NHS Health Scotland

HS Paper 31/19

BOARD MEETING: 21 June 2019

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EQUALITY & DIVERSITY YEAR END REPORT

Recommendation/action required:

The Board is asked to:
- Note the progress made over 2018/19 towards NHS Health Scotland's Equality Outcomes (2017-21) as detailed in Appendix 1.
- Endorse the recommendations for how our learning and progress should be carried forward into Public Health Scotland (PHS)

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11 June 2019

EQUALITY & DIVERSITY IN-YEAR REPORT

Purpose

1.   This paper updates the Board on progress made over 2018/19 towards NHS Health Scotland's Equality Outcomes (2017-21) as detailed in Appendix 1. It also sets out recommendations for how our learning and progress should be carried forward into PHS.

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 two yearly reports on progress towards meeting these Outcomes. These are known as 'mainstreaming' reports. This paper is NHS Health Scotland's mainstreaming report. Previously, we have reported in detail on each of the Equality Outcomes to the Health Governance, Staff Governance, and Audit Committees in year. This year, due to our transition to PHS, we have provided verbal updates only and this is the first substantive report on progress over the 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, mainly through our Health Inequalities Impact Assessment (HIIA) approach.

Recommendations for Public Health Scotland's E&D Approach

6.   Appendix 1 sets out in detail the work and progress we have achieved over 2018/19. Drawing from all of that progress, we have also considered what particular aspects of our work we are keen to build into the future work and ethos of Public Health Scotland.

7.   Public Health Scotland will of course expect to meet minimum legal requirements, but our ambition is to see our current approach and standards maintained using the following guiding principles:

- **Use the values of PHS to drive and shape our approach to E&D**. These values which were developed and agreed by staff are Collaboration, Integrity, Respect, Innovation and Excellence. For example:

o Actively listen to our staff and stakeholders, putting them and their needs at the heart of what we do, how we do it and the decisions we make
o Encourage open and honest communication, including raising of issues and ensuring sufficient channels for staff and stakeholders to do this
o Aim to exceed the expectations of our staff and stakeholders, using data to evaluate and improve their experience of PHS

- **Continue to exceed our minimum legal requirements where possible.** To date, we have always sought to go beyond the legal requirements set out within the public sector equality duty. We will work towards maintaining and continuously improving this standard of approach in PHS, particularly in light of our ambition to be a world leader in our field. We will also start to engage proactively with staff in PHI over the remainder of this year to explore and join up links, both in terms of formal E&D processes and also relevant staff networks. Much of this will then feed into the detailed design of corporate services which is now underway.

- **Collaborative and partnership approach.** Our approach to equality and diversity has always been done in partnership with HR who provide much of the data, staff side who provide valuable staff insights, including emerging issues/themes, teams across the organisation, staff themselves and external colleagues. We would recommend this approach transferring into PHS as vital to ensuring we continue to understand and address issues, while aiming to advance equality where possible. Approaches such as continuing to promote awareness of unconscious bias in recruitment are an example of this.

- **Approach to Reasonable Adjustments.** One aspect of our approach of which we are particularly proud is our ability to provide an integrated and bespoke approach to what individual's needs, because of our People & Workplace function. This has helped us adjust our workplaces to meet individuals' needs quickly and effectively.

- **Approach to HIIA:** We are also proud of our approach to HIIA which has evolved over the years, but is increasingly used in purposeful and appropriate ways and also deliberately incorporates considerations of human rights into our assessment. We will promote this approach within our corporate services work this year with a view to influencing both how PHS incorporates this into how the organisation runs and also how the external delivery of PHS continues to exert influence and authority on impact assessment and on inclusive approaches across our stakeholdersand networks.

- **Targeted Modern Apprenticeship Opportunities**: We are proud of the success of our approach to targeting our modern apprenticeship opportunities. Through this, we have partnered with Who Cares?

Scotland to focus opportunities at young people with experience of care.

Finance and Resource Implications

8.   The majority of the activities and services reported in this paper have no financial implications but have required staff resource and taking the recommendations above forward will also require resource of staff time. 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

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 HIIAs.

