NHS Health Scotland

HS Paper 18/17

BOARD MEETING: 22 June 2017

EQUALITY & DIVERSITY YEAR END MAINSTREAMING REPORT

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Recommendation/action required:

The Board is asked to note progress towards NHS Health Scotland's Equality Outcomes in this mainstreaming report.

Author:	**Sponsoring Director:**
Dawn Gall **Senior Improvement Officer**	Cath Denholm Director of Strategy

14 June 2017

EQUALITY & DIVERSITY IN-YEAR REPORT

Purpose

1. This paper updates the Board on progress towards NHS Health Scotland's Equality Outcomes between 1 April 2016 and 22 March 2017.

Background

2. In 2013, NHS Health Scotland's Board agreed Equality Outcomes 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. 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.

4. Performance against our 2013-2017 Outcomes are detailed in Appendix 1. A revised set of Outcomes for 2017-2021 were presented to the Board in March 2017 and are now published on www.healthscotland.scot.

Finance and Resource Implications

5. The majority of the activities and services reported in this paper have no financial implications but do require staff resource.

6. The Unconscious Bias training cost £5736 to deliver to 115 staff (94 were line managers).

7. Office Improvements for Meridian Court and Gyle Square cost approximately £345k in total over the last 3 years. We have put particular effort into re-designing the common areas so that they are truly accessible and welcoming for all staff, and also into more access to facilities such as height adjustable desks.

8. Over the last 3 years, we have achieved a recurring annual saving in rent for NHS Health Scotland premises, equating to £130,311.

Staff Partnership

9. 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).

Communications and Engagement

10. This paper will be available on www.healthscotland.scot.

Corporate Risk

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

Promoting Fairness

12. The contents of this paper advance equality, tackle unlawful discrimination and foster good relations.

Sustainability and Environmental Management

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

Action / Recommendations

14. The Board is asked to note progress towards NHS Health Scotland's Equality Outcomes.

Dawn Gall
Senior Improvement Officer

14 June 2017

Appendix 1: Progress towards our Equality Outcomes

Outward Facing Equality Outcome

OUTCOME: Our outward facing work advances equality in health and tackling the unfair equalities in health outcomes

All our work takes every opportunity to tackle unfair inequalities in health and does not make them worse.

Redesigning Health Information for Parents (ReHIP) project

15. Last year, the external advisory group for the ReHIP project (a major four year improvement project redesigning NHS Health Scotland's pregnancy to pre five print and digital products), met on several occasions to agree an approach to a comprehensive HIIA programme of work.

16. The many characteristics of parents were defined and an invitation list of over 40 agencies representing these parent groups was formed to join the process.

17. A scoping workshop was held in May to start the evidence gathering process and to identify ways to improve access to our parenting resources.

18. The summary report including 15 recommendations and three short term actions was published in September 2016, informing the new product proposals for the ReHIPs marketing and business plan.

NHS Health Scotland Accessible Information Policy

19. 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.

20. Last year, our previously named Inclusive Communications Policy was reviewed and updated to take account of new technologies, changing populations and changes in focus of Health Scotland.

21. The focus of the new policy is on making original materials as accessible as possible. This includes: audio description as standard on all our audio visual; BSL automatically produced for public facing audio visual; improved PDF accessibility to comply with Web Content Accessibility Guidelines 2.0 AA standards; audio versions of all our informed consent publications; hard copy print outs of alternative formats and languages; new secondary list of languages reflecting emerging language needs; HIIA built into development of all new materials. The policy provides a minimum set of standards that should be complied with and it recommends an HIIA is carried out to target and tailor specific information to meet the needs of end users.

22. We published the revised policy Accessible Information Policy, which includes supporting guidance. The supporting guidance was aimed to ensure that staff with a specific responsibility for producing information were well informed about

our standards and their roles and responsibilities in providing information. More general guidance was also produced, aimed at all staff because everyone has a role in making sure the information we provide is accessible to all

23. We published the guidance and policy and made it available for partners and other stakeholders to make sure they were 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. Health literacy is about more than producing high-quality information; it is about ensuring people understand and can act on it, and we cannot do this alone. 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.

