Equality Mainstreaming Report 2021

Including Equality Outcomes (2021–2025) and Equal Pay Statement

April 2021

NHS 24

nhs24.scot

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If you wish further information on the contents of this report, please email us using the email address above.

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Foreword

We are pleased to present our Equality Mainstreaming Report, which sets out how NHS 24 ensures equality is embedded into our work. This report also provides the information we are required to publish by the specific duties of the Equality Act 2010.

NHS 24 is the national provider of digital and telephone based health and care services for Scotland. We provide people with access to information, care and advice, through multiple channels including telephone and online.

We work in collaboration with partners, the public and our colleagues to co-design services using technology, and a digital first approach to sustainable service development and delivery.

We are aware that inequalities continue to exist in Scotland. However, we are an organisation that fully embraces equality, values diversity and promotes human rights. When designing or delivering improvements to our services, we understand the importance of considering the different needs and experiences of people.

We seek to ensure that groups of people who can often be underrepresented during community engagement activities are given fair opportunities to share their views with us. We are committed to tackling discrimination of any kind, and we take positive steps to try to improve the experiences of the people who are often more likely to encounter disadvantages.

We value our workforce and we know that employing staff who reflect the diversity of the people who access our services is extremely important. We promote values that are intended to create a culture that encourages behaviours that will help us to maintain a working environment in which everyone feels included, respected and appreciated.

While we are happy with the progress we have made, we recognise that there is more to be done, and we are fully committed to leading NHS 24 to continue to advance equality for everyone living in Scotland.

Martin Cheyne
Chair, NHS 24

Jim Miller
Chief Executive, NHS 24

Introduction

The General Equality Duty

The general equality duty requires NHS 24, in the exercise of its functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation, and other conduct that is prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a relevant protected characteristic and those who do not.

This duty covers the following protected characteristics: age, disability, gender re-assignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. This duty also covers marriage and civil partnership, with regard to eliminating unlawful discrimination.

The specific duties in summary

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended) require NHS 24 to:

- report on mainstreaming the equality duty
- report progress on the equality outcomes we set in 2017
- publish new equality outcomes for 2021 to 2025
- assess and review our policies and practices
- gather and use our employee information
- publish gender pay gap information
- publish a statement on equal pay between women and men, people who are disabled and people who are not, and people who fall into a minority racial group and people who do not
- consider award criteria and conditions in relation to public procurement
- use information on members or Board members gathered by the Scottish Ministers
- publish in a manner that is accessible

Mainstreaming equality means taking steps to ensure that equality is considered within everything that we do, and by everyone who works, volunteers or collaborates with us.

This report has been produced to demonstrate how we are meeting the specific duties. This report also provides an update on the progress of we have made to achieve our equality outcomes set in 2017 and information about the new outcome we are setting for 2021 to 2025. Examples of the impact of our actions are also included, such as the large increase in the number of page views for British Sign Language content on NHS inform.

The Fairer Scotland Duty

The Fairer Scotland Duty places a legal responsibility on particular public bodies in Scotland, including NHS 24, to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

Mainstreaming equality

NHS 24 seeks to mainstream equality considerations across the range of work we do. In this section of our report we provide information about the ways in which we do this.

Clinical Governance Committee

One of the responsibilities of the Clinical Governance Committee is to provide assurance to the Board that the appropriate structures and processes are in place to address issues relating to diversity, equality, human rights, and community engagement.

The Clinical Governance Committee comprises of members of the NHS 24 Board, the Executive Team, the Public Partnership Forum and staff side representation. Members of staff that support work related to equality and community engagement also attend meetings of the Clinical Governance Committee.

The Executive Team

The Executive Team deliver visible leadership in relation to equalities through a number of activities. All work reported to the Executive Team must include information about how it contributes to our strategy and how our equality duties have been considered.

Stakeholder Engagement and Insights

The Engagement Team is responsible for the day-to-day management of community engagement, equalities and human rights. This includes working within the framework set out by legislation and NHS Scotland standards.

With the establishment of the Service Development Directorate in 2019, an organisational commitment to strengthen a user centred approach to service development and delivery emerged. Since this time, NHS 24 has built the foundation to use service design principles, ensuring equality considerations are integrated into the process, through the activities of the User Research Team.

The Engagement Team and User Research Team work in partnership to help ensure that the diverse experiences of groups of people who are often underrepresented during community engagement activities are fairly considered.

Equality Impact Assessments

The consideration of Equality Impact Assessments (EQIAs) is one of the main ways in which we seek to ensure equality is mainstreamed across the organisation. The NHS 24 Engagement Team support staff to carry out EQIAs. An EQIA screening form and full EQIA tool, along with guidance, are available to support staff to assess the impact of their work against the needs of the general equality duty. Completed EQIAs are published on our website.

Staff Training

NHS 24 recognises the importance of learning and development and provides all staff with equality and diversity training as part of their induction programme.

Additionally, all staff have access to the following equalities focussed e-Learning training modules and resources:

- Deaf awareness
- Dignity at work
- Equality and diversity awareness in NHS 24
- Gender Based Violence (provided by NHS National Education Scotland)
- Raising awareness of Gypsy/Traveller communities (provided by NHS Fife)
- Dementia awareness
- Learning disabilities
- Public protection
- Mental health awareness
- Mental health improvement and suicide prevention (provided by NHS Education Scotland)
- Video resources to raise awareness of LGB and Trans

We are currently reviewing the training that we offer staff to ensure that application of person-centred principles are integral to everything that we do.

Public Protection

Our Public Protection Team's role includes:

- Developing policies and processes intended to safeguard children and vulnerable adults who come into contact with NHS 24
- Developing and delivering training for all frontline staff, including at induction
- Monitoring and reviewing child and adult protection referrals completed by staff
- Engagement with external partners, to promote collaborative working practices

During the financial years from 2018 to 2020, our staff raised 2,857 child concerns and 3,523 adult concerns. Both of these figures include concerns relating to gender based violence.

NHS 24 produces a quarterly Public Protection Newsletter, intended to apprise staff of current trends and developments.

Workforce equality monitoring

Our workforce equality monitoring data is used to measure our performance and progress towards our equality and diversity goals, and has been used to inform the development of our equality outcomes for 2021 to 2025.

We are committed to improving our equality monitoring disclosure rate.

Our Workforce Equality Monitoring Reports for 2017 to 2021 are published on our website and can be accessed using the link below:

https://www.nhs24.scot/index.php?id=equality-and-diversity-reports

NHS 24 Procurement

NHS 24's Procurement Strategy contains a commitment to ensure that everyone it deals with and employs is treated fairly regardless of their age, disability, gender reassignment, pregnancy and maternity, religion or belief, sex, sexual orientation or trade union activity. NHS 24 will also give due regard to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status. Procurement must be undertaken to the highest ethical standards and with fairness to all potential suppliers.

Scottish Procurement Policy Note SSPN 8/2012 stipulates that where NHS 24 is a contracting authority and proposes to enter into a relevant agreement, on the basis of an offer, which is the most economically advantageous, it must have due regard to whether the award criteria should include considerations to enable it to better perform its general equality duty.

Where NHS 24 is a contracting authority and proposes to stipulate conditions relating to the performance of a relevant agreement, it must have due regard to whether the conditions should include considerations to enable it to better perform the equality duty.

Sustainable Procurement

NHS 24 is required as a public body to address sustainability in its procurement practices. Sustainable procurement is a process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis, in terms of generating benefits not only to the organisation but also to society and the economy whilst maximising environmental opportunity.

NHS 24 complies with the sustainable procurement duty laid out in the Procurement Reform (Scotland) Act 2014 in its procurement activity in so much as:

(a) before carrying out a regulated procurement, to consider how in conducting the procurement process it can—

(i) improve the economic, social, and environmental wellbeing of the authority's area,

(ii) facilitate the involvement of small and medium enterprises, third sector bodies and supported businesses in the process, and

(iii) promote innovation, and

(b) in carrying out the procurement, to act with a view to securing such improvements identified as a result of paragraph (a) (i).

Employment Practices and Workforce Matters including Living Wage in Public Contracts

Scottish Procurement Policy Note (SPPN 1/2015) provides information on how and when employment practices and workforce matters including payment of the living wage should be considered, in the course of a public procurement exercise as a key driver of service quality and contract delivery.

In complying with this requirement, NHS 24 note the advice and adopts it wherever it is legally possible to do so, in its own procurement procedures.

Supported Factories and Businesses

A national collaborative Framework Agreement for Supported Factories and Businesses has been established by the Scottish Government to provide products and services to the Scottish public sector.

The Framework is reserved for Supported Factories and Businesses as defined in regulation 7 of the Public Contracts (Scotland) Regulations 2012 (Article 19 of Directive 2004/18/EC). A supported factory/business is "an establishment where more than 50% of the workers are disabled persons who by reason of the nature or severity of their disability are unable to take up work in the open labour market."

The Scottish Government encourages public sector bodies to utilise the services of supported businesses whenever appropriate opportunities arise and to seek the services of those companies on the framework agreement.