Communication 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.

Issues Associated with Transition

12.   We have aimed to take a proportionate approach during this more recent transition phase to PHS, with the emphasis this year on how we can influence the best and most important aspects of our approaches and learning being taken forward in PHS. We plan to report to the Board again alongside other performance reports that will formally close down governance arrangements for NHS Health Scotland before transferring governance of our equality duties to PHS.

13.   As above, we are linking with colleagues from the other bodies involved in the transition to compare current practice on how we work towards fulfilling our duties, including governance arrangements. This is to develop an approach that is based on best practice.

Promoting Fairness

14.   The contents of this paper advance equality, tackle unlawful discrimination and foster good relations and support us to develop an organisational human rights based approach.

Sustainability and Environmental Management

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

Action / Recommendations

16.   The Board is asked to:
- Note progress made over 2018/19 towards NHS Health Scotland's Equality Outcomes (2017-21) as detailed in Appendix 1.
- Endorse the recommendations for how our work on Equality & Diversity will be taken forward into PHS.

Nicola Thomson
Improvement Team Manager

11 June 2019

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

17.   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.

18.   We updated our Accessible Information Policy and the new version was published in 2018. The 2018 update is not a radical update of the 2015 version, it has 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.

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.   There is a new section on data visualisation which was one of our areas of challenge.

21.   We are shortly publishing new guidance for staff on the updated policy. We will accompany this with monthly training using the same model that we use for Plain English. In time we expect this to be integrated into staff induction.

NHS Health Scotland's BSL Improvement Plan

22.   NHS Health Scotland is coordinating NHS Scotland's BSL improvement plan supporting deaf/deafblind users to better access health and social care services. In doing so we have:
- Developed an online workforce training package on deaf awareness for health and social care staff (Indicator 4)
- Reviewed and tested existing 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 and drafted a once for NHS Scotland policy on translation and interpretation to improve efficiency and provision
- Developed a schedule for the production or update of all screening and immunisation resources in BSL by 2020, to meet action 39 in the BSL National Action Plan

23. Engagement with the deaf/deaf blind community has been integral to the BSL improvement plan actions and with BSL users to explore health information important to this community. Some of these topics have been translated and on placed on https://www.nhsinform.scot/translations/languages/british-sign-language-bsl. Further translated information will be placed here and promotion of these translations on NHS Inform are continuing this year to professionals and communities.

24. This work has been done as part of fulfilling our action within the National BSL action plan.

Internal HIIA

25. Following previous integration of HIIA screening into our core Corporate Planning Tool, we undertook a further review of processes for 2018/19 and made a number of changes as a result. During 2018/19 a total of 7 HIIA screening reports were produced or updated for work which has or has the potential to directly impact the public.

26. During 2018/19 we noted the following:
- There was less capacity for quality assuring the HIIA screening reports during 2018/19.
- Despite the HIIA process (in its various forms) being in existence for a number of years, staff still are still uncertain how to screen their work or conduct a workshop. Support and guidance was offered on an individual basis at an appropriate time for the work / screening. This bespoke level of service was well received and valued.
- The reviewed HIIA screening guidance and documentation was well received.
- Like many organisations, there is scope to improve the integration of impact assessment into how we make decisions that affect staff.

27. Considerations for 2019-20:

- Consideration needs to be given as to where responsibility sits for HIIA during 2019-20 and in PHS. Currently it remains the responsibility of Core Public Health Workforce Development team, part of Learning and Improvement.
- Only Delivery Commitments or Outputs (as relevant) which have a direct impact on the public will undergo HIIA screening, or subsequent HIIA workshop. At present the number of DCs which need to undertake

a HIIA Screening is unknown and will be determined once business planning is finalised.

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

External HIIA

28. Our approach to external HIIAs continues as before where Health Scotland staff promote the use of HIIA as an alternative to EQIA because it exceeds minimum legal requirements. Staff are encouraged to provide initial support to partners to understand the process and provide them with the templates and guidance available on our website.

