



**HS Paper 20/18**

**Board meeting: 20 June 2018**

**Equality & Diversity Year End Report**

**Recommendation/action required:**

The Board is asked to:

- Note the progress made over 2017/18 towards NHS Health Scotland's Equality Outcomes (2017-21) as detailed in Appendix 1.

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**12 June 2018**

## **Equality & Diversity In-year Report**

### **Purpose**

1. This paper updates the Board on progress made over 2017/18 towards NHS Health Scotland's Equality Outcomes (2017-21).

### **Background**

2. In 2013, NHS Health Scotland's Board agreed four year Equality Outcomes (2013-17) in line with statutory requirements to guide our work towards fulfilling our duty to advance equality, tackle unlawful discrimination and foster good relations between people with protected characteristics.
3. In March 2017, the Board approved a refreshed set of Outcomes for the next four years (2017-21) which were published on our website.
4. Public bodies are required to publish reports on progress towards meeting these Outcomes. These are known as 'mainstreaming' reports. This paper is NHS Health Scotland's mainstreaming report. We report in detail on each of the Equality Outcomes to the Health Governance, Staff Governance, and Audit Committees in year.
5. The new Fairer Scotland Duty which came into force in April 2018, also requires public bodies in Scotland to 'pay due regard to' and demonstrate how they can reduce inequalities of outcome caused by socio-economic disadvantage. Our current Equality Outcomes incorporate the requirements of this duty and subsequent progress reports will reflect this.
6. Performance against our 2017-2021 Outcomes is detailed in Appendix 1.

### **Finance and Resource Implications**

7. The majority of the activities and services reported in this paper have no financial implications but do require staff resource. Many of the improvements described in the report, particularly around HIIA, have been aimed at using resource more efficiently and for better results.

### **Staff Partnership**

8. All aspects of this paper that relate to our workforce are conducted in partnership. The Partnership Forum is regularly updated on relevant developments and staff side are routinely involved in all internal Health Inequality Impact Assessments (HIIA).

### **Communication and Engagement**

9. This paper will be available on [www.healthscotland.scot](http://www.healthscotland.scot).

## **Corporate Risk**

10. The contents of this paper manages the risk that Health Scotland fails to fulfil its obligations under the Equality Act 2010.

## **Issues Associated with Transition**

11. We intend to take a proportionate approach in the run up to the transition to Public Health Scotland (PHS). We will continue to work towards and report on progress towards our Equality Outcomes, but as timescales for transition into Public Health Scotland are confirmed we will make a decision at the right time with the Board how to transfer the governance of equality to the new body.
12. We are already linking with colleagues from the other bodies involved in the transition to compare current practice on how we work towards fulfilling our duty to advance equality, tackle unlawful discrimination and foster good relations between people with protected characteristics, and how we govern these practices. This is to develop a sound and unified approach based on best practice from all involved.

## **Promoting Fairness**

13. The contents of this paper advance equality, tackle unlawful discrimination and foster good relations and support us to develop the human rights based approaches of the organisation.

## **Sustainability and Environmental Management**

14. There are no impacts on the environment arising from this paper or its proposals.

## **Action / Recommendations**

15. The Board is asked to:
  - Note progress made over 2017/18 towards NHS Health Scotland's Equality Outcomes (2017-21) as detailed in Appendix 1.

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**Senior Improvement Officer**

**12 June 2018**

## Appendix 1: Progress towards our Equality Outcomes

### Outward Facing Equality Outcome

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

**Indicator 1:** All NHS Health Scotland's work will take every opportunity to tackle unfair inequalities in health and not make them worse

#### NHS Health Scotland Accessible Information Policy

16. NHS Health Scotland produces a large amount of health information. It is important that this information is as easy to access and use as possible by the intended audience. That audience may be a member of the general public or a professional service provider.
17. We are currently updating our Accessible Information Policy and the new version is due to be published in August 2018.
18. The 2018 update is not a radical update of the 2015 version, but with more of a focus on bringing our practice into line with the policy statements. This includes being more explicit about what does and does not meet the standards laid out in the policy and making this clear to users upfront. It also means we will be focusing our attention on new guidance and training to provide staff with support, as there is a recognition that accessibility is a shared responsibility across the organisation. The new guidance will be available for August and the training will follow in October 2018.
19. The updated policy incorporates the new ask for NHS Health Scotland to produce BSL versions of all our screening and immunisation publications (as per Action 39 of the British Sign Language (BSL) National Plan 2017-2023)
20. We have updated our list of languages and formats we provide. Arabic is now on the primary list (produced automatically for screening & immunisation publications) replacing Urdu which has moved to the secondary list (automatically on request). Farsi is also added to the secondary list replacing Punjabi. This reflects changes to demand and shifting demographics.
21. There is a new section on data visualisation which was one of our areas of challenge.
22. We will publish the new guidance and policy and make it available for partners and other stakeholders, to make sure they are aware of NHS Health Scotland's standards of accessible information provision and what they could expect from the information we produce. They are key partners in using, and also delivering our information to the people who use them. Some of our external partners are also producers of information themselves and so it is hoped this policy and the supporting guidance may be of use to them as a good practice guide.

