

Equality Mainstreaming Report

April 2023 update

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



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Foreword

Healthcare Improvement Scotland is the national improvement agency for health and care, and we are driven by a commitment to achieve better health and care for the diversity of people living in Scotland.

In April 2021 we published our Equality Mainstreaming Report and included information about four equality outcomes Healthcare Improvement Scotland will work to achieve by 2025. The outcomes we set were based on our understanding that addressing health inequalities, challenging discrimination and promoting equality is a vital route to improving care and promoting better health outcomes across the population. They also reflect our belief that a diverse workforce with equitable opportunities for all staff is vital in ensuring Healthcare Improvement Scotland continues to drive improvement and quality across NHS Scotland and be a great place to work.

This report sets out how we have worked over the past two years to deliver on our equality outcomes and to mainstream equality throughout all of our work. It provides the information we are required to publish by the Scotland Specific Duties of the Equality Act 2010. We hope it also gives our stakeholders and members of the public insight into our Ways of Working - showing how we are promoting equality in our everyday activities, highlighting the pieces of work we are particularly proud of, and being honest about what we still have to do.

The report does not just include information about our projects. It also talks about the diversity of our workforce, how equitable our pay is according to gender, disability and ethnicity, and what we are doing to ensure staff from marginalised backgrounds receive the pay, support and progression opportunities they deserve.

We want to be an exemplar organisation, not only in terms of the work we deliver to support and improve services across NHS Scotland, but also as an inclusive public sector employer. We are encouraged by the progress we have made so far, and we know we still have some way to go towards achieving what we have set out to. We hope you enjoy reading about what we have done since April 2021. I encourage you to get in touch if you have feedback or suggestions that could help us meet our equality outcomes and better promote equality in all we do.



Robbie Pearson

Chief Executive



Carole Wilkinson

Chair

1. Introduction

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended) requires us to report every two years on the progress we have made in advancing equality. This report is intended to meet that requirement by:

- Describing the progress we have made towards the equality outcomes we set in 2021.
- Demonstrating how we have mainstreamed equality in our work over the last two years. This means information about the steps we have taken to eliminate discrimination, advance equality, tackle prejudice, and promote understanding between different groups of people.
- Providing information about our gender pay gap.
- Providing information on the pay gap between our disabled and non-disabled employees.
- Providing information on the pay gap between employees from minority ethnic groups and those from the majority white ethnic group.

We hope the information in this report is accessible. Please let us know if you need the information in another format.

2. Executive Summary

- Overall, we are able to report good progress towards meeting the [equality outcomes we set in 2021](#).
- We have made most progress in relation to outcomes one and four. Outcome one is that a greater diversity of people are attracted and retained to work or volunteer with Healthcare Improvement Scotland, and through sharing their relevant lived experience actively shape and strengthen our activities. Outcome four is that disabled people better inform and influence the development, design and delivery of Healthcare Improvement Scotland's work.
- The report highlights a range of work and initiatives undertaken towards our equality outcomes so far. For example, it notes the launch of our staff equality networks, updates to our equality and diversity training, the appointment of new non-executive board members, updated policies and guidance, staff training to produce Easy Read formats, and embedding lived experience leadership within our work.
- It also provides a variety of examples demonstrating how we have mainstreamed equality in our work over the last two years. There are several teams whose efforts are reflected in the report and that we are proud to showcase. At a glance, this includes this includes the work of: our Knowledge and Information Skills Specialists who are supporting the use of evidence in equality impact assessments, Community Engagement colleagues who undertake *Gathering Views* exercises, our Carers Positive Group who have provided a space for peer support and organisational improvement in relation to informal carers, our Evidence Directorate for their work on healthcare standards including the Scottish *Bairns Hoose* model, our Mental Health Transformation Programme who are setting their priorities with lived experience leadership, and our new *People's Experience* Volunteer initiative which is bringing new and diverse community voices into our work.
- Given current progress in meeting our equality outcomes, we have identified some distinct focus areas for the next two years. The focus areas relate to the specific actions under our equality outcomes we have not yet taken forward, or the areas we feel we have made least progress in. We will focus therefore on the following: developing our understanding and practice around wellbeing for different staff groups, identifying opportunities to better understand and target the health inequalities impacting minority ethnic groups, developing our approach to flexible working for colleagues with caring responsibilities, ensuring managers' commitment to equality and diversity is clear and pragmatic at all stages of team development and promoting best practice in accessibility, both internally and externally.

- The report also covers the diversity of our workforce profile as well as occupational segregation – or what the diversity profile is like within each pay band – and pay gaps in respect of gender, disability and ethnicity.
- In the last year, the diversity of our workforce has improved overall and our gender pay gap has decreased to 15.3%. However, we still have a long journey ahead of us and the potential to do much better. The actions we are taking to address this are reflected in our 2021 Equal Pay Statement. Our participation in the [Equally Safe at Work NHS Scotland pilot](#) is also supporting us to focus on the related issues of women’s safety and economic equality, and take concrete steps to improve our offer for women in the workforce.
- We have calculated our disability pay gap for the first time, and found it to be 17.7%. We are disappointed to have such a significant gap, but not surprised given the low representation of disabled people in our workforce. We will take actions to improve from this initial baseline by continuing to participate in the UK [Disability Confident initiative](#) and by working with our staff Disability Network to take focused action around workplace culture and accessibility.
- We also calculated our ethnicity pay gap for the first time. We found we have no notable pay gap in respect of colleagues from visible minority ethnic groups, but a pay gap of 14% for colleagues from white minority groups compared to the white majority group. These figures are skewed by small staff numbers and we have noted we need to continue to seek better representation for minority ethnic colleagues in the workforce. We have also stated our alignment with the national ambition to actively embed anti-racism approaches within NHS Scotland. We have set out our intention to consider the most impactful ways to obtain and respond to information about the experiences of minority ethnic colleagues so that we can be responsive to issues and continue to set the right culture for new and current employees.