NHS 24 will ensure that the framework agreement will be utilised whenever appropriate.

Disability Confident

We successfully obtained consent to use the government's Disability Confident logo in our job adverts. The Disability Confident scheme is designed to help employers recruit and retain disabled people, helping to remove barriers to their participation. As part of this scheme, we are committed to:

- interviewing all disabled applicants who meet the minimum criteria for a job vacancy and to consider them on their abilities

- discussing with disabled employees, at any time but at least once a year, what we can do to make sure they can develop and seek to progress if they wish to

- making every effort when employees become disabled to help them stay in employment

- taking action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work

- reviewing these commitments every year, assessing what has been achieved and planning ways to improve on them

NHSScotland Equality and Diversity Lead Network

NHS 24 continue to be part of the NHSScotland Equality and Diversity Lead Network. This is a peer support network for equality leads from all the NHS Boards in Scotland. The group shares best practice examples, discusses the current legal requirements relating to equality and horizon scans for changes or new requirements.

Disabled Graduate Scheme

In 2018, NHS 24 worked with the Glasgow Centre for Inclusive Living Equality Academy to provide a two-year secondment opportunity to a BSL user through a Graduate Placement Scheme. This is a scheme that is jointly funded by the Scottish Government and NHS Boards to provide employment opportunities for disabled graduates. Prior to the conclusion of the secondment, the graduate gained full time employment within NHS 24.

Fairer Scotland Duty

NHS 24 continues to undertake work to ensure that the socio-economic impact of strategic decisions is always appropriately considered. For example, when we were seeking new premises to accommodate an expanding workforce and achieve relevant infection control measures required as a consequence of the ongoing pandemic, a Fairer Scotland Duty Impact Assessment was carried out.

The socio-economic considerations of relocating and establishing new office premises was built into the Business Case Benefits Criteria, with a particular emphasis on considering the location of these offices in relation to addressing poverty, aligned to information obtained from the Scottish Index of Multiple Deprivation. The decision as to where our new premises would be located was therefore suitably informed by the potential socio-economic impact.

Equality Outcomes 2017 to 2021

Final Progress Report

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 requires us to publish equality outcomes we intend to achieve over a four year period. Our equality outcomes must specify a result that we aim to achieve in order to further one or more of the needs of the general equality duty, which are to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act

- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it, and

- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In 2017, we set the following five equality outcomes.

- Increase the number of young people in the Public Partnership Forum.

- Improve access to the NHS 24 language translation function for people whose first or preferred language is not English.

- Improve older and disabled people's access to NHS 24's unscheduled care service.

- Increase the number of minority ethnic people employed within NHS 24 to better represent the diverse population of Scotland.

- NHS 24 is more responsive to the needs of lesbian, gay, bisexual and transgender staff.

We have taken a number of actions over the past four years to help achieve these outcomes and a summary of some of our activities for each outcome is detailed below.

Increase the number of young people in the Public Partnership Forum

In 2018, we established the NHS 24 Youth Forum, providing people between the ages of 16 and 26 with the opportunity to contribute to the development of our services.

We achieved this by working in partnership with Healthcare Improvement Scotland – Community Engagement (formerly the Scottish Health Council) to engage with young people, seeking to understand from them how to make our public involvement opportunities more appealing to young people.

We also engaged with a number of organisations that work with young people, such as the West Dunbartonshire Young Carers Group, the Glasgow Youth Council, Who Cares? Scotland's youth group, students from Kelvin College, and young people associated with the Minority Ethnic Health Inclusion Service (MEHIS).

The feedback from young people was clear, rather than trying to recruit young people to join the existing NHS 24 Public Partnership Forum (PPF), the young people advised us to create a standalone involvement group for young people. This would allow young people to meet at times that suit them, communicate using the methods they prefer and allow them the opportunity to have their opinions listened to in an environment they were comfortable with.

The input of our Youth Forum has been greatly valuable particularly in relation to their involvement in the development of new and existing mental health services. Youth Forum members have the opportunity to attend our PPF meetings and they have the opportunity to transition to the PPF once they are no longer within the age range of the Youth Forum.

The introduction of the Youth Forum has helped ensure that we are consistently thinking about the experiences of young people who might require access to our services.

Improve access to the NHS 24 language translation function for people whose first or preferred language is not English

We worked with minority ethnic communities to gain a better understanding of the challenges they can face when accessing our services. In an effort to help people overcome the challenges, we have provided written guidance in different languages in relation to how to access our telephone services. We work in partnership with organisations that represent the interests of minority ethnic people to share this information within communities across Scotland.

Engagement with our frontline staff identified that some staff were under the impression that connecting to the language translations function may have cost more than it actually does. We worked with staff to increase their awareness of the importance of using the language translations function and that cost should never be a barrier.

As part of our response to the coronavirus pandemic, we translated all relevant COVID-19 information on NHS inform into eleven languages, as well as providing audio, easy-read and British Sign Language versions.

Despite the action we have taken, it is clear that the interactive voice response function we use can be a barrier to accessing our telephone services, if English is not a person's first language. We are continuing to try to make improvements to the interactive voice response function, and we are currently exploring the possibility of introducing a simplified or translated language menu option. We will provide updates on this activity in future equality reports.

Improve older and disabled people's access to NHS 24's unscheduled care service.

We use an interactive voice response function to manage the volume, and types of calls to the 111 unscheduled care service. This is achieved by offering patients, and those contacting the service on their behalf, a menu of options to direct their call appropriately.

Whilst the majority of people who contact our service are able to navigate the options that are built into the interactive voice recording function, feedback indicated that older people and disabled people, can find the options confusing and connection to the service can often be more difficult for them.

We engaged stakeholders to help better understand some of the concerns people had. For example, we worked with Deaf Scotland to engage with people who have hearing impairments. They informed us that the computer generated voice that we use can often be difficult to understand and that the sound quality of the recording also made it more difficult for them to pick up all the messages being relayed.

To help reduce these concerns, we made changes to the in-hours (daytime) messaging. Changes were also made to the tone of the recording, which enhanced the clarity of the sound. Simpler interactive voice response messaging was also introduced to help keep the public informed of current options.

Additionally, improved access was provided for people experiencing mental illness, mental distress or poor mental wellbeing. This was achieved by shortening the length of the recorded messaging used for mental health support options and providing people with more direct access to the relevant staff.

Despite the positive actions we have taken, we remain committed to continuing to work with the Scottish Government to improve access to our services for older people and disabled people.

Increase the number of minority ethnic people employed within NHS 24 to better represent the diverse population of Scotland

In September 2016, we reported that we employed 29 minority ethnic staff.

As at September 2020, we can report that we employ 44 minority ethnic staff (acknowledging that we have increased the overall number of staff we employ over the course of this four-year period).

We have engaged with staff to discuss establishing a minority ethnic staff reference group. This group will support us to better understand the experience of our minority ethnic staff and establish what improvements can be made. Work to establish this group is scheduled to begin this year.

We recognise more work is required around this outcome, so we have updated it and included a refreshed outcome as part of our 2021 to 2025 equality outcomes.

NHS 24 is more responsive to the needs of lesbian, gay, bisexual and transgender staff

We have undertaken a number of activities to promote lesbian, gay, bisexual and transgender (LGBT) equality within our offices across Scotland. For example, we promoted our own rainbow flag campaign, which was intended to promote LGBT equality during LGBT History Month. We asked staff to show their support for LGBT equality by sharing their pictures holding a rainbow flag. These pictures were shared internally and externally using the intranet, email and social media.

We also shared information about the experience of LGBT people at work and information about their experience of accessing health and care services. Staff feedback on our activities was positive, with many expressing their happiness at seeing visual indicators of support for LGBT equality within their workplace. This led to us establishing a LGBT Staff Reference Group during 2020. This group will be leading future activities intended to promote LGBT equality within NHS 24.

Our staff also participated in Glasgow Pride and this was promoted internally, as well as through social media. We have also supported a number of staff to undertake LGBT awareness training, including the LGBT Allies training session provided by Stonewall Scotland.

In September 2018, we employed 44 staff that identified as lesbian, gay or bi, this has increased to 77 in September 2020.

Though our workforce has grown over the past few years, we have also had a focus on encouraging staff to disclose their sensitive personal data in relation to their protected characteristics, particularly sexual orientation, which was underreported. In 2018, over 46% of our staff had not disclosed their sexual orientation.

In order to improve disclosure rates, we engaged with staff to help understand any concerns they might have about sharing their information. We then undertook a campaign to dispel fears and promote awareness of the importance of having this anonymised data.

We also asked our coaching staff to support colleagues who were unfamiliar with the new human resources system, by showing them how to update their personal sensitive information at the end of each coaching session. Messages requesting staff update their personal sensitive information were also distributed through team manager briefings. Guidance on how to update this information was also provided during these briefings.

The non-disclosure rate for sexual orientation has since decreased to just over 34% in 2020.

We remain committed to advancing equality for our LGBT and this work will continue as part of our mainstreamed equality work.

