


NHS Health Scotland's equality
outcomes 2017 to 2021

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NHS Health Scotland is a WHO Collaborating Centre for Health Promotion and Public Health Development.

NHS Health Scotland's equality outcomes

1. Workforce

Workforce equality outcome:

We have a workforce that:

- welcomes, values and promotes diversity and dignity
- is competent in advancing equality and tackling discrimination (within and outwith the organisation)
- embraces our organisational aim that everyone should enjoy the right to health.

How this contributes to NHS-wide governance standards:

This outcome directly contributes to meeting the [NHSScotland Staff Governance Standard](#). While it is a useful gauge of our performance across the standard, it is particularly relevant to demonstrating that staff are **treated fairly and consistently, with dignity and respect, in an environment where diversity is valued.**

How this fits with NHS Health Scotland's strategy, *A Fairer, Healthier Scotland: 2017–22 – a strategic framework for action (AFHS 2017–22)*:

Delivering on this outcome is an important element of meeting the challenges of providing a workforce fit to deliver A Fairer, Healthier Scotland (AFHS) and fundamental to fulfilling the NHSScotland Staff Governance Standard.

These outcome indicators will give our Partnership Forum and Board intelligence on whether we are making high-quality recruitment decisions based on the experience and skills needed to deliver AFHS. They will also show the Partnership Forum and Board that we are training our staff with the skills, knowledge and confidence to deliver AFHS and challenge unfair treatment within and outwith the organisation.

Working towards our workforce outcome (2017-21)

Acknowledging the creation of a new public health body by 2019, we will ensure our staff are supported throughout the change process, in a manner which promotes and values diversity.

What does the evidence tell us?

The way posts are advertised, and the reputation of the employer, can affect who applies to work there. NHS Health Scotland currently attracts a diverse range of candidates, with larger proportions of candidates who identify as women, black and minority ethnic (BME), or lesbian, gay or bisexual than found in the wider population.

Recruitment processes are open to bias. There is wide evidence for this. NHS Health Scotland's own recruitment and selection statistics seem to point towards biases in our recruitment: candidates who identify as men and who are in particular age brackets are less likely to be appointed than other candidates.

The evidence shows that in NHS Health Scotland the average hourly pay of women is less than the average hourly pay of men.

Anecdotal evidence from HR and Staff Side tells us that some staff feel their concerns are not recognised by their line managers and as a result reasonable adjustments are not being made.

What we are going to do and how we will do it:

In order to meet our workforce outcome, NHS Health Scotland has identified four priority areas of work:

- 1 When recruiting, we will advertise widely so that NHS Health Scotland continues to attract a wide range of candidates for employment. At present all NHS Health Scotland vacancies are advertised on Scotland's Health on the Web (SHOW) and on NHS Health Scotland websites. Vacancies will be extended, as appropriate, to community groups and websites.

How we will know we have done it, including measures of success:

- The profile of applicants to recruitment opportunities in NHS Health Scotland compared to data on the population of Scotland.

Who will be responsible for this and who does it relate to?

People and Improvement will be responsible for undertaking and reviewing the progress of this work, which relates to anyone who is considered to have a protected characteristic.

- 2 We will continue to include and monitor information on equality in our recruitment and selection training, so that NHS Health Scotland's recruitment and selection processes are fair, with applicants not being disadvantaged by identifying with a protected characteristic. We will ensure that our recruitment and selection policy is not only up to date but also followed in all circumstances.

How we will know we have done it, including measures of success:

- Our recruitment and selection data will show an improvement in the number of men being employed in the specific age brackets identified as currently being less likely to be appointed than other candidates.

Who will be responsible for this and who does it relate to?

People and Improvement will be responsible for undertaking and reviewing the progress of this work, which relates to anyone who is considered to have a protected characteristic.

- 3 We will monitor NHS Health Scotland's employees' hourly rate of pay to make sure it is similar whether an employee is a woman or man, is disabled or non-disabled, or identifies as BME or not. We will liaise with other NHS Boards to share learning and best practice.

How we will know we have done it, including measures of success:

- There will be positive evidence shown within Equal Pay Audits.
- We will publish this information on www.healthscotland.scot
- We will publish this information within our workforce plan, detailing by gender and pay banding.

Who will be responsible for this and who does it relate to?

People and Improvement will be responsible for undertaking and reviewing the progress of this work, which relates to anyone who is considered to have a protected characteristic.

