



Healthcare  
Improvement  
Scotland

# Equality Mainstreaming Report

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

If you would like to read this report but need another language or format please let us know:



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# Foreword

We are pleased to present our latest Equality Mainstreaming Report. This report covers the last four years of our work and describes what Healthcare Improvement Scotland has done to embed equality into our work programmes during this time. This report provides the information we are required to publish under the Equality Act 2010, and also sets out our equality-focussed priorities over the next four years - April 2021-25.

Healthcare Improvement Scotland's purpose is to support better health and social care for everyone in Scotland. To do this it is key that we understand the needs and experiences of the diversity of people coming into contact with health and social care services. Our efforts to mainstream equality are integral in ensuring that we support the highest standards of health and social care, and to do this we will continue to work collaboratively with local health boards and other partner organisations.

In this report, we set out the concrete ways in which we have mainstreamed equality within our work. This includes our internal business activities including our cross-organisational Equality and Diversity Working Group, and our external delivery programmes such as person-centred Virtual Visiting within NHS Scotland hospitals. We also comment on our progress in delivering the equality outcomes we set for ourselves in 2017.

In this reporting period, we have experienced a global pandemic – a significant public health crisis which has placed NHS Scotland on an emergency footing since March 2020. Over that period we re-prioritised our activities as part of our emergency response, changed the way we work and at the same ensured support for the health and wellbeing of our staff.

While this has been a very challenging period, it has also been an opportunity to take stock of the emerging picture around inequalities and to consider the future focus of our work. We have set four new outcomes which are responsive to current inequalities and which will ensure we continue to advance equality, eliminate discrimination and foster good relations throughout our work. We are grateful to the organisations and individuals who contributed their views and experiences to the development of these outcomes.

Following the publication of this report, our next step will be to draw up an Equality Mainstreaming Action Plan to support delivery of our new equality outcomes. We look forward to delivering this work and to building upon, and creating new, partnerships as we do that.



Robbie Pearson  
Chief Executive



Carole Wilkinson  
Chair

# Introduction

## **The specific duties in summary**

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

- report on mainstreaming the equality duty
- report our progress in relation to the equality outcomes we set in 2017
- publish new equality outcomes for 2021–2025
- 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 ethnic 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, and
- 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.

## 2. Mainstreaming equality

Healthcare Improvement Scotland 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.

### The Equality and Diversity Working Group

Our Equality and Diversity Working Group supports the organisation to meet its legal obligations under the Equality Act 2010. The group is made up of representatives from across the organisation and provides a key route for involving and consulting staff on equality and diversity issues and aims to embed equality across each of our directorates. The group specifically:

- supports the development, implementation, monitoring and review of our equality outcomes and related action plans,
- helps to evaluate the effectiveness of our equality outcomes and reports progress to the Board through the Scottish Health Council and Staff Governance Committee,
- supports the development of initiatives, including training and use of case studies, which promote an organisational culture where equality, respect and fairness are valued, and discriminatory practices are not tolerated,
- promotes a partnership approach with other organisations to help improve the effectiveness of equality and diversity activities,
- identifies key issues and prioritises required actions in relation to equality or inequalities relevant to our work, and
- recognises and values the diverse nature of our workforce and stakeholders by promoting equality of opportunity in recruitment and engagement of both staff and volunteers.

### Equality Impact Assessments

Considering and completing Equality Impact Assessments (EQIAs) is one of the main ways in which we seek to ensure equality is mainstreamed across Healthcare Improvement Scotland at every level.

As part of our mandatory induction training, we cover the importance of EQIAs and facilitate practical exercises to help staff consider scenarios where EQIA will support their work. We currently have a range of in-house tools to support Healthcare Improvement Scotland colleagues to assess the equalities impact of their work. This includes:

- a screening form, to help identify the potential impact which planned work may have on our ability to meet the general equality duty,
- an EQIA template, to guide the completion of a full equality impact assessment,

- a guidance document to support the completion of a screening form and full EQIA document,
- guidance on considering health inequalities and taking a human rights based approach,
- support, advice and guidance from our Equality and Diversity Advisor, and
- support with literature or data searches to gather relevant information and evidence. Searches are provided by the Knowledge Management and Evidence and Evaluation for Improvement teams.

A statement on the cover sheet of every paper presented to our Board provides information about the equality considerations, including any EQIA, relevant to the issue being discussed. Completed EQIAs are published on our website.

Our EQIA process has supported our ability to identify and address potential inequalities during the design, development or review of our activities. We are conscious however that there is more we can do to support staff to mainstream equality and human rights considerations in all we do. Work is currently underway to review and strengthen our approach to assessing the impact of our activities on groups protected by the Equality Act 2010, people experiencing socio-economic disadvantage and island communities. We not only want to meet our duties, but to exercise best practice in relation to them.

## Health inequalities

As well as taking account of the impact our work will have on our ability to meet the general equality duty, our equality impact assessment process takes into consideration the potential for our policies to worsen health inequalities. For example, consideration is given to the impact our policies may have on people because of their socioeconomic status, their experience with the criminal justice system, their experience of being in care, or their experience of homelessness.

## Taking a human rights-based approach

We developed and delivered two training sessions on tackling inequalities by taking a human rights-based approach. These were delivered for staff in October and November 2018. The sessions aimed to support staff to better understand their role in continuously assessing the distinct and diverse needs and experiences of people affected by their work to avoid unintentionally creating or perpetuating health inequalities. By supporting staff to take a human rights-based approach to their work we aimed to:

- improve outcomes for people by strengthening a person-centred approach
- make people's rights integral to our work to ensure all individuals are treated fairly and with dignity and respect.
- advance equality and eliminate discrimination

- engage with and empower people to know and claim their rights
- give people greater opportunities to participate in shaping the decisions that impact on them
- ensure the standards and the principles of human rights are integrated into our work, and
- improve our accountability in respecting, protecting and fulfilling people’s human rights.

The Scottish Human Rights Commission delivered a human rights training session for our Board and Executive Team members. The session highlighted the role of the Board in promoting rights and tackling inequality and helped to embed a human rights-based approach at the most senior level of leadership within the organisation.

A member of our staff additionally attends the SNAP (Scotland’s National Action Plan on Human Rights) Action Group, which is co-convened by NHS Health Scotland and the Health and Social Care Alliance.<sup>1</sup> The role of the action group is to identify opportunities for using human rights as a driver for change in health and social care. It provides useful opportunities for sharing information and resources with third sector and other NHS Scotland and Scottish Government colleagues.

## 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 2017–2021.

We will be continuing to take steps to improve our equality monitoring disclosure rate and anticipate that this will be supported with the introduction of a new human resources system in 2017, intended to improve the data capture of staff details.

Our Workforce and Equalities Monitoring Reports for 2018–2019 and 2019–2020 are published on our website and can be accessed using the links below:

- [2018-19 report](#)
- [2019-20 report](#)

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<sup>1</sup>See here for details of the group: <https://www.alliance-scotland.org.uk/policy-into-practice/human-rights/snap/>

## Equal Pay

As of 31 March 2020, we employed 468 members of staff: 76.8% of staff identified as women and 23.2% of staff identified as men.

Based on the data in our Workforce Equality Monitoring Report 2019/2020, our mean pay gap has reduced by 1.9%, giving us a mean gap of 15.3%. Our median pay gap has reduced by 6.2%, giving a median gap of 8.0%.

Analysis of our pay gap and additional information relating to occupational segregation is presented in Section 6 of this report.

Our equal pay statement, which was published as part of our Equality Mainstreaming Report in 2017, has been reviewed in partnership and is available at the end of this report. We remain committed to what was set out in our 2017 statement, and our work to close our gender pay gap will continue. We have outlined relevant actions in section 5 of this report.

## Public involvement equality monitoring

Our Engaging People Strategy 2014–2020 set out our commitment to ensure that people are engaged in everything we do. We involve patients, service users, carers, members of the public, public partners (volunteers who work with us) and third sector organisations in a range of ways and in various aspects of our work.

Equality monitoring helps us to understand whether our engagement has been inclusive and helps identify if action is required to address areas of under-representation. Our most recent public involvement equality monitoring data has been used to inform the development of our equality outcomes for 2021–2025.

## Procurement

We consider equality throughout our tender processes and comply with all legislative procurement requirements. Public sector procurement is governed by various pieces of legislation and two new pieces of legislation came into force in 2016:

- The Public Contracts (Scotland) Regulations 2015, which implement the new EU Directive on public procurement, and
- The Procurement (Scotland) Regulations 2016, which implement the Procurement Reform (Scotland) Act 2014.

These regulations support the implementation of our equality duty in different ways. The new EU Directive specifically permits social issues to be considered, so this will further support the inclusion of equality considerations in our award criteria.

The Procurement Reform Act requires public bodies to publish procurement strategies for their regulated procurements (over £50,000 for goods and services, and over £2m for works). These strategies must include a range of policy statements, including ‘treating suppliers equally and without discrimination,’ and ‘consulting and engaging with those affected by its procurements,’ both of which will assist us in complying with the equality duty.

Healthcare Improvement Scotland is included as part of the Scottish Ambulance Service Shared Procurement Service draft procurement strategy for regulated procurements. This strategy supports procurement staff to work with stakeholders to implement the requirements of the Procurement Reform Act. The Shared Procurement Service carries out equality impact assessments for relevant procurements. Annual reports on procurement strategies are required to be published from 2018 onwards and so will be available for the public to access.

## Recruitment

We refreshed and promoted our Recruitment Selection Policy to strengthen its approach to managing equalities. As part of our future review of this policy, we will consider the scope for a flexible approach to hours for newly advertised posts. We acknowledged that those with caring responsibilities who are unable to commit to full-time or very set hours may avoid applying and / or taking up promotion opportunities within the organisation. This is currently more likely to affect women than men.

## Equality and diversity training

Equality and diversity training is mandatory for all new staff. The training consists of an online e-learning module and a group training session facilitated by the Equality and Diversity Advisor, or another suitably trained member of the Public Involvement Team.

The training provides an overview of the Equality Act and the public sector equality duty and emphasises how equality considerations relate to staff in their role. It also ensures the organisation’s core values in relation to equality and diversity are at the forefront of the organisation's new staff induction programme. Elements covered in the training include:

- what equality and diversity means,
- the benefits of promoting equality and celebrating diversity in our work and workplace culture,
- the legal requirements of the Equality Act and how they relate to Healthcare Improvement Scotland and its employees,
- the protected characteristics,
- types of discrimination,
- how to challenge inequality in the workplace, and

- undertaking equality impact assessments.

More recently, we prioritised moving this training online to accommodate workplace changes resulting from the COVID-19 pandemic and ensure equality and diversity remain uppermost in our new staff induction programme. We are actively considering how to enhance the session's coverage of the protected characteristic groups and some of the most pertinent equality issues.

## **Flexible working**

We encourage our staff to have a healthy work-life balance and our flexible working policy is intended to support this. Flexible working hours are available to the majority of our staff. The only exception is the Death Certification Review Service Team, who are employed on agreed shift patterns due to the requirements of the service.

As part of our response to the COVID-19 pandemic, we have actively supported staff to agree suitable working patterns with their line manager in order to balance work with caring responsibilities and prioritise personal wellbeing.

## **NHS Scotland Equality and Diversity Lead Network**

We continue to be part of the NHS Scotland 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.