## **NHS Health Scotland's BSL Improvement Plan**

23. NHS Health Scotland is coordinating NHS Scotland's BSL improvement plan supporting deaf/deafblind users to better access health and social care services. In the last year we have:
- Developed an online workforce training package on deaf awareness for health and social care staff (Indicator 4)
  - Adapted and scaled up existing support for access cards for BSL users, to be made available across Scotland
  - Delivered a shared learning event for health and social care staff, focusing on learning from NHS Tayside and their improvements for BSL users
  - Established a working group to develop a once for Scotland policy on translation and interpretation to improve efficiency and provision across Scotland
  - Developed a schedule to produce or update all screening and immunisation resources in BSL by 2020, to meet action 39 in the BSL National Action Plan
24. Engagement with the deaf/deaf blind community has been integral to the BSL improvement plan actions.

## **Internal HIIA**

25. Following previous integration of HIIA screening into our core Corporate Planning Tool, we have undertaken a further review of processes for 2018/19 and made a number of changes as a result. We also used our HIIA framework to consider the impact of our work on looked after children and young people. This therefore contributes to our responsibilities as a corporate parent under the Children & Young People (Scotland) Act 2014.)
26. As part of our review we noted the following:
- Out of all the work NHS HS undertakes each year only 2-3 HIAs are completed. While the number of projects which end up doing a full HIIA report initially seemed surprisingly small, on further reflection this is mainly due to the intermediary nature of our work i.e. the majority of our work does not have a 'direct impact on people', which makes the HIIA process less relevant/applicable.
  - The majority of our work is carried out or delivered through other professionals to the public. How a programme of work is implemented and delivered changes the potential impact on certain population groups. Experience tells us that there is a great deal of variation in implementation at local level – it is therefore, more meaningful to impact assess at this point.
  - Quality assessing HIIA screening reports and HIIA reports is time consuming (for e.g. in one year there were 45 screening reports and HIIA reports for the Learning and Improvement team to assess and assure) and the process is difficult to make objective, particularly when the assessor is not familiar with the work.

- Despite the HIIA process (in its various forms) being in existence for a number of years, staff still do not automatically commit to HIIA screening of their work without prompts.
- There are some inefficiencies because some internal work processes lead to multiple submissions from different people on one theme, where a single approach could be better.
- There are some different practices across the organisation to learn from e.g. one team has taken a different approach to HIIA and incorporated it into their QA processes, negating the need for a separate HIIA process.

27. In light of the above, we have made the following changes for 2018/19:

- Instead of all Delivery Commitments or Outputs (as relevant) undergoing HIIA screening, we have limited HIIA questions in the Corporate Planning Tool to work aimed at the general public or any population group within it. Following sign off of the business plan for the year, the Learning and Improvement Team has identified all such work and asked the relevant project leads to undertake an HIIA screening of their work by the end of June 2018. Where screening indicates a full HIIA, this will be supported. Screening reports and any subsequent HIIA reports will be kept centrally by the Learning and Improvement Team. Our HIIA guidance for staff has been redeveloped to reflect these changes.
- Work that does not have a direct impact no longer has to go through an HIIA screening process. Instead we are working towards ensuring our existing core work processes such as undertaking or commissioning research or evaluations, designing and delivering learning opportunities, developing publications and other resources, events, etc. incorporate the principles of HIIA in their approach and QA systems. . HIIA considerations should then be 'the way we work' rather than an add on. Our stakeholders will be reminded and encouraged to impact assess such work when they implement it.

28. Based on 2018/19 information in the Corporate Planning Tool we have identified 12 Delivery Commitments which will have a direct impact on the public. As outlined this work will now undergo screening and subsequent HIIA work, as necessary.

