure pay differences that may be associated with gender, ethnicity or disability.

The gender pay gap is a key indicator of the inequalities and differences that still exist in men and women's working lives.

However, women are not all the same, and their experiences of the work are shaped by their different identities, and this contributes to the inequalities they may face. For example, disabled women and women from particular ethnic groups are more likely to be underemployed in terms of skills and face higher pay gaps.

There is a clear business case for organisations to consider gender equality key to enhancing profitability and corporate performance. Research data indicates that considering gender equality enabled organisations to:

- Recruit from the widest talent pool
- Improve staff retention
- Improve decision making and governance

## **1.2 National Terms and Conditions**

NHS Eileanan Siar employs staff on nationally negotiated and agreed NHS contracts of employment which includes provisions on pay, pay progression and terms and conditions of employment. These include NHS Agenda for Change (A4C) Contract and Terms & Conditions of employment, NHS Medical and Dental (including General Practitioners) and NHS Scotland Executive and Senior Managers contracts of employment.

NHS Eileanan Siar recognises that in order to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent, or work of equal value, it should implement pay systems which are transparent, based on objective criteria and free from unlawful discrimination.

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

## **2. Legislative Framework**

The Equality Act 2010 protects people from unlawful discrimination and harassment in employment, when seeking employment, or when engaged in occupations or activities related to work. It also gives women and men a right to equal pay for equal work. It requires that women and men are paid on equally favourable terms where they are employed in 'like work', 'work related as equivalent' or 'work of equal value'.

In line with the Public Sector Equality Duty of the Equality Act 2010, NHS Eileanan Siar's objectives are to ensure we have due regards to the need to:

- Eliminate unfair, unjust or unlawful practices and other discrimination that impact on pay equality;
- Promote equality of opportunity and the principles of equal pay throughout the workforce; and
- Promote good relations between people sharing different protected characteristics in the implementation of equal pay

### **3. Staff Governance Standard**

NHS Boards work within a Staff Governance Standard which is underpinned by statute. The Staff Governance Standard sets out what each NHS Scotland employer must achieve in order to continuously improve in relation to the fair and effective management of staff.

The Standard requires all NHS Boards to demonstrate that staff are:

- Well informed;
- Appropriately trained and developed;
- Involved in decisions;
- Treated fairly and consistently, with dignity and respect, in an environment where
- Diversity is valued; and
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

Delivering equal pay is integrally linked to the aims of the Staff Governance Standard.

### **5. Equal Pay Policy**



This policy has been agreed in partnership and will be reviewed on a regular basis by NHS Eileanan Siar's Area Partnership Forum and the Staff Governance Committee.

It is well recognised that the gender pay gap is caused by a range of societal and organisational factors which include:

- Occupational segregation
- A lack of quality part-time and flexible working opportunities
- The economic undervaluing of work which is stereotypically seen as female work such as care, retail, admin and cleaning
- Women's disproportionate responsibility for unpaid care
- Bias and a lack of transparency in recruitment, development and progression employment practices
- Workplace cultures
- Pay and grading systems

NHS Eileanan Siar is committed to the principles of equality of opportunity in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their age, disability, ethnicity or race, gender reassignment, marital or civil partnership status, pregnancy and maternity, religion or belief, sex or sexual orientation.

NHS Eileanan Siar understands that workers have a right to equal pay between women and men. In addition, the Equality Act 2010 (Specific Duties) (Scotland) Regulations require NHS Eileanan Siar to take the following steps:

- Publish gender pay gap information by 30 April 2025, and every two years thereafter, using the specific calculation set out in the Regulations;
- Publish a statement on equal pay between men and women; people who are disabled and who are not; and people who fall into a minority racial group and who do not, to be updated every four years; and
- Publish information on occupational segregation among its employees, being the concentration of men and women; people who are disabled and who are not; and people who fall into a minority racial group and who do not, to be updated every four years.

NHS Eileanan Siar also recognises underlying drivers of pay inequality, including occupational segregation, inequality of unpaid care between men and women, lack of flexible working opportunities, and traditional social attitudes. NHS Eileanan Siar will take

steps within its remit to address these factors in ways that achieve the aims of the NHS Scotland Staff Governance Standard and the Equality Duty.

## **6. Equal Pay Actions**

It is good practice and reflects the values of NHS Eileanan Siar that pay is awarded fairly and equitably.