Equality Outcomes 2021 to 2025

To help inform our equality outcomes, NHS 24 gathered and considered relevant evidence. Evidence was obtained through:

- Engagement with third sector organisations that represent the interests of people with the relevant protected characteristics

- Engagement with the groups of people that the outcomes are intended to support an improved experience for

- A review of evidence gained from engagement activities undertaken by NHS 24 over the past couple of years, such as the 'Art of the Possible' events, which sought the views of people who commonly experience barriers to communication

- An analysis of reports published by the Scottish Government, third sector organisations that represent the interests of people with the relevant protected characteristics, public bodies and other organisations

- An analysis of our workforce data

- An analysis of our public involvement data

- Staff engagement

- Engagement with the NHS 24 Public Partnership Forum and Youth Forum members

Additionally, in order to maximise our evidence base and to help reduce the burden on third sector organisations, NHS 24 shared with, and obtained evidence from, other Health Boards across Scotland.

The equality outcomes NHS 24 has set, relate to the relevant protected characteristics of age, disability and race. Whilst setting outcomes in relation to the other six protected characteristics were explored, it was noted that the three issues identified within these outcomes affect a significant amount of people, and there is a strong potential for NHS 24's actions to make an improvement to the outcomes experienced by these groups of people.

Equality Outcome One

The number of minority ethnic people who work for NHS 24, and who seek employment with NHS 24, will increase, and as a minimum we will work towards our workforce being more representative of the demographics of the Scottish population.

General Duty:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it, and
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

Protected Characteristic: Race

Evidence:

The Scottish Government's Race Equality Framework for Scotland 2016 to 2030 highlights that Scottish public bodies have very low proportions of minority ethnic staff in comparison to national and local demographic profiles. The framework notes that to develop a representative workforce, the majority of Scotland's public bodies will need to invest additional effort – including tackling discrimination and looking at opportunities to take positive action.

Despite our efforts over the last 4 year reporting period, minority ethnic people remain underrepresented within NHS 24's workforce. There is a clear need to continue to focus on improving opportunities for minority ethnic people to gain employment within NHS 24.

Significant inequalities persist in many areas of life for minority ethnic people living in Scotland. These poor outcomes and disadvantages, reported by the Coalition for Racial Equality and Rights, include:

- Lower employment rates among minority ethnic groups, with significant variance by ethnicity (Scottish Census 2011)
- Higher levels of educational attainment (Scottish Government 2014) failing to translate into labour market advantage
- Experiences of occupational segregation (Scottish Census 2011)
- Under-representation in Modern Apprenticeships (Skills Development Scotland 2015)
- Experiences of discrimination and racism in work (CRER 2015) (Equal Opportunities Committee 2015)
- Higher risk of poverty, with non-white minority ethnic individuals at twice the risk of white individuals (Joseph Rowntree Foundation 2015)
- Racist violence, with racist hate crime consistently the most reported hate crime in Scotland (COPFS 2015)
- Racial discrimination, with 17% of those from a non-white minority ethnic group experiencing discrimination compared to 7% of those from a white ethnic group (Scottish Household Survey 2015)
- Racial prejudice, with 22% of people living in Scotland feeling that there is sometimes a good reason to be prejudiced, 35% of people believing that Scotland would begin to lose its identity if more Black and Asian people came to live in Scotland, and 38% believing the same about Easter European migration (Scottish Social Attitudes Survey 2015)
- Significant under-representation in public appointments (Public Appointment Scotland 2014) and in public bodies (CRER)

In November 2020, the Scottish Government's Equalities and Human Rights Committee published a report called "Race Equality, Employment and Skills: Making Progress?" This report highlighted that the ethnicity employment rate gap in 2017 was 14.4%. In 2019 this figure had risen to 16.4%. For minority ethnic women, the employment rate was reported to be 20% lower than for white women.

The Committee noted that this employment gap, particularly in the public sector, is unacceptable and much more needs to be done to reduce both the ethnicity pay gap and occupational segregation. The Committee called for Chief Executives and senior leaders within public authorities to demonstrate leadership in this area, and commit to positive action.

Our aim is to ensure that minority ethnic people have equal, fair and proportionate access to employment within NHS 24.

This outcome will support NHS 24 to take positive steps to ensure that our organisation is equipped to tackle any racism that may exist. It will also support NHS 24 to identify and promote practice that works in reducing employment inequalities, discrimination and barriers for minority ethnic people, including in career paths, recruitment, progression and retention. Effective engagement with minority ethnic communities to promote equality of opportunity should help attract interest in posts at every level within NHS 24.

Activity 1:

Review the recruitment process and materials used to promote job opportunities. Update the information provided to candidates to ensure that the language used is easy to understand, with any jargon being removed wherever possible.

Activity 2:

Take positive action to attract applications from minority ethnic people. Positive action may include:

- Including a statement within job adverts making it clear that NHS 24 is an equal opportunities employer that is committed advancing equality and particularly welcomes applications from groups of people currently underrepresented within the workforce.

- Working with organisations that promote the interests of minority ethnic people to share information about job opportunities.

- Delivering recruitment best practice training sessions to minority ethnic community groups.

- Consider how the Scottish Government's Minority Ethnic Recruitment Toolkit can be used to help improve the experience of minority ethnic applicants.

Activity 3:

Promote inclusion in the workplace. This may include:

- Delivering face-to-face race equality development sessions across the organisation.

- Raising awareness of race equality within the workplace through targeted staff communications

- Refreshing the information relating to race equality within the Participation and Equalities section of the staff intranet.

- Creating a network for minority ethnic staff.

Activity 4:

Offer minority ethnic young people opportunities to gain work experience within NHS 24. This may include:

- Creating Modern Apprenticeship opportunities for minority ethnic young people.

- Working with organisations that represent the interests of minority ethnic young people to offer short term work experience opportunities.

- Targeting NHS 24 Public Partnership and Youth Forum recruitment at minority ethnic young people.

Measure:

The success of this outcome will be measured through an analysis of our workforce data, reflecting an increase in the number of minority ethnic people working for NHS 24, and seeking employment with NHS 24.

Equality Outcome Two

Equality Outcome: Disabled people (specifically groups of disabled people that might experience barriers to communication), experience improved awareness of and access to NHS 24 services.

General Duty:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010

- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it, and

- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

Protected Characteristic: Disability

Evidence:

The Scottish Government and Health Boards across Scotland, including NHS 24, worked in partnership to deliver a redesigned urgent care model.

As part of the redesign, NHS 24 provide a single national access point for anyone requiring urgent care via a dedicated telephone number.

This redesign is intended to result in less people attending Emergency Departments, in turn minimising the risk of infection, and providing better patient outcomes and care closer to home. Providing the right care in the right place and at the right time.

This change affects all population groups seeking to access urgent care services. However, an equality impact assessment carried out by NHS 24 suggested that there is a possibility that this change will disproportionately impact some groups more than others. One such group is disabled people, particularly those disabled people who are more likely to experience barriers to communication.

Disabled people could experience barriers to accessing telephone services for a number of reasons. The wide ranging number of conditions that can impact a person's ability to communicate effectively over the phone will make it difficult for NHS 24 to always fully meet the needs of everyone. However, this should not mean that we simply deliver our telephone services without taking reasonable steps to consider what barriers exist and how they could be removed.

In 2019, NHS 24 staff undertook a number of engagement activities (Art of the Possible) with disabled people who can experience barriers to communication. This engagement highlighted a number of things for NHS 24 to consider when delivering telephone based services, they include:

- Complex language and jargon can make it difficult for people who can experience barriers to communication to interact with services. It was noted that not everyone has the confidence to ask questions when they are given information they don't understand.

- Staff should have an awareness and understanding of communication differences, and how this negatively impacts the accessibility of phone-based services. For example, background noise in a contact centre environment can make it difficult for someone with a hearing impairment to communicate effectively, and they may need more time.

- There was a general lack of awareness of all the services provided by NHS 24 and knowledge of how to access them.

- Introducing a feature whereby communication support needs are highlighted on the call handling system, so that NHS 24 staff are immediately aware of a caller's specific needs would be beneficial to the caller.

- Involving users in the development of services, and planning for reasonable adjustments at the start of a project.

In 2016, the Scottish Parliament passed legislation which entitles people with severe communication difficulties to be provided with communication equipment and support. Referred to as Augmentative and Alternative Communication (AAC), this equipment includes communication aids and accessories, as well as other non-electronic aids such as symbol communication books. The duty to fulfil the legislation lies with NHS Boards and Integration Joint Boards throughout Scotland.

People who require AAC equipment may contact NHS 24, but it is more likely that a carer, a relative or a friend will call on their behalf, which means for those without a 24-hour care presence, it can be difficult to make the call when they might need it.

Interactive voice recorded menus could be a barrier to some disabled people. People with hearing impairments may struggle to hear the options or people with cognitive impairments may find long questions, or multiple response options difficult to remember.

Disabled people whose conditions impact their verbal communication could be deterred from accessing urgent care further to the introduction of the requirement to call NHS 24. For example, a person with a stammer may be deterred from calling because of their anxiety around having telephone conversations.