There is also an opportunity for external speakers or guests to join the network meeting to support improvement, learning and development. Recently, for example, the network was delighted to welcome and learn from a representative of I Am Me Scotland to hear about the Keep Safe Initiative aimed at tackling disability hate crime. The network has also heard from and provided support to key NHS projects including the extended flu vaccination programme led by Public Health Scotland.

## **Board diversity**

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended) require relevant listed authorities to use information on Board members gathered by the Scottish Ministers to help ensure that those appointed to public boards better reflect the diversity of the Scottish population.

Guidance published by the Equality and Human Rights Commission in October 2016 sets out that relevant listed authorities must publish:

- the number of men and women who have been Board members of the authority during the period covered by the report.
- how the information provided about the relevant protected characteristics of its Board members has been used so far, and
- how the authority proposes to use the information provided in the future to promote greater diversity of Board membership.

We can report that during the period April 2019 to March 2021 we have had 14 board members: nine were female and five were male. During this time, we held one recruitment exercise in order to fill one vacancy. We received 18 applications for the vacancy, 50% of which were from women. The successful candidate during that round was a woman. In making this information available, we are also meeting the duties we have in relation to the Gender Representation on Public Boards (2018) Act.

Our board have recently formed a Succession Planning Committee to help to continue to improve the diversity of our board. The Committee will be reviewing and evaluating the current skills, knowledge, diversity and expertise of our board members and considering recruitment approaches to help us attract a diverse applicant pool for future board member appointments.

### **The Source – staff communication and awareness raising**

The Source is Healthcare Improvement Scotland’s intranet and is an important means of communicating the breadth of our organisation’s work to our staff, and of raising awareness of equality issues by bringing these to life through their personal stories of their own life experiences and through promoting awareness campaigns centred on protected characteristic groups and issues. During 2019 – 2021 we have run campaigns and supported and shared staff blogs on topics including:

- LGBT history month and Pride month
- Unpaid caring
- Hearing loss
- Mental health
- Part-time working
- Equality impact assessments
- Protecting and promoting the rights of children and young people
- Trans allies
- Dementia
- Menopause, and
- Living with a visible difference.

## Promoting children's rights through our Children and Young People Working Group

In accordance with Article 4 of the United Nations Convention on the Rights of the Child which states that we should do all we can to 'make sure every child can enjoy their rights by creating systems... that promote and protect children's rights', HIS established a Children and Young People Working Group in 2016. This group ensures that the whole organisation works together to meet the legal duties outlined in the Children and Young People (Scotland) Act 2014. The group considers activity across the organisation's many parts and ensures that children's rights are considered. It meets at least three times a year and updates on actions from our Corporate Parenting Action Plan at every meeting. We were pleased to publish our first [Children's Rights Report](#) in April 2020.

## Supporting staff to protect children and adults at risk of harm, abuse, or neglect

Keeping people safe is fundamental to everything we do in HIS. To achieve this, a Public Protection and Children's Health Services Lead was appointed in January 2019 to provide leadership, advice and support to the organisation on all matters relating to public protection. In July 2019, a suite of materials was shared on our staff intranet website to support us to fulfil our public protection remit. This material provides our staff with the confidence they require to recognise and respond to the early signs of abuse in both children and adults. In conjunction with guidance, training and supervision have been developed and are available to all staff across HIS. Mandatory training is offered via e-learning modules to all staff, while face-to-face training is offered to managers and staff with an outward-facing role (contact with NHS Boards, other agencies, and the public). By the end of March 2021, 421 HIS staff had completed the e-learning module and 201 had completed face-to-face training sessions. Our Public Protection and Children's Health Services Lead has also been reviewing the activity the organisation is involved in to improve outcomes for children and young people and identifying opportunities for HIS to play its part in having a greater impact in national priority areas.

## Engaging Differently: Supporting Inclusive engagement during physical distancing

A new online resource has been launched for NHS Boards and Health and Social Care Partnerships to help them continue to engage effectively with local communities while COVID-19 restrictions remain. The new online resource, called 'Engaging Differently,' was developed by our Community Engagement directorate. It contains hints, tips and examples to help organisations achieve a mix of approaches, including the repurposing of existing engagement methods to ensure the focus is not solely on digital and online technology. The resource, which we will continue to add to, was informed by an Equality Impact Assessment which considered a number of issues, including who is affected by digital exclusion and what can be done to address this.

## 3. Mainstreaming examples

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. This section supplements the mainstreaming examples provided in our [2019 update report](#). We have aimed to provide more recent examples here, and so the examples below particularly relate to the period from April 2019 to April 2021.

### Abdominal Aortic Aneurysm (AAA) Screening Standards

The aim of the AAA screening programme is to reduce AAA related mortality by providing a systematic population-based screening programme for men during their 65th year and, on request, to eligible men over the age of 65. Healthcare Improvement Scotland is responsible for developing screening standards, which set out an expected level of service for AAA screening services. The standards:

- demonstrate the delivery of person-centred, safe and effective healthcare,
- promote understanding, comparison and improvement in AAA screening, and
- support national consistency and/or local improvement in services.

As part of the preparatory scoping work for every set of standards we develop, we undertake an equality impact assessment (EQIA). The EQIA informs what the standards will cover and who needs to be involved in developing them. Our EQIA for the AAA screening standards project identified that older men are more at risk of abdominal aortic aneurysm, and those living with socioeconomic deprivation are less likely to attend for screening.

When developing our AAA standards therefore, we sought to specifically work with older men living in less affluent areas to understand how the standards could help to optimise uptake, address access barriers and challenge health inequalities. To achieve this, we attended a Men's Shed meeting in Govan and spoke with a Walking Football Team in Penicuik to better understand their experiences and inform improvements.

We are using this feedback as we finalise our AAA screening standards which will be published in May 2021. We plan to include specific criteria which sets out what NHS Boards must implement to address health inequalities in AAA screening. For example, criteria that NHS Boards develop an understanding of their local eligible population so that they can identify and engage with men who may experience the barriers we noted in accessing and attending for AAA screening.



The team met with a Men's Shed group in Govan (left) and a Walking Football Team in Penicuik (right)

## Sexual health standards project

Sexual health services exist to help people achieve good sexual health and wellbeing. Services are wide-ranging and cover relationships, sexually transmitted infections (STIs), reproductive health and gender identity. Healthcare Improvement Scotland is responsible for revisions to ensure the standards:

- demonstrate delivery of person-centred, safe and effective healthcare,
- promote understanding, compassion and improvement of sexual health care, and
- support national consistency and/or local improvement

As part of the revision of the 2008 Sexual Health Standards, we conducted an Equality Impact Assessment (EQIA). Our EQIA showed that there are groups who benefit from good access to sexual healthcare, but who experience specific barriers in doing so. This included, for example, gay and bi men, younger adults, and women with learning disabilities.

In the early phase of the project therefore, we invited third sector stakeholders to an open meeting to identify where the standards could address key inequalities. The workshop attendees represented the groups we had identified as most likely to face barriers or to have historically experienced discrimination. The project team collated and analysed the workshop findings to inform and influence the scope and principles of the standards. We continued to engage with third sector and advocacy organisations to refine our thinking, and also incorporated evidence and learning gained during the COVID-19 pandemic.

Draft standards are currently in development, ready for a 12 week period of consultation ending in June 2021. We will offer to facilitate engagement events for organisations that wish to provide feedback on the draft standards and will hold a number of workshop events over the consultation period. An online survey will further gain feedback from health and social care professionals, organisations and individuals. Consultation feedback will influence the content of final standards, which are anticipated to be published in October 2021.

## General Standards for Neurological Care and Support

We developed general standards for neurological care and support in 2019. The standards were intended to benefit all adults in Scotland living with a neurological condition. We wanted to ensure that the project's development group reflected the diversity of the neurology community.

We worked hard to engage with third sector agencies and people with experience of living with neurological conditions, or caring for a person or patients, with a neurological condition. Within this model, we understood the importance of ensuring that the voices of people with neurological conditions influenced our work to the greatest extent possible. Therefore, in addition to our standards development group, we also formed a subgroup led by those with experience of living with a neurological condition. This provided a safe and understanding space for people to tell their stories and reflect on their experiences of care and support.

The information we gained by capturing people's lived experience underpinned the published standards and particularly strengthened our standard around person centred care.

## Engagement support for the Chief Medical Officer's (CMO) Taskforce for victims of rape and sexual assault

The Standards and Indicators Team supports the aims of the Chief Medical Officer's (CMO) Taskforce to improve healthcare and forensic medical services for people who have experienced rape, sexual assault, or child sexual abuse. The team were commissioned by the Scottish Government to support the consultation on three national pieces of work:

- a new adult clinical pathway and corresponding national data collection form,
- a data protection impact assessment and information sharing agreement between NHS boards and Police Scotland, and
- a new national clinical pathway for children and young people.

Identifying the specific communities affected by these pieces of work and considering the most effective and sensitive ways to gain their feedback, the team worked closely with Rape Crisis Scotland. With their support and expertise, we were able to listen to the experiences of helpline staff, child protection officers, adult survivors of child sexual abuse, and mothers of children who had been abused. We also recognised the significant and unique barriers that people experiencing sexual assault or rape face when living in rural and island communities, and held face-to-face engagement sessions in Shetland, Orkney, Aberdeen and Inverness.

In December 2020, the Scottish Parliament passed the landmark Forensic Medical Services (Victims of Sexual Assault) (Scotland) Bill which places the responsibility for forensic medical service on NHS boards. This underpins the data sharing agreements and clinical pathways to provide a framework for trauma-informed, person-centred services for everyone who has experienced rape or sexual assault. We are continuing to work closely with the CMO Taskforce to support the delivery of the Bill.



A member of our Standards and Indicators Team with a member of staff from the support group Break the Silence

## **SIGN (Scottish Intercollegiate Guidelines Network)**

SIGN aims to improve the quality of health care for patients in Scotland by reducing variation in practice and outcome through the development and dissemination of national clinical guidelines. Guidelines contain recommendations for effective practice and are based on current evidence.

We develop guidelines through SIGN development groups, which include representation from people with lived experience of a relevant condition or service as well as appropriate third sector organisations. Throughout the guideline development process, considerable time and resources are committed to engagement activities. The SIGN team undertake targeted, responsive and diverse engagement to ensure we actively engage, involve and consult more widely with people with lived experience and their families/carers and communities.

SIGN have recently piloted the use of quotes from people with lived experience to strengthen these voices in our work. Incorporation of quotes from people with lived experience in guidelines can support professionals to gain an understanding of what's important to people when making decisions about treatment and care. This has provided richer information about people's experiences of a condition or services.

When SIGN developed a guideline around epilepsy in children and young people, we made use of quotes while additionally piloting a search of qualitative data. The search helped scope evidence that relates to key issues from the perspectives of patients and carers. We were then able to use this evidence alongside representation from people with lived experience (including young people and parents) on the development group, and submissions and presentations from third sector organisations. A mix of methods ensured we heard a range of perspectives on the topic and were able to take a more inclusive approach as we developed the guideline.

During the process, two young people who had been engaged in the guideline development group were supported to present at an open national meeting on their experiences of epilepsy, services and being involved in developing the guideline.

## Early Intervention in Psychosis

A strong evidence base within mental health indicates that reducing the length of untreated psychosis through early intervention and with the correct set of approaches, can significantly improve outcomes for people who have experienced psychosis.