Internal HIIA

24. For the 2016/17 business year, under the revised HIIA process developed in 2015/16, there was an option to submit a HIIA or screening report at either deliverable level or output level.

25. Assessments were carried out by the (then) new Practice Improvement (PI) Team. They were only carried out on assessments submitted by the deadline of 31 March.

26. On assessing submissions, a lot of discrepancies were found related to information on deliverables and outputs. It is not therefore possible to accurately report on the *proportion* of 2016/17 projects which demonstrated that they had considered their impact. However, we can report on the number of submissions in total and at deliverable and output level.

27. We received a total of 45 HIIA or screening reports by the 31 March 2016. Of the 25 submissions at deliverable level:

    - Five were HIIA reports
    - 17 were screening reports recommending no further action
    - One was a screening report recommending an HIIA as required
    - Three deferred submission of a screening report

28. Of the 20 submissions that were made at output level:

    - One was a HIIA report
    - Six were HIIA screening reports recommending no further action
    - One was a screening report recommending an HIIA as required
    - 11 deferred submission of a screening report

29. Individual feedback was given on 17 of the submitted HIIA/screening reports and support offered to staff in amending and resubmitting their reports.

30. The PI team are committed to further improving the HIIA process. This year we integrated HIIA changes into our core Corporate Planning Tool. This has moved

HIIA away from being a stand-alone process into an integral part of the planning process all staff are expected to take part in. It has also allowed us to reduce the quantity of guidance staff are expected to read, enabled a more flexible timetable for HIIAs to be better suited to the stage of project development and simplified how we extract data on completed screenings and HIIA reports.

31. 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 Prioritisation Tool
- Our Health Inequalities e-Learning Module
- Our new Human Rights programme of work

32. Over the last few years as this work has evolved, the work has become the responsibility of different parts of the organisation and the staff involved have changed. So that these processes are integrated and experienced by all our staff as partners as 'joined up' we have formed an improvement team from across the organisation. The purpose is to identify, test and deliver improvements in how we really do mainstream equality, inequality and human rights within all our programmes of work. This work is now in progress, with the first impacts expected to be achieved this financial year.

We support our partners to assess how their work impacts on health inequalities

External HIIA

33. Until 2015, the Equality team worked with partners to promote the use of the equality and human rights framework as a lever to plan action to address health inequalities, including the use of HIIA. However, uptake of external HIIA support was low because the majority of our external partners prefer to use impact assessment processes which are bespoke to their own organisations.

34. Our less formal approach now is that Health Scotland staff are able to provide initial support to understand the process and provide templates and guidance. A recent example of where we have done this is with the national Place Standard toolkit, which we developed in partnership with Scottish Government and Architect Design Scotland.

35. Our current support to staff on HIIA is primarily through guidance and templates available on our internal intranet. We plan to review this aspect of support within the current proposed improvement project.

We contribute to improved data systems in the collection of information on equality characteristics, social and health inequalities

36. NHS Health Scotland has focused on improving ethnicity data in the past year. We collaborated with The Centre for Population Health Science (Edinburgh

University) and ISD in developing an innovative look-back method for improving ethnicity data completeness rates in routine NHS hospital admissions data.

37. A report on this work was published on the ScotPHO website in June 2016. We also collaborated with the Scottish Health and Ethnicity Linkage Study (SHELS) in analysis of linked data on mortality, life expectancy and hospital admissions by ethnic group, leading the paper on all-cause hospitalisations by ethnic group and sex.

38. A bid due to be submitted to the Chief Scientist's Office for the next phase of SHELS (2017-18), has been refocused on screening and to include religion and disability mortality and hospitalisation outcomes. NHS Health Scotland provided expertise around intersectional analysis.

39. A paper on life expectancy by ethnicity involving an NHS Health Scotland authorial contribution was published: 'Life Expectancy of Different Ethnic Groups Using Death Records Linked to Population Census Data for 4.62 million People in Scotland'.

40. We are also collaborating on a further SHELS4 paper on all-cause hospitalisations by ethnic group and contributing to another paper on all-cause mortality.

41. Finally we have advised and commented on an ISD report on equalities information, ('Measuring Use of Health Services by Equality Group') including a refresh of the Scottish Government equalities evidence finder.