This outcome is intended to tackle the barriers to access some groups of people can experience when seeking health care support using the phone. Failing to take action to tackle these barriers could result in increased patient harm and/or certain groups of people failing to adhere to the new urgent care model and seeking to continue to present in person for emergency care services. It is also intended to help tackle the health inequalities some groups of people experience for unfair and preventable reasons.

Activity 1:

Establish baseline measures for awareness of, and access to, NHS 24 services in relation to groups of disabled people that might experience barriers to telephone communication.

Activity 2:

Regularly involve and consult disabled people in the design, development and improvement of NHS 24 services to help establish what difficulties they might encounter when seeking to access NHS 24 services, and work with them to establish proportionate and achievable solutions.

Activity 3:

Work in partnership with organisations, and individuals that represent the interests of disabled people, to improve their awareness of the range of services provided by NHS 24, and how to access them. Additionally, seek to ensure that changes to the urgent care model are communicated clearly to communities across Scotland, with targeted engagement and communication for the groups of disabled people who are more likely to experience barriers to telephone communication.

Activity 4:

Continue to work with partners to explore the creation of a national communication hub similar to the service provided by Contact-SCOTLAND-BSL.

Activity 5:

Improve awareness of the availability of Relay UK amongst staff and service users who may benefit from the type of support this service provides.

Measure:

The success of this outcome will be measured through an improvement in the baseline data gathered in relation to awareness of, and access to NHS 24 services.

Equality Outcome Three

Equality Outcome: Young people experiencing mental ill health in Scotland are better informed about, and have improved access to NHS 24 mental health services available to support them.

General Duty:

- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Protected Characteristic: Age

General Duty:

The COVID-19 pandemic has led to fundamental changes in how we live, work and socialise. Some of these changes have been exceptionally difficult for young people. Evidence in relation to the economic and social impact of COVID-19 shows that young people aged 12–24 years are one of the worst-affected groups, particularly in terms of mental health outcomes. Young people are reported to be more likely to feel lonely and isolated, or have worries about income and work.

Research carried out in July 2020 by Young Minds, an organisation that seeks to ensure young people get the best possible mental health support, reported that:

- 80% of respondents agreed that the coronavirus pandemic had made their mental health worse. 41% said it had made their mental health "much worse", up from 32% in the previous survey in March. This was often related to increased feelings of anxiety, isolation, a loss of coping mechanisms or a loss of motivation.

- 87% of respondents agreed that they had felt lonely or isolated during the lockdown period, even though 71% had been able to stay in touch with friends.

- There should be increased support for the NHS to cope with a rise in demand for mental health services.

- There is a need for a wellbeing campaign that is co-produced with, and targeted towards, children and young people, to help them support themselves and find effective help when they need it.

Another survey carried out by Young Minds with parents and carers found that 67% of respondents are worried about how the pandemic will affect their children's long-term mental health. This rose to 77% for respondents whose children accessed mental health support in the three months prior to COVID-19 becoming an issue in the UK. Parents and carers also reported an increase in anxiety and depression, a sense of loss and fear, difficulties coping with a lack of structure and routine, increased isolation and young people missing face-to-face contact with friends.

Interacting with others helps young people to strengthen social and emotional skills. The period between 12 and 24 years is an important time for young people, when they normally create and maintain relationships with family, friends and the wider community. The lack of social contact due to lockdown may disproportionately impact young people and their ability to develop important social and emotional skills that will support their long term mental wellbeing.

Breathing Space statistics from January /February 2020 obtained through Information Services show that 3.44% of the people accessing the service (where data was obtained) were in the 16-24 age group. This number seems low in comparison to other age groups. We are limited in the conclusions we can draw from this data as Breathing Space is a confidential service and we do not obtain information from all users of the service. Additionally, 43.11% of users have not disclosed their age group.

11.3% of our total views to our anxiety self-help guides were from young people aged 18-24 and 18% of our total views to our depression self-help guides were from young people aged 18-24. This is lower than all other age ranges for the anxiety self-help guide with the exception of 65+(10.7%) and for depression this is lower than both the 25-34 and the 35-44 age group (which have results of 30.8% and 23.1% respectively).

Page view times were relatively low across all age groups with young people spending an average of 4 minutes 19 seconds on the anxiety self-help guides and 7 minutes 6 seconds on the depression self-help guides (which are estimated to take 30-40 minutes to work through). However, we do not currently have the ability to track how many people have downloaded the guide and that would be likely to tell us more.

Evidence suggests that 50% of mental health problems are established by age 14 and 75% by age 24. A report by the Scottish Youth Parliament highlighted a number of key findings in relation to mental health. The report found that of the young people who took part in the research:

- 74% do not know what mental health information, support, and services are available in their l ocal area.

- Young people feel that there is a range of barriers to talking openly about mental health, including embarrassment, fear of being judged, and a lack of understanding about mental health.

- One in five young people do not know where to go for advice and support for a mental health problem.

- Respondents feel there are a number of issues with mental health services, including accessibility, lack of confidentiality, not being taken seriously due to age, and non-person-centred treatment.

A report by LGBT Youth Scotland found that 40% of lesbian, gay or bisexual young people and 66.7% of transgender young people considered themselves to have poor mental health.

Engagement with the NHS 24 Youth Forum has also identified mental health as a key priority for young people.

Given the previously reported issues around access to mental health services for young people and the added impact of COVID-19, young people will need additional support to help manage their mental wellbeing to avoid long-term effects. This outcome seeks to ensure that awareness of and access to NHS 24 mental health services is appropriately delivered to meet the needs of young people.

Activity 1:

Establish baseline measures for awareness of, and access to, NHS 24 mental health services in relation to young people.

Activity 2:

Take action to improve the experience of young people who may benefit from accessing NHS 24 mental health services. Engagement with young people and people/organisations that represent their interests has highlighted the following:

- Young people are likely to seek access to mental health support online however, digital mental health services should consider the differences in attention span across age groups. Young people reported being be less likely to spend time reading passages of text and were more likely to seek support from online forums.

- Young people have a preference for quick, easy to understand and relatable information that offers practical solutions.

Activity 3:

Take positive action to increase awareness of NHS 24 Mental Health services amongst young people and organisations/people who support them. This may include the production of bespoke materials targeted specifically at engaging young people.

Activity 4:

Work in partnership with organisations that represent the interests of young people, organisations that support improved mental health awareness and health and care partners to achieve this outcome.

Activity 5:

Regularly involve and consult young people in the design, development and improvement of NHS 24's mental health services to help ensure that NHS 24 considers the experiences of young people.

Measure:

The success of this outcome will be measured through improvements to the baseline data gathered as part of Activity 1.

Equality mainstreaming case studies

The following examples illustrate how we mainstream equality in our work in practice. While this is not an exhaustive list of examples of what we do, it provides information on a range of different areas of our activity.

Discover Digital – Tackling digital exclusion

In 2018 and 2019, we worked in partnership with the Health and Social Care Alliance Scotland (The ALLIANCE) to deliver a series of Discover Digital events.   These events explored how people can harness the power of digital technologies to look after their own wellbeing, on their own terms.

Further to these events we were able to gain an improved understanding of some of the challenges people can encounter when seeking to access digital services. Things such as a lack of confidence using, lack of access to, or the cost of digital devices were highlighted as potential barriers for different groups of people. Tackling digital exclusion was identified as key priority and we remain fully aware of this as we continue to develop new digital solutions.

One of the areas of focus for these events was engaging with young people to better understand their thoughts around accessing information in relation to mental health digitally.

The vast majority of the young people we engaged with identified the use of mobile phone apps as their primary source for information, though not specifically health information. Most participants felt an app would be helpful to support young people with their mental wellbeing, though some did suggest that they did not want digital services to replace a face-to-face, person-centred approaches to mental health care. This was reflected in later discussions that suggested that a digital first approach to mental health should help enable care improvements, rather than being the solution.

There were many insights gained from these Discover Digital events about the different experiences of people across the full range of protected characteristic groups. These insights helped to inform an equality impact assessment we carried out on new digital services, introduced to support our response to COVID-19. One of the key recommendations arising from the engagement we had undertaken was to try to ensure that new digital solutions were backwards compatible with older digital devices and operating systems. We were advised that the groups of people who are more likely to experience health inequalities are also more likely to experience socio-economic disadvantage, and they therefore may not have access to the latest digital devices. This recommendation was also shared with the Scottish Government team developing the Protect Scotland app, and they took action to ensure the app was compatible with older devices.

'Art of the Possible' event

In October 2019, NHS 24, with the support of deafscotland and the Royal College of Speech and Language Therapists, organised an event called 'Art of the Possible'. This event was attended by over 40 delegates and was set up to explore how NHS 24 could improve services for people who find it difficult to communicate effectively using standard methods.

NHS 24 has worked in partnership with deafscotland for many years, to help improve access to services, and employment opportunities, for people who are Deaf, Deafblind, deafened or hard of hearing. Additionally, the Royal College of Speech and Language Therapists and NHS 24 have together contributed to the Scottish Government's work on Augmentative and Alternative Communication (AAC).