The Early Intervention in Psychosis programme has been led by Healthcare Improvement Scotland on behalf of The Scottish Government, to:

- Engage with and listen to the views of people with lived experience of psychosis in all aspects of the work
- Investigate the current state of early intervention in psychosis services/interventions across Scotland and support a detailed exploration in two NHS Boards, which are 'accelerator sites' for the project
- Review international evidence around early intervention in psychosis in remote and rural areas, and application of digital interventions, and
- Establish a national network for Early Intervention in Psychosis so that key stakeholders may share learning and make improvements.

Involving people with lived experience of psychosis in the design and delivery of all elements of this work has been central to the programme. This is being achieved in a variety of ways, including:

- The appointment of a paid co-chair with lived experience of psychosis to the Early Intervention in Psychosis Advisory Group, and
- Engagement with people with lived experience through the Early Intervention in Psychosis Reference Group. This group includes people who have experienced psychosis, as well as carers of people who have experienced psychosis, and third sector organisations who support people.

The Early Intervention in Psychosis Reference Group held a series of conversations with people with lived experience of psychosis and their carers over December 2020 and January 2021.

The project has funded a support worker who is based in Support in Mind Scotland. Working as part of the team, the support worker is helping to ensure the views and ideas of people with lived experience of mental ill health are taken on board in all parts of the programme.

The two accelerator sites (Forth Valley and Argyll & Bute) are establishing local Lived Experience Reference Groups and are focusing on gathering the views of people with lived experience across their work through events, questionnaires and meetings.

The Early Intervention in Psychosis work will culminate in a report to The Scottish Government in March 2021. This report will inform Scottish Government decisions about how

to support the propagation of best practice for treatment of first episode psychosis across Scotland.

*“As services re-mobilise, we must make sure that our involvement activity is also restarted. We have shown how user and carer involvement can provide benefits in all areas of service design and delivery. Always remember – **nothing about us without us!**”*



Gordon Johnston, Public Partner for the ihub's  
Mental Health Improvement Team

## Supporting NHS 24 to involve young people in the design and development of their services

In 2018 Healthcare Improvement Scotland supported NHS 24 to improve how they engage with young people. This involved the planning and delivery of bespoke engagement activities with the West Dunbartonshire Young Carers Group, the Glasgow Youth Council, Who Cares? Scotland and students from the Glasgow Kelvin College. Through these activities, we built quality relationships with staff and young people.

Our staff then supported additional engagement activities with young people to gauge their interest in getting involved in the design and development of NHS 24's services. Engagement approaches that supported the long-term involvement of young people were discussed and the results of these discussions fed into a new organisational approach to youth engagement for NHS 24.

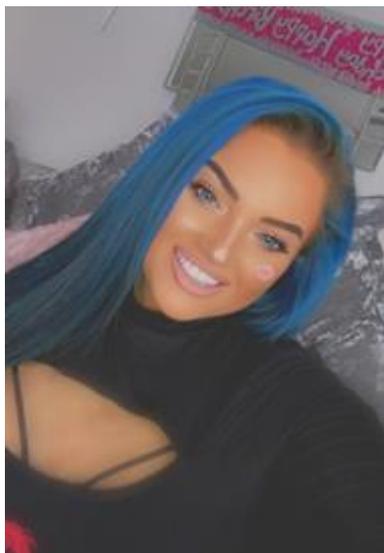
As a follow-on from this activity, our staff supported NHS 24 to establish its NHS 24 Youth Forum. The first NHS 24 Youth Forum event took place in June 2018 at the Scottish Youth Theatre, and NHS 24 continue to use the forum to seek the views of young people to inform the organisation's work.

## Modern Apprentice

On 4<sup>th</sup> March 2019, we were delighted to welcome Saskia Smillie as our Modern Apprentice. Saskia joined our Nursing, Midwifery and AHP Directorate as a Trainee Admin Assistant. She completed SVQ Level 3 in Business Administration during her first year with us and is currently working towards SVQ Level 6 in Digital Marketing. Here is what she had to say about working with Healthcare Improvement Scotland:

*“Before I started working in HIS as a Modern Apprentice, I was doing an apprenticeship with another organisation but really wasn’t enjoying it. I was unsure what my next move would be. With a poor experience already, I didn’t plan to take on another apprenticeship. I followed my professional interest and started looking for administration posts instead. That’s when I stumbled upon the advert for an apprenticeship at HIS. It sounded like such an amazing opportunity to me, and I didn’t want to miss it!*

*On my first day, I was very nervous as I had no experience working within an administration environment. My previous job was as a customer advisor. However, I quickly got the hang of things. The first month was pretty quiet - there wasn’t much work to do as I was still learning. However, that changed after I met my tutor Beverley for the first time. Beverley and I meet every 2 weeks to check in about how I’m getting on and the work I’ve been able to complete.*



*I had 9 units to complete within 12 months for my SVQ Level 3 in Business Administration. I finished this by November 2019. The evidence for this was theory and practical so I would have to refer to tasks I was working on and print out any evidence that was relevant for this. Since I enjoyed doing these units Beverley asked if I would be interested in doing a SVQ Level 6 in Digital Marketing, which I gladly agreed. This is currently what I am working on and have 15 units to complete.*

*For me, the highlights of working in Healthcare Improvement Scotland have been the team I am working in as everyone is very supportive and happy to help me with completing my SVQ work - which I am very grateful for. Another highlight would be completing my SVQ Level 3 in Business Administration as I have a certificate to say I have completed this. Hopefully, I will soon also have a Digital Marketing qualification!”*

Our Modern Apprentice, Saskia Smillie

## **Margaret McAlees Award**

In 2017 Healthcare Improvement Scotland, with the support of the Unison Scottish Health Branch, introduced a new award that recognises excellence in relation to equality and diversity – the Margaret McAlees Award. The award honours the memory of our colleague Margaret, who sadly passed away in 2017. Margaret was extremely well known and respected for her committed contribution to advancing equality and diversity. This award seeks to celebrate and promote best practice in relation to equality and diversity.

In March 2020. We made two awards – one individual award and one team award. Our individual winner was Public Involvement Advisor, Graeme Morrison. Graeme led an awareness and fundraising campaign for HIS staff in December 2018 to support Who Cares? Scotland’s Care Family Christmas and provide a Christmas gift for forty care experienced young people. As part of the campaign, he led awareness raising activities amongst staff about our responsibilities as a corporate parent to promote the wellbeing of care experienced young people. With a fundraising target of £400 he inspired so much enthusiasm the total mounted to £1400!

Our team winner was our Standards and Indicators Team. The team takes an exemplary approach to mainstreaming equality considerations within their work. A recent example has been their fantastic work to improve mortuary standards and to take steps to ensure that everyone is treated fairly. Moreover, individual team members have shared their experiences via staff blogs on mental health, disability awareness, Barnhaus, blood donation, menopause and being a part-time working parent. As a team they champion inclusion and equality and diversity both to the benefit of the team and those who engage with health and social care services.



Our two sets of award winners – the Standards and Indicators Team, and Public Involvement Advisor Graeme Morrison

## Virtual Visiting

During the lockdown periods of the COVID-19 pandemic, visiting to all hospitals was suspended, except in end-of-life and other exceptional circumstances. This meant that patients and their families, friends and carers were unable to see each other during a stay in hospital. This could be very isolating. Moreover, for some people, a lack of access to mobile phones or other devices for staying in touch could make a hospital stay even more challenging.

Many NHS boards have been introducing Person-Centred Virtual Visiting to address this. Virtual Visiting is about using technology like phones, tablets or computers to keep people in touch during a hospital stay. In July 2020, the Scottish Government asked Healthcare Improvement Scotland's Community Engagement Directorate to learn about where Virtual Visiting was already being used in NHS Scotland hospitals, where it was needed and how we could ensure everyone who could benefit would have access.

The project team undertook an Equality Impact Assessment at the beginning and updated it throughout the project with new and emerging evidence. This has helped the team to take account of issues identified at different points in the project, and to develop solutions or recommendations. For example, the team has been able to identify potential gaps in a Virtual Visiting Service and recommend that individual boards consider the diversity of patients who could benefit from Virtual Visiting when developing their plans. They also identified the need for further work improving awareness and information provision in a range of accessible

formats; and the need to consider linkages between Virtual Visiting and programmes such as Connecting Scotland which aim to address inequality of access to digital tools.

## 4. Equality outcomes (2017–2021) - Final Progress Report

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 required us to publish equality outcomes we intended to achieve over the period April 2013 to April 2017. We set the following four equality outcomes.<sup>2</sup>

1. Disabled staff and job applicants experience improved support and career opportunities within Healthcare Improvement Scotland.
2. Lesbian, gay, bisexual and transgender (LGBT) people who currently work with Healthcare Improvement Scotland, who wish to work with us or who wish to volunteer with us, experience improved opportunities.
3. Minority ethnic people's views and experiences are better represented in the design, development and delivery of Healthcare Improvement Scotland's work.
4. Healthcare improvement Scotland will maintain an inclusive culture and environment, where staff understand the importance of equality and diversity in their work and interactions with others, and feel valued, respected and supported.

This final progress report provides information on the positive actions we undertook to achieve the intended outcomes. It also identifies the challenges we encountered and the lessons we learned.

We provided examples of our activities in our [2019 update report](#) and so we have aimed to provide more recent examples here. The examples below relate to the period from April 2019 to April 2021. However, from March 2020 Healthcare Improvement Scotland-refocused its activities in response to the COVID-19 pandemic. You can read more about our COVID-19 response here. For this reason, we have not achieved as much as we would have liked to in relation to our original planned activities. We have considered the areas where there is work still to do, and reflected this within our new set of equality outcomes and their supporting activities. These are available in section five of this report.

### 4.1 Equality Outcome 1: Disabled staff and job applicants experience improved support and career opportunities within Healthcare Improvement Scotland

#### The Issue:

An analysis of our 2015-16 workforce data demonstrated that only 4.8% of job applicants and 3.7% of those offered employment with us identified as disabled, while no staff applying

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<sup>2</sup> Healthcare Improvement Scotland (2017) *Equality Mainstreaming Report*: [http://www.healthcareimprovementscotland.org/previous\\_resources/policy\\_and\\_strategy/mainstreaming\\_report\\_2017.aspx](http://www.healthcareimprovementscotland.org/previous_resources/policy_and_strategy/mainstreaming_report_2017.aspx)

for internal promotions identified as disabled. We wanted to ensure within our own workforce we were addressing the specific barriers disabled people can experience in finding and maintaining employment.

We considered that just over 2% of working age disabled people in Scotland get support from Access to Work. This support could be essential, or else make considerable improvements, to someone's ability to work.

We also considered that mental health conditions and other hidden impairments could be missed and go unsupported. Anecdotal evidence from Healthcare Improvement Scotland's Partnership Forum suggested the number of staff seeking support for stress and anxiety had increased, but without a correlating increase in support requests to our Human Resources team. The Mental Health Foundation were reporting that around a third of all people with a mental health problem sought no professional help; while the UK government highlighted 10-15% of people in the UK have a hidden impairment such as Autism Spectrum Disorder (ASD), dementia, dyslexia, dyspraxia, attention deficit hyperactivity disorder (ADHD), dyscalculia or a learning disability.

## **Our Action:**

### **Awareness**

We have used our staff intranet to provide information about a range of conditions which are identifiable as disabilities under the Equality Act 2010, or which may impact someone's day-to-day life. We have included hidden conditions such as mental health problems, as well as more visible differences and conditions.

