NHS Highland Equality Outcomes and Mainstreaming Report 2021-2025

Contents

The Legal Context

The public sector equality duty, referred to as the '**general equality duty**,' is set out in the Equality Act 2010.

Under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, all public authorities are also covered by **specific duties**, which are designed to help them meet the general equality duty.

The General Equality Duty

The Equality Act brings together the areas of race, disability, sex, sexual orientation, religion and belief, age and gender reassignment in to one piece of legislation.
It also clarifies the approach that should be taken to ensure fair treatment with regards to marriage and civil partnership, pregnancy and maternity. In the exercise of its functions NHS Highland must:

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not, by tackling prejudice and promoting understanding

These are the three fundamental elements of the general duty which applies to the following nine protected characteristics:

- Age
- Disability
- Sex/Gender
- Sexual orientation
- Gender reassignment
- Race, this includes ethnicity, colour and national origin
- Religion or belief
- Pregnancy and maternity
- Marriage and civil partnership (for which only the first duty applies)

Specific Equality Duties

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on May 2012. These specific duties are designed to help public sector organisations meet the general duty effectively. The key legal duties are that NHS Highland must:

- Report on mainstreaming the equality duty
- Publish equality outcomes and report progress
- Assess and review policies and practices
- Gather and use employee information
- Publish gender pay gap information
- Publish statements on equal pay
- Consider award criteria and conditions in relation to public procurement

Fairer Scotland Duty

From April 2018 the Fairer Scotland Duty, under Part 1 of the Equality Act 2010, came into force across Scotland. The new duty places a legal responsibility on public bodies, including Health Boards to 'pay due regard' to how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. Public bodies will also be required to publish written assessments showing how they have fulfilled the duty.

Integrated Joint Board Argyll and Bute

In April 2016 the Integrated Joint Board (IJB) of Argyll and Bute's Health and Social Care Partnership was formed by NHS Highland and Argyll and Bute Council. As a 'public authority' the IJB publishes an Equality Outcomes and an Equality Mainstreaming Report as required by the Equality Act 2010 (Specific Duties) (Scotland) Regulations. These reports are available on the Argyll and Bute Health and Social Care Partnership website - https://www.argyll-bute.gov.uk/health-and-social-care-partnership.

The IJB does not directly employ staff therefore employee information and gender pay gap information is published by the employing organisations and not the IJB. This report includes the required information relating to staff working within the IJB employed by NHS Highland

The lead officer for Equality and Diversity works closely with local authority and NHS Highland colleagues within the IJB to coordinate and align equality outcomes and mainstreaming reporting.

Progress – Mainstreaming the Public Sector Equality Duty

Mainstreaming is **the incorporation of the general equality within the functions of the Health Board**. This means that NHS Highland must take equality into account in everything that it does **as an employer, a provider of services and a commissioner.**

People

Equality, Diversity and Human Rights Training

All new members of staff are required to complete the Highland: Equality and Human Rights mandatory training module. The course aims to raise awareness of the importance of equality, diversity and human rights, provides an overview of equality legislation and encourages staff to question their own perceptions and practice.

In order to embed the principles of equality, diversity and human rights all staff are required to refresh this core training every three years. The purpose of the refresher course is to ensure that all staff continue to be aware of equality and diversity and of NHS Highland's commitment to eliminating discrimination and promoting equality across all services.

In 2018 a Training Compliance Officer was recruited to identify new employees to strengthen compliance this has led to significant improvements in the rates of new staff to complete this training with in the first week of employment.
Face to face training has also been provided in partnership with the Highland Council to provide staff with the opportunity to develop their understanding, share and discuss their experiences of equality and diversity issues in a safe learning environment. This training now needs to be adapted so it can be delivered digitally.

Health Inequalities Training

In 2018 NHS Highland Health Improvement Team designed and piloted the delivery of a health inequalities training course. Feedback and evaluation of the pilot was very positive and this has subsequently become part of our core Public Health training programme. Between April 2019 and February 2020 **114** people from a range of organisations, including NHS Highland, Highlife Highland and other partner agencies have participated in the training.

The training course encourages participants to recognise the link between social inequality and discrimination and resulting health inequalities. This is achieved through exploring the realities of an unequal society, the negative impact of the societal imbalance of power, exploration of equity and the affects this can have on individuals and how everyone is at risk of unconscious bias.

Supporting Transgender Staff in the Workplace

NHS Highland is committed to leading and promoting equal opportunities and supporting human rights in terms of the provision of health services for the community and in its practice as a leading employer. The organisation does not tolerate discrimination on the basis of any protected characteristic including transgender status (known in legislation as gender reassignment). Trans staff and service users are entitled to dignity, privacy, and freedom from discrimination. As such, in 2019 NHS Highland, in consultation with

Stonewall, the Scottish Transgender Alliance and Inverness Gender Identity Clinic introduced “Supporting Transgender Staff in the Workplace - Protocol & Guidance”.

In addition to the current suite of policies and guidance supporting a diverse NHS Highland workforce the protocol defines what we mean by the term transgender and gender reassignment and clearly sets out NHS Highland’s responsibilities as an employer of trans people and people who are undergoing a transitioning journey. The protocol is intended to protect the rights of trans people and support them in the workplace. The intended outcome of the new protocol/guidance and the accompanying transgender respect guidance is to:

- Provide accurate and current information for all NHS Highland employees in relation to gender reassignment, gender identity and human rights.
- Outline NHS Highland procedures to be followed in the event a transgender person requires support within the workplace if considering transitioning and thereafter.
- Enable all people who come into contact with NHS Highland (including staff members, volunteers, patients or service users) to be treated fairly and without discrimination or harassment on the grounds of gender identity and gender reassignment.

Quality and Care

Racial Disparity of Covid-19

In 2020 NHS Highland’s Health Intelligence Team completed an evidence review on racial disparities in health, health and social care experience, and the recording of racial characteristics in routine data. This review can be accessed on the NHS Highland intranet health intelligence library . Moving forward NHS Highland aims to use this evidence to support improvements in capturing ethnicity information in routine data.

LGBT Guide and Toolkit

In consultation with Stonewall and NHS Highland’s LGBT+ Staff Network NHS Highland have developed a LGBT Diversity Champions Toolkit. The Toolkit provides information and resources aimed at supporting staff to build an inclusive and welcoming environment for LGBT staff, service users/ patients and the wider community.

Developing the See Hear Strategy

NHS Highland have made Sight and Hearing Loss awareness training mandatory for all NHS Highland health and social care staff so we can promote awareness, good communication and improve skills. Training options also include introduction to BSL courses and accredited BSL courses as well as tailored Deaf and Sight Loss awareness training to meet the needs of individual teams and services.

