

Equality Outcomes and Mainstreaming Interim Report

This report aims to provide an update on progress towards delivering our corporate Equality Mainstreaming Plan (2021–2025).



We are committed to making health and care accessible by eliminating discrimination, promoting inclusion and ensuring a Human Rights based approach underpins all our functions and services.



© NHS Fife 2023
Published March 2023

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as NHS Fife is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.nhsfife.org

Contents

1.	Foreword by Janette Keenan, Director of Nursing and Executive Lead for Equality and Human Rights.....	2
2.	Introduction.....	3
2.1	Aims of this report.....	3
2.2	Why we need to mainstream and have equality outcomes.....	3
2.3	The legislation.....	4
3.	NHS Fife and the Mainstreaming Update.....	5
3.1	About NHS Fife.....	6
3.2	Leadership and Governance.....	7
3.2.1	The Board.....	7
3.2.2	Governance statement.....	8
3.2.3	Equality and Human Rights Team and Strategy Group.....	8
3.3	Equality Impact Assessments.....	9
	Published EQIA's in 2021–2022:.....	10
3.4	Workforce Update.....	11
3.4.1	Staff Wellbeing Update.....	12
3.4.2	Equality Profiling.....	12
3.4.3	Staff Training.....	13
3.4.3	Hate Reporting.....	14
3.5	Procurement.....	14
4.	NHS Fife's Population and Health.....	15
4.1	Population Estimates and Projections.....	15
4.2	Deprivation.....	16
4.3	Births and Early Years.....	16
4.4	Life Expectancy and Mortality.....	18
4.5	Health Risk Behaviours and the Impact of Health Inequalities.....	19
5.	Equality Outcomes 2021–2025.....	21
5.1	Overview of Progress.....	21
5.2	Outcome 1 – Person-centered Care – To improve the mental health outcomes for patients over 65 years.....	22
5.3	Outcome 2 – To improve the health of Black and/or Minority Ethnic Patients in our community.....	29
5.4	Outcome 3 – To make senior management equality focused by improving and embedding knowledge and skills through learning, mentoring and leadership. .	31
5.5	Outcome 4 – To improve the health and wellbeing of our Black and Minority Ethnic staff.....	32

1. Foreword by Janette Keenan, Director of Nursing and Executive Lead for Equality and Human Rights



As the Executive Lead for Equality and Human Rights, I am pleased to present NHS Fife's Equality Mainstreaming Plan (2021-2025) Interim Progress Report.

NHS Fife as a public authority must ensure that The General Equality Duty 2011 and the Specific Duties (Scotland) Regulations 2012 of the Equality Act 2010 are met and published as required. This report aims to provide an update on progress towards delivering our corporate Equality Mainstreaming Plan (2021-2025), highlighting what difference the plan is making to our patients and service users and, to provide examples of how equality is being embedded throughout our organisation. Co-production is used to drive that work, to help shape and inform the future of health and care across Fife by listening and acting upon the voices of those representative of protected characteristics. Using Human Rights - PANEL Principles (Participation, Accountability, Non-discrimination, Empowerment and Legality (reference only) we ensure that our work is person centred, safe and effective.

Our equality work will contribute significantly to NHS Fife Population Health and Well-being Strategy which will be published in 2023. The Equality and Human Rights Strategy Group (EHRSG) has been refreshed. The EHRSG holds responsibility for ensuring NHS Fife fulfils and complies with its Equality and Human Rights legal and ethical obligations, in line with local and national legislation and guidance. It will act to guide progress of mainstreaming Equalities and Human Rights throughout NHS Fife, and aid monitoring and reporting on NHS Fife's progress towards the Equality Outcomes and Mainstreaming Reports, including the Plans, Progress Reports and Final Reports. The Group will ensure participation and engagement structures are equitable and fair, and improve learning from trends in complaints, comments and case studies, and to provide a forum for sharing of current issues relating to Equality and Human Rights.

We have taken steps to incorporate the Fairer Scotland Duty 2018 into our Equality Impact Assessments (EQIA) and reviewed our EQIA Toolkit for the organisation. In addition to this we developed a new EQIA training programme for staff.

If you would like to know more about our work on Equality Mainstreaming, please email fife.equalityandhumanrights@nhs.scot.

2. Introduction

We are delivering NHS Fife's [Equality Outcomes & Mainstreaming Plan 2021 - 2025](#) in partnership with the NHS Fife board, Senior Managers, staff, services, patients and local communities. This Equality Outcomes and Mainstreaming Interim Report will feedback on the progress made throughout 2021 and 2022 on the 2021 – 2025 Plan for Fife and provide a thorough update on future developments.

2.1 Aims of this report

This two-year interim progress report discusses the work we have carried out so far in the delivery of the four high-level equality outcomes that were outlined in 2021. This report aims to cover the revisions to our current mainstreaming plan created in 2021, what progress has been made with the plans up to March 2023, who has been involved in the co-delivery of these plans, and highlight how we have used patient engagement to ensure lived experiences and patient opinions are being heard and accounted for in all NHS Fife decisions. This report will also cover a general workforce update such as details of workforce networks, staff training and an employee satisfaction and wellbeing update. Additionally, we have also provided an update on our Board membership composition which has changed over the past two years.

This reports overarching aim is to document the progress we are making to ensure we are adhering to all equality legislation, ensure appropriate governance, and report back to the Scottish Government. Additionally, this report aims to enable us to remain open and transparent with our patients and members of the public about what work we are undertaking in relation to Equality.

2.2 Why we need to mainstream and have equality outcomes

Mainstreaming equality is a specific requirement for public bodies in Scotland, laid out by the Scottish Government. It is a means to ensure we are integrating equality into all aspects of NHS Fife, and by the development of specific equality outcomes every 4 years, we must continue specific areas of work aimed at addressing particular areas in need of improvement. The equality outcomes outlined in the 2021–2025 plan do not limit our actions but provide a specific focus for the organisation as identified from patient feedback and both local and national evidence, and allows us to adhere to the legislative responsibilities laid out by the Equality Act 2010.

2.3 The legislation

The Equality Act 2010 is a means to legally protect people from discrimination in the workplace and in wider society, and it was introduced to the public sector (through the public sector Equality Duty), including health boards, to ensure they have due regard to the need to:

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

The Equality Act 2010 works to protect individuals with 'Protected Characteristics' which are as follows: Age, Gender Reassignment, Marriage and Civil Partnership, Maternity and Pregnancy, Disability, Race and Ethnicity, Sex, Sexual Orientation and Religion and Beliefs.

In addition to the Equality Act 2010, NHS Fife strives to ensure that the Fairer Duty Scotland Act, the Human Rights Act 1998, the Patients Rights Act 2011, The BSL Scotland Act 2015, the United Nations Rights Convention on the Rights of the Child, Children and Young People (Scotland) Act 2014, the Breastfeeding Act (Scotland) 2005 and the Public Bodies (Joint Working) (Scotland) Act 2014 are all embedded in our Equality Impact Assessment (EQIA) process. This ensures that NHS Fife is not only mainstreaming the content of the Equality Act 2010, but of all of the above listed legislation.

Our previous mainstreaming reports have illustrated how NHS Fife is committed to embed equalities into all of our functions and our continued approach is outlined hereafter.

3. NHS Fife and the Mainstreaming Update



3.1 About NHS Fife

NHS Fife works collaboratively with the Fife Health and Social Care Partnership to ensure the health needs of around 370,000 people living in Fife are met by delivering safe, accessible and high quality health and social care services.