- 4 We will work in partnership with Staff Side colleagues to monitor the experience of staff going through the management of capability policy or procedure by protected characteristic. This may be achieved by regularly monitoring trends, i.e. are staff with a protected characteristic more or less likely to raise a grievance or be subject to disciplinary on capability procedures than those without a protected characteristic?

How we will know we have done it, including measures of success:

- HR and Staff Side perceive there is less anecdotal evidence to suggest staff feel their concerns are not recognised by their line manager.
- HR and Staff Side perceive appropriate reasonable adjustments have been made if or where necessary.

Who will be responsible for this and who does it relate to?

People and Improvement, alongside Staff Side, will be responsible for undertaking and reviewing the progress of this work, which relates to anyone who is considered to have a protected characteristic.

2. Premises and systems

Premises and systems equality outcome:

Our premises and systems are as adaptable and flexible as possible to meet the changing needs of the organisation, our people and those who come into contact with us.

How this contributes to national outcomes:

This outcome directly supports delivering on the [NHSScotland Staff Governance Standard](#), specifically that staff **are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued**. This also supports our internal documents, the Health and Safety Annual Action plan and Property Asset Management Strategy (available on request).

How this fits with NHS Health Scotland's strategy, *A Fairer Healthier Scotland: 2017-22 – a strategic framework for action (AFHS 2017-22)*:

Delivering on this outcome will work towards ensuring our internal systems meet the needs of all our staff and, where possible, improve staff experience.

This outcome will help NHS Health Scotland to ensure that any realignment of our internal systems and premises meets the needs of the people who need to use them.

Working towards our premises and systems outcome (2017-21)

What does the evidence tell us?

NHS Health Scotland continues to find more efficient and effective ways to work.

Working closely with the other NHS Boards with whom we are co-located at the Gyle Square, Edinburgh and Meridian Court, Glasgow is important and should be maintained and improved to ensure the best premises and systems are available to our staff.

Contractors, partners or suppliers who work with NHS Health Scotland must be clear on our accessibility commitment.

Health inequalities impact assessments (HIAs) need to be completed for any new Health, Safety and Facilities (HSF) team projects, where required, over the coming years.

Feedback from staff is mainly positive in the recent customer service survey, but there are areas for improvement.

NHS Health Scotland must continue to implement a proactive and positive approach to reasonable adjustments within the organisation.

What we are going to do and how we are going to do this:

In order to meet our premises and systems outcome, NHS Health Scotland has identified six priority areas:

- 1 Ensure flexible working is reviewed and embedded in the organisation, in how we go about our work.

How we will know we have done it, including measures of success:

- Monitoring use of flexible working requests and also building usage.

Who will be responsible for this and who does it relate to?

People and Workplace will be responsible for undertaking and reviewing progress of this work, which relates to anyone who is considered to have a protected characteristic.

- 2 Build and establish relationships with co-located Boards to ensure consistency and best practice across systems and premises.

How we will know we have done it, including measures of success:

- We will work with the building user groups at both sites and co-located Boards and monitor feedback logged and tracked via our internal email helpdesk service and from internal staff surveys.

Who will be responsible for this and who does it relate to?

People and Workplace will be responsible for undertaking and reviewing progress of this work, which relates to anyone who is considered to have a protected characteristic.

- 3 Ensure contractors, partners and suppliers for systems and premises are clear on our accessibility commitment and the requirements of the organisation.

How we will know we have done it, including measures of success:

- Inform contractors, partners or suppliers before appointment or contract of NHS Health Scotland's requirements and ensure that these are taken on board throughout any work.

Who will be responsible for this and who does it relate to?

People and Workplace will be responsible for undertaking and reviewing progress of this work, which relates to anyone who is considered to have a protected characteristic.

- 4 All new systems developed and implemented will have an HIIA completed before going live.

How we will know we have done it, including measures of success:

- An HIIA will be completed and any issues managed proactively.

Who will be responsible for this and who does it relate to?

People and Workplace will be responsible for undertaking and reviewing progress of this work, which relates to anyone who is considered to have a protected characteristic.

- 5 Monitor feedback and complaints on systems and premises regarding barriers to use via helpdesks and surveys and provide regular reports on this.

How we will know we have done it, including measures of success:

- Via subsequent customer service feedback, the office improvement works staff survey, informal feedback and recording of issues via our internal email helpdesk service.

Who will be responsible for this and who does it relate to?