What happened on the day?

The 'Art of the Possible' event started with short presentations by deafscotland, the Royal College of Speech and Language Therapists and NHS 24. This was followed by three sessions where participants from the voluntary sector, and people with lived experience of encountering communication barriers were asked for their views about how NHS 24 could improve access to services.

Deafscotland, the Royal College of Speech and Language Therapists and NHS 24 wanted attendees to have enough time to discuss issues that matter to them, and to feedback on this. This was to allow NHS 24 to listen, learn and most importantly, consider how to act on what participants said.

Delegates were asked about the difficulties they have when trying to access NHS 24 services. They were also asked for their suggestions on how things could be improved. We asked these questions because we wanted to benefit, as much as possible, from the invaluable expertise of the participants.

The questions were open, challenging, and encouraged honest feedback. The aim was to invite lively discussion around the tables. The event was an opportunity for NHS 24 to think about how services are delivered currently, and how they can be improved in the future.

Next steps

Feedback from discussions at the 'Art of the Possible' event helped us gain a better understanding of the barriers people who require communication support can experience when accessing our services. Suggestions from attendees have also helped us better understand their perceptions of how we might be able to start to remove these barriers.

The pandemic has required a temporary realignment of our priorities but we remain committed to fully considering the recommendations from this engagement and improving access to our services for disabled people.

To achieve this the following equality outcome has been set: Disabled people (specifically groups of disabled people that might experience barriers to communication), experience improved awareness of and access to NHS 24 services.

The Gathering

The Engagement Team support the organisation to consistently consider the views and experiences of people who access our services, including groups of people who are often underrepresented when organisations undertake stakeholder engagement.

During the first quarter of 2020, the Engagement Team attended the Gathering. Organised every year by the Scottish Council for Voluntary Organisations, the Gathering is Scotland's largest event for third sector organisations, social enterprises, voluntary organisations, and others to showcase what they do and learn from each other.

The Engagement Team attended the Gathering with the aim of building relationships with organisations that might be able to collaborate with NHS 24, to help ensure that we continue to provide the best possible service to everyone living in Scotland. The team spoke to a lot of people, and over fifty individuals and organisations agreed to stay in touch. Staying in touch allowed NHS 24 to explore how we might be able to work in partnership to support improved health and care experiences for the people the organisations and individuals work with, and represent.

These sort of connections are vital, particularly when NHS 24 is seeking to share important health and care information with communities across Scotland, such as up to date information in relation to COVID-19. Meaningful stakeholder engagement that seeks to ensure that the views of the diverse population of Scotland are fully represented is essential in tackling the health inequalities that exist in Scotland.

NHS 24's Public Partnership Forum (PPF)

NHS 24's Public Partnership Forum (PPF) was established in 2008 and comprises of members of the public from across Scotland, who volunteer their time to provide public input on the work delivered by NHS 24.

There are people from across the different protected characteristic groups represented on the PPF, including disabled people, minority ethnic people, LGBT (lesbian, gay, bi and trans) people, people of different faiths and people of all ages, from 16 to over 80. Maintaining and improving the diversity of the PPF is an ongoing priority for NHS 24. NHS 24 recognises that having a PPF that reflects the diversity of the Scottish population will help us to better understand and consider the different experiences people have when seeking to access our services.

NHS 24 continues to meet the accessibility requirements of members of the public who require additional support to participate at PPF meetings. Travel, accommodation, note takers, BSL interpreters, induction loops and other adjustments have been arranged for participants at PPF meetings.

The public lockdown and subsequent restrictions put in place to control the spread of COVID-19 meant that, with the exception of the meeting held in January, the NHS 24 PPF were unable to physically get together during 2020. However, NHS 24 did continue to engage with PPF members using other methods, such as hosting PPF meetings using video conferencing. It is recognised that some people may be unable to take part in meetings hosted this way and alternative ways to stay in touch, such as over the phone or by email, were offered. PPF members were offered one to one support to help improve their understanding of the digital platforms that were being used to stay connected.

To help ensure that the public voice continues to be heard and valued, during 2020, the NHS 24 PPF, along with our Youth Forum members, discussed and agreed the following principles:

- Principle 1 - NHS 24 PPF and Youth Forum members will have a more active role within the organisation, and meaningfully contribute to projects throughout the discovery, development and evaluation phases.

- Principle 2 - NHS 24 PPF and Youth Forum members will have increased opportunities to present back their ideas and views, and their feedback will be listened to.

- Principle 3 - NHS 24 PPF and Youth Forum members will be supported to be ambassadors for volunteering within NHS 24, and empowered to encourage others to contribute and make an impact to NHS 24's work.

These principles were endorsed by the NHS 24 Executive Team and NHS 24 is committed to ensuring that we continue to take a person centred approach to service improvement, development and delivery.

NHS 24 Youth Forum

NHS 24's Youth Forum was established in 2018 in response to NHS 24's commitment to ensure that young people were given greater opportunities to get involved in the design, development and improvement of its services. The Youth Forum seeks to engage with, and listen to, a diverse range of young people aged 16 to 24 from across Scotland.

As with the Public Partnership Forum, the public lockdown and subsequent restrictions put in place to control the spread of COVID-19 meant that the Youth Forum were unable to physically meet during 2020. However, NHS 24 did continue to engage with our Youth Forum members using other methods, such as our Youth Forum Facebook group and hosting virtual meetings using video conferencing. Whilst most young people use a variety of digital technologies every day, it is important to factor in those who do not have access to digital technology and those who may struggle with digital literacy. Youth Forum members were offered support to help improve their understanding of the digital platforms that were being used to stay connected.

During 2020, Youth Forum members have:

- been involved in user testing for the NHS 24 COVID-19/Flu app, which informed the design of the main page of the app

- collaborated with Independent Living Fund Scotland (ILF) to run a virtual information session where young people from both organisations fed back about their experience of being involved with either ILF or the Youth Forum. 49 people signed up for this event and three of our young people presented on the day

- contributed to the design of Youth Forum promotional materials for social media and undertook external engagement to support the recruitment of young people in the future

- collaborated with Young Scot in our Engagement and User Research led session in November. This gave Youth Forum members an opportunity to feedback on the digital mental health content on NHS inform and explore how to improve awareness of, and uptake of, NHS 24 mental health information and services among young people. NHS 24 have committed to an Equality Outcome to increase awareness amongst young people of our services and resources to support their mental health and improve access to and experience of using mental health sources in Scotland

NHS 24 recognises that having a Youth Forum that reflects the diversity of the Scottish population will help us to better understand and consider the different experiences people have when seeking to access our services. Targeted engagement with minority groups is planned to take place in 2021.

In recognition of his outstanding contribution to the NHS 24 Youth Forum, in 2020 we nominated a member of the Forum for a Saltire Summit Award. The Saltire Awards are the Scottish Government's recognition scheme for volunteers aged 12 to 25. We were delighted when we were informed that the Youth Forum member was successful in achieving this prestigious award.

The following poem was written by one of our Youth Forum members about our Mental Health Hub.

Thank you for being the voice on my phone

With you I know I'm never alone.

Guided me through the darkest of night.

You've shown me I still have some fight.

When I feel I can no longer cope.

You've given me a glimmer of hope.

Your care and compassion is second to none.

The light within you glows brighter than the sun.

The greatest gift that you can give,

Is helping and supporting me to live.

You inspire me every day,

So I thank you in each and every way.

Kim – NHS 24 Youth Forum Member

Engagement with the British Sign Language (BSL) community

Between summer and autumn of 2018, NHS 24, with support from NHS Health Scotland (now Public Health Scotland), engaged with approximately 200 deaf community members (including BSL users) across Scotland to explore which health and care topics are important to the Deaf communities, and should be translated into BSL. Deaf Connections, Scottish Minority Ethnic Deaf Club, Deaf Links, Forth Valley Sensory Centre, Tayside Deaf Hub, and the National Deaf Children's Society supported the engagement sessions, which also provided an opportunity to promote the NHS inform website and links with contactSCOTLAND-BSL.

NHS 24 supported and delivered sessions at deafscotland's national conferences, including the Scottish Sensory and Equality Conference and Awards (15 March 2019); the BSL summit (23 September 2019) and the Connect Us Too event (10 October 2019).

BSL translations on NHS inform are regularly promoted with a particularly strong focus on promotion during Deaf Awareness Week and Mental Health Awareness Week in 2019.

During summer 2019, NHS 24 supported the promotion of contactSCOTLAND-BSL's extended hours internally to staff, and externally across our social media channels.

Improved access to BSL resources

Since March 2015 over 150 BSL clips have been developed and published on NHS inform and the NHS inform You Tube channel **(www.youtube.com/user/nhsinform).** These resources cover a wide range of topics, including health rights, general health, health services, immunisation, screening and mental health, and coronavirus.

Improvements have been made to the BSL content hosted on NHS inform. A new BSL landing page provides links to all the BSL resources on the website. This new page can be accessed using a short web address, **www. nhsinform.scot/BSL**. Additionally, typing 'BSL' in the NHS inform search bar will bring up all the BSL resources available on the site.

