Appendix 1: Progress towards our equality outcomes

OUTCOME: Our outward facing work advance 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

1. Last year, the external advisory group for the ReHIP project (a major four year improvement project), met on several occasions to agree an approach to a comprehensive HIIA programme of work.

2. The many characteristics of parents were defined and an invitation list of over 30 agencies representing these parent groups was formulated to join the process.

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

4. Recommendations will be published in the summer 2016, informing the ReHIPs marketing and business plan.

NHS Health Scotland Accessible Information Policy

5. 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.

6. 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.

7. 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 WCAG 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.

8. We published the revised policy [add in link to policy? Accessible Information Policy], which includes supporting guidance in May 2015. 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. The guidance and policy were published and made 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

9. An evaluation and audit and was undertaken on the internal HIIA approach used by Health Scotland during the 2015-16 planning year, which also involved gathering staff feedback. As a result of this, the CMT took the decision to move from routinely undertaking a HIIA on all deliverables to an HIIA screening approach focussed on outputs.

10. This was designed to ensure that the use of HIIA was both relevant and proportionate. The internal HIIA guidance was updated accordingly, and the new screening approach was applied to the 2016-17 work programme by 31 March 2016. An audit of completed HIIA screening reports is currently under way and will be reported to CMT later in the year as part of ongoing efforts towards organisational improvement. In May 2015, an audit of equality screenings was carried out as part of Health Scotland's business planning for 2014/15. The key conclusion from this audit was that while completion rates have increased, the quality of the assessments could still be improved.

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

External HIIA

11. Until last year, the Equality team had 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. Experience tells us that the vast majority of our external partners have their own impact assessment process which they favour over HIIA.

12. Because of this, there has been very little uptake of the external HIIA support offer made by the HIIA project team in recent years. As a result, early in the year 2015-16, a decision was taken by Health Scotland to reduce the scope of the external HIIA work programme, which will no longer be formally supported by a discrete project team. However, Health Scotland project leads working

on all externally facing outputs continue to recommend HIIA use by partners, and to offer a degree of support and guidance if requested.

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

13. NHS Health Scotland has focused on improving ethnicity data in the past year. We have 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.

14. A report on this work will be published on the ScotPHO website on 22.6.2016. We have 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.

15. The bid to CSO for the next phase of SHELS, which will broaden out to include religion and disability mortality and hospitalisation outcomes, has benefited from NHS Health Scotland expertise around intersectional analysis and we are a collaborator.

16. Finally, in the past year we have published our own Health Scotland research on all-cause mortality. This was an intersectional analysis by social class and area deprivation and age, sex, ethnicity, religion and disability using linked census and mortality data from the Scottish Longitudinal study*. A. D Millard, G. Raab, J. Lewsey, P. Eaglesham, P. Craig, K. Ralston and G. McCartney, *Mortality differences and inequalities within and between 'protected characteristics' groups, in a Scottish Cohort 1991-2009*: International Journal for Equity in Health, 14:142 (25 Nov 2015). Available from http://www.equityhealthj.com/content/14/1/142.

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

17. **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.

18. **Leadership on health inequalities for non-executive members learning needs assessment** was conducted and a comprehensive report was produced and disseminated. In response to feedback on the report, steps are now being taken to widen the target group to include integrated joint board members. Partnership working has been established with Scottish Government, Healthcare Improvement Scotland and NHS Education for Scotland to take the recommendations from the report forward in 2016/17.

19. **Facilitating improvements in the delivery of health inequalities and related learning programmes at local NHS organisations.** This involves bringing workforce development planners and coordinators at local NHS Board levels quarterly to share learning and practice and engage in problem solving. The aim is two-pronged: to build their own capacity to reduce inequalities within workforce development practice and at a wider level, support capacity building to reduce inequalities.

Promotion of the Right to Health in Health and Social Care

20. We have played a prominent role in promoting the potential of human rights based approaches to health and social care along with partners in the Health and Social Alliance and the Scottish Human Rights Commission. The starting point is that human rights based approaches incorporate greater equality through an emphasis on non-discrimination, participation, accountability, empowerment and legality.

21. Work this year has got us closer to practitioners and policy makers in local partnership areas as well as to key policy makers and decision makers in Scottish Government.

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.

22. Our last Workforce Profile (2014/15) indicated that we mostly attract female applicants and those aged between 30-39. 90% of our line managers have recently undertaken Unconscious Bias training. One of the areas we 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 is something we plan to work on this year.

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.

23. In August last year as part of a review of our Recruitment and Selection (R&S) Policy, it was highlighted that we no longer had R&S training in place. Following discussions with HR and staff side, we agreed to adopt an 'unconscious bias' approach to equality and diversity training for recruitment.

24. An external trainer, Diversity Dynamics was commissioned to carry out the training. 90% of our line managers (the people most likely to recruit in Health

Scotland) attended. It is worth noting that the sessions focused not only on recruitment and selection, but also on performance management and work or project allocation.

25. 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

26. 89% of the participants rated the training sessions as above average to highly effective. 100% said they would recommend the training to a colleague.

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.