People and Workplace will be responsible for undertaking and reviewing progress of this work, which relates to anyone who is considered to have a protected characteristic.

- 6 Continue to monitor and review reasonable adjustment arrangements for staff and also review the process should there be any issues.

How we will know we have done it, including measures of success:

- Via staff feedback received from internal surveys. Positive feedback was received in 2016 around reasonable adjustments. We will continue to monitor and make improvements to process moving forward, should these be required.

Who will be responsible for this and who does it relate to?

People and Workplace will be responsible for undertaking and reviewing progress of this work, which relates to anyone who is considered to have a protected characteristic.

3. Outward facing work

Outward facing work equality outcome:

Our outward facing work uses a human-rights-based approach, advances equality in health and tackles the unfair inequalities in health outcomes

How this contributes to national outcomes:

This outcome directly supports NHS Health Scotland's contribution to the Scottish Government's national outcomes, **we have tackled the significant inequalities in Scottish society** and **we live longer healthier lives**, through supporting the achievement of the 'Healthier' strategic objective: **Helping people to improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care.**

How this fits with NHS Health Scotland's strategy, *A Fairer Healthier Scotland: 2017–22 – a strategic framework for action (AFHS 2017-22)*:

AFHS says that over the next five years, the focus of public health improvement needs to continue to be on the biggest health challenge facing Scotland – Scotland's enduring and growing health inequalities gap. AFHS describes health inequalities as the 'systematic differences in health between different groups within a society, which are potentially avoidable and deemed unacceptable. Often economic factors are the primary determinants, but these can also underpin or exacerbate other dimensions of social inequality, such as, differences in power and opportunities as well as discrimination on the basis of gender, race, disability, age, sexuality or religion.'

The work towards this outcome will help NHS Health Scotland achieve three of its short-term goals in particular.

- Working towards this outcome will help us support **improved and more equitable policy making** and **improved performance and quality in practice**. This can be done by developing our understanding of the evidence about how protected characteristics relate to health outcomes, identifying that evidence and how it can be used in practice, and applying it in practical decisions throughout the public sector by using health inequalities impact assessments.
- By assessing the impact of all our work in delivery planning, we will improve the quality of the work we deliver. This is fundamental to achieving **organisational excellence and innovation**.

Working towards our outward-facing outcome (2017/21)

What does the evidence tell us?

Everyone has characteristics which are protected in law: a gender, an ethnicity, a sexual orientation and a religion or belief. These protected characteristics link to

health outcomes but the relationship between them is complex. Sometimes the relationship is a positive one. In other cases, there is no relationship at all. Sometimes, where the relationship is negative, the cause is how society relates to the characteristic, such as by discrimination in access to services or employment. *Equally Well* (Scottish Government, 2008) notes that ‘Sometimes [protected characteristics] and life circumstances interact and pose increased risks to health. People do not just live in poverty, they may also be a lone parent, may have a long-term disability that affects the work they can do, or live with discrimination which has an impact on their mental health. Gender and masculinity in particular, contributes to problems of violence, to the reluctance of men to seek help for problems and may make men more likely to resort to alcohol and drugs than seek help for a mental health problem.’

But the amount and quality of the evidence varies depending on the characteristic, the health issues involved, the difference in outcomes, the reasons for these differences, and what works for tackling those problems and helping individuals improve their health. For example, we know a lot about the links between sexual behaviours and blood-borne viruses and how these link to sexual orientation, gender and ethnicity. Yet there are other characteristics about which we know relatively little. Sometimes, data is available but it has not been processed, other times, there are gaps in the data.

However, while evidence is mixed, there is evidence. The Audit Scotland report, *Health Inequalities in Scotland* (Audit Scotland, 2012), highlighted that there are practical ways in which practice can be improved so that it more effectively challenges the inequalities in Scotland’s health. Ways we can do this involve bringing the existing evidence into practice, such as through assessing the impact of our work on health inequalities. This includes considering the impact of new and revised pieces of work on people because of protected characteristics, as well as other factors, like literacy and socio-economic status, which also make people more likely to suffer from inequalities in health outcomes.

What we are going to do:

In order to meet this outcome, NHS Health Scotland has identified four priority areas:

- 1 All NHS Health Scotland’s work will take every opportunity to tackle unfair inequalities in health and not make them worse.