3. Equality Outcomes (2021-2025) Update

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 required us to publish equality outcomes we intended to achieve over the period April 2021 to April 2025. We set the following four equality outcomes:

1. 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 Healthcare Improvement Scotland activities.
2. Our working practices support and encourage wellbeing and resilience for staff from all protected characteristic groups.
3. 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.
4. Disabled people better inform and influence the development, design and delivery of Healthcare Improvement Scotland's work.

We have taken a number of actions over the past two years to help achieve these outcomes. A summary of some of our activities for each outcome is detailed below. A complete review of our equality outcomes will be undertaken and then published in April 2025.

Equality Outcome 1

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 Healthcare Improvement Scotland activities

Since April 2021, we have mostly focused on developing our staff equality networks so that staff from marginalised groups are able to access peer support and share their experiences and perspectives meaningfully. The networks have proven to be an effective way of engaging staff, and the richness of staff experience has helped shape some of the other outputs noted in relation to this equality outcome. Achievements so far related to this outcome are noted below.

2.1. Staff Equality Networks

We have established three staff equality networks, including our:

- Race and Ethnicity Network, launched on 22nd March 2021
- Pride Network, launched in November 2021
- Disability Network, launched in December 2021

Each network engages colleagues from across all grades and job roles - with over 30% of Healthcare Improvement Scotland staff currently participating. The networks facilitate a combination of confidential peer support for colleagues with the relevant identities as well as an on-going opportunity for allies to share information and resources. Each network is additionally supported and championed by a member of our Executive Team. Since inception, each network has co-produced Terms of Reference, established a presence on the organisation's intranet pages, and hosted a range of awareness activities, including celebrations for Pride Month 2022, Black History Month 2022 and Disability History Month 2022.



As the organisation responds to pressures within the health and social care system, there is an on-going challenge in facilitating adequate staff time to participate in network activity. Healthcare Improvement Scotland recognises however that the networks are essential to a sustainable organisational culture which celebrates diversity and promotes equality and rights. Network participants are already delivering impactful work. For example:

- Race and Ethnicity Network members shared learning about tackling racialised healthcare inequalities at the organisation's all staff huddles. As part of our mainstreaming update below, we share examples of our work which have considered health outcomes and service access for minority ethnic communities.
- The Executive Lead for our Race and Ethnicity Network has actively contributed to the development of anti-racist approaches for NHS Scotland through the NHS Scotland Ethnic Minority Forum.
- The Pride Network facilitated Healthcare Improvement Scotland's engagement with the [NHS Scotland Pride Badge Initiative](#). This saw a significant number of staff, including every member of our Executive Team, demonstrate support for the LGBT+ and minority ethnic communities; and pledge to be a listening, friendly, and responsive ear to people in need and an ally to progress.
- Our Pride Network was a finalist for our internal Margaret McAlees Award 2022. The award honours our late colleague, who sadly passed away in 2017. Margaret McAlees was a respected UNISON Steward and passionate about promoting, supporting and ensuring equality and diversity. The Pride Network was recognised for "demonstrating genuine commitment to promoting, supporting and ensuring equality and diversity, influencing our organisational culture and promoting good practice". Below, we describe our Workplace Transgender Equality Policy which the network took forward.
- Our Disability Network has worked to raise awareness about the diversity of experiences among disabled staff. The network is currently linking with our Partnership Forum to develop resources

to support an accessible work environment for all. It is also exploring the use of Reasonable Adjustment Passports and how these might support disabled colleagues joining, working in and progressing careers within HIS and NHS Scotland.

3.2. Equality learning and capacity building

We modified our facilitated Equality and Diversity training session to be delivered virtually every three months, beginning on 10th June.

With the support of our staff equality networks, we updated the module to include more detailed information about inequalities relevant to race and ethnicity, disability and LGBT+ identities. So far, we have engaged over 70 staff members in the new course. This also includes a majority of our current non-executive board members, as they refresh and update their understanding of diversity and equality issues. We also ran a slightly modified version of the training for our Public Partners in August 2022.

We continue to evaluate this training through an online survey as well as 'discovery interviews' to understand its impact and to scope the training needs of participants. As a result of feedback, we have sign-posted additional explanatory resources on gender identity, the social model of disability and the experiences of minority ethnic colleagues in the NHS.

3.3. Diversity in recruitment

We are continuing to build an inclusive approach to recruitment. For example:

- Our Early Intervention in Psychosis work took positive action in recruitment to encourage applications from people with lived or living experience of psychosis or another mental health condition.
- New board vacancies were advertised in April 2022, supported by the boards Succession Planning Sub-committee and a succession plan focusing on diversity. One of the criteria for new board members was 'personal experience of health and social care or housing services as a service user, patient or carer'. The circulation of vacancies was supported by a communications plan which included disabled people's organisations, race equality organisations and organisations and groups of minority ethnic people, colleagues and contacts to account for the ethnic imbalance in the board. We also trialled different engagement methods to attract prospective board members, including an online webinar with our Chair and two current board members. We successfully recruited four new members. Read about them [here](#).
- In September 2022, Healthcare Improvement Scotland joined the [NHS Scotland pilot of Equally Safe at Work](#) - Close the Gap's employer accreditation programme promoting women's market place equality and addressing violence against women. As part of our participation, we will be reviewing our approach to flexible working, recruitment and progression and upskilling managers to support victim-survivors. You can read our full statement on participation on [our website](#).