There are approximately 8,500 members of NHS Fife staff and we consist of a number of different facilities across the county which have varying roles within the health care service and these are supported by a network of GPs, dentists, opticians and pharmacies. These facilities are as follows:

- **The Victoria Hospital**, Kirkcaldy – The largest hospital in Fife and is the location of Accident and emergency services as well as minor injuries, specialist, acute and support health services. Additionally, there is an onsite Maggie’s Centre
- **Queen Margaret Hospital**, Dunfermline – This is the second largest hospital in Fife and is home to a number of community and therapy services in addition to a minor injuries unit, outpatient and diagnostic clinics.
- **Adamson Hospital**, Cupar – A community hospital with a 24-bedded inpatient unit, a minor injuries unit, X-ray department and a range of outpatient clinics.
- **Cameron Hospital** – This community hospital delivers a wide range of inpatient services including stroke rehabilitation and outpatient services such as addiction services.
- **Glenrothes Hospital** – This community hospital provides outpatients services such as dietetics, occupational therapy, physiotherapy, podiatry and speech and language therapy.
- **Whyteman’s Brae Hospital**, Kirkcaldy – It caters for psychiatry and elderly patients, including an inpatient ward, amongst other outpatient clinics.
- **Lynebank Hospital**, Dunfermline – A community hospital which has a range of services including an inpatient learning disabilities service providing care for adults aged 18 – 65, in addition to community learning disability services, dietetics, speech therapy, clinical psychology, addiction services, dental access and audiology, amongst others.
- **Stratheden Hospital**, Cupar – cares for patients with mental health issues and contains inpatient services for this.
- **St. Andrews Community Hospital** – contains a minor injuries unit in addition to offering outpatients services and inpatient wards for rehabilitation services.
- **Randolph Weymss Memorial Hospital** – contains one inpatient ward and also sexual health clinics, physiotherapy and children’s services.

Further information is available on NHS Fife’s website [here](#).

3.2 Leadership and Governance

3.2.1 The Board

NHS Fife makes a clear and consistent commitment to Equality and Human Rights throughout the organisation by demonstrating equality and diversity at a senior level and amongst Board members.

The overall purpose of the NHS Fife Board is to ensure the efficient, effective and accountable governance and to provide strategic leadership for the overall system, focusing on agreed outcomes.

The role of the Board is specifically to:

1. Improve and protect the health of local people
2. Improve health services for local people
3. Focus clearly on health outcomes and people's experience of their local health system
4. Promote integrated health and community planning by working closely with other local organisations
5. Provide a single focus of accountability for the performance of the local NHS system.

The functions of the NHS Fife Board comprise:

- Strategy development
- Resource allocations
- Implementation of an annual delivery plan
- Performance review and management.

The Board comprises of 18 members:

- A Chairperson (female)
- Nine non-executive members, including the designated whistle blowing champion (5 male, 4 female)
- Two stakeholder members (2 female)
- A member of Fife Council (male)
- The Chief Executive of NHS Fife (female)
- Four Executive Directors (3 female, 1 male)

3.2.2 Governance statement

NHS Fife's Equality and Human Rights department is delegated to the Population Health & Wellbeing Committee and to the Staff Governance Committee for compliance relating to Equality and Human Rights legislation.

3.2.3 Equality and Human Rights Team and Strategy Group

NHS Fife's Equality and Human Rights Department has re-launched their [public website](#) to improve accessibility to resources and to make it more user-friendly. Additionally, the Equality and Human Rights Internal Intranet page has been updated and re-launched to allow for staff to easily navigate the resources and improve overall mainstreaming efforts.

We also have an Equality and Human Rights Strategy Group which is co-chaired by the Director of Nursing (the Executive lead for Equalities) and the Equality and Human Rights Lead Officer, and comprises of NHS staff, a staff-side representative, and members of the Fife Health and Social Care Partnership. The group supports NHS Fife to meet the legal requirements of the Equality Act 2010 and has a key role in ensuring that our mainstreaming plan and equality outcomes are delivered. As part of NHS Fife's goal to constantly review services and make improvements where possible, this group's remit and terms of reference were revised in 2022 in addition to updating and expanding the group's membership, in order to ensure the group aligns with NHS Fife's current equality outcomes and mainstreaming plan.

In winter of 2022, we also began an Equality and Human Rights Online Network which is available for all members of staff to join and aims to distribute useful and topical pieces of information/, training and updates relating to Equality and Human Rights in Fife. So far this network has 112 members and this will be used to monitor mainstreaming and general engagement of the organisation with Equalities. We endeavour to declare an update on this network, its progress and relevant statistics in the 2025 Equality Outcomes Report.

3.3 Equality Impact Assessments

NHS Fife carries out Equality Impact Assessments (EQIAs) and this is a key way to mainstream equality across the organisation. EQIA's are a way to ensure that we, like all other Public sector organisations, is assessing the impact that all services, policies and changes has on equality. They involve using an evidence base (including public engagement work) to predict potential outcomes of changes on any of the Protected Characteristics, and then making appropriate adjustments to mitigate any negative impacts.

Due to COVID-19, the volume of changes, new policies and procedures that were introduced was significantly reduced; therefore we have seen a reduction in the number of EQIA's being completed. This has also subsequently caused a slow in momentum and reduction of knowledge regarding EQIA's and their importance. As this issue has been successfully identified, significant efforts have been made to review, update and re-launch all EQIA-related materials including both EQIA forms (Stage 1 and 2), and also the EQIA toolkit to aid staff in completion of EQIAs. All new and improved EQIA materials have been launched on the new NHS Fife Equality and Human Rights public website, and also the staff Intranet.

Additionally, a robust and detailed training programme has been developed and began in 2023 to ensure staff learning and promote the use of EQIA's in all aspects of the organisation. This training schedule aims to educate a minimum of 60 members of staff per year, and the numbers of attendees to these sessions will be utilised as a performance indicator to allow for year-by-year comparisons and this will be reported on in the 2025 Equality Mainstreaming review.

We will continue to monitor and audit our EQIA process and seek to make regular changes and improvements as and when they are identified.

Published EQIA's in 2021–2022:

Stage 2 EQIAs:

There have been no Stage 2 EQIA's published over the 2021-2023 period so far.

Stage 1 EQIAs:

Title	Publication Date
Newborn BCG Vaccination Pathway	January 2023
GPA1 Asbestos	January 2023
Inpatient Psychology Service Proposal	November 2022
Mental Health Inpatients Redesign	November 2022
Child and Young Persons Death Review	November 2022
Buddy Healthcare Pre-Operative Assessment App	November 2022
Heel Prick Blood Sampling Teaching Pack	June 2022
High Risk Pain Medicines Patient Safety Program	May 2022
Hospital Electronic Prescribing Medicines Administration (HEPMA)	October 2021
Parent - Patient Continence Information Leaflets and Documents	September 2021
Service Now Project Team	August 2021
Mental Health Inpatient Intensive Rehabilitation	July 2021

All EQIA's produced by NHS Fife are published within 2 weeks of completion onto the Equality and Human Rights website [here](#).

3.4 Workforce Update

We recognise that there is work to be done in terms of improvements to equality, diversity and inclusion within NHS Fife in support of this strand of the NHS Scotland Staff Governance standard and the spotlight on the ethnic minority staff group generated by the pandemic. While we have achieved improvements in the uptake of Equality & Diversity training and 2021 saw the launch of our BAME Network, jointly chaired by members of staff, alongside the support for our new international recruits, there are other staff groups within the protected characteristics, where specific action has still to be taken, for example, for LGBTQ+ staff.