Here is Public Involvement Advisor James Stewart on his condition:

*All my life I've been mocked, bullied and discriminated against all because I have one thing in common with 1% of the world population. A condition that affects people in every country of the world. No one really knows for certain what causes it, there is no cure or vaccine. It's a condition that can isolate, affect mental health and have a devastating impact on life. It can lead to the breakdown of relationships, increased risk of suicide and even being fired from your job. You can be accused of being a liar, nervous and that you are just making it up. What is this condition that causes all of the above? It's a stammer. ... I now stammer openly, and I don't apologise for it. I've also turned my energies to helping others who stammer and so in 2012 I co-founded the Scottish Stammering Network, which is a registered charity that aims to provide people of all ages with a stammer the sort of support and guidance I wish I had when I was growing up.*

It has been a real privilege to hear about the different experiences of colleagues and to have the opportunity to celebrate and learn from the diverse people who contribute to Healthcare Improvement Scotland. The articles that were shared received high levels of staff engagement and comments, helping to maintain a positive work environment with equality and diversity at its heart.

### **Disability Confident**

After successfully obtaining consent to use the government's Disability Confident logo in our job adverts from June 2017, we were able to renew our certification of the scheme in November 2020.

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

We are now working towards Disability Confident Leader – level 3 status and will work to achieve this over the next three years. To attain the status of Disability Confident Leader – level 3, we will seek an independent review of our Disability Confident self-assessment from a relevant group or organisation of disabled people, current Disability Confident leaders, or a recognised accreditation organisation.

### ***Inclusive Communications***

Healthcare Improvement Scotland creates content in a variety of formats to support improvements in health and social care. For example, we publish reports, case studies, improvement resources, toolkits and news and films - to name a few. To help ensure we represent everyone who needs or uses health and social care services, as well as frontline staff and partner organisations, we published a staff intranet resource called *Making your comms more inclusive*. This provided a tool for individuals and teams to enhance the imagery and language used in all Healthcare Improvement Scotland communications. It included questions to challenge colleague perceptions, such as 'is the disabled person always a service user.' It also reminds staff that Plain English is the preferred style for our publications.

### ***Glasgow Centre for Inclusive Living***

We reported in our 2019 update that our staff supported the shortlisting and recruitment process for the Glasgow Centre for Inclusive Living's NHS Scotland Professional Careers Programme. The programme provides disabled graduates with an opportunity to gain work experience within NHS Scotland, and we were delighted to welcome our second graduate, Allan Barr, to our Standards and Indicators Team back in 2018.

Allan remains in post as a Project Officer with the team, and we are now preparing to welcome another two graduates to our communications team in 2021.

### ***Mental health and wellbeing short life working group***

A short life cross-organisational working group was established to review all the support currently provided to staff around mental health, and to build on and improve the way we

support our staff to maintain good mental health, including the support we offer when staff are experiencing any mental health problems. The group was paused early in the pandemic but was re-started in Autumn. It has worked hard to produce and disseminate mental wellbeing resources in response to the pandemic and is now working to establish its longer-term remit, which will be aligned to the organisation's strong focus on staff health and wellbeing.

## **4.2 Equality Outcome 2: Lesbian, gay, bisexual and transgender (LGBT) people who currently work with Healthcare Improvement Scotland, who wish to work with us or who wish to volunteer with us, experience improved opportunities**

### **The Issue:**

Although we were including LGBT+ equality within our standard equality and diversity induction training, we felt more awareness was needed to address the low representation of LGBT+ identities and the high rates of non-disclosure in our monitoring activities, as well as to ensure LGBT+ issues were being considered as part of equality mainstreaming across all our activities.

Research from organisations representing the interests of LGBT+ people was highlighting issues in the workplace, public involvement and healthcare access. For example, Stonewall showed a quarter of LGBT health and social care staff in Scotland experienced bullying or poor treatment about their sexual orientation from colleagues in the 5 years prior, while 9% of staff had been aware of colleagues experiencing discrimination or poor treatment because they were transgender. The Equality Network reported more needed to be done to tackle health inequalities and the specific health issues disproportionately affecting LGBT+ people, such as a higher prevalence of mental health problems, specific sexual and reproductive health needs, and a higher rate of smoking, alcohol and substance abuse. Stonewall reported 80% LGBT people said they had never been asked for their views by local service providers, while Stonewall worried health professionals were not being adequately trained to understand the issues affecting LGBT+ people.

### **Our Action:**

#### ***Awareness and celebration***

Healthcare Improvement Scotland established its own rainbow flag campaign in order to promote LGBT+ equality during LGBT History Month, which takes place in February each year. For the last 2 years, staff have taken part by sharing their photos with the Pride flag. The photos were shared internally and externally as part of a blog which highlighted our commitment to celebrating diversity in our workforce as well as the important ways we can maintain LGBT+ visibility all year round.

During Pride Month in June 2020 our Equality and Diversity Advisor wrote a personal blog about what LGBT+ pride means to her. The article also shared information about LGBT+ history and sign-posted resources for the LGBT+ community in Scotland.



A collage of our staff photos during LGBT History Month

### ***Stonewall Scotland***

We have worked with Stonewall Scotland to improve LGBT+ representation in Healthcare Improvement Scotland. As part of this, we joined the Workplace Equality Index (WEI). The WEI is a benchmarking tool which supports employers to demonstrate their progress in relation to LGBT+ equality. Organisations then receive their scores, enabling them to understand what is going well and where they need to focus their efforts, as well as see how they have performed in comparison with their sector and region.

For Healthcare Improvement Scotland, this has so far involved submitting two reports – one in 2018 and one in 2019 – and receiving detailed feedback and tailored recommendations and support. We are pleased to say that between our first and second report, we managed to almost double our score. We ranked at number 26 out of 64 health and social care sector entrants. Our best performing areas so far have been community engagement and equalities monitoring; while we have most potential for improvement in relation to recruitment and development, supporting a staff network and promoting role models.

Stonewall agreed to promote senior job opportunities within NHS Scotland using their social media. - We have shared job opportunities at band 7 and above for promotion by Stonewall, as well as volunteering opportunities. One successful Public Partner applicant appointed during the 2018 recruitment process identified as LGBT, while the number of LGBT+ staff has remained relatively consistent.

### 4.3 Equality Outcome 3: Minority ethnic people's views and experiences are better represented in the design, development and delivery of Healthcare Improvement Scotland's work.

#### The Issue:

Healthcare Improvement Scotland's Community Engagement Directorate (formerly the Scottish Health Council) promotes and supports Patient Focus and Public Involvement in our own work and across the NHS in Scotland. We believe meaningful and effective participation involves a diverse range of people from across the country.

An analysis of Healthcare Improvement Scotland's 2015-16 public involvement data showed that of the 632 people who provided their details at public involvement events, just under 10% identified as having a non-white ethnicity. We also involved 35 Public Partners - members of the public who are interested in the design, development and delivery of our work and who volunteer to supply a public view on key areas of our work. However, all those offered a Public Partner role in 2016 identified as either White Scottish or White British.

We supported the Scottish Government's Race Equality Framework for Scotland 2016–2030 and its visions, including that 'minority ethnic participation and representation is valued, effective, fair and proportionate at all levels of political, community and public life' and wanted to improve our performance in this area.

#### Our Action:

Our [2019 update report](#) covers the key actions we have taken in relation to this outcome. For example, it covers our engagement with ethnic minority groups who have been under-represented within our Public Partner cohort. While we had to report that this engagement did not lead to any new applications for Public Partner roles from people who identify with a minority ethnic group, we explained the other engagement methods we have used to ensure that people's views are represented in our work.

We subsequently did not run Public Partner recruitment activities during 2019-2020, and it remains the case that we have no Public Partners from minority ethnic groups. However, we are committed to ensuring that minority ethnic people's views and experiences are represented as well as possible in the design, development and delivery of Healthcare Improvement Scotland's work. We have therefore set out a range of planned activities in Section Five of this report. The activities we have developed address representation at all levels of the organisation; and we also introduce a new equality outcome which will sharpen our focus on the health inequalities still experienced by minority ethnic groups.

#### ***Conversations with colleagues***

Inequalities for minority ethnic groups have of course been exposed recently and in the starkest of terms. Disproportionate impacts reported through the COVID-19 pandemic, and a new chapter in the BlackLivesMatter movement, instigated by the murder of George Floyd in America, have clarified the need to do more and to do better. We began this work with some internal reflection. During September and October, we held confidential

discussions with Healthcare Improvement Scotland colleagues from black, Asian and minority ethnic (BAME) backgrounds. We discussed experiences of working in the organisation, including during the pandemic, what the organisation can do better, and the potential role of a network in supporting continued reflection and improvement in relation to BAME colleagues and communities,

The process of developing a network is now underway with the full support of the organisation's executive team. Again, this is an area we have highlighted for development through our 2021-2025 Equality Outcomes in Section Five of this report.

#### **4.4 Equality Outcome 4: Healthcare improvement Scotland will maintain an inclusive culture and environment, where staff understand the importance of equality and diversity in their work and interactions with others, and feel valued, respected and supported.**

##### **The Issue:**

We recognised that there is more that we could do and felt an equality outcome focussed on fostering good relations for all protected characteristics would help to drive further improvements.

We considered we could use our workforce data equality monitoring disclosure rate as a baseline measure of our staff's understanding of the importance of equality and diversity. This would also provide an indication of how confident and supported staff felt in relation to disclosing their protected characteristics. An analysis of 2015-16 workforce data showed:

- 38.1% of staff declined to disclose their religion or belief;
- 40% of staff declined to disclose their sexual orientation;
- 6.7% of staff declined to disclose whether they were disabled;
- 32% of staff declined to disclose whether they considered themselves to be transgender, and
- 3.5% of staff declined to disclose their race.

We also believed regular, targeted, equality-focused awareness raising activity across the organisation would help to consolidate our training activities and improve understanding of the protected characteristic groups, promoting understanding and tackling prejudice between persons who share a relevant protected characteristic and persons who do not share it.

##### **Our Action:**

##### ***Equality and Diversity Champions***

We understand the importance of equality and diversity champions at all levels of the organisation. Carole Wilkinson, Chair of Healthcare Improvement Scotland, has been a champion for equality and diversity since her appointment. Carole chaired the

Margaret McAlees award panel and supported the delivery of a development session with the Board and Executive team in relation to tackling inequalities.

Additional equality and diversity champions have been recruited to share their experience with staff via blogs on the Source. Blogs about mental health, visible differences, LGBT+ Pride, Ramadan, unpaid carers and Hanukah, have been published recently. These blogs are intended to improve staff understanding of the experience of different groups of people who might be unfamiliar to them. They have all received good levels of staff engagement.

### ***Board and Executive Team Development***

We have held development sessions with those in leadership positions within the organisation in order to increase their awareness of relevant issues and Healthcare Improvement Scotland's roles and responsibilities.

In 2019, we held a session for our board and Executive Team. We updated on the following:

1. The inequalities that exist in Scotland
2. Healthcare Improvement Scotland's duties to take action to tackle inequalities
3. What a human rights-based approach is, and how it can help us to improve what we do
4. What board and executive team members can do to make a positive difference

In early 2020, we held a session between the Scottish Health Council (SHC) Committee and the Staff Governance Committee. The purpose of the session was for members to consider and share understanding of the respective equalities-related roles and responsibilities of both committees.

The role of the SHC Committee is to assure Healthcare Improvement Scotland's board that HIS is meeting its duties in respect of community engagement, equalities, user focus and Corporate Parenting. The role of the Staff Governance Committee is to monitor and evaluate HIS strategies and plans relating to people management, review the Equality Mainstreaming Report and consider the annual organisational workforce plan and its fit with other organisational plans.