3.4. Policy updates

We have continued to develop our workplace policies to support staff with marginalised identities or who may have challenging experiences in relation to those.

- In April 2022, following staff consultation, we launched our Workplace Transgender Equality Policy and Guidance. The policy was taken forward by our Pride Network and in collaboration with our friends at NHS National Services Scotland. The policy sets out Healthcare Improvement Scotland's position as an employer of transgender, including non-binary, people. It aims to align our organisation with the provisions of the Equality Act 2010 and other relevant legislation. It provides guidance for our employees and managers, clarifying best practice in line with NHS Scotland values and aiming to increase staff confidence around discussing and meeting the needs of transgender people.
- We revised and updated our Menopause Policy and guidance. The revision was taken forward by women with experience or interest in the menopause, representing a range of roles within the organisation. The result is that our policy provides a more robust account of the perimenopause and menopause and related symptoms. It highlights workplace adjustments and signposts a range of internal and external support options that women in our organisation have found helpful. Engagement around the policy update was so successful that our Healthy Working Lives Group subsequently organised two staff awareness sessions on the menopause and established our first Menopause Café. The Menopause Café has been meeting monthly and operating an online support space with excellent engagement.

3.5. Inclusive Language Guide

We published an Inclusive Language Guide to support HIS staff to understand and use current language in relation to the protected characteristic groups and a range of marginalised identities within those. We have been responsive to feedback on this resource from volunteers with lived experience and our senior teams, producing updates to reflect expertise and requirements. The guide is currently in use by teams across the organisation, and has been shared with some of our external stakeholders as an example of good practice.

Over the next two years we will continue working towards this outcome. We will focus specifically on achieving flexible working for colleagues with caring responsibilities; and on taking pragmatic steps in developing managers' commitment and competence in embedding equality at all stages of their team development.

Equality Outcome 2

Our working practices support and encourage wellbeing and resilience for staff from all protected characteristic groups.

Since April 2021, we have been focused on developing our new Ways of Working - ensuring the diversity of people who work within Healthcare Improvement Scotland can achieve a healthy life balance and reach their potential. As we emerge from the initial phase of the COVID-19 pandemic we have been keen to learn about the experiences of our staff and adapt our working methods and available support. Our key achievements are below.

3.6. Developing our new Ways of Working

From January through June 2022, we gave staff the ability to choose office working, home working or a hybrid approach and to explore the most suitable way of engaging with the workplace for themselves and their team. During this test period, we facilitated regular opportunities for staff to reflect and offer feedback on their experiences. As part of this, we ran regular 'Tuesday @Two' sessions, exploring different themes about work style and environment in-depth. We are now operating an overall hybrid style of working. We trust staff to choose the place they work and we aim to ensure our staff have access to the resources and infrastructure to support their choices. We understand that continued success in creating an inclusive work culture means we need to keep learning. We are collating and sharing practice tips for hybrid working and staying in conversation with our staff Disability Network.

3.7. Trauma-informed training

We have taken a number of steps to ensure all our staff are aware of, informed about and trained in trauma-informed practice and principles. This has included signing up to the National Trauma Training Programme (NTPP) Leadership Pledge of Support. In doing so, we are signaling our commitment to:

- Work with others to put trauma-informed and responsive practice in place across our workforce and services
- Deliver services that wherever possible are actively informed by people with lived experience of trauma
- Recognise the central importance of relationships that offer collaboration, choice, empowerment, safety and trust as part of a trauma-informed approach
- Respond in ways that prevent further harm, and that reduce barriers so that people affected by trauma have equal access to the services they need, when they need it, to support their own journey of recovery.

Alongside our participation in the NTPP, we have also done the following:

- Identified our Public Protection and Child Health Service Lead as the organisation's Champion for Trauma-Informed Practice. They are responsible for overseeing, encouraging and raising awareness of trauma-informed and trauma-responsive practice across all services within HIS.
- Established a trauma-informed steering group to bring together key stakeholders to plan and implement trauma-informed practices across the organisation. The group has now met twice with further meetings scheduled. Members have already or will undertake NHS Education for Scotland's (NES) Scottish Trauma-Informed Leaders Training (STILT) training.
- Made it mandatory, from November 2022, for all our staff to undertake a Practice Level one module – Understanding the Impact of Trauma and Responding in a Trauma-Informed Way – on

the NHS Scotland learning platform, Turas. This has received good early uptake. Moreover, teams with a specific remit have been asked to complete an additional module relating to their remit. For example, those working in areas related to substance use have additionally completed the specialist module relating to substance use that is part of the NES trauma-informed training offer.

- Developed a Public Protection and Trauma-Informed Learning and Education Framework for all staff so they can readily identify and access public protection and trauma-informed practice modules relevant to their roles and responsibilities.
- Maintained on-going review of delivery programmes across our ihub directorate, clinical supervision processes and gender based violence policy to ensure trauma-informed principles and practices are included and emphasised.

3.8. Signposting support

We have continued to sign-post our Employee Assistance Programme to staff. In addition to this, we have considered more tailored resources for different staff groups.

We know that during the pandemic, LGBT+ communities found it more difficult to access their usual support spaces. With sexuality and gender at the fore of public debates in relation to the Scottish Government's commitment to LGBT inclusive education, the Hate Crime and Public Order (Scotland) Act, improvements to the Gender Recognition Act, and the banning of conversion therapy,¹ there has been an unfortunate upsurge in homophobia and transphobia. This is particularly true of online spaces.² We have been facilitating peer support through our Pride Network, with LGBT+ colleagues noting reduced isolation and improved mental wellbeing as a result. We are keen to build on our success here, and have work underway to improve our social support offer for LGBT+ staff. This work is currently being led by a group of dedicated colleagues through our in-house Improvement Foundations Skills course.