We will also seek to improve data collection on protected characteristics of the workforce, leading in turn to improvements in the workforce data we publish and supporting continued compliance with the Public Sector Equality Duty, Disability Confident, Pride campaign and the newly established BAME network. The Board has recently appointed a new Equality & Human Rights Lead, who will support this work, in collaboration with H&SCP colleagues.

Other activities that we have been able to commence during the previous two years as the NHS comes out of its emergency response footing due to the COVID-19 pandemic include a participation in the Kickstart Programme in 2022. This is a scheme aimed at attracting 12 – 24 year olds at risk of long-term unemployment into work through offering paid-work opportunities.

We are also refreshing our previous commitments to introduce an increasing number of modern apprenticeship opportunities through a range of job families across the health board, providing participants an alternative to further or higher education by offering the opportunity to work, learn and earn whilst gathering a recognised qualification.



3.4.1 Staff Wellbeing Update

NHS Fife does all it can to support employees to stay well, to support employees in the most appropriate way when they are unwell, and to create a culture of kindness, where employees look after each other. We have held the Healthy Working Lives Gold Award since 2016 until its cessation in 2022. Our new employee Health and Wellbeing programme is 'Well@Work'.

The most recent NHS Fife Workforce Plan (2022-2025) outlines our approach to staff wellbeing as focused on the Four Pillars of Wellbeing as detailed in the diagram below, with each area of wellbeing being supported by:

- Workplace policies, processes and guidance
- Internal wellbeing initiatives
- Resources available to those employees who need them
- Communications for all employees on wellbeing and how to access support.



For full details of how NHS Fife is supporting staff wellness, please refer to the [NHS Fife Workforce Plan 2022 -2025](#).

3.4.2 Equality Profiling

NHS Fife will publish data regarding equality profiling and a gender pay gap statement in their end of year report which will be published on the NHS Fife [website](#) after April 2023.

3.4.3 Staff Training

We have two mandatory training modules relating to Equality and Human Rights which are 'Equality and Diversity: Equality and Human Rights' and 'Human Trafficking' and a range of additional non-compulsory Equality-related training modules. We offer staff equality training in a range of formats, including online training modules (see below), training seminars both digital and in-person, and 1-1 or personalised training sessions where appropriate.

In this report, we aim to document the number of staff who have completed each specific Equality-related training module available on Turas (the online training site) and the overall percentage of staff that are compliant with up-to-date equality training (this must be updated every 3 years). The most up-to-date figures show that 71% of NHS Fife staff engaged with at least 1 of the core online Equality-related modules, including the 2 mandatory modules over the November 2019 - November 2022 period. Additionally, please see the below table for the number of each of the specific modules relating to Equality and Human Rights, completed over the April 1 2020–October 31 2021 period.

Course	Number of Staff Completed
Equality and diversity: equality and human rights	3924
Human trafficking	2521
Gender-Based Violence	208
Domestic abuse awareness raising tool	25
Raising awareness of Gypsy Traveller communities	24
Deaf awareness	21
Coercive control	19
British Sign Language (BSL) and Tactile BSL	13
Menopause awareness	10
Transgender awareness	10
Sight loss awareness	5
Deafblind awareness	3

Figure 1. The number of NHS Fife staff to complete each online Equality Training Module.

3.4.3 Hate Reporting

The NHS Fife Equality and Human Rights Lead Officer receives a report which documents all hate incidents that have occurred within the organisation in the outlined time-period. We will report in each Equality Outcome and Mainstreaming report, the number of reported hate incidents in the reported time period and which of the Protected Characteristics they relate to. This will allow for monitoring of improvements to mainstreaming by the expansion of knowledge of hate incidents, the importance of accurate reporting, and the support offered after the incident. The reports for 2021 -2023 are as follows:

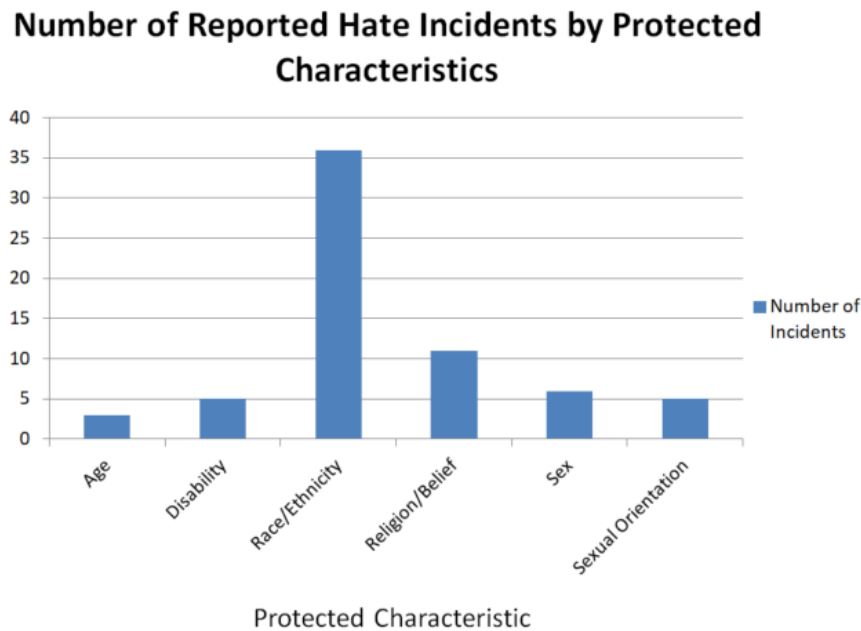


Figure 2. Number of hate incidents reported on DATIX by Protected Characteristics between April 1st 2021 – December 6th 2022 (time of writing)

3.5 Procurement

NHS Fife is ‘treating suppliers equally and without discrimination’ Equality is considered throughout its tendering processes and complies with all legislative aspects of procurement as required under ‘The Procurement Reform (Scotland) Act 2014’ and further legislation detailed in:

- The Public Contracts (Scotland) Regulations 2015 and
- The Procurement (Scotland) Regulations 2016

Our procurement continues to review existing policies and procedures and carries out EQIAs on any new documentation.

4. NHS Fife’s Population and Health

The following section gives oversight to the Fife population and any key pieces of data.

4.1 Population Estimates and Projections

The [latest data](#) shows that on June 30th 2021, Fife had a population of 374,730 which is a 0.2% increase from 2020. In 2021, Fife had the 3rd largest population out of all 32 council areas in Scotland, despite seeing a lesser increase in population size by 7.1% compared to 8.2% for Scotland overall.