27. Last year, we reported that we have an equal pay gap of 16% between all men and women in NHS Health Scotland for their average hourly pay. The difference was 28% among staff on senior manager, executive and medical/dental consultant contracts and was therefore highlighted as an area for action.

28. One of the actions to address this was that we would deliver Unconscious Bias training to all line managers as they were the group of staff most likely to be part of a recruitment panel. As mentioned above, we have now deployed this training and have findings and recommendations to take forward this year, working with HR and staff side who we are scheduled to meet at the end of this month.

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

29. We monitor this data as part of our workforce plan. The equal pay audit indicated that vertical segregation, i.e. men tending to be disproportionately represented in the highest paid positions and women tending to be disproportionately represented in the lowest paid positions, was the primary factor in our gender pay gap. This is a slow 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.

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.

30. We surveyed staff this year to get their experience of learning and development through the annual Learning and Development Survey. 86 staff responded. We looked at the results by protected characteristic but identified few trends.

31. Our last Staff Survey results (84% of staff responded) show that the largest improvement to a question or statement in the overall staff survey was *my health board acts fairly and offers equality of opportunity with regard to career progression/promotion*. In 2015, 62% of staff had a positive perception of this statement compared to 59% in 2014 and 44% in 2013, showing an overall 18% increase since 2013.

32. Across the 22 NHS Boards, positive responses ranged from 36% to 72%.

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.

33. The percentage of staff saying they have experienced unfair discrimination from their manager or other colleagues in the last 12 months has increased by 1% for both questions, with those who indicate they have experienced it to 7% and 8% respectively.

34. Across all Boards, positive responses ranged from 85% to 96%.

35. Of those who experienced unfair discrimination, 34% of them reported it (a decrease of 1% compared to last year) and 29% of these staff said they were satisfied with the response showing an increase of 3%.

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.

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

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

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37. As part of the checking accessibility features in our new Enterprise Content Management (SharePoint) system we have been working with a specialist training and development company, Sight and Sound, to ensure that the system works with our existing Job Access With Speech (JAWS) software. Although JAWS can work with SharePoint at a basic level, it does require some work to improve 'usability'. Development work is now complete and the trainers are now working on automation to support our basic processes before carrying out training. Once this work is finished, we plan to carry out a similar process for the Corporate Planning Tool (CRM) system.

38. The staff member using JAWS has been supplied with a laptop to enable them to work more agilely across sites and out of the office. As part of the rollout of our new remote access system, we are currently investigating a virtual VPN token to also allow full remote access.

39. Training in Office with JAWS has also been conducted for this staff member as part of our upgrade to MS Office.

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

40. In October 2014, the Partnership Forum supported a proposal to review our office accommodation, starting with Meridian Court (MC) to:
    - Improve the office space within MC based on staffs experience of it
    - Determine the feasibility of reducing the current space to enable the redeployment of resource for staff and projects delivering A Fairer Healthier Scotland.

41. The Office Improvement Group (OIG) is chaired by the Director of Strategy and involves staff side, staff from each directorate and professional advice from Simon Laird Consultants.

42. Based on staff feedback, improvements have now been agreed to our Meridian Court office and this work is due to take place week commencing 27 June. Staff with individual access needs have been engaged with during the process and a Health Inequalities Impact Assessment is taking place next week to ensure all potential impacts have been considered.

43. Gyle improvements are due to take place later this year and staff will be engaged with further to seek their views on the improvements, ensuring they meet the needs of staff.

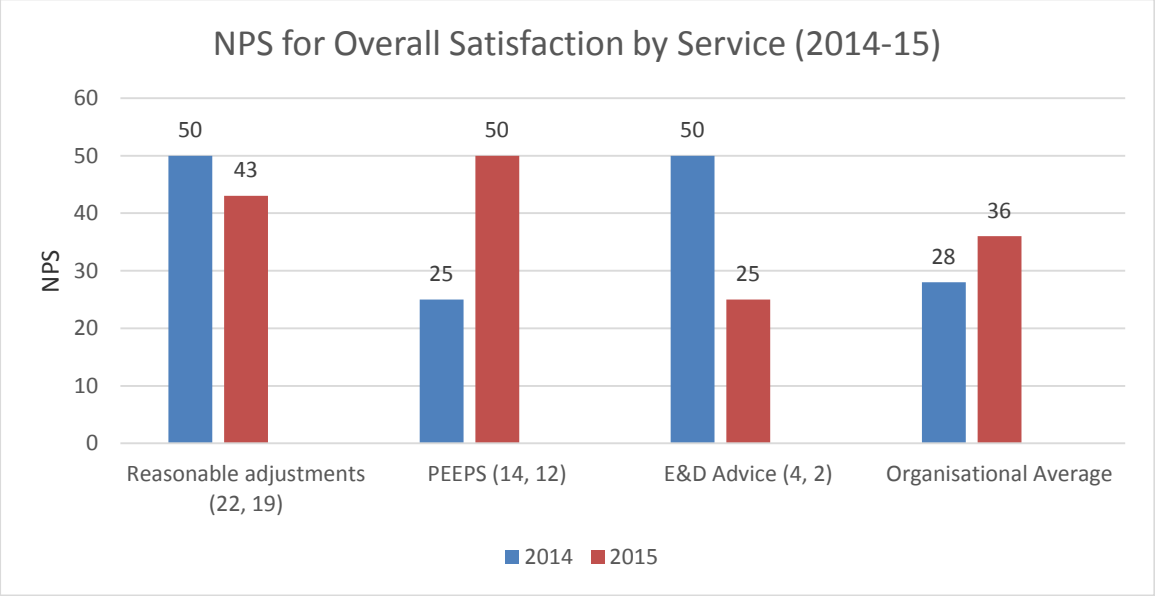
Corporate Services Customer Service Survey (2015) - findings