To help promote awareness of the BSL content on NHS inform, bespoke pens were produced, displaying the shortened web address, **www.nhsinform.scot/BSL**. The idea for the pens came from BSL users who suggested that they would be a good way to raise awareness of the information amongst the BSL community. We have distributed some of these pens with the support of our stakeholders that work with BSL users, and we intend to distribute these further, when it is safe to do so.

We have also developed a short BSL video clip explaining how to use NHS inform, and how to use web chat.

COVID-19 information in BSL

Since the start of the outbreak, NHS inform has hosted the latest COVID-19 guidance from NHS Scotland and Scottish Government. This information has been made available in BSL.

contactSCOTLAND-BSL call stats:

NHS 24 regularly works with ContactSCOTLAND-BSL to raise awareness within the Deaf community of the services it provides. In March 2020, when the need for information on COVID-19 was at its highest, the total number of calls made via ContactSCOTLAND-BSL to NHS 24 services exceeded 32 hours in duration.

NHS inform stats

The following table provides a summary of NHS inform analytics from when the redesigned website was launched in November 2016.

Analytics for NHS inform	BSL resources views
1 November 2016 – 31 October 2017	41
1 November 2017 – 31 October 2018	56
1 November 2018 – 31 March 2019	16
1 April 2019 – 31 August 2019	222
1 September 2019 – 31 March 2020	897
1 April 2020 – 31 May 2020	513
1 June 2020 - December 2020	33,245

The data for June 2020 to December 2020 shows the analytics for all the BSL videos available on the NHS inform YouTube channel.

A multi-agency response to the COVID-19 pandemic, to support the provision of accessible and translated public health information

Prior to the COVID-19 pandemic, NHS inform had a limited amount of language translated or accessible information. Some translated information was available within the Health Rights Section. The website's 'Browsealoud' functionality offers users' limited choices in relation to making content more accessible, with audio and alternative font options available. The only language that previously had a significant amount of translated information available on NHS inform is BSL. Over a number of years, NHS 24 has worked with Public Health Scotland to provide health information, on topics such as screening and immunisation in BSL. Additionally, NHS 24 has worked in partnership with Deaf people to identify the health and care topics on which they would most like information.

At the start of the pandemic, an immediate and urgent need was identified for more accessible public health information to be readily available in different languages and in different formats. This was to ensure that people in Scotland had fair access to the right information at the right time. It was recognised that providing information in this way would help to protect more people, their friends and families, their communities, and ultimately the wider community at large.

Collaboration

To help make the COVID-19 information on NHS inform more accessible to a wider group of people, the NHS 24 Engagement Team began working with colleagues from the Scottish Government's Marketing Department, NHS Greater Glasgow and Clyde (GGC) and NHS Lothian Translation Services.

Both NHS GGC and NHS Lothian employ in-house interpreters and translators. As the number of face to face interactions with patients dropped substantially in response to the pandemic, this allowed interpreters and translators to focus their time on other tasks. A process was developed whereby they were allocated the updated NHS inform COVID-19 content on a weekly basis (recently changed to fortnightly) and they then carried out translations on the updated content.

The Scottish Government's Marketing Team was also able to secure funding to provide translations for additional languages, and outsourced this work to a third party translation service. Further support was provided by Public Health Scotland.

Fortnightly meetings with representatives from the Scottish Government's Marketing Team, NHS GG&C, NHS Lothian and other NHS 24 staff were established. These meetings helped to co-ordinate the joint working approach and provided an opportunity for those involved to take on feedback about the effectiveness of the processes in place. They also offered staff an opportunity to discuss any concerns expressed by members of the public who were accessing the translated information.

We produced a Communication Toolkit to support the promotion of the available translated content amongst third sector organisations and local communities.

Our Digital Team also created an information dashboard to monitor the usage of this translated and accessible content.

Representatives from a minority ethnic community group contacted NHS 24 to query why information was not being fully translated into the language of their choice.

Following this contact, engagement took place with community representatives. It was identified that nuances to their dialect used in Scotland meant that improvements to the translations were required. Effective community engagement then led to the development of a glossary of terms used by the community. This glossary has now been adopted by the translation agency, to help improve translations for this group of people

What happened as a result?

All translated resources can be accessed at www.nhsinform.scot/translations.

This partnership working has meant the majority of the COVID-19 information hosted on NHS inform has been translated into 11 other languages, including BSL, and produced in alternative formats, such as easy read and audio.

The NHS 24 COVID communication- equalities toolkit has been distributed to:

- over 700 voluntary organisations and key contacts who support disabled people, including BSL users, minority ethnic communities, carers, older people, young people and Gypsy/Travellers

- over 80 named contacts at Health and Social Care Partnerships across the whole of Scotland

- the NHS 24 Engagement Network

- Third Sector newsletters and e-bulletins.

Breathing Space Service

Breathing Space is a free, confidential phone service available to anyone in Scotland, over the age of 16 feeling low, stressed or anxious. The service currently receives around 9,000 calls a month.

Breathing Space launched their 'You Matter, We Care' campaign on 1st February 2019, to mark National Breathing Space Day. The 'You Matter, We Care' theme was chosen based on feedback from callers struggling with loneliness and feelings of isolation, who often believe their life has little value. Breathing Space advisors are able to offer listening, compassion, support and care.

Loneliness and social isolation are major public health issues that can significantly impact physical and mental wellbeing. In Scotland, kindness is recognised as a key element in tackling these issues and ensuring communities are more connected and cohesive. The Scottish Government's first national strategy to tackle social isolation and loneliness and build stronger social connections was published in 2018. The report outlines the reality that social isolation and loneliness permeates all ages, stages and groups in our society.

As part of Breathing Space's 'You Matter, We Care' campaign:

Young people

Children and young people increasingly report feelings of loneliness. The challenges associated with the coronavirus pandemic also means that external agencies are unable to visit schools to provide talks about wellbeing. Breathing Space developed a video for schools, where questions provided by school pupils about mental health were answered by Breathing Space, with advice included from NHS 24's Youth Forum and a young player from Glasgow City FC.

Rural communities

Breathing Space have been working closely with NHS Borders to reach vulnerable groups across the Health Board. An action plan was developed where Breathing Space have been involved in their 'Caring, Connected Communities' campaign, as well as distributing resources and engaging with groups such as the Polish Men's Mental Health & Suicide Network and Genetic Alliance UK.

Learning disabilities

Breathing Space developed 'The Little Book of Caring Ways', which is all about promoting kindness for better mental wellbeing. An easy read format of the booklet was developed with clear information for people with learning disabilities about the importance of maintaining good relationships and connections with others. The booklet outlines how compassion, appreciation, random acts of kindness and empowerment can help us on this journey.

Community bench project

The Breathing Space Bench Project is an initiative which aims to promote kindness and a stronger sense of belonging in communities. Research shows that 18% of people have limited regular social contact in their neighbourhoods. This situation will be further exacerbated with the ongoing pandemic and consequent restrictions placed on social interactions.

The project involves the development of a network of 'Take some Breathing Space' benches and creating spaces and places outside, that enable people to meet and feel belonging. Working in partnership with a variety of organisations, 12 benches have now been placed across Scotland. 'Community connectors' from each local area are involved in integrating the new space within the community and promoting future wellbeing initiatives.

Equality and Diversity Impact Assessment of Mental Health Hub Service Expansion

NHS 24 established a Mental Health Hub as a live test of change in March 2019 to provide people with mental health needs calling the NHS 24 111 service with a compassionate and expert, right care, right time specialist mental health response.

Due to the success of the test of change, and in response to the COVID-19 pandemic, the Mental Health Hub was rapidly expanded over summer 2020 to increase service availability from part-time, out of hours to a 24/7 service for anyone in Scotland requiring mental health support. In addition, capacity was also increased to provide:

- a new helpline to signpost Health and Social Care staff to specific staff mental health and wellbeing support;

- a new patient pathway so that people aged over 16 years who are experiencing distress can be referred to the national Distress Brief Intervention service for support in their local community. This is intended to equip them with the skills and support to manage their own distress and to reduce future crises

- collaboration with Police Scotland and Scottish Ambulance Service to develop patient pathways to enable access to the Hub for people in mental distress

As part of the service expansion, an Equality and Diversity Impact Assessment was undertaken to assure those involved in planning the expansion had an opportunity to consider how they might improve equality of access and help meet the specific needs of people across each protected characteristic group. Several recommendations were agreed, and action planning continues to address these.

Examples include:

Staff development – rapid recruitment of a new workforce has necessitated robust staff induction and training. Plans are in place to assure all staff receive bespoke equality and diversity training, including a focus on intersectionality and increased awareness of the impact of societal issues such as sectarianism on mental wellbeing.

Service promotion - when promoting the Mental Health Hub, information in alternative formats and languages is routinely considered. All promotional film clips, including BSL versions, are subtitled and contain voice-over wherever possible.

Equality monitoring – plans are being progressed to improve data collection and analysis to help us understand who is and, importantly, who is not currently using our mental health services.