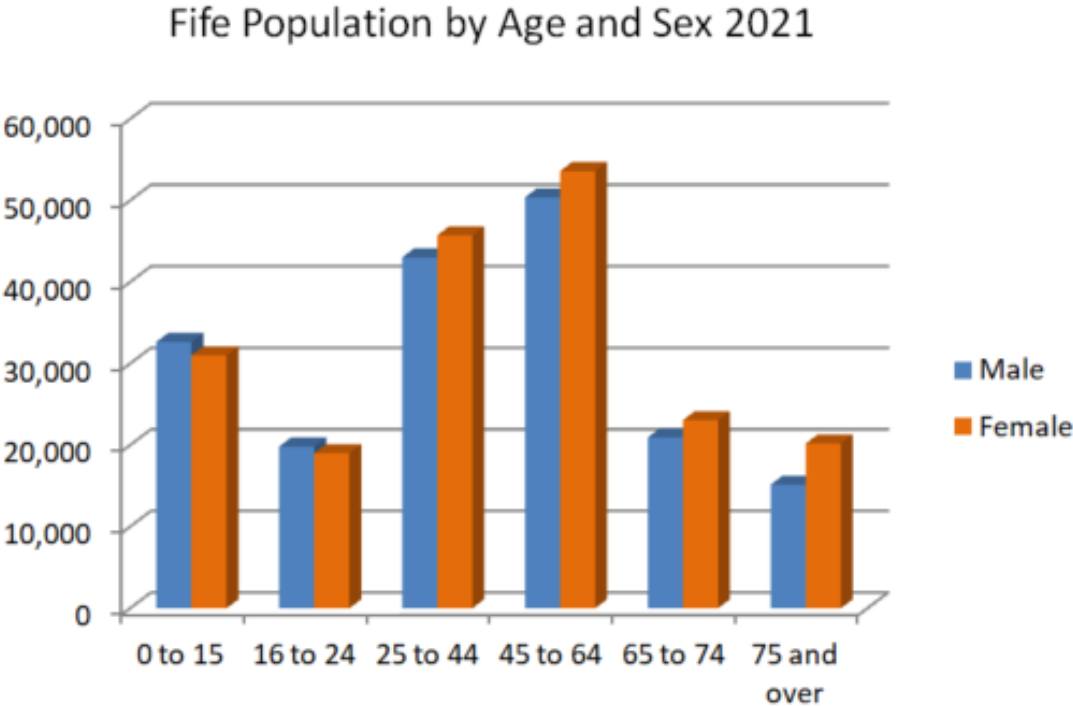


Figure 3. The population of Fife by age and sex in 2021.

Over the next 10 years, the population of Fife is projected to decrease by 2.3% due to natural change (more deaths than births), however the total net migration (net migration within Scotland, from overseas and from the rest of the UK) is projected to result in a population increase of 2.3% over the same period. This will result in a total change of 0.1% to the population.

4.2 Deprivation

The [Fife Child Poverty Action Report 2021/22](#) stated that percentage of children in Fife living in relative poverty is 17.3% and in absolute poverty is 14.1% (compared with the overall Scottish figures of 15.9% and 12.9% respectively). The highest rate of children living in relative poverty is in Kirkcaldy central (25.8%) and the lowest rate in St. Andrews (9.1%). 23.6% of children in P6-7 in Fife are registered for free school meals, and 19.4% of all secondary school pupils.

The [Fife's Fuel Poverty COVID-19 Recovery Plan 2021-22](#) revealed that fuel poverty affects 26% of people in Fife and 11% are in extreme fuel poverty, with both anticipated to increase considerably. In addition to this, the number of households in Fife struggling to heat their homes since the beginning of the COVID-19 pandemic has nearly doubled. According to this plan, 72.7% of participants of the Scottish Housing Condition Survey (SHCS) saying that their household income was directly impacted by the pandemic and a further 27.3% saying that in-direct causes of the pandemic have resulted in financial struggles. Finally, this plan also stated that 20.5% of participants in the SHCS survey in Fife lost their job due to the pandemic.

4.3 Births and Early Years

In 2021, there were 3,157 births (1623 male and 1534 female) and for the years 2018-2021, the most deprived areas saw 32% more premature births than the overall average for Fife. Additionally, the [Latest Data](#) (2018 -2021) showed the most deprived areas of Fife saw 97% more smokers during pregnancy than the overall average for the population.

The most recent data from the [Pupil's Census](#) showed that in 2021, there were 5,044 (18.04%) and 8,655 (39.12%) primary and secondary school pupils, respectively, in Fife with Additional Support Needs. The reasons for support are shown below:

Additional Support Need	Number of Primary School Pupils	Number of Secondary School Pupils
Learning Disability	191	345
Dyslexia	579	2,146
Other specific learning difficulty (e.g. numeric)	177	792
Other moderate learning difficulty	248	821
Visual Impairment	76	153
Hearing Impairment	88	181

Additional Support Need	Number of Primary School Pupils	Number of Secondary School Pupils
Physical or motor impairment	212	415
Language or Speech disorder	607	361
Autistic Spectrum Disorder (ASD)	523	692
Social, emotional and behavioural difficulty	1,105	2280
Physical health problem	399	793
Mental Health Problem	55	668
Interrupted learning	130	815
English as an additional Language	1,106	898
Looked after	245	414
More able pupil	24	122
Communication support needs	138	86
Young carer	32	349
Bereavement	85	188
Substance misuse	10	49
Family Issues	432	637
Risk of exclusion	12	104
Other	226	330

Figure 3. Additional Support Needs for Pupils in Fife Schools

4.4 Life Expectancy and Mortality

The most [recent data](#) (2019–2021) shows that in Fife, life expectancy at birth was higher for females (81.0 years) than for males (76.8 years) and that the leading causes of death in 2021 for males and females (as seen in the below graphs) mirrors that seen in Scotland overall. In 2021, there were 4,575 deaths in Fife, of which 2283 were male and 2292 were female.