We make a key contribution to greater equality in practice through workforce development interventions in NHS Boards

42. We launched three e-learning modules in 2015/16 which are available and accessible by all NHS staff, including Equality and Human Rights awareness, Health inequalities awareness and Tackling health inequalities in health and social care. There are ongoing discussions with five Boards to integrate the first two as part of their mandatory training. A 'Child Poverty' e-learning module was also launched in September 2016. This module provides learning support on child poverty for health visitors and midwives. It also supports them to consider their role in helping to assist children and their families who are living in poverty and affected by austerity.

43. We conducted a learning needs assessment for leadership on health inequalities for non-executive board members and produced and disseminated a comprehensive report. In response to feedback on the report, steps are now being taken to widen the target group to include integrated joint board members. We have established a partnership with Scottish Government, Healthcare Improvement Scotland and NHS Education for Scotland to take the recommendations from the report forward in 2016/17. One such recommendation is to provide case studies for the national leadership panel. This is at the development stage.

Workforce Equality Outcome

OUTCOME: we have a workforce that welcomes, values and promotes diversity; is competent in advancing equality and tackling discrimination (within and outwith the organisation), and embraces our organisational aim to reduce health inequalities

We advertise widely so that NHS Health Scotland continues to attract a wide range of candidates for employment.

44. Our Workforce Profile for 2016/17 indicated that the majority of our applicants are female and those aged between 20 and 29. 90% of our line managers (the people who are most likely to recruit in Health Scotland) have undertaken Unconscious Bias training. One of the areas focused on was recruitment and selection. Based on conversations with line managers, there was a recommendation for us to look again at where and how we can advertise in a cost effective way to achieve greater reach. This has been taken forward and is actively discussed within the Workforce Resource Group, which oversees all recruitment decisions.

45. HR provide advice in terms of recruitment advertising and specific channels. There have also been discussions with the Procurement team regarding maintaining a balance between NHS recruitment frameworks and the need to attract a wide range of candidates.

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.

46. We commissioned an external trainer to carry out the Unconscious Bias training. It is worth noting that the sessions focused not only on recruitment and selection, but also on performance management and work or project allocation.

47. Some of the recommendations relating to recruitment include that we:
    - Undertake a comprehensive review of our recruitment practices
    - Review and improve our recruitment channels
    - Consider panel composition, particularly the Chair. Selection should be on their interviewing and interpersonal skills rather than their role
    - Consider independent scrutiny where there is not consensus in the panel on who to appoint
    - Provide training to all staff involved in recruitment, particularly around unconscious bias as recruiters are not always line managers

48. The Recruitment and Selection policy has been amended to include the above recommendations, which were discussed and agreed at the Organisational Policy Subgroup in November 2016.

49. We also process mapped our internal recruitment process, amending the composition of recruitment panels in the policy and working on improving our

recruitment channels, while liaising with other boards to share best practice. This work will continue throughout 2017

We will monitor NHS Health Scotland's employee's hourly rate of pay to make sure it is similar whether an employee is a woman or a man, disabled or non-disabled, identifies as BME or not.

50. In April 2017 we reported our equal pay gap for 2016/17 as 16% between all men and women in NHS Health Scotland for their average hourly pay.

51. This is essentially the same gap as in our previous audit. Therefore, equal pay will continue to be a focus for NHS Health Scotland in 2017/18.

We will monitor our workforce profile to make sure that having a protected characteristic is not a barrier to progression in NHS Health Scotland.

52. We monitor this data as part of our workforce plan and published our profile for 2016/17 in May of this year. 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 to fix given the turnover rate in senior positions in NHS Health Scotland. However the unconscious bias training aimed to make recruiting managers more aware of the biases they bring to recruitment and so in the long term will help make sure that women are more likely to be successful in recruitment for high paid posts as well as men for low paid ones.

53. We also hope that the proposed changes to the recruitment policy will be more supportive to staff of internal progression for staff with a protected characteristic.

We will monitor our workforce information to make sure that all staff in NHS Health Scotland have fair opportunities for development. Where we identify trends, we will investigate them and take action if appropriate.

54. We surveyed staff earlier this year to understand their experience of learning and development through the annual Learning and Development Survey. 80 staff responded, with no one answering yes to the direct question of having been denied development due to a protected characteristic.