29. We have also reviewed our HIIA materials following the introduction of the Fairer Scotland Duty in April 2018 which asks public bodies to 'pay due regard' to how they can reduce inequalities of outcome caused by socioeconomic disadvantage. Following our assessment we believe our HIIA process adequately considers potential financial and social impacts to meet this 'due regard.'

30. The internal HIIA process is one of a number of processes/activities in place, designed to ensure that what we do and how we do things takes a health

inequalities, equalities and human rights based approach. Other relevant processes/activities include:

- Our Equality Outcomes and related indicators/measures
- Our Business Planning Guidance Questions (Prioritisation Tool)
- Our Health Inequalities e-Learning Module
- Our Human Rights programme of work

**Indicator 2:** NHS Health Scotland will support its partners to assess how their work impacts on health inequalities

### External HIIA

31. Our approach to external HIAs continues as previously - Health Scotland staff provide initial support to partners to understand the process and provide them with templates and guidance.
32. A recent example of where we have lead national HIIA work, is an impact assessment on the Vaccination Transformation Programme with Business Change Managers. Potential impacts were identified, recorded and can be summarised or grouped using Accessibility, Acceptability, Availability and Quality (AAAQ). A report from the session is being finalised. Participants have also been asked for feedback to help gauge the effectiveness of the session, in providing learning to support them impact assess their local board's chosen delivery method of their vaccine programmes. Feedback is currently being collated and analysed.
33. We have recently reviewed our all of our external HIIA web pages on <http://www.healthscotland.scot/> as part of a continuous improvement approach and have made considerable changes to make them easier for our partners to navigate.
34. During the year we will encourage staff to promote the use of HIIA and our related resources to their stakeholders.

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

35. On behalf of NHS Health Scotland, ScotPHO is continuing to expand the range of equality characteristics we present our data by on our website, and we are mainstreaming the reporting of our outputs by equality characteristics wherever this is possible and non-disclosive. We now cover a wide range of such characteristics routinely: <http://www.scotpho.org.uk/population-groups/>.

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

36. We have developed the following learning resources:
  - **Leadership on health inequalities learning hub**

The learning hub is for non-executive members and IJB directors. It is designed to help non-executive members to consider how leadership on health inequalities is of central relevance to the strategy and governance of their organisation and their role. It provides real life examples of projects across Scotland to support leadership development on tackling health inequalities. The hub will be launched at the NHS Scotland Event on 18 June 2018.

- **British Sign Language (BSL) and Tactile BSL e-learning module**  
This module is for Health and Social Care frontline staff. This module aims to develop awareness of BSL and to share good practice in communicating with people who use BSL to improve experience of services. The module will be launched on 18 June 2018.
- **Preventing unintentional injuries in early years e-learning module**  
Unintentional injury is one of the main causes of death and is the most common cause of emergency hospitals admissions in children aged under 15 in Scotland. The aim of this module is to explore what unintentional injuries are, their causes and effects and how to prevent these injuries. This module is for all staff who have a professional, and voluntary relationships with early years, children and families across Scotland. The module was launched in April 2018.
- **Inequalities and human rights experiential learning workshops.** We commissioned Scottish Community Development Centre to deliver the workshops. The main aim of these workshops was to bring staff across different sectors in local areas to learn together and consider what actions they collectively need to take to tackle inequalities in their local areas. The workshops were delivered in Stornoway, Adrossan, Hawick, Stonehaven, Lothian and Helensburgh.
- **Spotlight learning events on dementia and equality**  
Each workshop focused on one of the following five priority themes from 'Dementia and Equality – Meeting the Challenge in Scotland Report: sensory impairment, LGBT, age: younger onset of dementia, race and ethnicity and learning disability. We commissioned Alzheimer Scotland to organise and host the learning events. The main aim of the sessions was to bring people with lived experience of dementia, their carers and staff from various services across Scotland to learn from each other. The learning from all sessions (both practice and wider systems) is covered in an Institute for Research and Innovation for Social Sciences (IRISS) report which is currently being finalised for wider dissemination from June 2018.



## Workforce Equality Outcome

**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.

**Indicator 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

37. As a result of a recommendation last year for us to look at where we can advertise in a cost effective way to achieve greater reach, we now also advertise posts on the [myjobscotland website](#) as well as the nationally agreed recruitment channels. This allows us to reach a much larger pool of candidates throughout Scotland. The HR team continue to provide advice in terms of recruitment advertising and specific channels.
38. In 2018/19 we have also specifically targeted care experienced children in order to fill our Modern Apprentice vacancies. We have been working with Who Cares?Scotland to source suitable candidates for two modern apprentice vacancies to be filled in 2018.