We also identified external sources of support and have made a list of LGBT+ affirmative mental health services available on our intranet pages. As part of the Pride Badge initiative, we also published an organisational contact who can provide support and signposting.

The pandemic had a disproportionate and negative impact on women's economic equality and left women with increased vulnerability to domestic violence. We recognise the links between women's economic equality and their risk or experience of gender based violence. Taking a comprehensive approach to women's equality is important, and for this reason we are delighted to be one of the first NHS Scotland organisations to join the [Equally Safe at Work](#) pilot, led by Close the Gap. We have been raising awareness internally of the issues impacting women and we have provided a



¹ [COVID-19 and Lesbian, Gay, Bisexual, Trans \(LGBT+\) Life in Scotland | Scottish Parliament](#)

² [Life in the pandemic for Lesbian, Gay, Bisexual, Transgender \(LGBT+\) people in Scotland – SPICe Spotlight | Solas air SPICe \(spice-spotlight.scot\)](#)

comprehensive list of all the available Scottish support organisations. Moreover, we make facilitated training in gender based violence mandatory to all our staff and provide more specialist training for managers.

We plan to focus further on this outcome over the next two years. This will include developing a better understanding of the role of stigma, including self-stigma, and how this impacts access to support and health services for people from different protected characteristic groups. We want to build on our focus around staff wellbeing to better support specific staff groups such as our minority ethnic, disabled and LGBT+ staff. We will also complete the pilot phase of Equally Safe at Work. We hope to be able to demonstrate increased awareness among staff of domestic abuse and its impacts, and to have taken concrete steps to support women who work with us so that Healthcare Improvement Scotland plays a positive role in their personal resilience.

Equality Outcome 3

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.

Since April 2021, we have increased training and awareness around racialised health inequalities, participated in the NHS Scotland Ethnic Minority Forum and worked to ensure we identify and mobilise relevant evidence which may help to reduce health inequalities based on ethnicity. The key activities we have undertaken are noted below.

3.9. Training and awareness

We promote, attend and share resources from the Community of Practice on Racialised Health Inequalities facilitated by the Scottish Government and Public Health Scotland. So far, we have attended sessions on race inequality and mental health in Scotland, anti-racist policy making and inclusive communications.

We also attended the NHS Race and Health Observatory - Health, Race and Racism International Conference held on the 7th and 8th of July this year. The conference covered a range of topics, including: maternal and neonatal health, mental health, COVID-19, sickle cell disease, digital healthcare, genomics and precision medicine and race equality in the healthcare workforce.

Overall, we have used this learning to inform our own Inclusive Communications Guide (see above), to shape the information we deliver as part of equality and diversity training and any supplementary team workshops, and to highlight relevant equality focused information across the organisation's work-streams.

3.10. Ethnic Minority Forum

The Ethnic Minority Forum (EMF) brings together local race equality networks across the NHS to work in a concerted way towards an NHS that is an **adaptive**, **inclusive** and a **trusted** employer where minority ethnic staff feel they **belong** and are **involved** in the organisation. The Forum has developed a number of actions to ensure that NHS staff are:

- **Educated** – All staff are confident to discuss, share, and engage in matters of race equality by 2023
- **Safe** – All staff feel safe and included regardless of their racial or ethnic background by 2025
- **Accountable** – Equality, Diversity and Inclusion are monitored and acted upon from board level down by 2025
- **Just** – NHS is a fair employer where ME staff have equity of access to support and opportunities by 2025
- **Diverse** – The diversity of the NHS is reflective of Scottish society at all levels by 2025
- **Equitable** – Patient care and outcomes for minority ethnic patients across Scotland is equitable to the rest of Scotland’s population.

3.11. Using available evidence

Where relevant, we have used available evidence to include specific focus on racialised minorities and health inequalities on the basis of ethnicity within relevant work-streams. For example, our Personality Disorder Improvement programme aimed to develop a better understanding of the current state of service provision for people with a personality disorder in order to identify the key opportunities for improvement and develop proposals on that basis. We identified evidence that people from minority ethnic communities may be experiencing barriers to accessing services in relation to language, costs, trust in healthcare professionals, not feeling listened to or understood by white professionals and not knowing support is available and how to access it.

Over the next two years, we plan to focus activities on achieving this outcome more fully, including through better engagement and targeted work with minority ethnic communities who experience health inequalities. We will be working to identify opportunities within our programmes of work to target any specifically relevant health inequalities impacting minority ethnic groups. We are also actively considering what anti-racism means to our organisation, and how we can apply anti-racism approaches in practice. In this regard, we will be working to identify learning opportunities and apply learning internally.

Equality Outcome 4

Disabled people better inform and influence the development, design and delivery of Healthcare Improvement Scotland’s work.

Since April 2021, we have focused on improving the accessibility of our work and promoting best practice for staff around translation, interpretation and accessible documents. The key activities we have undertaken are noted below.

3.12. Easy Read training

Engagement Officers have consistently fed back the benefit of Easy Read materials in relation to supporting diverse participation in Gathering Views exercises, while the Participation Network had suggested accessible public facing summaries for key documents as part of its learning from the 2021 Gathering Views exercise around the redesign of urgent care services.

