

BOARD MEETING: 24 March 2017

EQUALITY OUTCOMES 2017-21

Recommendation/action required:

The Board is asked to:

- Note the update on and endorse our approach towards fulfilling our public sector equality duty
- Approve NHS Health Scotland's Equality Outcomes 2017-2021 for publication

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16 March 2017

NHS HEALTH SCOTLAND'S EQUALITY OUTCOMES 2017-21

Purpose

1. This document sets out NHS Health Scotland's Equality Outcomes for the period of 22 March 2017 to 22 March 2021. All Outcomes are underpinned by indicators and measures.
2. It is in two sections:
 - Background
 - Our Equality Outcomes

SECTION 1: BACKGROUND

3. NHS Health Scotland has used Equality Outcomes to govern its work towards meeting its public sector equality duty since 2011. Since then we have had three overarching outcomes: one for our Products and Services (now referred to as our Outward Facing Work), one for our Workforce, and one for our Premises and Systems.

Legal & Regulatory Requirements

4. NHS Health Scotland, along with the other public authorities, is required to produce Equality Outcomes by the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (the 'specific duties').
5. Equality Outcomes are defined by the specific duties as 'a result that the listed authority aims to achieve in order to further [the public sector equality duty.]'
6. The specific duties require us to:
 - Publish a refreshed set of Equality Outcomes by 22 March 2017, four years since our last publication on 22 March 2013
 - Publish a report on the progress made to achieve these Outcomes within two years of publication and every two years thereafter
 - Review the Outcomes within four years of their publication
 - Take reasonable steps to involve persons who share a relevant protected characteristic and any person who appears to the authority to represent the interests of those persons
 - Consider relevant evidence relating to persons who share a relevant protected characteristic
 - Publish the reasons if our set of Outcomes do not seek to further the needs of the general equality duty in relation to every relevant protected characteristic
7. The Equality & Human Rights Commission (EHRC) have said that they wish to see specific and measurable Outcomes. They have also said that where possible they should be integrated into existing reporting mechanisms.

8. Referencing Scottish Government's announcement in their [Health & Social Care Delivery Plan](#), December 2016, to create a single new public health body by 2019, we acknowledge that although these Equality Outcomes will be published to cover a four year period (2017-21) as required by the specific duties. They will not automatically transfer to the new public health body. We have nonetheless planned for these to be four year outcomes so that the new body has the option of retaining them until 2021.

NHS Health Scotland's Approach

9. For public authorities who support rather than deliver services to the public, developing Outcomes poses a particular challenge. The Outcomes need to be sufficiently general to last for four years but also sufficiently specific, measurable and integral to our governance processes for us to be held accountable for achieving them. They need to be based on evidence in a field where evidence can be changing, contradictory, confounding, contested, incomplete and occasionally non-existent. Most challenging of all for organisations who do not directly deliver services, we need to be able to plausibly claim to have effected change in relation to the Outcome in a world where there are a huge number of factors influencing individuals' health.
10. To meet these challenges, we have developed a suite of Outcomes (Section 2) underpinned by indicators and measures which fulfil the requirements in law, rather than a single set of Outcomes. We believe this is the most effective approach for NHS Health Scotland to take to achieve the public sector equality duty through Equality Outcomes. A summarised version of these Outcomes can be found in Appendix 1.

'Mainstreaming' our Outcomes

11. For NHS Health Scotland, delivering on our public sector equality duty means delivering A Fairer Healthier Scotland: 2017-22 – A Strategic Framework for Action (AFHS 2017-22). Discrimination and action on health inequalities are intrinsically linked: health inequalities reflect the systematic differences in health associated with people's unequal positions in society. Given this, health inequalities relate to and interact with other structures of inequality, for example, socio-economic, gender, ethnicity and disability etc.¹
12. Therefore, we see our Equality Outcomes as an important measure of how we are delivering as an organisation. Our Equality Outcomes are included in our Delivery Plan, of which our Workforce Plan is also an intrinsic part.

¹ Graham, H (2004) 'Tackling Inequalities in Health in England: Remedying Health Disadvantages, Narrowing Health Gaps or Reducing Health Gradients'.

Protected Characteristics Not Covered by the Outcomes

13. Where Outcomes do not cover all protected characteristics, the specific duties require us to publish the reasons why.
14. The Outcomes for our Outward Facing Work and our Premises and Systems cover all protected characteristics. Indeed, in several instances they exceed this requirement by looking at the effect of other characteristics which are not protected in law, like socio-economic status. However, while the Workforce Equality Outcome applies to all protected characteristics, we want to be clear that the indicators do not measure improvement against all protected characteristics. This is because of gaps in our data collection or the difficulty of measuring some protected characteristics. The paragraphs below explain which protected characteristics are currently not included in the indicators.