We are developing the role of sensory support link workers who will be attached to all residential care homes in Highland to promote and support effective communication with residents, including practical support to care staff in maintaining residents hearing and low

vision aids. We have drop-in services across Highland communities where people can access batteries and support to maintain NHS hearing aids, receive advice, information and try out equipment which can support Sight and or Hearing loss. In addition, we are developing a duty support worker service for adults who use BSL so they can seek advice, support and guidance from Deaf Support Specialists.

All of our key assessment tools in Health and Social Care services include recording where people have a Sight and or Hearing loss and what their communication support needs are, so that they are properly supported through services.

Access Support Cards

While some disabilities may be visible, many are hidden but can still affect a patient's ability to benefit from their appointment. These may range from poor mobility or hearing issues to a mental health condition, learning disability or long-term condition. It is an additional resource to improve patients' experience and meeting our service-delivery responsibilities of inclusion and universal access to healthcare.

The Access Support Card is designed to help frontline staff identify and offer assistance to someone who may require help to access the service and allow them to respond in a person-centred way. The card will assist staff who might otherwise have made assumptions or not realised that the patient needed extra support.

The cards have been piloted in the outpatients department in Raigmore and are now available in HIRS for other departments and staff to order.

Covid –19 Response

Caring For People Accessible Communications Plan

The COVID pandemic response required a comprehensive and accessible communication strategy to ensure the public knew how and where to access support they needed. Access to shopping and medicines etc. were vital in supporting individuals to adhere to the lockdown rules introduced by the Scottish Government. In partnership with Community Development staff in Argyll and Bute Council, NHS Highland Public Health Team developed a communications plan and resources which were accessible to those with protected characteristics and emerging vulnerabilities due to the pandemic. This included:

- Hosting COVID specific information on the Argyll and Bute Council website which conforms to accessibility guidelines
- Developing an accessible information leaflet promoting the single point of contact number and

helpful information for those requiring it.

- Leaflet posted to all homes in Argyll and Bute in 14 font using simple language
- Leaflet shared with partners who support vulnerable groups.
- Easy read version produced and shared with partners such as those working with travelling communities
- Version produced for people with a learning disability in partnership with services and provided for partners to share
- Animations produced with voice over and subtitles, promoting the single point of contact number, and services provided through that number.
- Contact made with partner organisations such as Vizability and Deafblind Scotland to promote the information leaflet, and animations to their membership.
- Poster and short video produced for social media with subtitles and voice over to promote adult and child protection services.

To ensure Deaf people were informed about hospital visiting during the Covid-19 pandemic, NHS Highland developed a BSL video containing this information. The resource was shared with relevant stakeholders and was promoted via NHS Highland's social media channels.

A social support leaflet was designed and developed to signpost individuals in need to reliable welfare support services. This included support with helping people access food and prescriptions, advice on welfare benefits and financial support. Both printed and electronic copies are available free of charge to local organisations and services. To date over **10,000** copies have been distributed.

In addition a Mental Health and Wellbeing COVID-19 resource was collated and distributed to partners and agencies following support and approval from the Highland Community Planning Partnership. This contained a summary of key messages, information and support available to promote mental wellbeing and prevent or respond to poor mental health. With all this information in one place it is easier for partners to navigate mental health and wellbeing information available across Highland and to signpost and promote.

Covid-19, Social Mitigation Strategy and Action Plan

It is clear that those who have experienced long-standing social inequities such as poverty will be disproportionately affected by COVID-19 and the unintended consequences of the control measures to suppress transmission. In response to the wider population health and wellbeing consequences of the pandemic, NHS Highland is preparing a Covid-19 Social Mitigation Strategy and Action Plan. The plan will target support to those most in need and aim to mitigate the adverse impacts of the pandemic. This will involve work focusing on a number of key areas, including:

- Income maximisation

- Reducing child poverty
- Fair Work Practice in employment and recruitment
- Mental health improvement
- Improving equality of opportunity and reducing inequalities

Near Me

Near Me is a video consulting service which aims to provide outpatient consultations as close as possible to home. NHS Near Me appointments take place at your home or at a local NHS clinic where patients see their consultant or specialist via video link. To participate in a Near Me consultation patients require access to a reliable internet connection and a digital. During the Covid-19 pandemic reliance on Near Me to deliver remote services has become crucial in order to minimise the risk of infection for staff and patients. Working to ensure Near Me is universally accessible NHS Highland's Near Me team has:

- NHS Highland has developed a local guide to support staff when including a BSL or language Interpreters in Near Me consultations along with guidance for BSL Interpreters and Deaf patients on how to access Near Me appointments. These have been made available on the Near Me webpage along with translated materials in multiple languages.
- Commenced an innovative pilot project in partnership with a rural community council which aims to make Near Me accessible to people who may be otherwise digitally excluded. The project will involve the community council providing access to digital devices, training and support members of their community who may require support to access Near Me services. This project is in early stages of development but it is hoped if it is successful it might be replicated in other areas across Highland.

Partnership Approaches

Suicide Intervention and Prevention Programme (SIPP)

SIPP is a multi-agency delivered training course which aims to increase knowledge and understanding of factors relating to suicide. The training has a focus on exploring how stigma and attitudes impact on those affected by suicide. A key component of the training is to encourage individuals to review their own attitudes and beliefs around mental health. This aims to encourage participants to recognise that mental health, one of the protected characteristics, can be associated with suicide but mental ill health is not necessarily a pre-cursor to an individual having suicidal thoughts.

Between 1/04/2017 - 23/12/2020, 59 people participated in the training for trainers sessions, this included 11 NHS staff and 48 staff from partner organisations in addition over **500** people participated in SIPP training, this included 118 NHS Staff and 421 staff from partner organisations. In response to Covid-19, SIPP has been adapted for digital delivery and a programme is scheduled for 2021.

The Highland Green Health Partnership

The Highland Green Health Partnership is one of four initiatives in Scotland stemming from Our Natural Health Service which aims to show how Scotland's natural environment is a resource that can help tackle key health issues. The partnership is chaired by NHS Highland, and also includes High Life Highland, Highland Council, the Highland Third Sector Interface, Nature Scot, Paths for All, the University of the Highlands and Islands and Forestry and Land Scotland.