55. The 2016 iMatter Survey was completed by 82% of NHS Health Scotland staff. Of those who contributed, 78% had a positive perception of the statement, *I am given the time and resources to support learning growth,* compared to 69% across NHSScotland as a whole.

We will work in partnership to make sure that the proportion of NHS Health Scotland's staff reporting in staff surveys experience of discrimination of any kind declines.

56. In 2016, Health Scotland staff were invited to complete the national iMatter survey. Unlike previous staff surveys, iMatter did not address discrimination directly. However, some questions could be linked to staff perception of this.

57. The survey asked if staff felt they were treated with 'dignity and respect', with 87% of Health Scotland staff agreeing with the statement, compared to the national percentage of 81%

58. 84% of Health Scotland staff also agreed with the statement 'I am treated fairly and consistently', compared to 79% across NHSScotland.

59. HR and staffside have worked together to ensure that any employee who experiences discrimination of any kind has a channel to report it and a method to deal with the concerns raised. As a result, the following policies have been updated:
    - Whistleblowing Policy
    - Protocol for Non-executive Directors dealing with employee concerns

60. Work has and will continue to be undertaken to refresh the following policies in partnership:
    - Prevention of Bullying and Harrassment in the workplace.
    - Maternity Leave Policy
    - Maternity Support (Paternity) Leave Policy (updated version August 2016)
    - Shared Parental Leave Policy
    - Parental Leave Policy
    - Breastfeeding Policy
    - Adoption Leave and Fostering Policy
    - Management of Employee Conduct Policy
    - Management of Employee Capability Policy

61. All of our policies are PIN compliant. We also work in partnership with our Organisational Policy Sub group to ensure policies are kept up to date and incorporate best practice.

We will develop a training course to support staff in implementing our strategy so that the proportion of staff who are clear about and have confidence in their role in meeting NHS Health Scotland's purpose to reduce inequalities and promote equality both within the organisation and in terms of what the organisation seeks to achieve through its strategy, *A Fairer Healthier Scotland*, increases.

62. The new AFHS module was rolled out to staff between December 2014 and March 2015. This is now a mandatory part of the Staff Induction process for new staff joining Health Scotland. All staff are asked to complete the Health Inequalities e-Learning module as part of their Staff Essentials. In 2016-17, 84% of staff completed Staff Essentials.

63. There are plans to review this module for its fitness for purpose for the new strategy from 2017 – 22.

Premises & Systems Equality Outcome

OUTCOME: Where new systems are being developed, we will assess and take account of the needs of the staff required to use them.

Where new systems are being developed, we will assess and take account of the needs of the staff required to use them.

64. As part of the checking accessibility features in our new Enterprise Content Management (SharePoint) system and Corporate Planning Tool (CPT), IT have been working with a specialist training and development company, Sight and Sound, to ensure that both systems work with our existing Job Access with Speech (JAWS) software. Priority was given to the changes to tools we know members of staff with particular access needs were required to use. We amended screens and processes to be as simple as possible and fully accessible to our staff. IT are now taking forward necessary amendments to other all-staff systems and are proactive in providing training support as needed.

We will proactively seek to find out what barriers staff may be facing in relation to our premises and systems by carrying our qualitative surveys.

Office Improvements

65. In October 2014, the Partnership Forum supported a proposal to review our office accommodation, starting with our office in Glasgow to:
    - Improve staff's experience of the office space
    - Determine the feasibility of reducing the current space to enable the redeployment of resource for staff and projects.

66. Based on staff feedback, improvements were completed in both our Glasgow and Edinburgh offices in March 2017. Staff with individual access needs were engaged with during the process and a Health Inequalities Impact Assessment was carried out for both projects to ensure all potential impacts were considered.

67. The improvements on both sites included improved kitchen and social spaces where accessibility for all staff was taken into account, more quiet rooms, touch down areas, height adjustable desks for varied ways of working and dual screen monitors. As part of the wider project, a number of staff were also supplied with virtual desktops to allow them to take full advantage of flexible working. This is now being rolled out to more staff within the organisation as part of the agile working framework by IT.

68. An evaluation of both Meridian Court and Gyle Square is due to be conducted in July 2017. This will highlight staff perception of the work carried out and its impact on the work environment.