44. Last year for the second year running, we asked staff to rate (0-10) the corporate services they'd used in the last six months. They were asked to rate each service based on their perception of the **knowledge** of the staff involved, **timeliness** of the response, **helpfulness** of the staff and **overall satisfaction** with the service received.

45. 40% of staff responded and more corporate teams were involved this year. The survey will be carried out annually, so we can demonstrate improvement towards excellent corporate services.

46. Last year, we presented findings relating to our corporate services which provide advice to staff on equality and diversity, Personal Emergency Evacuation Plans (PEEPs) and reasonable adjustments. These findings can be found in the graph below. Although the results for reasonable adjustments and equality and diversity advice have declined since last year, the results still show that staff are pleased with the service they received and they were very pleased with advice and support on PEEPs. It should be noted, however that due to the small number of respondents (stated in brackets on the graph below) there will be a greater degree of variation in the results.

47. Scores were calculated using a Net Promoter Score (NPS), which measures reputation. NPS can range from −100 (all customers of the service 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.

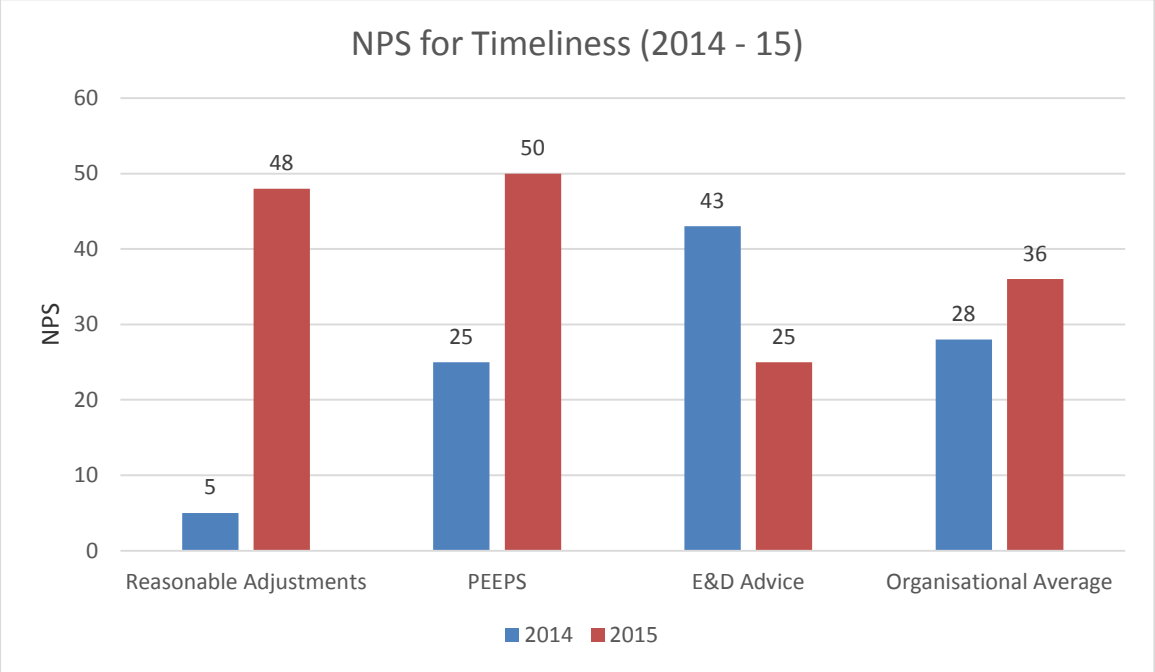


Reasonable Adjustments Process

48. Some improvements were made last year, including a new proactive approach to identify issues quicker. The budget for reasonable adjustments became more centralised, sitting under the Organisational Lead for People and Workplace and a register of reasonable adjustments was created by HR

and Health & Safety for review annually to ensure that the adjustments put in place were monitored and still appropriate.

49. Last year, we were still hearing that some reasonable adjustments were taking longer than they should. Although we realised that where special equipment needed to be purchased, this could take a while, especially where further investigation might be required, or where adjustments may affect other staff. Due to this finding, the timeliness aspect of this service was identified as an area for improvement. The chart below demonstrates an improvement in this area.



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.

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, individual staff with particular access requirements have been engaged with to ensure that new systems (e.g. the CPT) 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.

51. Work has been ongoing to look at how people contact us and how they can provide feedback to us. Improvements are being made to our external website, www.healthscotland.com 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 as indicated above.