Easy Read is an accessible format that makes written information easier to understand. It uses simple, jargon free language, shorter sentences and supporting images. Easy Read documents make information more accessible to people with learning disabilities, but can be helpful for a range of groups including people with: dyslexia, cognitive impairments, lower literacy levels and some types of neuro-divergence. It is also beneficial to people who need quick, digestible summaries of information – possibly before a ‘deeper dive’ into the substantive document.

A cohort of ten staff have been trained by Disability Equality Scotland to produce documents in Easy Read format (see Annex 2). The cohort - our Easy Read Champions - are supported by a Teams Space coordinated by Jackie Weir and a process outlined in the guidance document. The group also have access to [Photosymbols](#), which is the Easy Read software favored by people with learning disabilities and their organisations. It has been communicated by the Interim Head of Engagement Programmes that the intention is for coordination of this space and the monitoring of demand and outputs around Easy Read to be taken forward by the Participation Network Team, following the end of the secondment within the Public Involvement Team.

3.13. Accessibility guidance

We have been keen to ensure that Healthcare Improvement Scotland colleagues have access to clear and consistent guidance to support increased accessibility for our resources and events. With the advice of third sector stakeholders and our community engagement colleagues, we have created a guidance document called *Supporting Accessible Engagement: a guide to communicating with minority language speakers, BSL (British Sign Language) users, people with learning disabilities and people with visual or hearing impairments*. The guidance contains information and advice on the following themes:

- Key legislation about accessibility
- General accessibility principles to apply to our work
- Identifying the accessible formats needed
- Specific guidance for engaging with a range of groups, including people with learning disabilities, Deaf users of BSL, people with hearing loss, people who are deafblind and people with visual impairment
- Guidance about budgeting for accessibility
- Evaluation and user feedback
- Monitoring and improvement

The guidance is currently being trialed within our Community Engagement Directorate. We will gather final feedback on its practicality and then seek approval from our Executive Team to adopt for the whole organisation. We will update on this within our 2025 Equality Mainstreaming Report.

3.14. Webinar on involving disabled participants

As part of a regular schedule of webinars run by Healthcare Improvement Scotland's Community Engagement Directorate, we hosted a webinar called *Planning for Engagement with Disabled Participants*. The webinar involved guest speakers from [Inclusion Scotland](#) and the [British Deaf Association](#) as well as the Healthcare Improvement Scotland Disability Network. It explored community engagement that is planned with disabled participants in mind first and foremost and the potential 'disability thinking' has to improve all of our engagement and move beyond the barriers both disabled people and community engagement practitioners experience. The webinar covered the law and good practice, the Social Model of Disability, practical lessons and examples of inclusive engagement. The webinar engaged 130 people and is [available to view on the HIS-CE website](#).

3.15. New models for learning disability day support collaborative

Healthcare Improvement Scotland's ihub is bringing together Health and Social Care Partnerships (HSCPs) to form a collaborative focused on the delivery of support for people with learning disabilities across Scotland. Our role is to support the Health and Social Care Partnerships to discover, plan and implement new strategies to deliver support opportunities for people with learning disabilities in their area. We are identifying evidence, sharing learning and facilitating the communication of our learning to wider networks at both a local and national level.

You can learn more about this work and access an Easy Read description on the project's webpage [here](#).

3.16. Lived experience leadership

We want to ensure that disabled people and those with long-term health conditions are able to shape the policy and practice that impacts them. Our ihub's Mental Health Improvement Team were delighted to appoint Anne Lindsay as co-chair of our Early Intervention in Psychosis Advisory Group. Anne brought two decades of professional experience in mental health improvement as well as personal experience of psychosis, helping to ensure the work could best align with the needs of people accessing mental health support. Ann said:

"Despite my professional experience in the mental health field, this role is the first where I have referred openly to my own experience of bi-polar disorder. It was not an easy decision to reach but having worked with so many others who have put their experience to incredible use, I felt it was the right step to take."

You can read Anne's full blog [here](#).

The EIP programme has a commission with a third sector organisation, Change Mental Health, to employ an engagement officer with lived experience. They have established local lived experience groups within the pathfinder sites, linking the local groups with the national lived experience reference group. They've also been key to the design and development of the two new early intervention in

psychosis services. These local and national groups are made up of people with lived and living experience and carers voluntarily helping to shape these new services.

We will continue to work towards this outcome over the next two years, specifically focusing on promoting and developing best practice in relation to accessibility. Disabled people will actively influence the external projects and internal resources which have the potential to shape their lives and work. We want to be in a position where we are not only centering inclusive engagement methodologies for our external stakeholders, but 'walking the talk' with our own staff too.

4. Mainstreaming Examples

The following examples illustrate how we are mainstreaming equality across Healthcare Improvement Scotland. Within this section, we aim to demonstrate a range of different activities we have undertaken. These do not fit neatly within our equality outcomes, but may nonetheless improve how we meet them. They do not represent everything we are doing – these are the pieces of work we are most proud of and able to update on presently.

4.1. Supporting teams to use equality evidence

We have continued to consider the most effective ways to support our teams with equality mainstreaming. The use of relevant evidence is key to delivering on the Public Sector Equality Duty across the organisation.

For this reason, we have developed a resource about ‘grey literature’. Grey literature refers to a wide range of resources published outwith formal commercial or academic publishing. Common types of grey literature include reports, working papers, statistics, pre-prints, theses or dissertations. These may be produced and held by a wide variety of organisations. Information relevant to people from the diversity of groups Healthcare Improvement Scotland aims to consider when developing and delivering work is often available in grey literature and these sources can be used to inform development of an equality impact assessment. Our resource signposts to key sources which could help colleagues to understand the equality impact of their work and identify any further information they may need.