How we are going to do this:

We will continue to consider the impact of everything we do on people who are more likely to suffer worse health outcomes, including people with protected characteristics, while ensuring alignment with *A Fairer Healthier Scotland: 2017–22 – a strategic framework for action* (AFHS 2017-22) and integrating within our delivery planning and report systems.

We will systematically identify areas of NHS Health Scotland's work which we believe risk making inequalities worse, and assess in more detail their impact on people with protected characteristics.

The main mechanism for doing this is our HIIA process. All of our delivery commitments (or outputs, as relevant) will undergo an HIIA screening to identify any unintended negative consequences of the work that, if not addressed, could potentially widen health inequalities or impact on equalities or human rights.

If potential differential impacts are identified, actions to mitigate them will be identified and an HIIA report outlining the impacts and corresponding recommendations will be produced and made available.

To ensure we have a high-quality process in place we will undertake an improvement project on our approach to inequalities, equalities and human rights identifying areas for improvement, designing testing, implementing and evaluating changes to deliver improvements which are fully embedded and sustainable. This work will include improvements to our existing HIIA process.

How we will know we have done it, including measures of success:

We will have:

- identified and implemented improvements to our HIIA process, including the identification of appropriate measures of success
- provided annual reports to the Board on our HIIA process, including the number of HIIA reports and the key recommendations identified
- made available completed HIIA reports, providing information on how to access them on our website
- provided an update to the Board on the outcome of our improvement project on our organisational approach to inequalities, equalities and human rights, which includes our equality outcomes, HIIA, delivery planning prioritisation tool and health inequalities e-learning module.

Who will be responsible for this and who does it relate to?

The Organisational Lead for Practice Improvement will be responsible for reviewing and reporting on this work, which relates to anyone who is considered to have a protected characteristic, including characteristics which make people vulnerable to unfair inequalities in health outcomes.

- 2 NHS Health Scotland will support its partners to assess how their work impacts on health inequalities.

How we are going to do this:

Where appropriate, NHS Health Scotland staff will recommend our HIIA approach to partners, providing initial support to help them understand the process and direct them to our online HIIA tools, templates and guidance.

As part of improving our approach to inequalities equalities and human rights, we will identify staff learning needs in relation to advocating our agreed approach so they are equipped to provide initial support to partners.

We will also promote the use of HIIA via our website and provide access to supporting tools, templates and guidance.

How we will know we have done it, including measures of success:

We will have:

- identified learning needs and provided appropriate learning opportunities to enable staff to advocate our agreed approach to partners
- encouraged and supported partners (policy makers, NHS Boards, local authorities, community planning partnerships (CPPs) and the voluntary sector), where appropriate, to undertake HIAs when developing or reviewing their work
- provided up-to-date tools, templates and guidance on HIIA via our website.

Who will be responsible for this and who does it relate to?

The Organisational Lead for Practice Improvement will be responsible for reviewing and reporting on this work, which relates to anyone who is considered to have a protected characteristic, including characteristics which make people vulnerable to unfair inequalities in health outcomes.

- 3 NHS Health Scotland will contribute to improved data systems in the collection of information on equality characteristics, social and health inequalities.

How we are going to do this:

We will undertake research to quantify the variation in health outcomes for people with protected characteristics, seeking to ascertain any interaction between social class and equality groups in determining health outcomes.

We will disseminate intelligence to inform the Scottish Public Health Observatory (ScotPHO) on the prevalence, incidence and other health issues in relation to protected characteristics. This will contribute to the promotion of evidence-based policy planning and practice.

How we will know we have done it, including measures of success:

By March/April 2018, we will publish any results emerging, reporting key findings to the Health Governance Committee and the Board.

Who will be responsible for this and who does it relate to?

The Equalities Intelligence Manager will be responsible for reviewing and reporting on this work, which relates to anyone who is considered to have a protected characteristic.

- 4 NHS Health Scotland will contribute to raising the awareness of NHSScotland's workforce on human rights and inequalities sensitive practice.

How we are going to do this:

We will provide learning opportunities on human rights and inequalities and related areas that meet the needs of a wide range of workforce groups.

How we will know we have done it, including measures of success:

We will:

- scope out learning needs for human rights and inequalities and then develop appropriate learning solutions to meet the identified needs
- make available and accessible existing learning resources and opportunities to our partners.

Who will be responsible for this and who does it relate to?

Workforce Development will be responsible for reviewing and reporting on this work, which relates to anyone who is considered to have a protected characteristic.