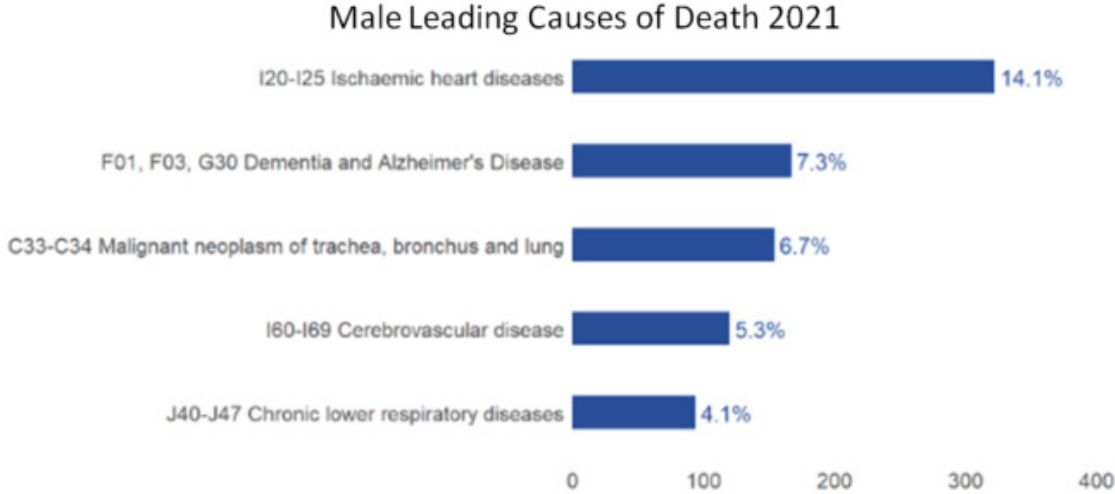


Figure 4. Leading Causes of Deaths for Males in Fife 2021

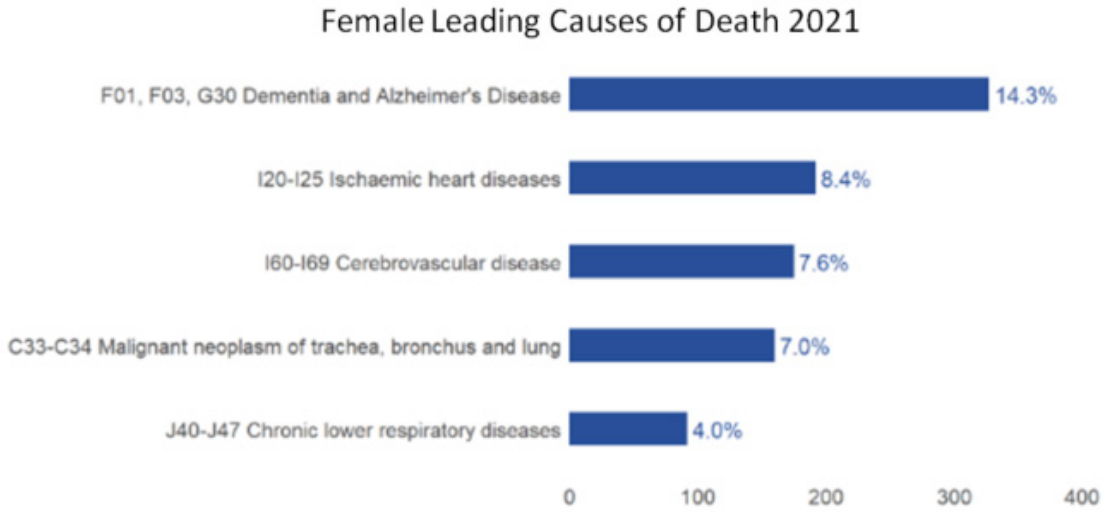
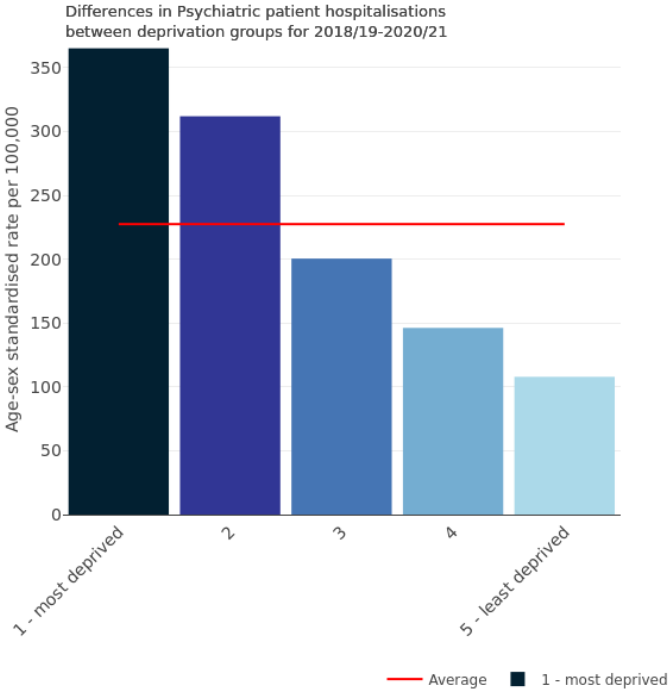


Figure 5. Leading Causes of Deaths for Females in Fife 2021

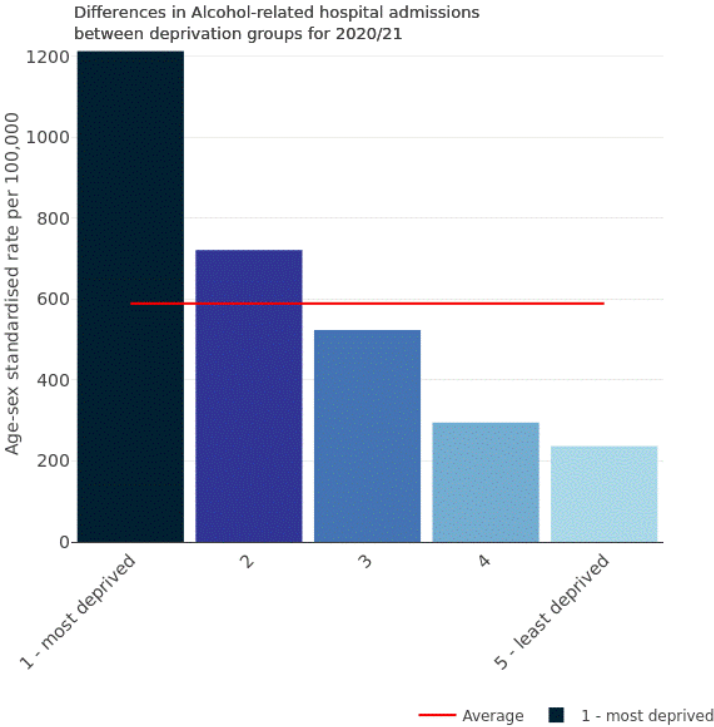
4.5 Health Risk Behaviours and the Impact of Health Inequalities



The following data illustrates the correlation between health outcomes, health risk behaviours and health inequalities in Fife.

The most deprived areas of Fife saw 75% more psychiatric patient hospitalisations than the overall average, and these would be 53% lower if the levels of the least deprived area were experienced across the whole population ([ScotPHO](#)).

Figure 6. The differences in psychiatric patient hospitalisations between different deprivation groups across Fife between the years 2018-2021



Alcohol-related hospital admissions would be 60% lower if the levels of the least deprived area were experienced across the whole population ([ScotPHO](#)).

Figure 7. The differences in Alcohol-related hospital admissions between deprivation groups across Fife in 2020-2021

Drug-related hospital admissions would be 84% lower if the levels of the least deprived area were experienced across the whole population. It was also found that for the years 2017 – 2021, the most deprived areas in Fife had 152% more drug-related deaths than the overall average ([ScotPHO](#)).

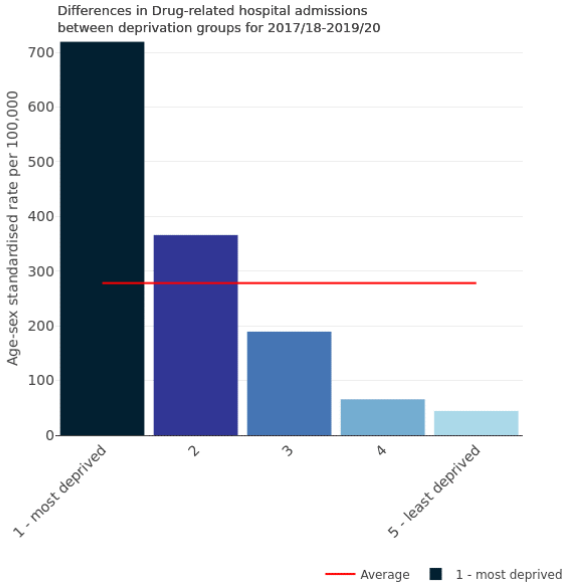


Figure 8. The differences in Drug-related hospital admissions between different deprivation groups across Fife between 2017 - 2020

More information relating to health inequalities can be found in the Director of Public Health Report.

5. Equality Outcomes 2021–2025



5.1 Overview of Progress

NHS Fife’s equality outcomes are based on evidence collected prior to the publication of the 2021 – 2025 plan, and it highlights areas for improvement regarding groups with specific Protected Characteristics.

In this section, an update will be provided regarding the progress made towards each of the specified equality outcomes. Due to the COVID-19 pandemic persisting through 2021 and into 2022, the progress made has been limited in this timeframe, however we will report on the detailed plans for 2023 – 2025, where progress has not yet been made. Additionally, the difficulties caused by COVID-19 resulted in the need to slightly revise of some of the following outcomes to account for the needs of the service changing throughout this time.