The partnerships aim is to address health inequalities by supporting the general transformation needed to keep people healthier for longer. Examples of how we are achieving this include:

- Establishment of a small grant fund in 2019 which helped to support **11** Highland community projects that tackle health inequalities through activities in nature. This included projects for mental health, the homeless, youth groups, disability groups, those with diabetes and projects in areas of deprivation.
- Match funding enabled the appointment of a health walk coordinator for rural Highland, the development of a cycling bothy in Golspie and an Advancing Active Journeys project in Skye & Lochalsh. All projects are aimed at getting those that do not currently engage, or are unable to engage with nature, outside in a supported environment.
- A spectrum of engagement was developed offering opportunities for people to connect with nature, commencing with activities at home or in a ward setting, and progressing through activities on your doorstep or garden, use of local greenspaces and parks and on to connecting with social groups and activities. A directory of available services has also been created.
- A service provider self-assessment tool was developed to enable support services to review the activities they offer and their suitability for a variety of audiences. This allows service providers to adapt their services for those with specific needs, extend their services to reach wider audiences and review how the service meet the needs of those who might benefit most from them.
- The partnership has conducted a number of surveys, and attended community events to help better understand the needs of individuals and communities. Most recently, a survey was conducted of those who were asked to Shield during COVID19 and with key workers, asking about the barriers to engagement with nature.
- A number of case studies have been created, and our website www.thinkhealththinknature.scot hosts regular guest blogs from people across Highland with varying health needs. These are being shared across our social media platforms as part of a targeted communication campaign.

Business Functions

Procurement

As a buyer of goods and services NHS Highland is committed to implementing the Scottish Governments Statutory Guidance on the Selection of Tenderers and Award of Contracts Addressing Fair Work Practices, including the Living Wage, in Procurement. A commitment to the living wage is considered one of the clearest ways in which a bidder can demonstrate a positive approach to fair working practices.

NHS Highland supports the right of employees to earn a fair wage and although it is not possible to set payment of the Living Wage as a mandatory requirement within the procurement process, NHS Highland is exploring opportunities for its suppliers to implement the living wage within their staff structures. Building on this, in 2021 NHS Highland plans to refresh its procurement strategy and one of its key themes will be a focus on Fair Work Practices.

Equality Impact Assessment

During 2020 the Equality Impact Assessment (EQIA) process was reviewed and updated. This now includes the new Fairer Scotland Duty which places a legal responsibility on NHS Highland to actively consider ('pay due regard ' to) how the health board can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

Advice, support and training continue to be offered by the Health Improvement Team to support managers to fulfil this duty and complete an EQIA.

Equality Outcomes 2021-2025

An equality outcome should further one or more of the following needs: eliminate discrimination, advance equality of opportunity and foster good relations. Action taken towards progressing an equality outcome should result in positive change for individuals, communities and society at large.

During 2021-2025 NHS Highland will work towards the following equality outcomes:

Outcome 1 - In Highland, people from identified groups, including young people, will have improved access to the resources needed to support their mental health and wellbeing.

Outcome 2 - In Highland, all individuals are equally safe and respected, and women and girls live free from all forms of violence and abuse and the attitudes that perpetuate it.

Outcome 3 - In Highland, people from identified groups will have more control over the care and services they receive.

The equality outcomes have been developed in collaboration with key partners, colleagues and managers across the organisation and informed by available evidence. Consultation with a wider group of stakeholders will be carried out during 2021 to develop, inform and identify contributions to the equality outcomes across the NHS Highland area.

Equality Outcome 1

In Highland, people from identified groups, including young people, will have improved access to the resources needed to support their mental health and wellbeing.

What is the situation, problem or equality issue we want to address?

[1]Although many people in Scotland enjoy good mental health there has been no significant changes to levels of wellbeing, for men or women, since 2008. 1 in 3 GP appointments relates to a mental health problem. Around one in ten adults (9%) had two or more symptoms of depression with approximately 12% of the population of Scotland using an antidepressant every day. Suicide rates for both men and women are higher in Highland than the Scottish average and suicide in Scotland is three times more likely in those from the most deprived areas when compared to those in the least deprived areas. Poverty is the single biggest driver of poor mental health according to the Scottish Government Mental Health Strategy 2017-21. The full impact of the pandemic is not yet realised however it is expected to have a significant impact on mental health and wellbeing of the population we serve and our staff.

Evidence suggests the removal of stigma and discrimination creates the best conditions for mental wellbeing, preventative action and early intervention, for personalised support, care and treatment and for recovery. When mental health stigma and discrimination is removed people feel valued, included and respected, they have better access to and experience of services and sources of support, and they achieve the outcomes important to them. Stigma and discrimination is heightened significantly when a mental health problem is coupled with one or more protected characteristic, LGBT, BME, age, sensory impairment and wider disability or set alongside addictions and substance misuse, homelessness, and criminal justice.

Protected Characteristics	**Equality Duty**
- Identified as the Equality Impact Assessment is completed	- Foster good relations - Advance equality of opportunity - Eliminate unlawful discrimination
Key actions	
The Highland Mental Health Delivery Group is currently developing its action plan to address and progress the following areas: - Early Years, Childhood and Adolescence – a preventative approach - Tackling Stigma and Discrimination - supporting employers and public services - Working and Responding Together - stronger collaborative approach across the public, third and independent sectors - Participation and Inclusion - enabling people to have control over their lives and facilitating active involvement	
Equality Impact Assess Mental Health Delivery group action plan: - Key actions will be identified for specific groups of people including those with protected characteristics - The action plan will be updated to reflect the outcome of the EQIA	
- Establish infant mental health service	
- Respond to care review by delivering on the Promise (care experienced young people)	

[1] http://www.healthscotland.scot/media/1805/good-mental-health-for-all-feb-2016.pdf

Equality Outcome 2

In Highland, all individuals are equally safe and respected, and women and girls live free from all forms of violence and abuse and the attitudes that perpetuate it.

This is a shared outcome with the Highland Council and Police Scotland is a key partner.

What is the situation, problem or equality issue we want to address?

Equally Safe is Scotland's strategy to take action on all forms of violence against women and girls. This is defined as the violent and abusive behaviour carried out predominantly by men directed at women and girls precisely because of their gender. Behaviour that stems from systemic, deep-rooted women's inequality, and which includes domestic abuse, rape, sexual assault, commercial sexual exploitation, and so called 'honour based' violence and harmful traditional practices like female genital mutilation and forced marriage. Violence against women and girls can have both an immediate and long-lasting impact on the women, children and young people directly involved.

The important work of the Highland Violence Against Women Partnership (VAWP) was discussed by Members of the Highland Council's Health, Social Care and Wellbeing Committee meeting on 12 November 2020. [2]There has been a significant focus on domestic abuse during COVID-19 with expectancy that there will be increased risks for victims and more concerns in relation to children and young people. Nationally, between April and September 2020, domestic abuse incidents were 8% higher than the equivalent period in 2019. In Highland, from 23 March to 30 June 2020, 1006 Child Concern Forms were submitted to the 'Named Person' mailbox. 278 of these related to domestic abuse issues. Highland Women's Aid groups report receiving 584 new referrals for women experiencing domestic abuse in the period from March to October 2020.