We will:

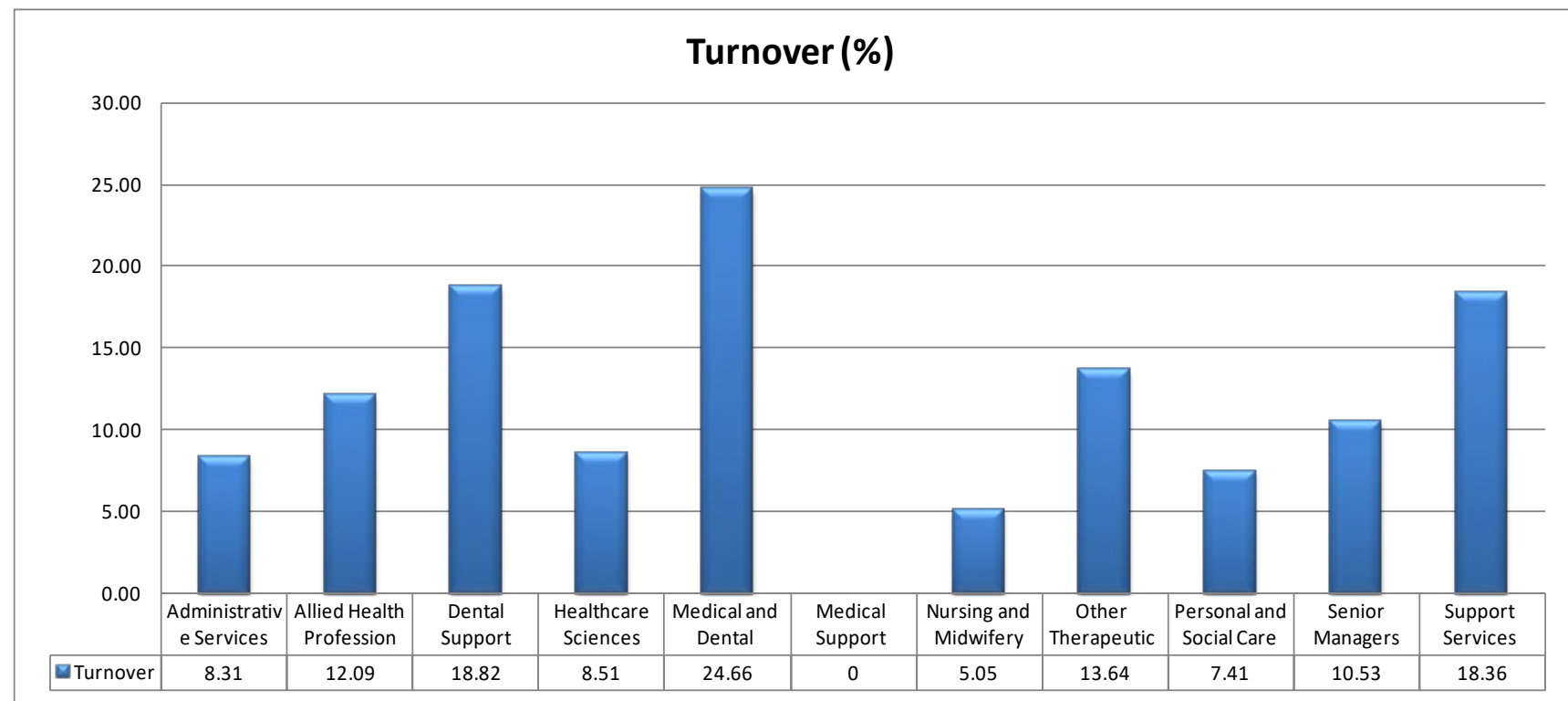
- Review this policy, statement and action points with trade unions, staff networks and professional organisations as appropriate, every 2 years and provide a formal report within 4 years;
- Inform employees how pay practices work and how their own pay is determined;
- Provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions to ensure fair, non-discriminatory and consistent practice;
- Examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave;
- Undertake regular monitoring of our practices in line with the requirements of the Equality Act 2010; including carrying out and using the results of equality impact assessments.
- Consider, and where appropriate, contribute to equal pay reviews in line with guidance to be developed in partnership with the workforce and Trade Union representatives.

Responsibility for implementing this policy is held by the NHS Eileanan Siar Chief Executive, with the Human Resources Director having lead responsibility for the delivery of the policy.

If a member of staff wishes to raise a concern at a formal level within NHS Eileanan Siar relating to equal pay, the NHS Scotland Grievance Policy is available for their use.



Appendix 2 NHSI Staff Turnover 2023-24



## **Fairness Assessment Toolkit**

This toolkit is designed to be used by those:

1. Writing Policies, Procedures & Protocols from start
2. Reviewing existing Policies, Procedures, Protocols and services
3. Planning new services or redesigning existing ones.