### ***Menopause Policy***

At the end of 2018 we established a short-life working group to create a Menopause Policy to better support staff who experience menopause. A considerable proportion of people working for Healthcare Improvement Scotland are in the age range of 40 - 60, when symptoms associated with the menopause are most likely to occur. Evidence shows that some people may not feel comfortable discussing menopause related health problems and the potential impact these can have on their work. The policy was launched in 2019 and aims to:

- support staff experiencing the menopause, and help them to minimise the impact it can have on them while at work
- create an environment where staff feel confident enough to raise issues about their symptoms and ask for adjustments at work

- ensure all staff know and understand what the menopause is and have access to a policy where help and support within Healthcare Improvement Scotland is clearly defined, and
- inform staff and managers about the potential symptoms of menopause, what the potential consequences can be and what support is available.

### ***Gender based violence policy and training***

Our Public Protection and Children's Health Service Lead coordinated a short life working group to produce a Healthcare Improvement Scotland policy on gender-based violence (GBV). While a Once for Scotland policy will eventually replace this, our staff were able to access a local policy earlier. Moreover, the process of creating the policy also generated substantial awareness and capacity across the organisation to address the impact of GBV on staff. We have subsequently developed a facilitated training session and encouraged all staff to take the opportunity to attend. So far, by March 2021, we have run 14 facilitated sessions and trained 100 staff members.

## 5. Healthcare Improvement Scotland equality outcomes 2021-2025

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended) requires Healthcare Improvement Scotland to publish equality outcomes. Our equality outcomes specify a result that we aim to achieve to further one or more of the needs of the general equality duty. We are required 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.

To help inform our equality outcomes, Healthcare Improvement Scotland 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 our Public Partners,
- Engagement with our staff,
- An analysis of reports published by the Scottish Government, public bodies, third sector and other organisations describing the inequalities experienced by people with relevant protected characteristics,
- An analysis of our workforce data, and
- An analysis of our public involvement data.

We are grateful to everyone who participated in our engagement activities or who produced reports that let us know about the experiences of different protected characteristic groups and what is needed to meet their needs and deliver their rights.

Analysis of the evidence, including evidence produced through the COVID-19 pandemic, identified many and pressing issues in relation to inequality. As Healthcare Improvement Scotland does not provide services directly to patients, we had to think carefully about what we could realistically achieve through the delivery of our own functions. Our considerations took into account our role as both an employer and as a public body which aims to support improvements in the quality of health and social care in Scotland.

We have set four outcomes in total. Two of our outcomes relate to all protected characteristic groups, while another two focus specifically on disability and race.

We chose disability and race for two key reasons. First, there is clear recent evidence which identifies the existence of entrenched inequalities in relation to those protected groups. Second, and relatedly, we believe these areas of focus will

enhance Healthcare Improvement Scotland's offer to the health and social care sector as we continue to support improvements in the quality of care for everyone in Scotland.

Healthcare Improvement Scotland is also subject to the Fairer Scotland Duty, which requires public sector bodies to consider how they can reduce socio-economic disadvantage when making strategic decisions. While not all of our decisions take place at a strategic level, we seek to consider health inequalities and the role of socio-economic disadvantage throughout our work. This is important since socio-economic disadvantage cross-cuts protected characteristics. We intend that the activities around health inequalities, representation and effective engagement outlined below will develop our understanding of and response to relevant socio-economic factors.

## 5.1 Equality outcome 1 – all characteristics

**Outcome: A greater diversity of people are attracted and retained to work or volunteer with us and through sharing their relevant lived experience actively shape and strengthen HIS activities.**

**Aim:** To build, maintain and value diversity in our workforce and volunteers, by:

- being bold in our ambition for recruiting, retaining and developing talent
- continuing to develop a workplace which is fair and inclusive, encourages and supports diversity and growth, and where people can be themselves
- building on individual and collective leadership which inspires, supports and values contributions from all.

### The General Equality Duty

The general duty need that this outcome is intended to support is:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- foster good relations between people who share a protected characteristic and those who do not

### Situation / Evidence

Our workforce profile shows that:

- Disabled people are 3.9% of our workforce. This compares with 20% of the population at the last census.
- BAME people are 3.8%. This compares with 4% of the population at the last census.
- People identifying as lesbian, gay, or bisexual are currently 4.3% of our workforce

- 0.2% of our staff are trans.
- Only 1.6% of our staff are under the age of 25, while 4.9% are aged between 25 and 29.
- Of the 21.9% of staff who work part-time, 88% are female.
- Our mean pay gap has reduced by 1.9%, giving a mean gender pay gap of 15.3%.
- Our median pay gap has reduced by 6.2%, giving a median gender pay gap of 8.0%.

Protected groups continue to experience disadvantage in employment. This includes recruitment, wage disparity and inclusion and progression within the workplace. For several protected characteristic groups, there is a notable ‘employment gap’ – that is, a percentage difference between employment rates for people with a particular protected characteristic and those without. For example:

- There is reported 16.4% employment gap between Black and Minority Ethnic people (BME) and white Caucasian people in Scotland.<sup>1</sup> At the 2019 STUC Black Workers Conference, resolution 4 was about supporting a diverse workforce. The resolution stated that this Conference believes that NHS Scotland is still not doing enough to support a diverse workforce, and ... calls on the STUC Black Workers’ Committee and the General Council to work with NHS Scotland to ensure they do more to support the empowerment and career advancement of Black workers who are employed by NHS Scotland
- There is a 35.5% employment gap between disabled and non-disabled people.<sup>3</sup>
- The gender employment gap has narrowed but is still significant at 6.3%.<sup>4</sup> Moreover, women continue to be under-represented in senior roles. This includes the health sector where they make up the majority of the workforce.<sup>5</sup>
- Barriers experienced by LGBT+ people in the workplace are also well documented by Stonewall.
- The intersectional implications of these gaps are worth considering. For example, Close the Gap reported in 2019 that 72 percent of Black, Asian and minority ethnic (BAME) women they surveyed had experienced racism, discrimination, racial prejudice and/or bias in the workplace. Those working in the public sector were more likely to report this.<sup>6</sup>

Our internal consultation with minority ethnic colleagues demonstrated that we need to do more to foster an inclusive culture and support the visibility and leadership of people from diverse communities. To help facilitate our efforts here and in relation to our disabled and LGBT+ colleagues also, we embrace the recent Scottish Government directive to establish networks for staff who share these protected characteristics. Work in developing local networks has already begun and will be delivered in earnest during 2021. We intend that this will further develop the inclusive culture we have worked hard in developing during the last reporting period. It will also complement our equality and diversity training. As

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<sup>3</sup> Scottish Government (Mar 2020) A Fairer Scotland for Disabled People Employment Action Plan – Progress report

<sup>4</sup> Scottish Government (May 2020) Decrease in gender employment gap: <https://www.gov.scot/news/decrease-in-gender-employment-gap-over-last-decade-1/>

<sup>5</sup> Engender (2020): Sex and Power in Scotland 2020: <https://www.engender.org.uk/content/publications/Engenders-Sex-and-Power-2020.pdf>

<sup>6</sup> Close the Gap (Feb 2019) Still not visible: Research on black and minority ethnic women’s experiences of employment in Scotland: [https://www.closesthegap.org.uk/content/resources/1557499847\\_Still-Not-Visible.pdf](https://www.closesthegap.org.uk/content/resources/1557499847_Still-Not-Visible.pdf)

Dilraj Sokhi-Watson, Co-CEO (Acting) of Amina Muslim Women Resource Centre (MWRC)) has noted, 'training in itself will not build capacity. What matters is that there is an enabling environment in which people feel free to speak about the issues'.<sup>7</sup>

The COVID-19 pandemic has brought particular challenges for some protected groups which may result overall in increased employment disadvantage. This means our efforts in relation to recruitment and retention in those areas will be especially important. For example, the gendered allocation of care has meant that during the pandemic women in particular have had to use a variety of leave options to care for children.<sup>8</sup> Single parents, of whom 90% are female, are particularly impacted by additional caring responsibilities and school closures. Scottish Government note that while adults of visible minority ethnicities - particularly women - are less likely to be employed than White adults, Black, Asian and Minority Ethnic (BAME) people are also more likely to work in some 'shut down' sectors such as hospitality and to feel the economic impact of this into the future. Inclusion Scotland note that the impact of Covid-19 is likely to be disproportionately high on disabled people in terms of redundancy and reduced hours,<sup>9</sup> while Young Scot report that nearly two in five young people do not feel confident about their future employment prospects, with employment and finances a leading concern.<sup>10</sup>

As an employer, we need to acknowledge these trends and ensure as far as possible that our own practices are supportive of the diversity of people we wish to attract to work with us.

## Activities and outputs

### Activity 1:

**Develop and facilitate new staff equality networks to support and learn from colleagues who are BAME, LGBT+ and disabled.**

Output: Three new staff networks to support and learn from BAME, LGBT+ and disabled colleagues.

Measure: Frequency of meetings

Measure: Number of participants

Measure: Qualitative feedback from participants in relation to impact.

Output: Feedback which can improve the experiences of people who share a protected characteristic in relation to key HIS policies and procedures.

Measure: Changes to policies and procedures.

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<sup>7</sup> Scottish Parliament (Nov 2020) Race Equality, Employment and Skills: Making Progress? *Equalities and Human Rights Committee*, Session 5: <https://sp-bpr-en-prod-cdnep.azureedge.net/published/EHRIC/2020/11/15/Race-Equality--Employment-and-Skills--Making-Progress-/EHRICS052020R3.pdf>

<sup>8</sup> Engender (2019): Briefing: Women and COVID-19

<sup>9</sup> Inclusion Scotland (Sept 2020) Factsheet on Employment and Disabled People in the Scottish Government's 2020-2021 Programme for Government

<sup>10</sup> Young Scot (Nov 2020) Lockdown Lowdown report

## Activity 2:

### **Ensure staff, volunteers and board members develop a proficient level of equalities awareness.**

- Output: Mandatory facilitated equality and diversity training to all new staff and additional opportunities for staff to refresh their knowledge and understanding.
- Measure: Percentage of participants who say they have learned something new or will do something differently as a result of the training or learning opportunity.
- Output: Training on carrying out Equality Impact Assessments for individual teams.
- Measure: Percentage of participants who say they have learned something new or will do something differently as a result of the training.
- Measure: Number of EQIAs shared across the organisation for learning and on-going improvement.
- Output: Improved training and information resources on race, LGBT+ and disability issues.
- Measure: Equality and diversity training which better represents minority identities
- Measure: Qualitative feedback on the usefulness of the resources in understanding and supporting different groups.

## Activity 3:

### **Take steps to ensure our commitment to equality and diversity is clear at all stages of the recruitment process**

- Output: Review the approach to flexible working and how we can better support colleagues with caring responsibilities
- Measure: Availability of written resources
- Measure: Relevant changes in internal policies
- Measure: Achievement of the Carers Positive kitemark
- Output: Include statements and logos on recruitment advertising which highlight our active commitment to equality and diversity and encourage applications from under-represented groups.
- Measure: Increase in applications from candidates from under-represented groups which leads to a correlating increase in the number of appointments.
- Measure: Disability Confident Leader – level 3 status is obtained by the end of 2023
- Output: Diverse channels and methods used to advertise external vacancies
- Measure: Number of views per advertised vacancy
- Measure: Number of applications per advertised vacancy
- Measure: Equality monitoring information from applications
- Output: Our commitment to equality and diversity in recruitment is clear to managers

Measure: Updated guidance on equalities considerations in recruitment

#### Activity 4:

##### **Take steps to support under-represented or disadvantaged groups to participate at every level of the organisation.**

Output: Increase in the number of employees who identify as BAME, disabled, LGBT, and under the age of 30.