The Highland Violence Against Women Partnership (VAWP) works to ensure that:

- Those affected by VAW receive services which meet their needs
- Perpetrators are tackled about their behaviour
- There is reduced acceptance of VAW
- Healthier gender relationships are promoted

Protected Characteristics	**Equality Duty**
- Sex	- Foster good relations - Advance equality of opportunity - Eliminate unlawful discrimination
Key actions	
- Review relevant VAW guidelines and policies and ensure they are made available to support NHSH staff on VAW issues.	
- NHS Highland to pilot the Equally Safe at Work programme due to start in 2021	
Develop a refreshed set of priorities and measures for Highland VAW Partnership Strategy. - Develop 2021-24 VAWP action plan. - Use covid-19 related data and partner information to inform the strategy and action plan	
Deliver and evaluate the VAWP training programme - Increase training capacity by supporting Trainers who attended the "training for trainers" course to deliver training. - Develop online courses for TURAS and other digital platforms	

[2] Highland Violence Against Women Partnership work discussed at Committee | The Highland Council

Equality Outcome 3

In Highland, people from identified groups will have more control over the care and services they receive.

What is the situation, problem or equality issue we want to address?

Delivering person-centred care is a strategic priority for NHS Scotland in order to achieve the best possible health outcomes for individuals. To achieve this, it is vital we work with people who use our services to deliver care which meets their needs, especially those who experience poorer health and wellbeing outcomes, which includes many people with protected characteristics. This means finding out who and what is important to people and providing them with the information they need to be involved in decision making and enabling them to be involved in their care.

This outcome has significant relevance to carers. [3]In 2019 Carers Scotland told us that there were 759,000 carers in Scotland and every year at least 160,000 take on a caring role. In 2018 it was estimated there were 32,000 carers in Highland. In 2020 it is likely that figure will be significantly higher as many more people have undertaken an unpaid caring role during the pandemic. Evidence suggests that more females undertake a caring role than males (59% to 41%) and most significantly 8 out of 10 carers say their health is worse because of caring responsibilities. In Highland ensuring carers have more control over the services they receive will be central to the work we do. In order to ensure equality for unpaid carers and to enable them to manage effectively in their unpaid caring role an emphasis must be placed on ensuring they are informed and involved in decisions which affect them.

Protected Characteristics	**Equality Duty**
- All Protected Characteristics	- Foster good relations - Advance equality of opportunity - Eliminate unlawful discrimination
Key actions	
NHS Highland Communication and Engagement Strategy: - Communication and Engagement Strategy to be developed in partnership with key groups, patients, and partners. - An internal framework and resources, are to be introduced to support meaningful conversations and engagement with communities and key groups - Training sessions piloted and delivered to managers across NHSH area - Training and support to be piloted to lay members of committees and project groups - Develop networks and effective ways for people to give views, share experiences or take part in engagement opportunities on matters that are important to them - Develop ongoing relationships with vulnerable groups/ communities of interest and provide opportunities for views and experiences to be heard, listened to, and considered, e.g. Inclusion Scotland 2021 summit and NHS Scotland Gypsy and Travellers Charter of Involvement	
The Carers Strategy commits to: - Carers actively involved whilst the person they care for is in hospital/planning for discharge - Improved engagement with carers and involvement in the Highland Carers Strategy, services, policies and any guidance pertinent to carers. - Outcome focused Adult Carer Support Plans available to carers who want one: Pathways and resources available; support plans reviewed in line with the changing needs of carer - Carers benefiting from access to tailored short breaks and respite support	

[3] Facts and figures - Carers UK

Annexe 1: Progress on Equality Outcomes, 2017-2021

NHS Highland published its last set of equality outcomes in April 2017 (updated August 2017) for the four-year period to 2021, the report can be found on NHS Highland's website . Through consultation six outcomes were identified as priority areas for improvement over the 4-year reporting period. The Specific Duties require us to review progress in meeting equality outcomes every 2 years. Progress against these outcomes was reported in 2019 and is available here . A final update is detailed below.

Increase diversity in leadership and workforce participation

Key Achievements:

LGBT equality in the workplace.
Guidance on supporting transgender staff in the workplace introduced.
LGBT+ Diversity Champion toolkit developed to support teams to create a more inclusive and welcome environment.
Staff network established.
Continued to promote a more LGBT inclusive environment for staff and patients as a participant within the national Stonewall Diversity Programme

Carer Positive Award
NHS Highland has maintained its level 1 "engaged" accreditation to the Carer Positive Award.

- Work has commenced to Progress from level 1 to level 2 "established" status for the Carer Positive award.
- An informal carer network and virtual support (safe space) is being developed
- Use of 'Wellbeing Wednesday' staff news to support development of this.

Equality and Human Rights training module
A Training Compliance Officer was appointed in 2018 to promote compliance with mandatory training.
Significant improvements in the rates of new staff completing the mandatory equality and human rights training with in the first week of employment. 2020 compliance rates as of 30/09/2020 - 76% across NHS Highland.

Identified groups have improved experiences of accessing services and information

Key Achievements

- NHS Highland worked in partnership with The Highland Council to develop joint actions for inclusion in a Local NHS Highland BSL plan for 2018-24.
- July 2018 the NHS Highland Deaf Awareness module developed by **See Hear Highland Education & Learning Services** (SHHELS) was introduced and adopted nationally by NES
- December 2019 Deaf awareness training became mandatory for all social care staff
- Since April 2017: 408 participants made up of 92 taking part in face-to-face training; 80 completing NES Deaf Awareness eLearning module, 90 completing Deaf Awareness training eLearning module and 66 completing Sight Loss eLearning module.
- NHS Highland contributed to a national progress report on the BSL National Plan in 2020
- 2020 SHHELS developed and piloted a 10-week BSL course and a sign space was established to enable weekly BSL practice sessions at UHI campus.
- In response to Covid-19 in partnership with Community Development staff in Argyll and Bute Council, the Public Health Team developed its "Caring for people" accessible communications plan.
- Access support cards introduced
- Near Me resources developed
- See Hear Strategy in development

Identified groups of children and young people will benefit from improved access to mental health services and support

Key Achievements

There has been increased investment in services for children and young people with Learning Disabilities and Autistic Spectrum Disorder. NHS Highland and Highland Council worked together to review the assessment process and diagnostic pathway for children and young people who have neurodevelopmental difficulties (ASD, ADHD, DCD and FAS). This has resulted in:

- Establishment of a multi-agency service consisting of community paediatricians, speech & language therapists, occupational therapists, clinical and assistant psychologists
- Collaboration between Highland Council and Adolescent Mental Health Services to deliver a Looked After Children Development Project.
- Member seminars on mental health services in Highland held during 2018, including services for young people and involvement of NHS colleagues.
- Funding submission to NHS Education for Scotland (NES) to increase psychology time for Neurodevelopmental Assessment Service (NDAS) successful.

A new outreach team has been established to deliver services in rural areas

- Consolidation of the team and the interfaces with the North of Scotland Tier 4 network is ongoing.