**IT IS IMPORTANT THAT AT THE BEGINNING OF THE POLICY DESIGN PROCESS YOU CONSIDER THE REQUIREMENTS OF THIS TOOL. IT IS DESIGNED TO ASK THE QUESTIONS THAT WE SHOULD BE ASKING AT THE START OF PRODUCING OR REVIEWING POLICIES, PROTOCOLS, STRATEGIES AND SERVICES.**

Author/Reviewer Name	
Name of policy, protocol, procedure, strategy or service	
Line Manager responsible for signing Off Policy	
Date Started	
Date Completed	



## **Key steps for conducting a Fairness Assessment**

1. Identify the key aims & outcomes of the policy.
2. Gather information & evidence around protected characteristics & identify the gaps.
3. Assess the impact - consider alternatives & mitigate negative impacts.
4. Involve & consult on impact assessment - internally & externally.
5. Make a decision; develop an Action Plan based on evidence.
6. Sign off; send to Strategic Diversity Lead for sign off.
7. Final Fairness Assessed policy to be published on NHS WI Show website.
8. Monitor & review the final assessment.

## **Section 1 About your project**

Please answer the following questions:

### **1. Is this a new policy?**

Yes ☐ No ☐

If yes, please explain why it is being done and what the effects of it will be

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### **2. Have you checked if there are any other current guidance on this topic in the Health Board?**

Yes ☐ No ☐

If the answer is No, please stop and check now.

### **3. Please list who is likely to be affected by this project and how they will be affected**

Who?	How?



**4. Please tell us how you are going to involve these people in the project**

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## **Section 2 Protected Characteristics**

**Read the following, as these are about the people or groups of people whose rights are specifically protected under the 2010 Equalities Act. This page gives you information on each of the nine protected characteristics.**

### **1. Age**

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18-30 year olds, 65-80 year olds)

**How will these groups be affected?**

### **2. Disability**

A person has a disability if s/he has a physical or mental impairment which has a substantial and long term adverse effect on that person's ability to carry out normal day to day activities.

**How will this group be affected?**

### **3. Gender Reassignment**

The process of transitioning from one gender to another.

**How will this group be affected?**

#### **4. Marriage and Civil Partnership**

Marriage is defined as a 'union between a man and a woman'. Same sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.

**How will this group be affected?**

#### **5. Pregnancy and Maternity**

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavorably because she is breastfeeding.

**How will this group be affected?**

#### **6. Race**

Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

**How will this group be affected?**

## **7. Religion and Belief**

Religion is the term given to a collection of cultural belief systems based on narratives, traditions and symbols that give meaning to life and instill a moral framework of conduct. Belief includes religious and philosophical beliefs including lack of belief (e.g. atheism). Generally, a belief should affect your life choices for it to be included in the definition.

**Does your proposal discriminate or disadvantage any religious or non religious group?**

## **8. Sex**

A man or a woman. )

**Does your proposal discriminate between men and women, if so how and why?**

## **9. Sexual Orientation**

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

**How will this group be affected?**

### **10. Negative Findings**

If you have found negatives in the above assessments, how do you intend to deal with these, and why?

### **Section 3 Human Rights**

**It is unlawful for a public authority to act in a way which is incompatible with a European Convention of human Rights requirements. There are 15 protected rights which public authorities must ensure that they comply with in their policies, services and practices. Those listed below are the ones which can directly be affected by Healthcare provision.**

- The right to life – protects your life, by law. The state is required to investigate suspicious deaths and deaths in custody.

**Does your proposal affect this right?**

- The prohibition of torture and inhuman treatment – you should never be tortured or treated in an inhuman or degrading way, no matter what the situation.

**Does your proposal affect this right?**

- The right to liberty and freedom – you have the right to be free and the state can only imprison you with very good reason – for example, if you are convicted of a crime.

**Does your proposal affect this right?**

- The right to a fair trial and no punishment without law – you are innocent until proven guilty. If accused of a crime, you have the right to hear the evidence against you, in a court of law.

**Does this proposal affect this right?**

- Respect for privacy and family life and the right to marry - protects against unnecessary surveillance or intrusion into your life. You have the right to marry and raise a family.

**Does this proposal affect this right?**

- Freedom of thought, religion and belief – you can believe what you like and practice your religion or beliefs, so long as this does not harm others.

**Does your proposal affect this right?**

- No discrimination – everyone's rights are equal. You should not be treated unfairly – because, for example, of your gender, race, sexuality, religion or age.

**Does your proposal affect this right?**

**Equality Leads Use**

**Received for review:**

**Checked by:**

**Owner of Fairness Assessment:**

**Comments and recommendations:**

**Signed:** ..... **Date:** .....

**By Strategic Diversity Lead**