Action:

NHS Fife will provide opportunities for older people to participate in volunteering within NHS Fife to improve and support both their health and wellbeing, and also our patient's health and wellbeing. Additionally, the range and number of volunteering activities will be increased to enable more opportunities for older people in our community.

5.2 Outcome 1 – Person-centered Care – To improve the mental health outcomes for patients over 65 years

Our volunteering team have implemented a 'no upper age limit' rule when recruiting for volunteers to the health board and they are working closely with occupational health to ensure adequate support for those over 70 to return to volunteering activities following the suspension of volunteer services due to COVID-19. Additionally, we are mindful of the possible impact to this demographic of the use of digital technology as part of the application and training process, so alternatives have been developed, such as hard paper copies of application forms and face-to-face training rather than online delivery. Additionally, lead nurses, together with the volunteering service are aware of the benefits to our older inpatient population of volunteer involvement. Our medicine of the elderly and stroke wards at Queen Margaret Hospital, Dunfermline, have a number of volunteers engaging with patients providing a singing group, conversational visiting and meaningful

activities. We also benefit from a number of volunteer gardeners which are placed in various sites across Fife.

The volunteers are retired individuals who all have a keen interest in gardening and utilising their gardening skills to improve NHS Fife garden areas for the benefit of both patients and staff. Discussions have also taken place with NHS Fife Facilities to involve volunteer gardeners in Staff Wellbeing hubs where there are outside spaces.

Action:

To improve the nutrition and hydration status of Older Adult Mental Health Inpatients and improve the level of engagement in meaningful and therapeutic activity.

‘Simple Pleasures’ is a Quality Improvement project which explores person-centred choices relating to nutrition, hydration and meaningful activity. The project commenced in April 2022 and will run until April 2023 and it uses scale and spread methodology by confining testing to one Older Adult MH inpatient ward. Any key findings will then be spread to remaining Older Adult MH inpatient wards in a controlled and structured way.

The Multi-Disciplinary approach to the QI project sees representation from Consultant Psychiatrist and Clinical Lead, Catering management, activities coordinators, dieticians, nursing staff and quality improvement practitioner. Patient voice is also being incorporated with the use of qualitative information captured through supported conversations on ward.

The project is at the testing change stage following successful baseline data gathering. Changes being tested include changing crockery and drinking utensils from traditional plastic tumblers and mugs to china mugs (where appropriate) and the implementation of fruit tea and sparkling water into hydration choices. Environmental changes to the dining area are also being explored with tables being “dressed” for meals including table clothes, crockery and ambient music. All of which are aimed at improving patient engagement with mealtimes where cognitive decline has impacted association with verbal cues. Patient involvement in setting the tables for lunch is also being explored, aimed at promoting patients sense of purpose and maximising therapeutic benefit. Communication and engagement is also being improved, with additional changes to “All about me” forms used to gather person centred information on patients. The addition of structured questions relating to mealtime preferences is being tested. This includes specific questions such as how the patient enjoys their tea/coffee- with examples provided for cues e.g. Strong tea in a proper china mug with no milk and one sugar, or a milky coffee in a large mug. This combined with information relating to meal choices is hoped to improve the quality of person centred care planning for those patients who find it difficult to maintain good levels of nutrition and hydration, as well as ensuring all patients receive a high level of person centred care whilst an inpatient in the ward.

The project is also focused on improving the level of engagement with therapeutic and meaningful activity on the ward. Changes being tested are the implementation of a therapeutic and meaningful activity record which tracks the level of engagement on a patient specific basis each day. It specifies the activity offered, and the level and duration of engagement the patient participated in. This information should allow staff to build a good picture of the kinds of activities patients engage in best, and combined with information contained in the all about me form should help inform good quality person centred care plans relating to patient activity. It is also hoped that the learning from this can also be rolled out in the ongoing activity to monitor and reduce PRN administration by improving the use of non-pharmacological activity. More information on this approach can be found below.



Action:
Monitor PRN (Pro re nata – As needed) usage on Older Adult Mental Health Inpatient wards and work to identify patient-specific patterns which can be used to improve person- centred care.

Older Adult Mental Health wards piloted the implementation of the PRN Toolkit and use of PRN stickers from Aug 2021 to July 22. Initially PRN was recorded in patient notes through the use of red stickers for intramuscular administration and yellow stickers for oral administration. The stickers provided information at a glance of how, when and why the PRN was administered. The sticker had the date, time, medication used and the reason for its usage recorded. Staff are then required to undertake a post administration review 60 minutes post administration to record the therapeutic effect this had on the patient (much improved, slightly improved etc.)

Historically this information required manual audit, with staff going through patient notes to gather information and use this in Multidisciplinary Team (MDT) meetings. By turning these stickers digital, reports were auto generated indicating specific trends in patient's usage of PRN, e.g. specific days and times. This provided staff with the necessary information to inform person centred care.

The introduction of green stickers (for non-pharmacological activity) was also introduced. The aim of this initiative was to increase the use of non-pharmacological activity as potential opportunities to reduce the use of oral PRN medication. The results of this have been positive, with a noted increase in the use of non-pharmacological activity.

We are also going to be beginning a new initiative with Older Adults to focus work on improving the outcome of non-pharmacological activity to achieve maximum therapeutic benefit. It is hoped that improved information gathering and person-centred care planning related to activity will help ensure staff are attempting patient-specific activities that have been proven to be beneficial for that patient in the past. This has linked nicely to the work being tested in the above mentioned 'Simple Pleasures' project.

PRN stickers and toolkit are used throughout all Mental Health Older Adult Wards and have been recently implemented in the General Adult Psychiatry wards following their success.

Action:

Reduce the number of falls in Older Adult Mental Health Wards.

A collaborative project was run in three of the five older adult mental health wards, with an aim of reducing the number of falls by 25%. The collaborative was supported by a quality improvement (QI) practitioner and used QI methodology to identify successful change ideas. This project was initially meant to run for 1 year, but was extended due to the impact of Covid-19. The collaborative ended in July 2022 with the biggest success showing one of the wards achieving a sustained reduction from week 35 of the project, reducing their mean number of falls per week by 66.7%.

Both of the other wards also achieved shifts below the median in their number of falls during the time of the collaborative and have subsequently since July 2022 have both shown a sustained reduction in their weekly falls by 75%.

The collaborative tested a number of changes and have implemented most of these changes after successful Plan-Do-Study-Act (PDSA) cycles. These include the introduction of fortnightly MDT falls meetings which facilitate person-centred conversations about patients who have either experienced multiple falls, or have been highlighted as being at risk of experiencing a fall. This MDT approach ensures that each patient is provided with a detailed person-centred action plan relating to their falls risk which includes physical, mental and social factors.

Wards have also implemented routine lying and standing blood pressure tests as well as improved 'at a glance' mobility status boards at a patient's bedside. All of the changes have proved positive and have led to a much more proactive person-centred approach rather than a reactive approach. One of the ward areas have also looked at taking this 'at a glance' approach further and are testing the use of flower symbols on the boards to alert staff to hidden disabilities or additional requirements such as hearing aids, glasses, etc. The aim is to provide staff with a suitable alert without compromising patient dignity or confidentiality.

The learning from this is expected to be spread to the remaining Older Adult Mental Health wards in a structured way.