Measure: Workforce profile as reported in Annual Workforce Equality Monitoring Report

Output: Greater parity of pay and representation in relation to gender across all bands

Measure: Data in the annual Workforce Equality Monitoring Report showing improvement on previous year.

Output: Diversify the range and type of roles available to public partner and volunteers

Measure: Increase in the variety of roles offered.

Measure: Improved diversity in the profile of public partner and volunteers.

Output: Board succession plan which addresses gaps in representation, including for protected characteristic groups and different geographic communities and socio-economic backgrounds.

Measure: Diversity of candidates applying and being appointed to new board positions.

Output: Apprenticeships and work experience placements for young people.

Measure: Number of modern apprenticeships offered and undertaken.

Measure: Number of work experience placements offered and undertaken.

#### Activity 5:

##### **Review key HIS policies to ensure all colleagues with protected characteristics are adequately represented.**

Output: Transitioning at Work Policy to support trans employees

Measure: Review of suitability by Stonewall Scotland

Output: Glossary of terms defining current equalities language, per Once for Scotland policies and local policies.

Measure: Number of staff who have been informed about the resource

Measure: Qualitative feedback on the usefulness of the resource

Output: As part of the Personal Development Review process, work in partnership to establish a corporate objective on equality and diversity.

Measure: Guidance and corporate equality and diversity objective for all staff.

Measure: Percentage of staff who have agreed actions to support the shared objective.

## Activity 6:

### **Seek staff feedback to achieve an up-to-date understanding of workforce diversity and inclusion**

- Output: Regularly encourage staff to confidentially update details on eESS  
Measure: Communications materials explaining the importance of equality monitoring.
- Output: Opportunities for staff to evaluate their own experience during internal engagement activities.  
Measure: Number of improvements in accessibility informed by staff feedback. For example, this may be changes to the format or structure of meetings.

## 5.2 Equality outcome 2 – all characteristics

### **Outcome: Our working practices support and encourage wellbeing and resilience for staff from all protected characteristic groups**

- Aim: To ensure that all employees, regardless of but accounting for their protected characteristics and diversity, experience a safe, inclusive and healthy workplace, which promotes equality of opportunity, and directs people to appropriate support when needed.

### **The General Equality Duty**

The general duty need that this outcome is intended to support is:

- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- foster good relations between people who share a protected characteristic and those who do not.

### **Situation / evidence**

While showing very positive results in the round, Healthcare Improvement Scotland's 2019 Culture survey showed that 80% of our staff frequently (27%) or sometimes (53%) felt stressed at work, and that there was a correlation between stress and perception of working in HIS.

At an overall societal level, mental health issues have become more prevalent during the pandemic. In wave 1 of the Scottish Government's COVID (SCOVID) tracker study, 25.3% of those surveyed reported levels of depressive symptoms indicating a possible need for treatment, and 19.1% reported anxiety symptoms of a similar level. Furthermore, 10.2% of respondents reported very recent suicidal thoughts.

Evidence additionally indicates that there has been a particular mental wellbeing impact on some protected groups, who at the same time may also experience added pressures in relation to work. For example, the Office for National Statistics reported in April 2020 that nearly two-thirds (64.8%) of disabled adults said COVID-19-related concerns were affecting their wellbeing,<sup>11</sup> while Inclusion Scotland have referred to a ‘mental health crisis’ for disabled people.<sup>12</sup> A UK wide study suggests the mental health of black, Asian and minority ethnic (BAME) people has been disproportionately worsened by the pandemic, and the Scottish Government’s SCOVID tracker study hints this is likely to hold true in Scotland too. The Mental Health Foundation reports that, UK wide, women are more likely to experience mental health problems than men,<sup>13</sup> while the LGBT Foundation suggest that while 42% of LGBT people have needed mental health support during the pandemic, 34% had medical appointments cancelled.<sup>14</sup> LGBT+ people already experience disproportionately poor mental health.<sup>15</sup>

While Healthcare Improvement Scotland does not deliver any frontline services, it is important that we continue to invest in the wellbeing of a diverse workforce to build and maintain resilience, including through the challenging times of the pandemic and beyond. The September 2020 *Everyone Matters Pulse Survey* results for our organisation showed a high prevalence of anxiety within our staff, with 57% of respondents registering medium to high anxiety levels. Our conversations in Autumn 2020 with staff with BAME ethnicities also revealed that more needs to be done to ensure the specific mental wellbeing needs of BAME colleagues are being recognised and met.

We have been pleased that, overall, staff report high levels of satisfaction with the organisation. This gives us a good foundation to now enhance the way we meet the mental wellbeing needs of our staff, particularly as they fall at the intersection of other characteristics and produce particular experiences or impacts.

## Activities and outputs

### Activity 1:

**Develop resources which will support colleagues to look after their mental health and provide appropriate support to others.**

Output: Mental health and wellbeing peer support resources for colleagues, as peers and managers.

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<sup>11</sup> Office for National Statistics (Apr 2020) Coronavirus and the social impacts on disabled people in Great Britain: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/coronavirusandthesocialimpactsondisabledpeopleingreatbritain/2020-04-24>

<sup>12</sup> Inclusion Scotland (May 2020) Press Release: Mental Health in Lockdown – disabled Scots hit hard: <https://inclusionScotland.org/press-release-mental-health-in-lockdown-disabled-scots-hit-hard/>

<sup>13</sup> Mental Health Foundation (no date): Coronavirus Scotland: The Divergence of mental health experiences during the pandemic

<sup>14</sup> LGBT Foundation (May 2020) Hidden Figures: The Impact of the COVID-19 pandemic on LGBT communities in the UK

<sup>15</sup> LGBT Health and Wellbeing et al (2018) LGBTI Populations and Mental Health Inequality: <https://www.lgbthealth.org.uk/wp-content/uploads/2018/08/LGBTI-Populations-and-Mental-Health-Inequality-May-2018.pdf>

- Measure: Availability of resources which are inclusive in relation to protected characteristics
- Measure: Frequency of access and feedback received
- Measure: Results of the organisation's culture survey
  
- Output: Continue to promote Mental Health first aid training and other learning and development opportunities which seek to support mental wellbeing
- Measure: Number of staff trained
- Measure: Percentage of staff giving positive feedback on training.

### Activity 2:

#### **Ensure mental health and wellbeing considerations are mainstreamed in our activities.**

- Output: A Mental Health and Wellbeing Working Group which positively contributes to HIS activities.
- Measure: At least three examples of a positive change the working group has implemented or influenced.
- Measure: Positive changes influenced or implemented are actively cognisant of protected characteristics.
  
- Output: Shared corporate objective around wellbeing.
- Measure: Results of the organisation's culture surveys indicate the wellbeing objective has had an overall positive impact on staff.

### Activity 3:

#### **Understand and challenge the role of stigma in accessing support**

- Output: Engagement with third sector organisations, including those that represent protected characteristic groups, to better understand the role of stigma, including self-stigma, and how this impacts access to support and health services.
- Measure: Positive action from meetings with relevant organisations.
- Measure: EQIAs which consider the role of stigma for protected groups and set out appropriate mitigating measures.
  
- Output: Participate in anti-stigma campaigns.
- Measure: Inclusive awareness articles on the Source.
- Measure: Staff participation in anti-stigma activities.

## 5.3 Equality outcome 3 – race

**Outcome: People who are black, Asian or from a minority ethnic group are actively involved in our work and their views and experiences inform and influence positive action to promote improved health outcomes.**

Aim: To develop and share a better understanding of the health and care needs of people from BAME communities, to:

- Increase the knowledge and understanding of our staff and those we work with so that we are better able to make interventions which reduce racial inequalities within healthcare.

### **The General Equality Duty**

The general duty need that this outcome is intended to support is:

- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- foster good relations between people who share a protected characteristic and those who do not.

### **Situation / Evidence**

The Scottish Government's report [Addressing Race Inequality in Scotland: the way forward](#) notes key areas of existing health inequalities for BAME communities. Areas of inequality include cardiovascular diseases, diabetes, HIV and uptake of screening programmes.<sup>16</sup> We support the vision set out in the Race Equality Framework for 2016–2030 that minority ethnic communities in Scotland have equality in physical and mental health as far as is achievable, have effective healthcare appropriate to their needs and experience fewer inequalities in housing and home life. Healthcare Improvement Scotland can play a role in relation to the information and practice which could make a difference.

We want to be clear that in considering the health outcomes of ethnic minority groups, we are including gypsy/traveller communities who are also protected by the Equality Act 2010 in relation to race. Our engagement activities in 2018 were a reminder of the high incidence of respiratory conditions, diabetes and heart disease which also exist in gypsy / traveller communities, as well as the shorter life expectancy and higher rates of infant mortality. We understood that quality engagement with communities is key to addressing the issues and working towards better outcomes.<sup>17</sup>

We are additionally compelled by recent evidence produced during the COVID-19 pandemic. UK-wide and international data has clearly indicated that people who are black, Asian or from minority ethnic groups (BAME) are at greater risk of adverse health outcomes and economic disadvantage during the pandemic.<sup>18</sup> In response to this, the Scottish Government has established an Expert Reference Group on COVID-19 and Ethnicity (ERG) to consider and

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<sup>16</sup> Lyle, Kalliani (Dec 2017) *Addressing Race Inequality in Scotland - The Way Forward*: Scottish Government

<sup>17</sup> [http://www.healthscotland.scot/media/2489/2c\\_engaging-with-gypsy-travellers-around-health-and-wellbeing.pdf](http://www.healthscotland.scot/media/2489/2c_engaging-with-gypsy-travellers-around-health-and-wellbeing.pdf)

<sup>18</sup> For example, see Kirby, Tony (May 2020) Evidence mounts on the disproportionate effect of COVID-19 on ethnic minorities: *The Lancet* Vol 8 (6) [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30228-9/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30228-9/fulltext)

inform the Scottish Government’s approach in relation to these issues. The group attributes increased risk to a range of factors, including:

- Differential exposures such as working in the health and care system and a lack of understanding of Scotland’s ethnic diversity,
- Differential vulnerabilities such as diabetes and cardio-vascular disease, and
- Differential access to treatment and other forms of support, due in part to discrimination in accessing health services.

The ERG recommends that:

... public bodies should recognise that they are part of the “system” and their own actions are therefore likely to include direct and/or indirect discrimination. It is important to improve awareness and understanding of structural racism, institutional racism and individual racism. An effective way to achieve that is by increasing engagement and participation by people from ethnic minorities. This can’t be “about” people – it must be achieved with people.<sup>19</sup>

The current socio-political context makes this especially pertinent. The global pandemic and the #BlackLivesMatter movement have simultaneously highlighted the substantial inequalities that persist for BAME communities and, moreover, the ways that systemic racism will continue to perpetuate inequalities if unexamined and un-challenged. We feel it is important to address issues in relation to our own workforce (as per outcome 1) and also to sharpen our focus on issues relating to the delivery of health and social care. As the ERG advises, we are an important part of the system and we therefore have an important role to play.