Marriage/Civil Partnership; Pregnancy/Maternity

15. We do not have any indicators relating to marriage/civil partnership, and pregnancy and maternity, although discrimination because of these characteristics is closely associated with discrimination because of sex, which we have included. The reason we have not set any indicators relating to these protected characteristics is because we currently have limited data on them and what data we have currently show no indication of any trends or discriminations relating to staff because of marriage or pregnancy/maternity. If we uncover any specific trends relating to these two protected characteristics, we will consider whether we need to change our Equality Outcomes to reflect this.

Gender Reassignment

16. We do not have any indicators specifically relating to gender reassignment. This is for the same reasons given above. It is also because it is unlikely that we will ever be able to identify trends relating to gender reassignment using measurable data. According to the Gender Identity Research and Education Society (GIREs), employers should expect the number of people who have or plan to undergo gender reassignment to be fewer than one in 1,000. Given that NHS Health Scotland has a staff headcount of approximately 300, the likelihood that we will employ a large enough number of staff covered by the gender reassignment characteristic to be able to report it without risking identifying individuals (i.e. more than ten individuals sharing a characteristic) is slim. Therefore, we will remain vigilant for discrimination because of this characteristic on an individual level but will not set any indicators relating to it.

How we developed the Outcomes and their indicators

17. We developed our Outcomes based on the relevant evidence. We have included this evidence in section 2 below. This included:

- Formal evidence on the links between protected characteristics, discrimination and inequalities in health outcomes
 - NHS-wide or our own data
 - Results of impact assessments
 - Experience of practitioners, e.g. trade union and HR staff
 - Feedback from staff
18. As the Workforce Equality Outcome directly affects staff, we worked with our formal partnership union colleagues (Staff Side) and with Human Resources staff to draft this Outcome.
19. Following the Board's approval of these Outcomes and indicators, they will be published on www.healthscotland.scot but also in our Delivery Plan 2017/18.

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16 March 2017

SECTION 2: OUR EQUALITY OUTCOMES

2.1 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), and
- 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 [NHS Scotland 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 AFHS and fundamental to fulfilling the NHS Scotland 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 without 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 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 SHOW and on Health Scotland websites. Vacancies will be extended, as appropriate, to community groups/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.

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, disabled or non-disabled, 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:

- 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/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/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.

2.2 Premises & Systems:

Premises & 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 NHS Scotland 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 the Health & Safety Annual Action plan and Property Asset Management Strategy.

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 & Systems Outcome (2017-21)

What does the evidence tell us?

NHS Health Scotland continue 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 (HIIA) needs 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/How we are going to do this:

In order to meet our premises & 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:

- 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 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:

- 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/complaints on systems and premises re 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, 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.

2.3 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.

- 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 decision throughout the public sector by using health inequalities impact assessments, working towards this outcome will help us support **improved and more equitable policy making** and **improved performance and quality in practice.**
- 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 to 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 in 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 outcome.

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 does 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 our Strategic Framework for Action (AFHS 2017-22): A Fairer Healthier Scotland and integrating within our delivery planning and report systems.

We will systematically identify areas of NHS Health Scotland's work which we believe there is a risk of 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, 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, 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 HIA 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 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 NHS Scotland'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.

Appendix 1: Equality Outcomes Summary

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), and
- Embraces our organisational aim that everyone should enjoy the right to health.

In order to meet our Workforce Equality Outcome we will;

1. Advertise widely via; SHOW, Health Scotland websites and as appropriate, extend to community groups/websites, to continue to attract a wide range of candidates
2. Monitor information on equality in our recruitment and selection training, to ensure our processes are fair and applicants are not disadvantaged by identifying a protected characteristic
3. Monitor the hourly rate of pay of our employees to ensure it is similar for men, women, disabled, non-disabled and anyone who identifies as BME or not
4. We will monitor experience of staff going through the management of capability policy/procedure by protected characteristic.

Premises & 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.

In order to meet our Premises & Systems Equality Outcome we will;

1. Review flexible working and ensure it is embedded across the organisation in how we work
2. Build/establish relationships with co-located Boards to ensure consistency and best practice
3. Ensure contractors, partners and suppliers are clear on our accessibility commitment and organisational requirements
4. Complete an HIA prior to all new systems going live
5. Monitor feedback/complaints re barriers to use of systems and premises
6. Continue to monitor/review reasonable adjustment arrangements for staff and the process for doing so.

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

In order to meet our Outward Facing Work Equality Outcome we will;

1. Ensure all our work takes every opportunity to tackle unfair inequalities in health
2. Support our partners to assess how their work impacts on health inequalities
3. Contribute to improved data systems to collect information on equality characteristics, social and health inequalities
4. Contribute to raising awareness of NHS Scotland's workforce on human rights and inequalities sensitive practice.