Reasonable Adjustments Process

69. The organisational approach to reasonable adjustments continues. Improvements were made last year to the process, including a new proactive approach to identify issues and implement adjustments effectively and quickly. We sought to improve coordination by centralising the budget for reasonable adjustments and creating a register of reasonable adjustments. This allows us

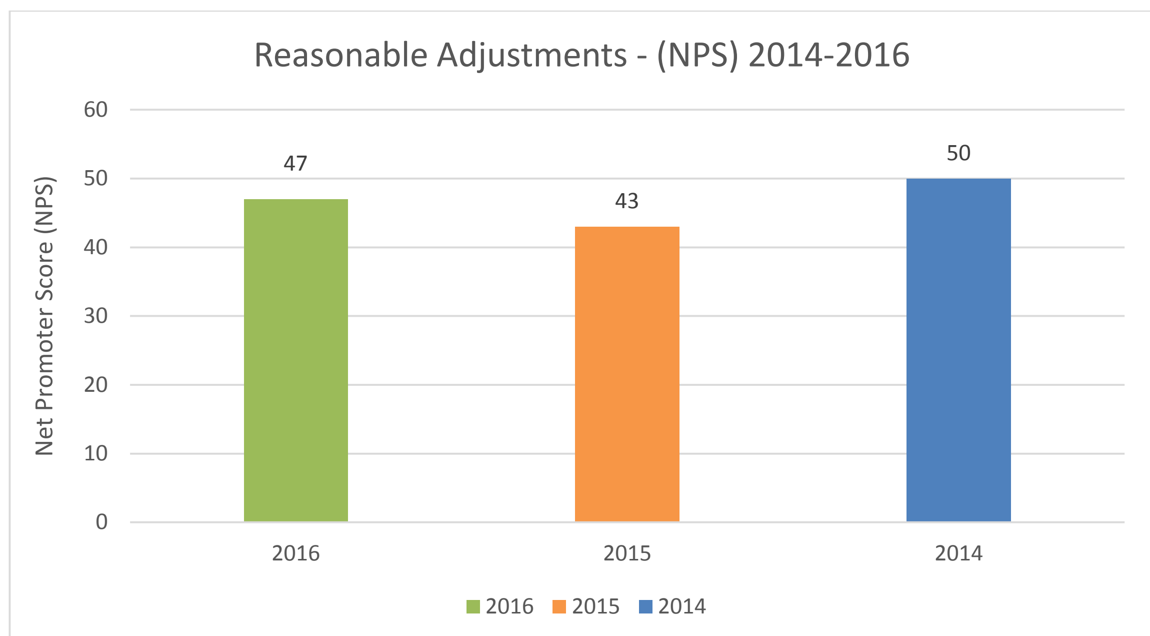
to monitor and review adjustments to make sure they are still meeting staff's needs.

70. In some cases, some reasonable adjustments are still taking longer than we would like, especially where bespoke equipment is required or where the needs of other staff also need to be taken into account. We continue to work on this but overall, the integration of the HR and health and safety and facilities team into one People and Workplace function has been a very positive step in joining up the experience for staff.

71. In December 2016, we conducted our third Corporate Services Satisfaction Survey, which included satisfaction rates for reasonable adjustments. We use the Net Promoter Score (NPS) to measure satisfaction with internal services. Any NPS score of +50 is excellent.

72. Scores were calculated using a Net Promoter Score (NPS), which measures reputation. NPS can range from −100 (all customers of the service are unhappy with the service) up to +100 (all customers are loyal enthusiasts of the service). A score that is higher than zero is felt to be good, and an NPS of +50 is excellent.

73. The chart below shows results over the last three years. We will continue to monitor this.



We will monitor the results of the two-yearly staff survey for intelligence which indicates that our systems or premises are not meeting the needs of our staff and visitors.

74. 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.

We will work in partnership to implement a corporate complaints process so that staff and visitors have a channel through which they can escalate concerns related to NHS Health Scotland's premises and systems where they are not being addressed appropriately.

75. 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 to ensure it is clearer on who they should contact. Feedback on our premises and systems from staff is currently reported through the corporate services staff survey.