The team which supports evidence and evaluation for our ihub directorate has been further developing their role in supporting ihub teams to find and use relevant evidence and knowledge to embed equality in their work systematically throughout the project lifecycle. The team is developing its internal search and discovery strategies to focus on equality based evidence and considering equality in evidence and knowledge synthesis; as well as championing accessibility and sharing best practice in inclusive and accessible communications.

4.2. Gathering Views on chronic pain

In May 2022, the Scottish Government commissioned Healthcare Improvement Scotland – Community Engagement to undertake a *Gathering Views* exercise. This was to support the on-going development of the Scottish Government’s [Draft Framework for Pain Management Service Delivery](#) to ensure the priorities of people with chronic pain, especially as they relate to local contexts, were appropriately reflected as the Framework is implemented.

Recruitment methods were agreed based on the scope and aims of this work. We carried out 92 individual interviews over a five-week period, collecting extensive and in-depth responses. Our aim was to collect rich and meaningful feedback from a wide range of people, including those living in areas of deprivation or who had not previously spoken about their chronic pain. We felt this would give a better understanding of people’s priorities than we’d achieve with a large-scale survey.

We recruited participants from across the spectrum of Urban Rural Classification in Scotland, though there was a higher percentage from rural areas. Participants were from areas across the deprivation quintiles as defined by the Scottish Index of Multiple Deprivation (2020).

Carrying out 92 interviews provided both insight into the national picture around chronic pain and people's experiences of it and allowed sub-group analysis to highlight particular examples or challenges that people with specific characteristics face, for example linked with age or sex.

Equalities monitoring questions, in the form of an online survey, were shared with the participants, either before or during the discussion. We also offered alternative ways to provide this information, via email or through a paper copy.

We received completed monitoring information for 63% of all participants who took part in this Gathering Views exercise. The report will be published on the Healthcare Improvement Scotland Community Engagement website once approved by the Scottish Government.

4.2. Advancing carer's rights

We have been aware that in light of COVID-19 an estimated 392,000 additional people in Scotland have taken on unpaid care roles for disabled, ill or older adults. This suggests that the total number of carers in Scotland is currently as many as 1.1 million. With one in every five people in Scotland now undertaking an informal caring role, this fifth of the population are providing care that the health and social care system is reliant on. This number includes staff working within Healthcare Improvement Scotland, and we responded to this fact in a range of ways:

- In July 2021, HIS achieved 'engaged' status of the Carer's Positive Award. The award incorporates three levels or stages, from 'engaged' to 'established' through to 'exemplary' and aims to encourage employers to create a supportive working environment for carers in the workplace. Having built an initial level of commitment to embedding a culture of support for carers within the organisation, we are working towards achieving the next stage of the award with the support of our internal Carers Positive Group.
- Following staff experiences during the pandemic, we have been keen for some time to grow our offer for informal carers who are also employees of Healthcare Improvement Scotland. We established a Carers Network as an area of support for staff who identify as carers or as someone supported by a carer. The network is in place for staff to come together to share advice and support. Network members have the opportunity to learn together, access peer support, attend events and shape the network's impact in the organisation. A key example of impact was a webinar organised for Carers Rights Day on 25th November 2021. We hosted this jointly with the Care Inspectorate and NHS Education for Scotland (NES). We heard from Don Williamson, Chief Executive of Shared Care Scotland about the independent review of adult social care in Scotland and the recommendation for a new carers Right to Respite. We also had a quiz and an 'open mic' session where people could chat about issues that were important to them. We covered things like the cost of living and what a supportive workplace looks like.

- Our Carers Positive Group undertook internal scoping work to understand the numbers of staff with unpaid caring roles. The group is planning a review of the processes around identifying employees who are or have become carers. Through a stakeholder mapping exercise, we also investigated the extent to which unpaid carers are considered across the programmes of work carried out by our ihub directorate.
- We have published a series of impact stories which highlight different local approaches and demonstrate the value of identifying, involving and supporting unpaid carers across a wide range of health services. We have actively shared these with our professional networks, and they are also available on our ihub website [here](#).
- Finally, we updated our Carers Leave Policy and Procedure in August 2022 to ensure it reflects up-to-date language and current legislation. We are committed to good practice in this area and will stay up-to-date with national changes so that we can reflect them in Healthcare Improvement Scotland's approach.

4.3. Mainstreaming children's rights

Healthcare Improvement Scotland has legal duties under the [Children and Young People \(Scotland\) Act 2014](#) and is also named as a [Corporate Parent](#) under part 9 of the Act.

Our Children and Young People Working Group monitors our progress in relation to our Corporate Parenting duties and implementation of children's rights. The group meets quarterly, ensuring we learn from and share good practice with staff across the organisation.

In 2021, we formed a Children and Young People Key Delivery Network to support staff to improve the way they involve children and young people, including those with experience of care, in their work. The group meets once every two months and has so far:

- Organised a development session with an external speaker to learn more about the UNCRC,
- Carried out a literature review to identify key areas of concern with regards to the healthcare outcomes for care experienced children and young people,
- Raised awareness of a rights based approach and the UNCRC at all staff huddles, and
- Carried out work to develop a training and learning package accessible to all Healthcare Improvement Scotland staff

In partnership with Who Cares? Scotland we have updated our Corporate Parenting E-learning. The module includes video case studies which explore the lived experiences of Care Experienced Young People. It makes use of recent data gathered by Healthcare Improvement Scotland's Evidence Directorate about the health and social outcomes of care experienced children and young people, tailored to meet the needs of our organisation. You can read more about this in our Children's Rights and Corporate Parenting Report.