## Activities and outputs

### Activity 1:

**Explore the best routes for communicating health messages to the most marginalised ethnic minority communities.**

Output: Engagement with distinct ethnic minority communities to better understand the nature and format of information needed.

Measure: Positive feedback on quality of key translated documents or resources

Measure: New communications channels used to support activities.

Measure: [Engaging Differently](#) examples focused on specific communities that are currently under-represented within our work.

Output: Seeking community champions to support messaging in relation to a relevant health issue.

Measure: Number of communities through which our messages have been disseminated.

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<sup>19</sup> Scottish Government (no date) *Expert Group on COVID-19 and Ethnicity: Initial advice and recommendations on systemic issues*

## Activity 2:

**Develop our use of project outcomes to better target health inequalities which affect ethnic minority communities.**

Output: Relevant data to identify and benchmark inequalities is secured from Public Health Scotland.

Measure: Application of data to improvement projects.

Output: Targeted equality outcomes for a particular ethnic group drive at least one key improvement project.

Measure: A measurable reduction in the relevant inequality/ies.

## Activity 3:

**Share information and resources which highlight health concerns and barriers to good health for diverse communities**

Output: Better understanding around health issues and barriers to good health.

Measure: Record of learning from meetings with communities and community representatives.

Output: Within service redesign projects, consider whether there are any specific issues around improving outcomes for individuals from BAME communities.

Measure: Robust Equality Impact Assessments which result in recommendations to support equal access for BAME communities.

## 5.4 Equality outcome 4 – disability

**Outcome: Disabled people better inform and influence the development, design and delivery of Healthcare Improvement Scotland's work.**

Aim: To ensure that people are meaningfully involved in the design and delivery of services that affect them, in order that we can:

- play a role in supporting the design and delivery of health and social care services which work for everyone, and
- respond to learning from the COVID-19 pandemic around the challenges experienced by disabled people and people from certain age groups.

## The General Equality Duty

The general duty needs that this outcome is intended to support is:

- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- foster good relations between people who share a protected characteristic and those who do not

### Situation / evidence

Disabled people, including people with mental health conditions and cognitive impairments such as dementia, experience enduring barriers to accessing health services. For example, our consultation with representative organisations highlighted issues such as the accessibility of information and engagement tools, unclear pathways between physical treatment and mental wellbeing support and costs associated with accessing treatments.

We are already taking steps to ensure people with lived experience of long-term health conditions, including mental health conditions, influence and direct our work. However, it seems pertinent and timely to build on this. The reason for this is two-fold. First, there are considerations around the way people's health needs are met as well as different trends in health needs emerging at population level. Reports from National Records of Scotland and from charities such as Inclusion Scotland and Age Scotland have demonstrated that disabled and older people have been disproportionately impacted by the COVID-19 pandemic, and have also been left behind by responses to the crisis.<sup>20</sup> There may also be an increase in the number of people with a mental health condition. For example, Wave 1 of the SCOVID Mental Health tracker study suggests a recent increase in the occurrence of mental illness, with 35.7% of those surveyed showing a possible psychiatric disorder, compared with 17% of the 2019 Scottish Health Survey sample.<sup>21</sup>

Second, specific consideration needs to be given to accessible engagement so that people can continue to be effectively involved in the decisions that impact their lives. For example, the Equality Impact Assessment for our Engaging Differently work highlighted specific barriers to successfully involving disabled people and older people in our activities as digital engagement approaches are popularised in response to physical distancing requirements. Supporting the effective and accessible engagement of people within health and social care services is an area in which Healthcare Improvement Scotland aims to make a substantive contribution through sharing and modelling good practice.

Our work in this area will support the Scottish Government's Fairer Scotland for Disabled People strategy, which sets out the importance of involving disabled people 'in shaping their lives and the decisions that impact upon them'. It also chimes with the Fairer Scotland for Older People framework and the action to 'ensure carers and representatives of people using health and social care services are supported by their local partnerships to enable meaningful engagement with their constituencies'.

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<sup>20</sup> Inclusion Scotland (Oct 2020), *Rights at Risk: Covid-19, disabled people and emergency planning in Scotland – a baseline report from Inclusion Scotland*

<sup>21</sup> Wetherall et al (Oct 2020): Scottish COVID-19 (SCOVID) Mental Health Tracker Study - Wave 1 Report: *Scottish Government*

## Activities and outputs

### Activity 1:

#### **Increase the accessibility of internal and external communications**

Output: Collect and promote learning about accessibility best practice to support staff, volunteers and those engaging externally with Healthcare Improvement Scotland's activities.

Measure: Availability and dissemination of a resource on accessibility.

Output: Changes to internal and external meetings which increase accessibility.

Measure: Feedback from staff and external event participants.

Output: Review and promote the use of plain English and Easy Read within key documents to ensure they are easily understood and can be translated.

Measure: Number and quality of documents produced in these formats

Measure: Quality review of Plain English / Easy Read document that has been produced in a community language.

Output: Establish a clear internal pathway and allocated budget for booking BSL interpreters for HIS events

Measure: Availability of internal guidance

Measure: Frequency of use of interpreting services for events

### Activity 2:

#### **Reduce inequality of access to information, services and events for disabled people and unpaid carers.**

Output: At least one key resource co-produced with disabled people

Measure: Availability of written, visual, or audio resource(s)

Measure: Disabled people report that the resource(s) are of good quality and accessibility

Output: Targeted advice or guidelines to support people with learning disabilities to access particular health or care services.

Measure: Availability and use of written guidance

Output: Capture of cross-organisational learning and recommendations around effective involvement of unpaid carers in influencing our work.

Measure: Learning and recommendations published

Measure: Quality of consideration given to unpaid carers within Equality Impact Assessments.

### Activity 3:

**Explore best practice in the involvement of people with lived experience in directing our work**

Output: Ensure that there is an equitable input from people with lived experience in the range of activities we undertake.

Measure: Tangible examples of lived experience informing our work.

**Activity 4:**

**Understand how to improve access to mental health services for people from a variety of protected characteristic groups**

Output: Engagement with third sector organisations and people with lived experience to better understand the range of barriers experienced and where improvements are needed within the system.

Measure: Meetings with relevant organisations

Measure: EQIAs which consider the range of barriers experienced and set out appropriate mitigating measures.

Measure: Number of improvement projects addressing barriers identified.

## 6. Equal pay statement

This statement was agreed in partnership in 2017 and was reviewed and confirmed by Healthcare Improvement Scotland's Partnership Forum and Staff Governance Committee in 2021.

Healthcare Improvement Scotland 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, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, or political beliefs.

Healthcare Improvement Scotland employs staff on nationally negotiated and agreed NHS contracts of employment which include provisions on pay, pay progression and terms and conditions of employment. These include National Health Service Agenda for Change (AfC) Contracts and Terms & Conditions of employment. Some staff are employed on NH Scotland Executive contracts of employment (Executive Cohort) or Medical contracts, which are evaluated using national grading policies with prescribed pay ranges and terms and conditions of employment.

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

The Standard requires all NHS Boards to demonstrate that staff 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, and
- Provided with a continuously improving and safe working environment, that promotes the health and wellbeing of staff, patients and the wider community.

Delivering equal pay is integral to the aims of the Staff Governance Standard. Healthcare Improvement Scotland understands that the right to equal pay between women and men is enshrined in law and we are committed to ensuring that pay is awarded fairly and equitably to everyone.

We will also ensure that there is no difference in treatment between people who are disabled and people who are not, people who fall into a minority ethnic group and people who do not, and people who have an LGBT+ identity and people who do not.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations require Healthcare Improvement Scotland to take the following steps:

- Publish gender pay gap information by 30 March 2022, and
- Publish a statement on equal pay between men and women by 30 April 2023 and include the protected characteristics of disability and race.

Healthcare Improvement Scotland recognises that 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. We recognise the importance of access to flexible working on achieving equal pay and we have a flexible working policy that encourages staff at all levels to have a healthy work-life balance.

Occupational segregation is a factor that can contribute to pay inequality and we are committed to ensuring that opportunities exist for people to work and progress from any role, at any grade, regardless of their protected characteristics.

If a member of staff wishes to raise a concern at a formal level relating to equal pay, the grievance procedure is available for their use.

In line with the General Duty of the Equality Act 2010, our objectives 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.

We will continue to ensure that we:

- review this policy, statement and action points with trade unions as appropriate, every 2 years and provide a formal report within 4 year
- inform employees about how pay practices work and how their own pay is determined
- provide advice 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 maternity, parental or other authorised leave
- undertake regular monitoring of the impact of our practices in line with the requirements of the Equality Act 2010, and
- undertake an equal pay review by April 2023.

Responsibility for implementing this policy is held by Healthcare Improvement Scotland's Chief Executive, who will be supported by the Director of Workforce.

## 6.1 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).

This data reflects the position of the organisation as at 31 March 2020. At this time we employed 468 members of staff.

Where staff numbers are below 10 and where it may make someone identifiable, we have used <10 in the tables to indicate this. Where it is possible to work out this missing data from the other information we have published, we have replaced the number with an asterisk. Percentages have been rounded up to the nearest 2 decimal places.

## Disability

**Table 1 - Employments**

Job Family/Band	Disabled	Non-disabled	Prefer not to say/Not Known
<b>ADMINISTRATIVE SERVICES</b>			
Band 2	0.0%	0.2%	0.0%
Band 3	0.0%	0.4%	0.0%
Band 4	2.1%	14.4%	1.3%
Band 5	0.8%	16.3%	1.1%
Band 6	0.2%	11.2%	1.5%
Band 7	0.4%	20.3%	1.3%
Band 8A	0.2%	12.9%	0.4%
Band 8B	0.2%	3.8%	0.6%
Band 8C	0.0%	1.3%	0.0%
Band 8D	0.0%	1.7%	0.0%
<b>MEDICAL AND DENTAL</b>	<b>0.0%</b>	<b>2.3%</b>	<b>0.2%</b>
<b>OTHER THERAPEUTIC</b>	<b>0.0%</b>	<b>2.3%</b>	<b>1.1%</b>
<b>SENIOR MANAGERS</b>	<b>0.0%</b>	<b>1.5%</b>	<b>0.0%</b>
<b>Total</b>	<b>4.0%</b>	<b>88.6%</b>	<b>7.4%</b>

Above shows the ratio of disabled people we employ across the organisation.