29. Support was provided by the Core Public Health Workforce Development Team to the Vaccine Transformation Programme to help the Business Change Managers gain skills and confidence in conducting HIIAs for their chosen local delivery model.

30. Support was also provided to NHS Lanarkshire to provide feedback on their impact assessment reports considering the impacts of proposed options for the replacement or refurbishment of Monklands Hospital. These were well received.

31. We continue to encourage HS staff to promote the use of HIIA tools and guidance to their stakeholders. Although evidence suggests this is not routinely happening, we have recently promoted these through the Improvement Service K-Hub along with other best practice examples.

32. The usage and downloads of the HIIA web pages and documentation from the NHS Health Scotland website continues to be monitored. It is relatively low and does not warrant further resource to update it at this time.

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

33. 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

34. We have developed the following learning resources:

- **Inequalities and human rights and; demonstrating impact on inequalities workshops**
  We commissioned Scottish Community Development Centre an Evaluation Support Scotland to run experiential workshops to raise awareness of human rights and the causes of inequalities and; how to evaluate work to tackle inequalities respectively. The workshops ran between November 2018 and March 2019.   About 150 staff from a range of disciplines and sectors across Scotland attend the workshops. The workshops evaluated well. We are reviewing how best to position it given the changing context since the resource was planned.

- **Leadership on health inequalities learning hub**
  The learning hub is for non-executive members, executive 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 govenance 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 in August/ September 2019.

- **Challenging poverty stigma learning hub**
  This learning hub is targeted at managers across public services. It allows then to gain a greater awareness of what is meant by poverty stigma and discrimination. It encourages managers to consider how they might take be able to influence and take appropriate action on poverty issues an individual, team and organisational levels. The learning hub will be launched in August 2019.

- **The link between health literacy and health inequalities e-learning module**
  We have collaborated with NHS Ayrshire and Arran, NES and Scottish Government to produce this module in response to the national action plan, '*Making it Easier – a health literacy action plan for Scotland 2017-25'*. This awareness raising module is tagetted at frontline staff within health and social care. It enables staff to make a link between health literacy and health inequalities and encourages them to consider health literacy when designing and or delivering services. The e-learning resource will be launched in July 2019.

- **Making communications even better learning resource**
  We have led the review of this digital resource (which was originally owned by NES) in collaboration with NES and Talking Mats.   The resource aims to support frontline staff across public services who want to know and understand how to improve their own communication and make their services more accessible for people with communication support needs through human rights and inequalities sensitive practice. The newly reviewed resource will be launched in September 2019.

- **Making connections between housing health and homelessness**

This blended learning resource will be primarily targeted at frontline primary care staff including GPs and allied health professionals. The resource aims to increase staff awareness of the opportunities and challenges associated with improving health for people who are homeless or living in poor housing conditions. It provides foundation skills to effectively engage with the latter population group and signpost them to appropriate support services when required. This blended resource will be launched in August 2019.

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

35.   As a result of a recommendation for us to look at where we can advertise in a cost effective way to achieve greater reach, we continue to 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 as and when required.

36.   In 2018/19, we also specifically targeted care experienced children in order to fill our Modern Apprentice vacancies. We worked with Who Cares?Scotland to source suitable candidates for two modern apprentice vacancies to be filled in 2018 and in the end recruited four modern apprentices in 2018. We are also currently working with other NHS Scotland boards to implement our approach within other NHS Scotland boards.

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.

37.   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.

38.   The HR team continue to anonymise all recruitment paperwork to minimise bias when recruitment panels are reviewing and shortlisting applications.

39.   We 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.

40.   The HR team have also introduced a scoring system used throughout NHS Scotland in 2018/19 to ensure fairness and consistency when selecting candidates at interview.

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.

41.   In 2018/19 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.

42.   We did, however, advertise our only senior vacancy specifically encouraging applications from women and were successful in recruiting a woman into this senior role in October 2018.

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 on capability procedures than those without a protected characteristic?

43.   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.

44.   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.

45.   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

46.   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

47.   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.

48.   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

49.   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.

50.   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

51.   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.

52.   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

53.   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

54.   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.