Action:
Explore the potential to gain feedback on care from inpatients in Older Adult Mental Health wards.

Historically, due to the level of cognition with many patients within Older Adult Mental Health inpatient wards, their opinions and feedback has been somewhat overlooked. However, this year, the QI Team are using accessible storyboarding in an attempt to gain valuable feedback relating to patient care and treatment from those patients who are 'harder to reach'.

The Mental Health QI Team undertakes the Scottish Patient Safety Program (SPSP) climate tool survey on an annual basis. The survey gives patients an opportunity to have their say about the care and treatment they receive, and it is a Scottish innovation that is leading the way in person-centred care. The tool is designed to enquire about environmental, relational, medical and personal safety and the information gathered from the survey supports learning among staff delivering care, and supports the QI team to target areas for development. The person-centred approach of storyboarding is to be trialled using QI methodology and if successful, will allow this patient demographic to be provided with an opportunity to give valuable feedback which shapes patient safety.

Action:
Patients who need language and/or communication support whilst in long-term inpatient care receive this regularly via additional support technological devices and access to interpreting.

As seen across the world, older people in Fife tend to exhibit hearing impairments at a far greater rate than the rest of the population. We have introduced and sourced a range of technological devices to enable patients with hearing difficulties to have easier access to healthcare and more efficient and accurate communication when they are in our facilities. The organisation has a number of Sarabec crescendo 60 personal listening systems which are used to enable hard of hearing patients to hear individuals trying to communicate with them better. These devices work by containing earphones which the hard of hearing patient can place in their ears; these are then attached to a sound control device which is attached to a small microphone. The microphone is placed on an item of clothing near the hearing person's face, or held close to the individual's mouth, and they can then speak into it and the sound be enhanced or reduced as appropriate for the patient. This device has had very positive feedback from patients and staff and can be delivered to any NHS Fife inpatients for them to use for the duration of their inpatient stay. We also use whiteboards to communicate with hard of hearing patients, and these allow quick and easy conversation between staff and patient. Finally, for patients where English is not their preferred language, interpreters will be arranged for all consultations with NHSF staff, even in care home settings.

It has been shown that effective communication between patients and staff results in improved mental wellbeing and so NHS Fife Equality and Human Rights team have made communication and language support a top priority.

Action:

Improve access to timely dementia diagnoses and improve support for access to appropriate post-diagnostic support.

In November 2021 the Older Adult Community Mental Health Team (CMHT) introduced an Advanced Nurse Practitioner (ANP) role within their team. Advanced practice is a level of practice which aligns to four pillars, clinical practice, leadership, facilitation of learning and evidence, research and development. Historically, advanced practice roles in nursing have focused on assessment, diagnosis and treatment of physical health conditions.

Currently, services objectives of the CMHT are aligned to improving access to timely diagnoses of dementia, supporting access to post-diagnostic support, and improving physical health of those with mental health illnesses. The ability of an ANP to carry out assessment, diagnosis and recommended treatments in a timely, person-centred way offers the opportunity to improve access to a timely diagnosis and reduces the need for individuals to see multiple practitioners.

The recruited ANP has developed a non-medical prescribing forum for those working in Older Adult Mental Health services and it is currently widening to include trainee and ANP colleagues working in the Acute Mental Health services. This collaboration offers the opportunity to share knowledge and skills, whilst promoting parity of esteem for patients, demonstrating the ability of the ANP to work across the four pillars of practice and contributing to service development.

Feedback from patients and relatives have been collected to ensure the ANP role is providing a high quality of care and to date, 90% of feedback questionnaires have been returned. At present, all feedback has been positive with 100% of patients agreeing that the ANP respected them and treated them with dignity and 91% of these strongly agreed.

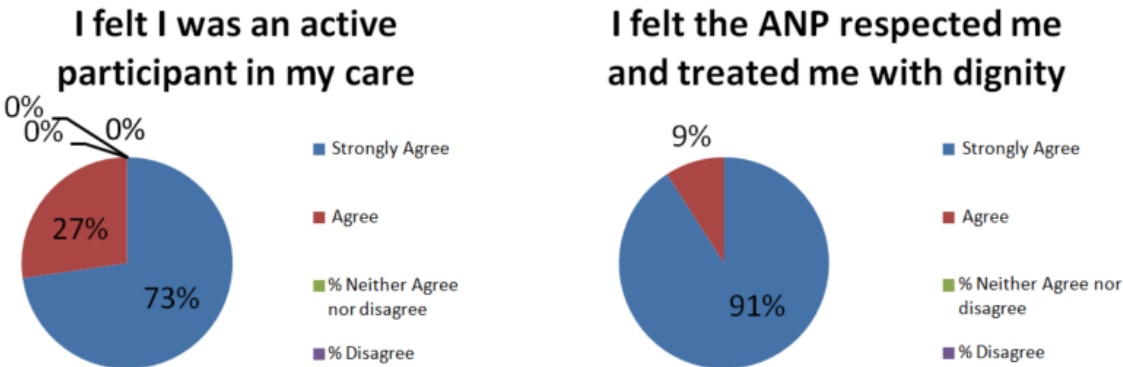
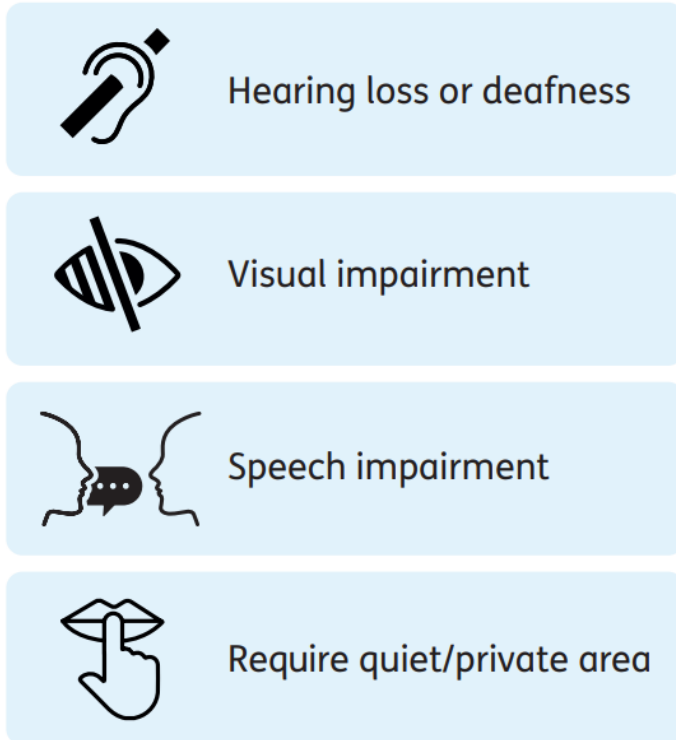


Figure 9. Results from ANP Feedback Questionnaires.

Action:
 To improve ease of conversation for older patients with communication issues at outpatient clinics and short stay inpatient wards.

Through Autumn/Winter 2022, NHS Fife trialled a new communication support poster (see *Figure 8*) which aimed to improve the ability of patients to declare any communication issues they may have with outpatient and emergency reception staff by pointing to the image that applies to them. The outcome of this was to enable reception staff to rapidly make appropriate adaptations to improve the patient’s experience. The adaptations include arranging an interpreter immediately for patients whose preferred language is not English, for patients who are hard of hearing, staff could speak louder, move to a private/quiet area or exchange their Type IIR mask for a fluid-resistant clear mask to allow lip readers to do so. Additionally, for patients with sight issues, this would involve staff not relying on the patient to read any small print documents. We have found that this has drastically reduced the time it takes for staff to identify communication issues and has improved the overall experience of patients, including over 65s who have a higher occurrence of hearing and sight impairments than the general population.