**Indicator 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.

39. The Recruitment and Selection policy is not yet formally due for review. However, we will continue to make changes if there are any specific areas of feedback or changes in employment law.
40. The HR team continue to anonymise all recruitment paperwork to minimise bias when recruitment panels are reviewing and shortlisting applications.
41. The HR team continue to review the composition of recruitment panels ensuring that they include both men and women at every interview, wherever possible. We will also consider independent scrutiny where there is not a consensus in the panel on who to appoint.

**Indicator 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.

42. In 2016/17 the equal pay audit indicated that vertical segregation, i.e. men tend to be disproportionately represented in the highest paid positions and women tend to be disproportionately represented in the lowest paid positions, was the primary factor in our gender pay gap. This will continue to be an ongoing problem for us, given the turnover rate in senior positions in NHS Health Scotland.
43. We have, however, agreed that where there are vacancies for senior positions, the advert will specifically encourage applications from women.

**Indicator 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 or capability procedures than those without a protected characteristic?

44. We continue to work in partnership and have discussions on a regular basis in our HR/staffside meetings. Within HR/staffside we discuss cases and any specific areas that are directly related to employees with or without a protected characteristic, and also look for trends as detailed above.
45. As part of our staff governance action plan (SGAP) we review quarterly the number of formal and informal cases broken down by directorate. As part of the SGAP we also report quarterly on staff exit interview feedback to monitor the experience of staff and take action where appropriate.
46. The Employee Director also meets with the Head of People and Improvement, to review any specific trends within each specific directorate.

## Premises & Systems Equality Outcome

**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.

**Indicator 1:** Ensure flexible working is reviewed and embedded in the organisation, in how we go about our work

47. A review was undertaken between January-March 2018 to obtain feedback from staff on the agile kit they use, the desk setups for agile use, the experience of using the systems etc. Feedback was very positive and from this we have since implemented a change to provide large widescreens at all desks instead of dual screens to enable all agile users to have the same experience. We have also refined the options for kit, with one tablet and one laptop the defined choice for staff. The next step in this project is to look at options to meet the needs for the remaining staff who do not work agilely.

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

48. We continue to work with NSS on IT shared services and have nominated staff to work with them on the O365 rollout for both organisations and a review of telephony services. We are developing this relationship and more integrated planning through our newly allocated service manager.
49. From a Health, Safety and Facilities perspective we continue to maintain and develop relationships with NSS. As part of a reciprocal agreement, NSS are providing us with access to their stress management modules on LearnPro and we also work closely with the NSS Estates and Facilities team on all matters regarding Gyle and Merdian offices.

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

50. There is nothing in the last staff survey to indicate any issues related to our premises and systems for staff because of a protected characteristic. As mentioned previously, we have engaged with individual staff with particular access requirements to ensure that new systems and improvements to our offices meet their needs.
51. We are in the process of finalising the accessibility features of SharePoint which should be completed by the end of June. This will ensure it works seamlessly with our Job Access with Speech (JAWS) software, allowing users with particular access requirements and their teams, to begin using SharePoint fully for collaboration.

**Indicator 4:** All new systems developed and implemented will have an HIIA completed before going live

52. Work has been ongoing to look at how people contact us and how they can provide feedback to us. Improvements have been made to our external website, [www.healthscotland.scot](http://www.healthscotland.scot) to ensure it is clearer on who they should contact.
53. HIIA's were carried out for the new Healthscotland.scot website and for the Healthyworkinglives.scot website (as part of a wider HWL programme HIIA). A decision was taken that only public facing websites and system will require an HIIA.

**Indicator 5:** Monitor feedback and complaints on systems and premises regarding barriers to use via helpdesks and surveys and provide regular reports on this

54. We have had no complaints about 'barriers to use' of our IT systems and/or services.

**Indicator 6:** Continue to monitor and review reasonable adjustment arrangements for staff and also review the process should there be any issues

55. The organisational approach to reasonable adjustments continues. Improvements have been made over the last few years to the process, including a new proactive approach to identify issues and implement adjustments effectively and quickly. We also sought to improve coordination by centralising the budget for reasonable adjustments and creating a register of reasonable adjustments. This allows us to monitor and review adjustments to make sure they are still meeting staff's needs.