New neurodevelopmental assessment service (NDAS) established for CYP with neurodevelopment disorders

- Work is ongoing to refine the service to ensure the approach is family supportive, trauma informed, attachment led and inclusive of learning disability in the assessment process

People better recognise and understand prejudice-based incidents and hate crimes and feel confident reporting them

Key Achievements

- Continued partnership working to raise awareness of third party reporting and the Hate Free Highland campaign continued however over the past year this has been impacted by the pandemic.

- Increasing awareness of the attitudes and stigma experienced by some disabled people during the pandemic, for example, if they are exempt from wearing masks.

In Highland, all individuals are equally safe and respected, and women and girls live free from all forms of violence and abuse and the attitudes that help perpetuate it.

Key Achievements

Clear guidelines to support staff experiencing gender-based violence and tackle perpetrators

- Multi agency guidance for responding to Violence Against Women (VAW) on the NHSH Intranet Page Here
- Clinical governance – DATIX incidents recorded
- Gender-based violence guidelines available on the HVAWP website, in addition to guides on responding to FGM, responding to GBV (Quick guide and longer version), Risk Assessment /Safety Planning, Responding to Perpetrator and the guide on The Impact on Children Here
- NHS Highland and the Highland Council partnership working on Equally Safe at Work project

Refresh priorities and measures for VAW

The VAWP is a group of statutory and third sector organisations who work to implement the Governments Equally Safe Strategy to eradicate VAW in Highlands. They represent a wide range of professionals and practitioners and have:

- Implemented the national performance framework
- Identified additional local performance measures
- formed a network across Highland designed to enable peer support, sharing of resources, good practice & information

VAW training programme

The Highland Violence against Women Partnership has continued to offer its training programme: Between April 2019 to March 2020, **43** training courses were facilitated, 31 from the scheduled annual training programme and 11 bespoke training sessions. A total of **468** people attended the training. The training aims to:

- Increase awareness and understanding of different forms of violence against women and girls issues.
- Develop skills and practices when responding to abuse.
- encourage joint agency working to ensure that all victims/survivors across the Highlands have equity of access to support at a time of need and increased opportunity to disclose their experiences
- In conjunction with The Women's Project. 3-day training for trainers' course has been delivered to 15 participants.
- A full evaluation framework including impact of training on service developed and implemented.

Community Planning Partnerships will work towards addressing socio-economic disadvantage as set out in the Local Outcome Improvement Plans

Key Achievements

- Health inequalities checklist developed and introduced to Community Planning Partnerships to support them with their aim of tackling inequalities.
- Health inequalities training delivered to community planning partnerships
- Locality plans developed and being delivered in local areas to tackle inequality
- NHS Highland operational managers and public health representatives are core members of each local community planning partnership
- Mental health identified as priority and discussions are being held with community planning partnerships to understand issues in local areas and support needed
- Nine community planning partnerships exist with Highland, four exist within Argyll and Bute

ANNEX 2: EMPLOYEE DATA AND INFORMATION

Employee Protected Characteristics Data and Analysis

Data Quality Issues and Actions

Job Train

NHS Highland employee data relating to protected characteristics is held in the electronic Employee Support System (e:ESS). Although e:ESS went live in 2013, the use of employee and manager self- service functionality within the system remains limited. This functionality is used by employees to update, amongst other things, their protected characteristic information. For most protected characteristics (notable exceptions being age and gender), somewhere in the region of 40% of the information is unknown because it has not been provided, either by declining to provide it or because they have not been asked. This figure has remained consistent over the last 3 years. The key action, therefore, in relation to our Equalities Duties in respect of employees, is to improve the quality of the employee equalities data we hold.

To improve the quality of our equalities data, we committed in the last action plan to roll out across NHS Highland the elements of Employee Self Service that will allow staff to update their Equalities information. Unfortunately this has not been possible for a number of reasons. A refreshed project is underway to implement manager self service for e:ESS. This in itself will not improve the quality of the data held. It will, however, mean the current process for collecting equalities information will change. The project team will, therefore, be tasked with identifying the least burdensome process for collecting equalities information.

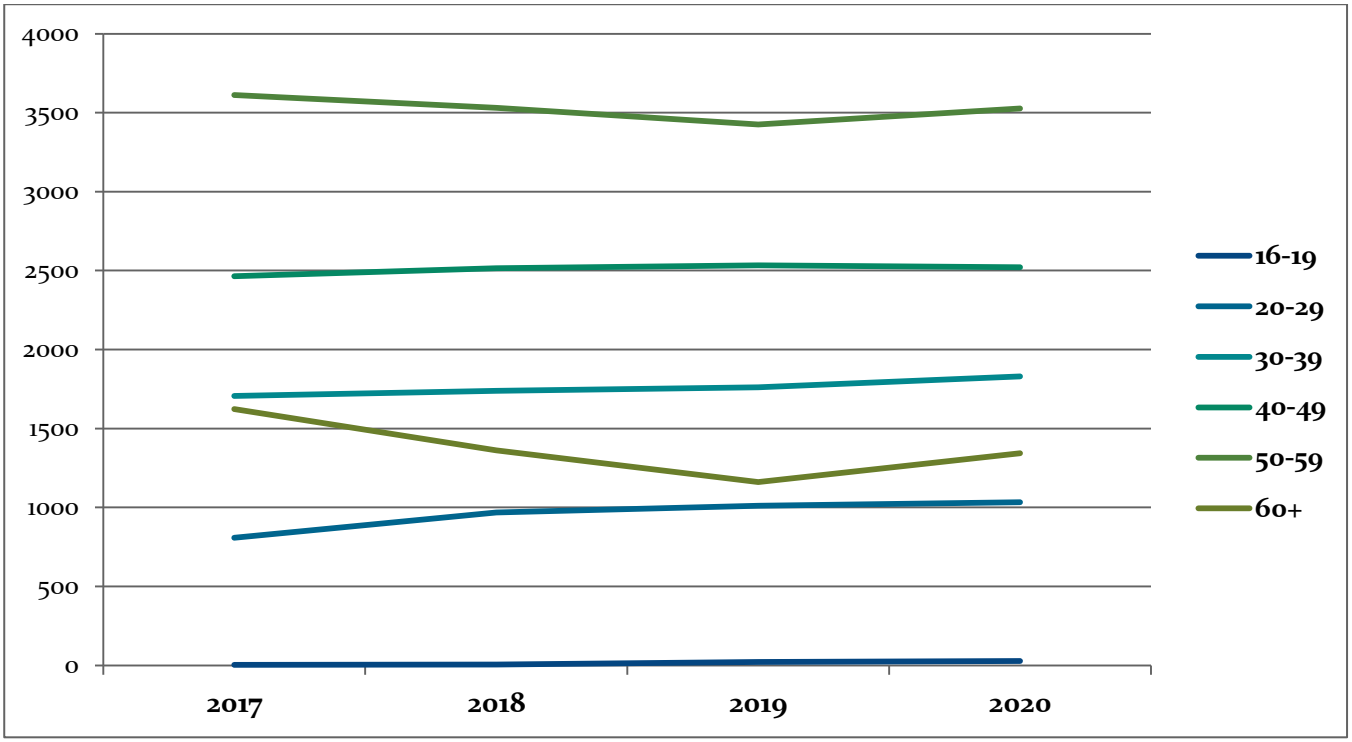
Further work is required to increase the number of employees completing leavers questionnaires in the system, thus allowing us to collate and report equalities and leavers information from one source.