**Race Table 2 - Employments Race Table 2 - Employments**

<b>Race</b>	<b>African - African, African Scottish or African British</b>	<b>Asian - Chinese, Chinese Scottish or Chinese British</b>	<b>Asian - Indian, Indian Scottish or Indian British</b>	<b>Asian - Pakistani, Pakistani Scottish or Pakistani British</b>	<b>Caribbean or Black - Black, Black Scottish or Black British</b>	<b>Prefer not to say/Not Known</b>	<b>Mixed or Multiple Ethnic Group</b>	<b>Other Ethnic Group - Other</b>	<b>White - Irish</b>	<b>White - Other</b>	<b>White - Other British</b>	<b>White - Polish</b>	<b>White - Scottish</b>
<b>Admin. Services</b>													
Band 2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%
Band 3	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%
Band 4	0.0%	0.2%	0.0%	0.2%	0.0%	0.8%	0.6%	0.0%	0.2%	0.8%	1.9%	0.2%	12.7%
Band 5	0.0%	0.0%	0.0%	0.0%	0.2%	1.1%	0.2%	0.0%	0.4%	1.9%	1.9%	0.2%	12.3%
Band 6	0.0%	0.0%	0.0%	0.2%	0.0%	1.7%	0.0%	0.0%	0.0%	0.4%	2.3%	0.2%	8.0%
Band 7	0.2%	0.2%	0.2%	0.0%	0.0%	1.1%	0.2%	0.0%	0.4%	1.5%	3.4%	0.0%	14.8%
Band 8A	0.2%	0.0%	0.4%	0.0%	0.0%	0.2%	0.2%	0.2%	0.4%	0.4%	2.3%	0.0%	9.1%
Band 8B	0.0%	0.0%	0.0%	0.2%	0.0%	0.2%	0.0%	0.0%	0.2%	0.0%	0.8%	0.0%	3.2%
Band 8C	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	1.1%

Band 8D	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	1.5%
<b>Medical</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.2%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.2%</b>	<b>0.2%</b>	<b>0.6%</b>	<b>0.0%</b>	<b>1.3%</b>	
<b>Other Therapeutic</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>1.1%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.2%</b>	<b>0.0%</b>	<b>0.4%</b>	<b>0.0%</b>	<b>1.7%</b>	
<b>SENIOR MANAGERS</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.2%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.2%</b>	<b>0.0%</b>	<b>1.1%</b>	
<b>Total</b>	<b>0.4%</b>	<b>0.4%</b>	<b>0.6%</b>	<b>0.6%</b>	<b>0.2%</b>	<b>6.3%</b>	<b>1.5%</b>	<b>0.2%</b>	<b>2.1%</b>	<b>5.5%</b>	<b>14.2%</b>	<b>0.6%</b>	<b>67.2%</b>	

Above provides information about the ratio of people we employ across the organisation, broken down by their race.

**Sex**

**Table 3 – Employments and percentage (horizontal by band)**

	Female	Male	Total
<b>ADMINISTRATIVE SERVICES</b>			
Band 2	100.0%	0.0%	100.0%
Band 3	100.0%	0.0%	100.0%
Band 4	89.3%	10.7%	100.0%
Band 5	84.9%	15.1%	100.0%
Band 6	73.8%	26.2%	100.0%
Band 7	67.3%	32.7%	100.0%
Band 8A	76.6%	23.4%	100.0%
Band 8B	72.7%	27.3%	100.0%
Band 8C	16.7%	83.3%	100.0%
Band 8D	87.5%	12.5%	100.0%
<b>MEDICAL AND DENTAL</b>	<b>41.7%</b>	<b>58.3%</b>	<b>100.0%</b>
<b>OTHER THERAPEUTIC</b>	<b>87.5%</b>	<b>12.5%</b>	<b>100.0%</b>
<b>SENIOR MANAGERS</b>	<b>85.7%</b>	<b>14.3%</b>	<b>100.0%</b>
<b>Total</b>	<b>77.0%</b>	<b>23.0%</b>	<b>100.0%</b>

Above shows the ratio of female and male staff employed at each pay band.

**Table 4 – Average pay and differential by sex**

	<b>Female Average Pay</b>	<b>Male Average pay</b>	<b>% Difference</b>
<b>ADMINISTRATIVE SERVICES</b>			
Band 2	£9.40		N/A
Band 3	£11.22		N/A
Band 4	£11.98	£11.52	-3.9%
Band 5	£14.20	£14.46	1.8%
Band 6	£17.62	£18.16	3.0%
Band 7	£20.85	£21.25	1.9%
Band 8A	£24.87	£25.36	1.9%
Band 8B	£30.31	£30.30	0.0%
Band 8C	£38.21	£34.79	-9.8%
Band 8D	£42.09	£45.07	6.6%
<b>MEDICAL AND DENTAL</b>	£50.38	£51.03	1.3%
OTHER THERAPEUTIC	£32.18	£23.24	-38.4%
<b>SENIOR MANAGERS</b>	£41.90	£59.79	29.9%

Above shows the average hourly pay of staff broken down by their sex and the percentage difference at each pay band.

**Table 5 – Employments and Percentage (vertical by gender totals)**

	<b>Female</b>	<b>Male</b>
<b>ADMINISTRATIVE SERVICES</b>		
Band 2	0.3%	0.0%
Band 3	0.5%	0.0%
Band 4	20.6%	8.3%
Band 5	20.1%	11.9%
Band 6	12.4%	14.7%
Band 7	19.2%	31.2%
Band 8A	13.5%	13.8%
Band 8B	4.4%	5.5%
Band 8C	0.3%	4.6%
Band 8D	1.9%	0.9%
<b>MEDICAL AND DENTAL</b>	<b>1.4%</b>	<b>6.4%</b>
<b>OTHER THERAPEUTIC</b>	<b>3.8%</b>	<b>1.8%</b>
<b>SENIOR MANAGERS</b>	<b>1.6%</b>	<b>0.9%</b>
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>

Above shows the distribution of staff across pay bands broken down by their sex.

**Table 6 – Part-time employments and percentages by sex**

Row Labels	Female	Male
<b>ADMINISTRATIVE SERVICES</b>		
Band 4	95.2%	4.8%
Band 5	94.1%	5.9%
Band 6	94.1%	5.9%
Band 7	100.0%	0.0%
Band 8A	100.0%	0.0%
Band 8B	50.0%	50.0%
Band 8C	100.0%	0.0%
<b>MEDICAL AND DENTAL</b>	<b>45.5%</b>	<b>54.5%</b>
<b>OTHER THERAPEUTIC</b>	<b>100.0%</b>	<b>0.0%</b>
<b>Grand Total</b>	<b>90.4%</b>	<b>9.6%</b>

Above shows the number of part-time workers employed at each pay band broken down by sex.

### Analysis

Female staff members' average hourly pay is higher than male staff at bands 2, 3, 4, 8b, 8c and at the therapeutic grades. In the case of bands 2 and 3, there are no male staff members. There is a significantly higher concentration of female staff (20.6%) in pay band 4 in comparison to male staff (8.3%). In terms of actual headcount, this equates to 75 female staff and 9 male staff with a gender split of 89.3% female staff and 10.7% male staff.

The difference at grade 8b is only 1 pence in favour of female staff members,, making it overall the most equal grade in terms of pay. Female staff earn less than male staff at every other grade in the organisation, including within senior management where the difference is greatest at 29.9% in favour of male staff. There are 85.7% female staff employed at this grade compared to 14.3% males.

## 6.2 Gender Pay Gap

Our gender pay gap calculations below have been based on the Close the Gap method used in previous years.

There are two measures of the gender pay gap: the mean and the median. The mean average is calculated by adding all individual employees' hourly rates of pay and dividing by the total

number of employees. The median average is calculated by listing all employees' hourly rates of pay and then finding the midpoint.

### The mean pay gap

To calculate the mean pay gap, we first determined the basic hourly rate of pay for each employee. We then used the following formula to calculate the percentage difference.

$\frac{A-B}{A}$	$\times 100$	<b>A = mean hourly rate of male employees</b>	<b>£23.39</b>
		<b>B = mean hourly rate of female employees</b>	<b>£19.80</b>

This provides a mean pay gap of 15.3%.

Our mean pay gap has reduced by 1.9% in comparison to the previous period.

### The median pay gap

To calculate the median pay gap, we determined the midpoint of the salary scale for both female and male staff and used the following formula.

$\frac{C-D}{C}$	$\times 100$	<b>C = median hourly rate of male employees</b>	<b>£20.89</b>
		<b>D = median hourly rate of female employees</b>	<b>£19.21</b>

This provides a **median pay gap of 8.0%**.

Our median pay gap has reduced by 6.2% in comparison to the previous period.

### Pay Gap year by year

	2016/17	2017/18	2018/19	2019/20
<b>Mean Gender Pay Gap</b>	21.5%	19.9%	17.2%	15.3%
<b>Median Gender Pay Gap</b>	24.2%	13.4%	14.2%	8.0%

### Pay gap analysis

On the basis of our analysis, we believe the cause of our pay gap is:

- The proportion of female to male staff employed at the lower pay bands within the organisation, compared with the proportion of female to male staff employed at the higher pay bands,
- The distribution of staff by gender across the different pay bands generally. This is known as 'occupational segregation' and is explained further below.
- The higher proportion of female staff working part-time compared to males. (90.4% of our part-time staff are female compared to (9.6%) males.

## **Flexible working**

Flexible working hours are available to all our staff, with the exception of a small number of staff who provide administrative support during death certification reviews. The following flexible working practices are available to staff:

- flexi-time
- compressed hours
- part-time
- job share
- home working, and
- phased retirement.

Managers are encouraged to promote working flexibly and set a good example for employees, ensuring that they do not:

- regularly work long hours
- allow meetings to overrun
- regularly take work home
- send emails late at night, or
- regularly be contactable on days off.

Flexible working hours allow our staff to begin work between 7.30am and 10am, and to leave between 4pm and 6.30pm.

## **Pay practices**

Healthcare Improvement Scotland is committed to ensuring that pay is awarded fairly and equitably. We employ staff on nationally negotiated and agreed NHS contracts of employment which include provisions on pay, pay progression and terms and conditions of employment. These include National Health Service Agenda for Change (A4C) Contracts and Terms and Conditions of employment.

## **Occupational segregation**

While the overall number of women employed at the majority of the pay bands, including the higher pay bands, is greater than the number of men, men are under-represented, relative to their overall number within the organisation, at the lower pay bands and over-represented at the higher pay bands. This disproportionate distribution of staff based on their gender is the main factor that contributes to our gender pay gap and is known as occupational segregation.

Of our female staff, 16% are employed within Administrative Services pay band 4 in comparison to 1% of our male staff. Moreover, 95% of those who work part-time at this pay grade are female. The under-representation of male staff, coupled with the high number of

female staff at this pay band, alongside work patterns has a significant influence on our pay gap.

Of our female staff, 10% are employed within Administrative Services pay band 8A in comparison to 3% of our male staff. This is a significant change since we published our 2017 mainstreaming report, where 8.48% of female staff and 17.39% of male staff worked at band 8A, and may have contributed to the decrease in our gender pay gap.

Our workforce data shows that during 2019-2020:

- 67.4% of the total job applications we received were from female applicants
- 70.6% of all applicants shortlisted for interview were female
- 71.6% of people offered jobs were female
- 73.7% of internal applications for promotion were from female staff members
- 76.3% of the internal applicants shortlisted for interview were female, and
- 72.1% of the internal applicants offered promotion were female.

During 2019/20, 13 employees were on maternity leave at points during the year. All employees who returned to work from maternity leave during this reporting period did so to their previous job role and previous pay band.

Our workforce data shows that women are more likely to apply for jobs with us and then subsequently be shortlisted and appointed. However, the data in tables 5 and 6 show the smaller numbers of male staff at the lower pay bands or in part time work contributes to our gender pay gap.

The Chair of our board is female and our board, as at 1 March 2021, was comprised of 64.3% females and 35.7% males.

Our current executive team is comprised of 66% females and 33% males.

We are committed to equal pay for all and we believe we have robust measures in place, as already detailed, to allow people, irrespective of gender or any other protected characteristic, to enter the organisation at any level and progress without barriers.

The commitments detailed in sections 5 and 6 of this report are intended to help diversify our workforce at every level of the organisation and to continue to reduce our gender pay gap. By 2025, we aim to achieve a reduction in our gender pay gap by the same or more than we managed in the previous reporting period (2017-2021).

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You can read and download this document from our website.

We are happy to consider requests for other languages or formats.

Please contact our Equality and Diversity Advisor using the numbers below or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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