I would welcome support due to:



This poster has been designed by the NHS Fife Equality and Human Rights team and the NHS Fife Communications team to be as accessible as possible and so it was created in an easy-read format, colour scheme and size appropriate for individuals with sight impairments. Additionally, it was designed in a font that is used specifically to ease reading for people with learning difficulties.

Figure 10. The NHS Fife Additional Communication Support Needs Poster

5.3 Outcome 2 – To improve the health of Black and/or Minority Ethnic Patients in our community

Action:
NHS Fife to improve ethnicity data collection.

NHS Fife currently has poor ethnicity data largely due to staff and patient apprehension on the purpose of this data collection. It has been identified that staff learning must be undertaken in order to address this and ensure all staff who should be collecting this data understand its significance and value to both the individual patients care, and the health and wellbeing of the overall population. We plan to undertake a collaborative evaluation with Public Health Scotland to explore the issues and opinions of staff with regards to collecting patient ethnicity data.

This will look to establish the barriers in this process and work to explore the ways to address said barriers through training and other identified means. Once this has been established, we will trial the decided methodologies and undertake an evaluation to explore if there has been an improvement in this data collection. This could then be rolled out across NHS Scotland dependent on the results and success of this trial.

Action:
To continue to expand, develop and ensure patients receive communication support from interpreting and translation, and achieve the best quality and value for our patients and NHS Fife.

In Fife, the majority ethnicity is the White Scottish population or other White British ethnicities which tend to have English as their preferred language, however ethnic minorities regularly have an alternative language as their preferred communication means. Therefore, NHS Fife strives to enhance the care of black and minority ethnic patients through means of the interpreting and translation services. Since 2021, we have seen an influx of patients whose preferred language is not English, with the top 5 requested community languages being Polish, Romanian, Russian, Arabic and Bulgarian.

We are currently progressing a service redesign for the Interpreting and Translation services. The aims of this service redesign is to ensure that NHSF is adhering to the Scottish Government procurement frameworks and/or the NSS frameworks, enhancing quality assurance, and enabling us to provide an optimum service across all sectors of the health board. NHSF hopes that this redesign will allow us to ensure patients have wider access to interpreting and translation services and the quality of these is of a higher calibre.

Action:
To improve the management of Female Genital Mutilation (FGM) in Fife.

FGM is most common in some African, Middle Eastern and Asian ethnicities, including Somali, Iraqi, Yemeni, Indonesian, Guinean, and Djiboutian, amongst others. In Scotland, FGM can be seen very rarely in White ethnicities but is known to adversely impact ethnic minorities in Scotland. In 2022, NHS Fife sourced FGM information leaflets which were in Arabic and Somalia, 2 of the most commonly spoken languages in FGM –prevalent communities. This will enable these communities to engage more easily with information and resources around FGM, enhancing population knowledge and overall improving patient-care. Additionally, NHS Fife is working to update the FGM protocol in 2023 and redistribute them to staff to improve knowledge and understanding of how best to manage FGM. This will be accompanied by a series of training sessions for maternity, obstetrics and gynaecology staff which will continue to take place bi-annually.

5.4 Outcome 3 – To make senior management equality focused by improving and embedding knowledge and skills through learning, mentoring and leadership.

Action:

Bi-annual Board development sessions will take place.

NHS Fife has arranged for bi-annual board development sessions on Equality and Human Rights which will aim to improve the knowledge and understanding of this at the most senior level. The desired outcomes of this is to make board decisions and actions equality focused and aid efforts to mainstream equalities across NHS Fife.

Due to the COVID-19 pandemic which has absorbed NHS Fife, along with health boards across the country, other efforts to this equality outcome were required to be suspended to allow the board to focus on tackling COVID-19. We strived to get back on track with equalities as a priority and towards the end of 2022, the Board successfully undertook a development session with the Equality and Human Rights Lead officer, where they learned about the importance of EQIA's and had a hands-on experience of how to complete them. NHS Fife aims to continue these efforts and undertake further board development sessions throughout the 2023 – 2025 period.

5.5 Outcome 4 – To improve the health and wellbeing of our Black and Minority Ethnic staff.

Action:
To improve engagement including supporting to establish networks and forums, or other means, with a particular staff groups, ensuring their voice is heard across NHS Fife, nationally and including it at NHS Fife board level.

In 2021, we established a Minority Ethnic Staff Network where the aim is to work in partnership with staff and management to progress the general equality duty, and encourage a culture of respect and equality for everyone. Throughout winter of 2022, we re-evaluated this network and undertook a survey for feedback of opinions regarding the purpose of the network, its function and its governance. The evaluation of the results of this is currently ongoing, with NHS Fife aiming to make appropriate amendments to this forum early in 2023.



Action:
NHS Fife to make efforts to boost the recruitment of International Medical Graduates, Internationally trained Nurses and Radiographers, and improve the rates of retention of these staff members.

NHS Fife have made continued efforts to engage and attract a younger volunteer demographic which has also resulted in a larger number of BAME volunteers entering the

service. The volunteer service has supported the international recruitment program with volunteers assisting new recruits during the initial orientation with tours of the hospital site.

Research tells us that the career outcomes for doctors working in the UK who graduate from abroad is vulnerable to differential attainment. Differential attainment is the achievement gap between different groups of doctors not based on ability and is generally down to attitudes, illness or discrimination. NHS Fife recruits multiple doctors from abroad and medical job adverts often result in a high number of international applicants. Doctors in training schemes, particularly GP training schemes, are also recruited from abroad. There is a wide range of points where performance measures lower in International Medical Graduates (IMGs) including recruitment, progression, relationships with seniors and training outcomes. One of the main issues that are faced by the IMGs is housing, therefore we have been working with the local Mosque councils and 3rd sector organisations to assist with these issues. The NHS Fife IMGs are also encouraged to utilise the NES IMG induction and buddy system along with the Scotland wide support groups for IMGs. NHS Fife is striving to make more new and stronger links with local organisations to further the support for these medics around issues such as accommodation. We are also undertaking an evaluation of the work done so far by a series of IMG interviews. The aim is that the results of these will shape and help plan for future intakes of IMGs.

In early 2022, NHS Fife welcomed its first cohort of international nurses and radiographers, totalling at 38 and 3, respectively. In order to fully support these recruits, and ensure they assimilate appropriately, we developed an extensive program to enable them to settle in rapidly. The organisation also aligns each of the recruits with our Spiritual Care team to ensure they are emotionally and spiritually supported in their transition in addition to the professional and personal support provided. All of these staff were formally invited to join NHS Fife's BAME network to provide support and allow networking with other staff of similar cultural backgrounds and overall enhance staff wellbeing.

We provide accessible communication in a variety of formats including for people who are speakers of community languages, who need Easy Read versions, who speak BSL, read Braille or use Audio formats.

Our SMS text service number **07805800005** is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:

fife.EqualityandHumanRights@nhs.scot

or phone **01592 729130**

NHS Fife

Hayfield House
Hayfield Road
Kirkcaldy, KY2 5AH

www.nhsfife.org

 facebook.com/nhsfife

 twitter.com/nhsfife

 instagram.com/nhsfife

 linkedin.com/company/nhsfife