Information needs – we plan to explore different ways of providing people with information to better meet their needs. Ideas include exploring the potential to send out relevant information on mental health and wellbeing to callers to the Mental Health Hub by email to allow them to refer to information as required.

Partnerships – we are engaging with organisations and community groups who represent the interests of protected characteristic groups, to better understand their needs. A recent example is linking with See Me and Feniks to explore how we might improve access to our mental health services for the Polish community, given the high instance of suicide amongst Polish men highlighted by their recent research. We are also engaging with other support organisations in Scotland, such as Cruse Bereavement Scotland, to explore how we might further expand our signposting to community-based support.

Mainstreaming - the Equality and Diversity Impact Assessment process continues iteratively, with a wider consultation planned early 2021 to explore any additional improvements that we might consider as we start to mainstream the Mental Health Hub into our business as usual operations.

Scotland's Service Directory (SSD)

Scotland's Service Directory (SSD) is a national directory of local health and care services hosted on NHS 24's digital platform, NHS Inform. It was developed in partnership, from a pilot phase to 'live' over the past three years, by NHS 24, Macmillan Cancer Support and The Health and Social Care Alliance Scotland (The ALLIANCE).

SSD provides service details, addresses and opening times of locations of care, such as; GP practices, hospitals, accident and emergency, pharmacies, sexual health clinics and minor injury units. Since 2017, a health and wellbeing component has been funded by Macmillan Cancer Support. SSD is intended to support individuals, communities, professionals and organisations share information about the services they offer that can help improve the health and wellbeing of people.

To help ensure third sector health and wellbeing services are included, in September 2019, SSD integrated with The ALLIANCE's ALISS (A Local Health System for Scotland) Directory. The ALISS Directory hosts third sector supports and services, and it is intended to provide an increase in the availability of health and wellbeing information for people living with long term conditions, disabled people and unpaid carers.

The information provided within SSD is intended to help everyone in Scotland but it can be particularly helpful for groups of people who are known to experience some of the worst health inequalities. For example, the pharmacy section on SSD includes information on what services each pharmacy across Scotland offers, including information on services such as free and emergency contraception, needle exchange, Nicotine Replacement Therapy, supervised methadone supply and access to the palliative care network.

The information on health and wellbeing services within SSD is broken down into over 30 topic areas. These include: abuse, alcohol and addictions, cancer services, carer services, dementia, disability, mental health, older people, pregnancy, sexual health, smoking cessation and veteran's health.

The services promoted on SSD include groups established to support the individual experiences of different protected characteristic groups. Some examples of Health and Social Care Partnership services include: emergency resettlement services for people experiencing homelessness, carer support services for minority ethnic people, Women's Aid and groups for people who require palliative care or those living with long term conditions. ALISS includes information on services such as the Bangladeshi Women's Support Group, the Ayrshire LGBTQ Group, Men's Sheds, the Domestic Abuse Helpline, the Gay Dads Scotland Support Group, the Homelessness Health Service and the Youth Health Service.

In partnership with stakeholders and partners, NHS 24 has sought to promote SSD to the groups of people across Scotland who might be more likely to experience health inequalities for reasons aligned to their protected characteristics. For example, NHS 24 has worked with Young Scot to promote SSD to young people and with Macmillan, to reach out to people affected by cancer.

Community engagement has helped to inform improvements to what SSD offers. A new 'click to be contacted' service was recently introduced to SSD. This service is intended to empower individuals to self-refer or request a referral to services. This is intended to make services more accessible to people and is currently offered on over 80 health and social care partnership services on SSD.

Work to promote SSD to different protected characteristic groups and groups of people more likely to experience health inequalities will continue. Additionally, engagement with people from these communities will also continue to help inform improvements to SSD, and the impact it is having on people's ability to find out about, and access, health services that meet their specific needs.

NHS 24 Equal Pay Statement

This statement has been agreed in partnership and will be reviewed on a regular basis by the NHS 24 Area Partnership Forum and the Staff Governance Committee.

NHS 24 is committed to the principles of equality of opportunity in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their age, disability, ethnicity or race, gender reassignment, marital or civil partnership status, pregnancy and maternity, political beliefs, religion or belief, sex or sexual orientation.

NHS 24 employs staff on nationally negotiated and agreed NHS contracts of employment, which includes provisions on pay, pay progression and terms and conditions of employment. These include National Health Service Agenda for Change (A4C) Contract and Terms and Conditions of employment, NHS Consultant and General Practice (GP) contracts of employment. Some staff are employed on NHS Scotland Executive contracts of employment (Executive Cohort) which are evaluated using national grading policies with prescribed pay ranges and terms and conditions of employment.

NHS 24 understands that the right to equal pay between women and men is a legal right under law. In addition, the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 require NHS 24 to taking the following steps:

- Publish gender pay gap information by 30 April 2021.

- Publish a statement on equal pay between men and women by 30 April 2021, and to include the protected characteristics of race and disability.

It is good practice and reflects the values of NHS 24 that pay is awarded fairly and equitably.

NHS 24 recognises that in order to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent, or work of equal value, it should operate pay systems which are transparent, based on objective criteria and free from unlawful bias.

NHS Boards work within a Staff Governance Standard which is underpinned by statute. The Staff Governance Standard sets out what each NHSScotland employer must achieve, in order to continuously improve in relation to the fair and effective management of staff.

The Standard requires all NHS Boards to demonstrate that staff members are:

- Well informed

- Appropriately trained and developed

- Involved in decisions

- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued

- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community

In line with the General Duty of the Equality Act 2010, our objectives are to:

- Eliminate unfair, unjust or unlawful practices and other discrimination that impact on pay equality;

- Promote equality of opportunity and the principles of equal pay throughout the workforce; and,

- Promote good relations between people sharing different protected characteristics in the implementation of equal pay.

We will:

- Review this policy statement and action points with trade unions and professional organisations as appropriate, every 2 years and provide a formal report within 4 years

- Inform employees as to how pay practices work and how their own pay is determined

- Provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions

- Examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave

- Undertake regular monitoring of the impact of our practices in line with the requirements of the Equality Act 2010

- Consider, and where appropriate, undertake a planned programme of equal pay reviews in line with guidance to be developed in partnership with the workforce

Responsibility for implementing this policy is held by the NHS 24 Chief Executive.

If a member of staff wishes to raise a concern at a formal level within NHS 24 relating to equal pay, the Grievance Procedure is available for their use.

How the NHS Agenda for Change pay banding works

The Agenda for Change system allocates posts to set pay bands, using the Job Evaluation Scheme. The pay system is designed to:

- Deliver fair pay for non-medical staff based on the principle of 'equal pay for work of equal value'

- Provide better links between pay and career progression using the Knowledge and Skills Framework

- Harmonise terms and conditions of service such as annual leave, hours and sick pay, and work done in unsocial hours

Equal pay data

The data reflects the position of the organisation as at 30 September 2020. At this time we employed 1769 members of staff. Our pay gap reporting includes the average hourly pay of all staff, however, for the purposes of making comparisons more meaningful, in some instances, we have separated out bank staff, non-executive, executive, medical, consumer focus and secondments from the analysis. Where this data has not been included in a table, some percentages may total slightly less than 100%. Percentages have been rounded up to two decimal points.

Occupational segregation data

Occupational segregation is the concentration of staff based upon their protected characteristics in different job roles (horizontal segregation), or at different pay bands (vertical segregation).

The following table provides information on the concentration of staff reported by sex in particular grades and in particular occupations.

Agenda for Change Job Families – 1401 (female) and 357 (male)

Grade /Pay band	Administrative Services		Allied Health Profession		Dental Support		Nursing/ Midwifery		Other Therapeutic		Personal and Social Care		Support Services		TOTAL	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
2	68	25	0	0	17	5	0	0	0	0	6	3	*	0	92	33
3	596	137	0	0	0	0	0	0	0	0	9	0	11	0	616	137
4	15	*	0	0	0	0	0	0	0	0	0	0	*	*	18	*
5	99	44	0	0	60	0	45	12	25	12	*	2	*	*	235	71
6	25	*	3	*	*	0	228	25	*	6	*	0	0	*	272	40
7	20	13	0	0	0	0	82	21	15	*	*	0	0	0	118	37
8a	*	11	0	*	0	0	20	*	*	*	*	0	0	0	29	18
8b	9	*	0	0	0	0	*	*	0	0	0	0	0	0	11	*
8c	*	*	0	0	0	0	*	*	0	*	0	0	0	0	*	*
8d	*	*	0	0	0	0	*	0	0	0	0	0	0	0	*	*
TOTAL	841	250	3	2	84	5	334	65	49	23	21	5	18	7	1401	357

The following table provides information on the concentration of staff reported by sex in particular grades and in particular occupations

Agenda for Change Job Families – 1401 (female) and 357 (male)