The work required to link absence information to equalities data has been delayed for NHS Highland. The interfaces that will allow this information to be collated accurately and reportable from one source will be implemented in May this year and we will run a dummy set of data in May 2020.

The workforce profile information presented below covers 3 years from January 2016 to January 2019. Where there is no trend information, the data presented represents a snapshot in time at 01 January 2019.

Workforce Protected Characteristics Data

Age Profile (headcount excluding Bank)



The above graph shows the trend in age group profile over the last 4 years from January 2017 to December 2020. Previous reductions in staff population over 65 with increases also being seen in the 50-59 age group. Positively we are seeing a sustained but gradual increase in the 16-19 and 20-29 age groups. This is supported by a Modernising Careers programme aimed at increasing the number of opportunities available in all job families for the younger workforce. We still face, however, a significant workforce risk with the number of employees over 50 and approaching potential retirement age.

Table 1 below shows the number of applicants in each of the age bands along with the numbers appointed. This clearly shows a high proportion, 39%, of all applicants (who disclosed their date of birth) in the under 30 age bands. It also demonstrates that 31% of appointees are under the age of 30, the largest group by some margin. It should be noted, however, that the conversion rate (percentage of age group appointed) for this group is just 8% down from 11% since the last report and for those under 20 it is just 6.7%. The best conversion rates are seen in the 45-49, 50-54 and 55-59 age-bands, representing an increase in the percentage of those in the higher age brackets who were successfully appointed.

Table 1

Age Band	No of Applicants	No Appointed	Conversion Rate
<20	835	56	6.29%
20-24	1474	145	8.96%
25-29	2590	195	7.00%
30-34	1763	150	7.84%
35-39	1373	156	10.20%
40-44	1114	140	11.16%
45-49	1131	148	11.57%
50-54	982	134	12.01%
55-59	772	105	11.97%
60-64	278	31	10.03%
65+	53	7	11.67%
DOB not given	3157	255	7.47%

We continue to work closely with education providers to increase the number of opportunities available to younger people wishing to enter a career in health and social care, including modern apprenticeships and access to nursing support. We are also expanding our work experience placement programmes to cover all job families to continue to address the risk our age profiles present. It should be noted that the biggest staffing group in NHS Highland is Nursing. Entry to this profession is through a degree which will of course impact on the age of recruitment for these types of post.

Gender (Postholders Excluding Bank)

Table 2

Employments by Gender	2017	2018	2019	2020
Female	8460	8385	8258	8580
Male	1760	1737	1656	1701
Total	***10220***	***10122***	***9914***	***10281***

Table 2 above shows the gender profile within NHS Highland. In common with other employers in the health and social care sectors, we have a significantly higher proportion of female employees (83.5%). The profile masks a high degree of vertical and occupational segregation of female employees across job families and pay bands as demonstrated in Table 3.

Table 3 – Employments by Agenda for Change Band and Gender

Agenda for Change Employees	Female	Male	Grand Total
Band 1	62	11	73
Band 2	1855	389	2244
Band 3	1217	148	1365
Band 4	853	131	984
Band 5	1723	169	1892
Band 6	1225	242	1467
Band 7	718	150	868
Band 9	1	1	2
Band8A	178	41	219
Band8B	65	28	93
Band8C	23	11	34
Band8D	14	7	21
Not AFC	646	373	1019

Just over 91% of staff at Band 5, for example, are female, compared to 67% for Band 8B and 8C, significantly higher paid bands.

The breakdown of gender across job families below demonstrates significant occupational segregation. Almost 100% of dental support staff are female, with very high proportions of women seen in nursing and midwifery, social care, allied health professions and administration. Higher paid occupations, such as medical and dental and senior management show a more equal split between genders. Support services, which includes domestic services, portering and estates, and Health Care Sciences each have similar proportions of females, around 61%. This occupational segregation has a significant impact on the Gender Pay Gap reported later in this paper.

Table 4 Employments by Gender and Job Family

Job Family - Gender	Female	Male	Female	Male
ADMINISTRATIVE SERVICES	1654	250	86.87%	13.13%
ALLIED HEALTH PROFESSION	646	76	89.47%	10.53%
DENTAL SUPPORT	196	1	99.49%	0.51%
HEALTHCARE SCIENCES	206	133	60.77%	39.23%
MEDICAL AND DENTAL	308	286	51.85%	48.15%
MEDICAL SUPPORT	11	14	44.00%	56.00%
NURSING/MIDWIFERY	3515	320	91.66%	8.34%
OTHER THERAPEUTIC	248	47	84.07%	15.93%
PERSONAL AND SOCIAL CARE	797	71	91.82%	8.18%
SENIOR MANAGERS	22	15	59.46%	40.54%
SUPPORT SERVICES	685	423	61.82%	38.18%
NURSING AND MIDWIFERY	12	1	92.31%	7.69%
Not AFC	280	63	81.63%	18.37%

In addition the proportion of part time workers who are female is significantly higher across all job families than their male counterparts, as demonstrated in Table 5 below. This has had a further effect on total earnings for female employees. The percentage of female medical and dental employees has increased significantly compared to men in the last 2 years. This has had a further effect on total earnings for female employees.

Table 5 Part time and Whole Time Employments by Gender and Job Family

	Female		Male		Female	Male
Job Family	Part Time	Whole Time	Part Time	Whole Time	Part Time	
ADMINISTRATIVE SERVICES	894	760	50	200	54.05%	20.00%
ALLIED HEALTH PROFESSION	367	279	20	56	56.81%	26.32%
DENTAL SUPPORT	146	50		1	74.49%	0.00%
HEALTHCARE SCIENCES	69	137	6	127	33.50%	4.51%
MEDICAL AND DENTAL	196	112	85	201	63.64%	29.72%
MEDICAL SUPPORT	5	6	2	12	45.45%	14.29%
NURSING/MIDWIFERY	2042	1473	73	247	58.09%	22.81%
OTHER THERAPEUTIC	132	116	7	40	53.23%	14.89%
PERSONAL AND SOCIAL CARE	616	181	39	32	77.29%	54.93%
SENIOR MANAGERS	1	21		15	4.55%	0.00%
SUPPORT SERVICES	521	164	117	306	76.06%	27.66%
NURSING AND MIDWIFERY	8	4	1		66.67%	100.00%
AMBULANCE SERVICES				1		0.00%
Non AFC	156	124	28	35	55.71%	44.44%

Table 6 below highlights the recruitment conversion rates by Gender. It demonstrates that we continue to recruit more women than men with a male conversion rate of only 4.95% compared to 10.66% for women.