4.4. Bairns Hoose standards

We worked with a range of third sector organisations to ensure that children and young people in Scotland have their views heard on a new Scottish approach to supporting children and young people who have experienced abuse. The draft standards for a 'Bairns' Hoose' are based on the international '[Barnahus' model](#) and have been published by Healthcare Improvement Scotland and the Care Inspectorate.

The draft standards outline a child-centered response to health and justice for victims and witnesses of serious crime and abuse. The standards also apply to those under the age of criminal responsibility whose behaviour may have caused harm to others. The draft standards are based on robust international evidence and center rights in the UN Convention on the Rights of the Child. They ensure children's rights to recovery, participation, health and child-friendly justice are upheld. They outline what victims of abuse and their families can expect from a Scottish Bairns' Hoose.

As part of developing the standards, children and young people across Scotland were asked: "What would you like to see in the standards?" This built on the work of the Glasgow Initiative for Facilitation Therapy who, in partnership with the Moira Anderson Foundation, made a series of recommendations to our Standards Development Group. The Standards Development Group were presented with the children and young people's feedback at the beginning of the process. From February 2022, participation and rights workers from six organisations supported children to play an active role throughout the six month standards development period. Through creative sessions, play, videos, group work and one-on-one sessions, children inputted their ideas into the standards and fed back on their experiences to the Standards Development Group at every meeting. A children's version was published for the consultation and organisations were offered up to £500 to run sessions or workshops with young people across Scotland.

It is anticipated that the Bairns' Hoose will be a physical building bringing together child protection, health, justice and recovery services. The first Bairns' Hoose will be launched by the charity Children 1st and will aim to provide support for up to 200 children from the West of Scotland, in what will be a transformational change to services on a scale more ambitious than anywhere else in the UK. From February 2023, children and young people will work with the HIS Communications Team to create an

alternative format children's standards document to meet their needs. We will also work with children's rights organisations to pay children and young people a Living Wage to give their thoughts on the applications for pathfinder sites. This means that children and young people will be a central part of the plans to test and implement the standards as the first phase of rolling out a national Bairns' Hoose model begins.

We will update on this work when we publish our final Equality Mainstreaming Report in 2025.

4.5. Improving access to mental health services

To inform our Mental Health Transformation Programme, Healthcare Improvement Scotland interviewed experts known for their leadership and vision in voluntary community health and wellbeing to gain insight and knowledge about current priorities and future ideas for mental health provision in Scotland.

We specifically focused on perspectives and communities that are under-represented in the service and the published literature. This included racialised minorities, asylum seekers and LGBT+ communities. Our interviews focused on transformational approaches to services. We asked what people thought the current issues were with our mental health and care system and what different and better would look like. From these discussions we identified key themes and opportunities for change. Our Mental Health Improvement Portfolio is now using this material to inform discussion about planning for future improvement and design priorities. We will update on this work as part of our final Equality Mainstreaming Report in 2025.

4.6. Improving diversity in public involvement

We believe that people and communities should be able to use their skills and experience to design and improve the health and care services that matter to them. Moreover, volunteering has been shown to have a positive effect on people, and can improve the health and care experience of people receiving care.

During Volunteers' Week, 1-7 June 2022, we launched a new *People's Experience Volunteer* initiative. Beginning in Fife and eventually spreading to all parts of Scotland, we are aiming to recruit a diverse range of people who can give feedback on specific questions about health and care. Volunteers will have opportunities to:

- Share their views and ideas about what is important to people in their local area.
- Find out how people read and understand reports, websites or information about health and care.
- Work with Healthcare Improvement Scotland on how to engage with people across Scotland on a topic or a change. Volunteers will be able to help shape and test questions, test understanding of different topics and discover the things which are most important to people.

With a time commitment of no more than half a day a month, and flexibility in the ways people can be involved (including face-to-face, online and telephone), we hope this will be a manageable opportunity to make a big difference – including for people who may not usually come forward for volunteering roles.

The Engagement Officer for Grampian targeted recruitment efforts with third sector organisations working primarily with minority ethnic communities. They also appeared on a local radio show which aims to promote volunteering opportunities in Aberdeen’s regeneration areas. These activities led to six volunteers coming forward. An introduction session to discuss the role and answer questions was held with four of the volunteers before they signed up for the on-going role. The session was evaluated and feedback was positive with learning for future sessions.

We currently have a cohort of eight volunteers covering Fife and Grampian, and will update on progress with this initiative in our 2025 Equality Mainstreaming Report.

4.7. Community engagement Webinars

Our Community Engagement Directorate hosts free monthly webinars for internal and external colleagues. These webinars are an opportunity to engage with the directorate’s learning and expertise on a range of engagement approaches, and their application within different projects and communities of interest or place. Examples of webinars hosted over the last two years include:

- Engaging with adults with learning disabilities.
- Involving people with dementia in healthcare research and practice.
- Engaging with Gypsy / Traveler communities.
- Inclusive volunteering – Turning intent into action.
- Planning for engagement with disabled participants.

Our past webinars are all available to view on the Community Engagement Website [here](#).

5. Our Workforce

Our workforce equality monitoring data for 2020/21 is published [here](#) and our data covering 2021/22 is [here](#).

In order to give you a comprehensive snapshot of where we are, we have summarised key points about our current workforce profile and workplace equality for different staff groups below. The summary is based on our most recently data, as at 31 March 2022.

We employ 519 members of staff. Of these:

- 77% are women and 23% are men.
- 6% identify as disabled and 87.2% as non-disabled.
- 4% identify as part of a minority or mixed ethnic group, while over 70% identify as from a white group.
- Around 5% identify as part of an LGBT+ community.