Grade /Pay band	% of Administrative Services		% of Allied Health Profession		% of Dental Support		% of Nursing/ Midwifery		% of Other Therapeutic		% of Personal and Social Care		% of Support Services		TOTAL	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
2	3.86	1.42	0	0	0.96	0.28	0	0	0	0	0.34	0.17	0.05	0	5.23	1.87
3	33.9	7.79	0	0	0	0	0	0	0	0	0.51	0	0	0	35.03	7.79
4	0.85	0.22	0	0	0	0	0	0	0	0	0	0	0.17	0.22	1.02	0.45
5	5.63	2.27	0	0	3.41	0	2.55	0.68	1.42	0.68	0.17	0.11	0.17	0.05	13.36	4.03
6	1.42	0.34	0.17	0.05	0.39	0	12.96	1.42	0.45	0.34	0.05	0	0	0.11	15.47	2.27
7	1.13	0.73	0	0	0	0	4.66	1.19	0.85	0.17	0.05	0	0	0	6.71	2.1
8a	0.39	0.62	0	0.05	0	0	1.13	0.28	0.05	0.05	0.05	0	0	0	1.64	1.02
8b	0.51	0.34	0	0	0	0	0.11	0.05	0	0	0	0	0	0	0.62	0.39
8c	0.05	0.17	0	0	0	0	0.39	0.05	0	0.05	0	0	0	0	0.45	0.28
8d	0.05	0.05	0	0	0	0	0.05	0	0	0	0	0	0	0	0.11	0.05
TOTAL	47.83	14.22	0.17	0.11	4.77	0.28	18.99	3.69	2.78	1.3	1.19	0.28	3.16	0.39	79.69	20.3

This table highlights the distribution of the total number of female staff and male staff across each pay band by percentage.

Grade/Pay band	Number of female staff	Number of male staff	% of 1401 female staff	% of 357 male staff
2	92	33	6.57%	9.24%
3	616	137	43.97%	38.38%
4	18	*	1.28%	2.24%
5	235	71	16.77%	19.89%
6	272	40	19.41%	11.20%
7	118	37	8.42%	10.36%
8a	29	18	2.07%	5.04%
8b	11	7	0.79%	1.96%
8c	*	*	0.57%	1.40%
8d	*	*	0.14%	0.28%

Though we employ more women than men at each grade, this table highlights that from pay band 7 and up, male staff are over-represented, proportionate to their overall number within the workforce. For example, at pay band 8a, though we employ 29 female staff and only 18 male staff, this equates to only 2.07% of our female workforce and 5.04% of our male workforce. This is a factor that contributes to our gender pay gap in favour of male staff.

The following table provides information on the concentration of staff, reported by disability across particular grades and in particular occupations

Grade/Pay band	Administrative Services	Allied Health Profession	Dental Support	Nursing/ Midwifery	Other Therapeutic	Personal and Social Care	Support Services	% TOTAL
2	0.17%	0	0.06%	0	0	0	0	0.23%
3	4.58%	0	0	0	0	0.06%	0	4.64%
4	0.11%	0	0	0	0	0.06%	0.11%	0.28%
5	1.07%	0	0.73%	0.06%	0.23%	0	0.11%	2.20%
6	0.17%	0	0.06%	2.54%	0.17%	0	0	2.94%
7	0.17%	0	0	1.30%	0.11%	0	0	1.58%
8a	0.11%	0	0	0.23%	0	0	0	0.34%
8b	0	0	0	0	0	0	0	0
8c	0	0	0	0.06%	0	0	0	0.06%
8d	0	0	0	0	0	0	0	0
TOTAL	6.39%	0.00%	0.85%	4.18%	0.51%	0.11%	0.23%	12.27%

12.27% of our staff identify as being disabled, with disabled staff employed at all grades with the exception of pay bands 8b and 8d. The largest concentration of disabled staff is at pay band 3, with 4.64%.

The following table provides information on the concentration of staff, reported by race across particular grades and in particular occupations

Grade/Pay band	Administrative Services	Allied Health Profession	Dental Support	Nursing/ Midwifery	Other Therapeutic	Personal and Social Care	Support Services	% TOTAL
2	0.34%	0	0	0	0	0	0	0.34%
3	1.07%	0	0	0	0	0	0	1.07%
4	0.11%	0	0	0	0	0.06%	0	0.17%
5	0	0	0	0.06%	0	0	0	0.06%
6	0.06%	0.06%	0.40%	0	0	0	0	0.52%
7	0	0	0	0.28%	0	0	0	0.28%
8a	0	0	0	0	0	0	0	0.00%
8b	0	0	0	0	0	0	0	0.00%
8c	0	0	0	0	0	0	0	0.00%
8d	0	0	0	0	0	0	0	0.00%
TOTAL	1.58%	0.06%	0.40%	0.34%	0.00%	0.06%	0.00%	2.43%

Only 2.43% of our staff identify their ethnic origin as non-white, minority ethnic. This table highlights that the majority of our staff that identify as minority ethnic are employed at pay band 6 and below.

Pay gap data

Average (mean) hourly rate reported by sex and grade				
Grade	Male	Female	diff	% differential
2	£9.76	£9.95	£0.19	1.96%
3	£11.17	£11.23	£0.06	0.53%
4	£12.48	£12.10	-£0.38	-3.04%
5	£14.17	£14.41	£0.25	1.73%
6	£18.77	£18.73	-£0.05	-0.25%
7	£21.89	£22.27	£0.39	1.76%
8a	£26.42	£26.96	£0.54	2.04%
8b	£31.45	£31.93	£0.48	1.54%
8c	£37.63	£38.27	£0.64	1.70%
8d	£43.89	£45.89	£2.01	4.57%
Senior Managerial	£36.49	£52.84	£16.36	44.83%
Medical and Dental	£57.75	£57.75	£0.00	0.00%
Total	£15.44	£15.04	-£0.39	-2.55%

The differences in the average hourly pay between female staff and male staff across each pay band is predominantly due to length of service and the incremental salary point each member of staff has reached.

This table shows that women on average earn more than men at the majority of pay bands, including at the most senior level.

Pay Band	% of Disabled Staff	Disabled Staff Average Hourly Pay	% of Non-Disabled Staff	Non-Disabled Staff Average (Mean) Hourly Rate	Difference in £	% Difference
2	0.28%	£10.33	6.16%	£9.91	-£0.42	-4.07%
3	4.64%	£11.51	36.12%	£11.19	-£0.32	-2.78%
4	0.23%	£12.48	1.70%	£12.15	-£0.33	-2.64%
5	2.20%	£15.09	14.87%	£14.25	-£0.84	-5.57%
6	2.94%	£19.31	14.02%	£18.69	-£0.62	-3.21%
7	1.58%	£22.97	6.78%	£22.08	-£0.89	-3.87%
8	0.34%	£26.98	2.26%	£26.76	-£0.22	-0.82%
8b	0.00%	N/A	1.02%	£31.76	N/A	N/A
8c	0.06%	£36.50	0.68%	£38.15	£1.65	4.34%
8d	0.00%	N/A	0.17%	£45.22	N/A	N/A

	Disabled	Non-disabled	Difference	% Difference
2020	£16.04	£14.99	-1.04	-6.95%
2019	£15.44	£14.75	-0.69	-4.69%
2018	£14.72	£14.27	-£0.45	-3.12%
2017	£14.27	£13.57	-£0.71	-5.20%
2016	£14.18	£13.66	-£0.52	-3.82%

Minority ethnic staff average hourly pay

Pay Band	% of Minority Ethnic Staff	Minority Ethnic Staff Average (Mean) Hourly Rate	% of Non-Minority Ethnic Staff	Non-Minority Ethnic Staff Average (Mean) Hourly Rate	Difference in £	% Difference
2	0.34%	£9.51	6.44%	£9.90	£0.39	4.10%
3	1.07%	£11.05	38.04%	£11.20	£0.15	1.36%
4	0.17%	£11.61	1.47%	£12.24	£0.63	5.43%
5	0.06%	£16.19	15.77%	£14.25	-£1.94	-11.98%
6	0.51%	£18.44	13.91%	£18.52	£0.08	0.43%
7	0.28%	£22.13	6.67%	£22.05	-£0.08	-0.36%
8	0.00%	N/A	1.98%	£26.61	N/A	N/A
8b	0.00%	N/A	1.02%	£31.75	N/A	N/A
8c	0.00%	N/A	0.68%	£37.92	N/A	N/A
8d	0.00%	N/A	0.17%	£45.22	N/A	N/A

	Any White category	Any Minority Ethnic category	Difference in £	% Difference
2020	£14.82	£14.83	-£0.01	-0.03%
2019	£14.55	£15.21	-£0.66	-4.54%
2018	£14.00	£14.61	-£0.62	-4.42%
2017	£13.29	£13.19	£0.10	0.73%
2016	£13.35	£13.58	-£0.23	-1.70%

Contact NHS 24

If you would like us to consider producing this report in a different format please contact us with details of your request. You can phone us on 0800 22 44 88 or if you have a textphone dial 18001 0800 22 44 88. If you prefer, you can also email us your request at **NHS24.engagementteam@nhs24.scot.nhs.uk**

If you wish further information on the contents of this report, please email us using the email address above.