Table 6

Age Band	No of Applicants	No Appointed	Conversion Rate
Female	11873	1266	10.66%
Male	5171	256	4.95%
Not Given	0	0	0.00%
Grand Total	17044	1522	8.93%

However, as with the current workforce profile, there is significant variation in conversion rates across the different job families as illustrated in the table below. Conversion rates are significantly higher for females in the Allied Health Professions, Nursing and Other Therapeutic which includes Pharmacy and Psychology. It should be noted, however, that the male conversion rate for nursing and midwifery roles has increased since the last report by around 4%. Work will be carried out to understand this trend fully.

Table 7

Job Family	Female Conversion Rate	Male Conversion Rate
Administrative Services	4.27%	2.64%
Allied Health Professions	16.10%	4.04%
Dental Support	10.00%	0.00%
Healthcare Sciences	5.90%	3.67%
Medical and Dental	7.85%	3.94%
Medical Support	9.38%	0.00%
Nursing and Midwifery	15.30%	11.23%
Other Therapeutic	17.71%	5.10%
Personal and Social Care	24.21%	16.82%
Senior Managers	9.93%	4.76%
Support Services	10.99%	5.84%

Disability

Table 8 below highlights the reporting issues mentioned at the start of this appendix. As at 1 January 2021, the disability status of 40% of our employees is unknown. This figure remains static from the last report but the split between declined and Not Given has changed with a 7% reduction on the number declining.

As well as the data quality work mentioned above, we will work with colleagues in Occupational Health to promote reporting in relation to disability by employees following new diagnoses.

Table 8

Disability	2017	2018	2019	2020
Declined	24.83%	25.11%	25.51%	18.60%
No	58.49%	59.00%	59.43%	59.28%
Not given	15.96%	15.18%	14.34%	21.44%
Yes	0.71%	0.71%	0.73%	0.68%

Tables 9 and 10 below outline the extent of occupational and vertical segregation of employees with a disability. There is no clear pattern evident across other band or job families. For example, no band has more than 1 percent of employees reporting a disability. This lack of a clear pattern is in part due to the small numbers involved. An improvement in the quality of the data, as discussed above, will enable us to draw conclusions with more confidence than we are able to do currently.

Table 9

Disability	Yes	%	No	%	Declined	%	Not Declared	%
ADMINISTRATIVE SERVICES	30	*1.49*	1294	*64.35*	338	*16.81*	349	*17.35*
ALLIED HEALTH PROFESSION	5	*.64*	487	*62.28*	139	*17.77*	151	*19.31*
AMBULANCE SERVICES	-	-	<5	*	-	-	<5	*
DENTAL SUPPORT	<5	*	142	*74.35*	27	*14.14*	20	*10.47*
HEALTHCARE SCIENCES	<5	*	233	*67.54*	57	*16.52*	51	*14.78*
MEDICAL AND DENTAL	6	*.65*	624	*67.31*	109	*11.76*	188	*20.28*
MEDICAL SUPPORT	<5	*	17	*62.96*	<5	*	6	*22.22*
NURSING AND MIDWIFERY	-	-	<5	*	-	-	12	*92.31*
NURSING/MIDWIFERY	31	*.61*	3434	*67.24*	674	*13.2*	968	*18.95*
OTHER THERAPEUTIC	<5	*	198	*66.44*	47	*15.77*	51	*17.11*
PERSONAL AND SOCIAL CARE	<5	*	281	*24.22*	470	*40.52*	406	*35.*
SENIOR MANAGERS	-	-	21	*53.85*	9	*23.08*	9	*23.08*

Table 10

	Yes	%	No	%	Declined	%	Don`t Know	%
Band 1	<5	*	37	*37.*	30	*30.*	29	*29.*
Band 2	23	*.55*	2466	*58.59*	703	*16.7*	1017	*24.16*
Band 3	14	*.71*	1010	*50.88*	523	*26.35*	438	*22.07*
Band 4	11	*.92*	650	*54.12*	301	*25.06*	239	*19.9*
Band 5	23	*.72*	2194	*68.31*	399	*12.42*	596	*18.56*
Band 6	14	*.75*	1239	*66.65*	277	*14.9*	329	*17.7*
Band 7	8	*.82*	661	*67.45*	151	*15.41*	160	*16.33*
Band 8A	<5	*	145	*63.6*	44	*19.3*	37	*16.23*
Band 8B	<5	*	59	*61.46*	24	*25.*	12	*12.5*
Band 8C	<5	*	27	*67.5*	6	*15.*	7	17.5
Band 8D	<5	*	16	*72.73*	<5	*	<5	*
Band 9	<5	*	<5	*	<5	*	<5	*
Not AfC/Not Known Band	7	0.37776579	855	*46.14*	474	*25.58*	517	*27.9*

The application rate from disabled candidates is low at just 5.9% of all applicants, compared to the 23% of adults living with a limiting condition within NHS Highland board area. However, this low rate actually represents a significant increase from the 2.4% of disabled candidates applying 2 years ago.

As seen in table 11 below, the applicant to successful candidate conversion rate is 7.05% for disabled candidates, lower than that for those stating they do not have a disability (9.04%). Although the conversion rate is lower for those with a disability the gap to the conversion rate for those who do not have a disability has reduced again this year by about 0.3%.

NHS Highland remains a Disability Confident Employer and is committed to achieving the core actions required to be a Disability Confident Leader. We expect these actions to have a positive effect on the number of applications from disabled candidates and improve the conversion rate.

Table 11

Disability	Unsuccessful Applicants	Successful Applicants	Conversion Rate
No	14608	1451	9.04%
Not known	30	4	11.76%
Prefer not to say	0	0	0.00%
Yes	884	67	7.05%

Transgender

Table 12 outlines the percentage of employees identifying as Transgender or Transsexual.

Table 12

Transgender	2017	2018	2019	2020
Declined	35.35%	35.55%	35.77%	23.48%
Don`t Know	9.55%	8.71%	8.01%	19.76%
No	55.02%	55.66%	56.13%	56.67%
Yes	0.07%	0.08%	0.08%	0.10%

Sexual Orientation

Table 13 outlines the percentage of employees identifying as gay, lesbian, bi-sexual or heterosexual.

Table 13

Sexual Orientation	2017	2018	2019	2020
Heterosexual	55.57%	56.18%	56.76%	56.32%
LGBT	1.10%	1.05%	0.98%	1.01%
Not declared	20.67%	19.88%	19.27%	24.87%
Other	0.25%	0.22%	0.21%	0.19%
Prefer not to say	22.42%	22.67%	22.78%	17.62%

Although the numbers are very small and again highlight the data quality issues faced, the figures reported have remained steady over the last 3 years for employees identifying in each category. The key priority is to encourage full reporting.