These figures broadly resemble the most up-to-date national statistics for NHS Scotland, where at 31 March 2022:

- 78.7% of employees are women.
- Only 1.2% of employees say they are disabled.
- 4.2% of employees are from a minority ethnic group and 68.4% are from a white group.
- 2.7 % of employees identify as part of an LGBT+ community.

4.1. Pay equality

Based on our workforce data for 2021/2022, our mean pay gap has reduced over the last year by 1.6%, leaving it at 15.3%. Our median pay gap has however remained the same at 14.9% - which was a rise of 6.9% since 2019/20.

We understand our pay gap to be caused by the gender split of part-time compared to full-time contracts. Currently 88.7% of all part-time staff are women, while men are 11.3% of our part-time workforce. Moreover, the proportion of women working in the lowest pay bands is far greater than in the 'middle' or senior level pay bands. For example, 100% of our Band 3 staff and over 88% of Band 4 staff are women. This proportion falls within senior management posts to 52% at Band 8b, and rises again to 80% at Director grade.

While we are pleased to have a smaller gender pay gap than NHS Scotland overall, where the gap was last calculated to be 18.2%, we are dissatisfied that women continue to have less earning power within our organisation as well as in the labour market generally. A significant majority of our [Executive Team](#) are women, and women are a majority at each of our pay bands. With women making such significant contributions to the leadership of Healthcare Improvement Scotland, we view the persistence of a pay gap as disappointing and we will continue to take remedial actions around this.

For example, as outlined at section 2.3 of this report, we are currently one of four NHS Scotland organisations participating in a pilot of Equally Safe at Work. The programme is helping us better understand and address some of the areas that could make a difference to women’s employment experience and opportunities. This includes our approach to flexible working, how we account for gender differences in our policies and how we equip our staff and managers to identify and address experiences of gender based violence and sexual harassment. Our equal pay statement, which was reviewed in partnership, was published as part of our Equality Mainstreaming Report in 2021. We remain committed to what was set out in this statement and hope to provide a fuller update in our final Equality Mainstreaming Report when it is published in 2025.

Our mean disability pay gap is 17.7% and the median gap is 19.5%. Currently 6.4% of our staff identify as disabled. Although we know the number may in reality be higher, this is well below the 22% of Scotland’s population who identify as disabled. A majority (3.6%) of self-identified disabled staff work at Bands 4 and 5, and there is minimal to no representation across our senior posts. We do not think this is good enough. Through our staff Disability Network and the governance groups which support it, we are actively evaluating the inclusiveness of our work practices and resources. We will also continue to participate in the UK Government ‘Disability Confident’ scheme, offering guaranteed interviews to disabled candidates who meet the essential criteria for vacancies, and raising the awareness and confidence of staff around reasonable adjustments. We welcome new colleagues who consider themselves disabled or neuro-divergent.

We have no notable pay gap in respect of colleagues from visible minority ethnic groups, but found a pay gap of 14% (mean) for colleagues from white minority groups compared to the white majority group. We are conscious that the number of minority ethnic staff we employ, including those from visible minorities, is small and our pay gap calculation is reflective of this. We will continue to work on diversifying our organisation, and welcome new colleagues from minority ethnic backgrounds. Moreover, having a meaningful anti-racism approach is a priority for us. As described above, we are engaged with anti-racism work currently on-going within NHS Scotland. This includes participation in the Scottish Government / NHS Scotland Ethnic Minority Forum. We are looking forward to engaging with the suite of learning resources and interventions that will be offered to NHS organisations as a result of the Forum’s work. Locally we will continue to work towards the equality outcomes we have set and, through our Race and Ethnicity Network and the development of other suitable mechanisms, listen to and address any concerns raised by minority ethnic colleagues.

4.2. Learning and development

Over the period 1 April 2021 to 31 March 2022 we delivered a total of 1,535 formal training opportunities, which benefitted 458 members of staff representing or 88% of our total headcount. Reflecting our hybrid working style, these opportunities included a combination of digitally facilitated and e-Learning packages. We also encourage staff to undertake informal learning opportunities through, for example, attending conferences and workshops - however this is not recorded.

Learning and development opportunities are key to improving confidence, knowledge and skills and also gaining career progression. We therefore review participation in our formal training opportunities to identify any staff groups that may be missing out. We found that at March 2022:

- The age profile of our organisation broadly reflects that of those taking up training, with staff in the 30-44 age range showing the lowest uptake proportionately.
- Overall, women are attending training at higher rates than men in the workforce.
- Non-disabled people are more likely than disabled people to be attending training.
- Broadly, minority ethnic colleagues are slightly under-represented in training while white colleagues tend to be over-represented.
- Colleagues identifying as heterosexual are slightly over-represented in training, while those with a minority sexual orientation have more-or-less proportionate representation.

The appraisal and personal development process was reinstated in October 2021 following a pause during the Covid pandemic. We took the opportunity to rebrand the process as a Personal Development and Wellbeing Review (PDWR), ensuring that a wellbeing element is included and prioritised by staff and line managers. During 2021-2022, 69% of staff were recorded as completing their appraisal. Of this figure, we found that women were less likely than men to have completed their appraisal - there was a 23% discrepancy compared to 7% for men.

Overall, we have determined that we need to focus on ensuring women are getting adequate line management support to complete appraisals and that younger people, disabled people and minority ethnic people in the workforce should be supported to take up the training we offer. This will be considered alongside current gaps in workforce representation and pay equity.

Contact information

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