Table 14 below provides numbers and conversion rates of applicants identifying as gay/lesbian/bi-sexual. Compared to the heterosexual conversion rate, gay/lesbian/bi-sexual applicants are less successful at securing an appointment.

Table 14

Orientation	Unsuccessful Applicants	Successful Applicants	Conversion Rate
Bi-Sexual	359	16	4.27%
Gay/Lesbian	305	27	8.13%
Heterosexual/Straight	14184	1411	9.05%
Not Known	30	4	11.76%
Other	69	4	5.48%
Prefer not to say	575	60	9.45%

The numbers relating to Transgender applicants are too small to provide any meaningful data to analyse.

Ethnicity

Table 15 below outlines the percentage of employees identifying themselves as members of an ethnic group. Due to the small numbers involved, and following the Equalities and Human Rights Commission approach, Black and Ethnic minority groups have been aggregated.

Table 15

Ethnicity	2017	2018	2019	2020
Black and Ethnic Minority	1.12%	1.09%	1.03%	1.04%
Not Declared	22.50%	21.61%	20.83%	23.86%
Prefer not to answer	15.18%	15.38%	15.42%	12.31%
White - Irish	0.79%	0.75%	0.71%	0.70%
White - Other	2.65%	2.67%	2.74%	3.03%
White - Other British	10.59%	10.64%	10.62%	10.83%
White - Polish	0.01%	0.01%	0.01%	0.19%
White - Scottish	47.15%	47.86%	48.64%	48.03%

As can be seen from the data above employees identifying with non-white ethnic groups has slightly increased as a proportion of the workforce over the last 3 years. Over the same period the percentage of White Other employees has also slightly increased, despite fears that employees from the European Union may leave due to fears over Brexit.

These figures mask, however, a clear occupational segregation within and across ethnic groups, as shown in table 16, although again there are small numbers involved. For example, BME representation is proportionally higher in Medical and Dental and Healthcare Science roles. There has been no change in the proportion of BME employees in Nursing and Midwifery.

Table 16

Job Family	Black and Ethnic Minority	White	Not Declared	Prefer not to answer	Percentage BME
ADMINISTRATIVE SERVICES	8	1583	374	305	0.35%
ALLIED HEALTH PROFESSION	<5	595	135	100	0.60%
DENTAL SUPPORT	<5	174	18	18	0.00%
HEALTHCARE SCIENCES	8	250	44	45	2.31%
MEDICAL AND DENTAL	24	712	240	122	2.19%
MEDICAL SUPPORT	<5	16	7	<5	0.00%
NURSING AND MIDWIFERY	<5	<5	11	<5	0.00%
NURSING/MIDWIFERY	89	5024	1196	615	1.29%
OTHER THERAPEUTIC	<5	226	52	29	1.29%
PERSONAL AND SOCIAL CARE	<5	318	882	323	0.33%
SENIOR MANAGERS	<5	25	11	6	0.00%

In terms of numbers the majority of BME Agenda for Change employees are in roles paid at Band 4 or lower, 68.1%, compared to 48% of white employees who are in Band 4 roles or lower.

Table 17

AFC Band	Black and Ethnic Minority	White	Not Declared	Prefer not to answer	Percentage BME
Band 1	<5	53	21	24	2.00%
Band 2	74	2536	1131	468	1.76%
Band 3	9	1067	651	258	0.45%
Band 4	9	702	259	231	0.75%
Band 5	22	2382	535	273	0.68%
Band 6	12	1343	296	208	0.65%
Band 7	<5	734	139	103	0.41%
Band 8A	<5	156	35	35	0.88%
Band 8B	<5	63	10	21	2.08%
Band 8C	<5	29	6	<5	2.50%
Band 8D	<5	17	<5	<5	4.55%
Band 9	0	0	<5	<5	0.00%

Table 18 shows numbers and conversion rates of applicants and successful candidates for a range of ethnic minority groups. The groups have been aggregated to show meaningful data, due to small numbers in the individual BME groups. There has been a significant decrease in the conversion rate for BME applicants since the last report, despite an increase in both the number of applicants and those who are successful. Over the same

period there has been an increase, although not as significant, in the conversion rate for White applicants. The impact of the pandemic on these figures remains to be analysed and fully understood, but it is clear that increases in volume of applicants will impact the conversion rate of all groups.

Table 18

	Unsuccessful Applicants	Successful Applicants	Conversion Rate
Black and Ethnic Minority	2904	59	1.99%
Not Declared	30	4	11.76%
Prefer not to answer	239	25	9.47%
White	12349	1434	10.40%

Religion

The data below shows the proportions of employees who claimed to identify with a particular religion or belief. Table 19 shows the number of employees identifying with a religion or belief has remained steady over the last 3 years, but there has been a corresponding increase in the number of employees whose religious beliefs are unknown. One would expect a large and complex workforce such as NHS Highland to follow national trends. The Scottish Government reports that in 2014, 44.5% of the Scottish Population did not identify with a religion or belief.[4] In 2021 we are reporting only 24.41% which although an increase from 2019 still falls significantly short of the Scottish Population as a whole.

Table 19

	2017	2018	2019	2020
Religion or Belief	35.56%	36.13%	36.41%	33.35%
No Religion or Belief	22.08%	22.30%	22.63%	24.41%
Not declared	24.20%	23.23%	22.72%	27.78%
Prefer not to answer	18.16%	18.35%	18.24%	14.47%

Again the figures above mask occupational segregation within and across religious groups. Just over 5% of the Medical and Dental Job family identify as holding a non Christian religion. This contrasts with just 0.5% of all Nurses and Midwives identifying with a non-Christian religion or belief.

The table below highlights the number of applicants and successful candidates along with the conversion rate for those identifying with a religion or belief and those who do not.

[4] http://www.gov.scot/Topics/People/Equality/Equalities/DataGrid/Religion

Again the data has been aggregated to provide meaningful data due to small numbers in some of the religious groups on which we collect data. The data shows a higher conversion rates where the candidates have not declared or preferred not to answer. However, the conversion rates for all categories have increased compared to the last report. The lowest conversion rate is among those who have declared a belief or religion at 7.37%. Changes to the collection of data from Job Train and the removal of manual collection processes will have had a significant, positive impact data quality with a consequent impact on these numbers and conversion rates.

Table 20

	Unsuccessful Applicants	Successful Applicants	Conversion Rate
Religion or Belief	7017	558	7.37%
No Religion or Belief	7741	862	10.02%
Not declared	30	4	11.76%
Prefer not to answer	734	98	11.78%

Equal Pay Statement

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

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

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

- Publish gender pay gap information by 30 April 2013
- Publish a statement on equal pay between men and women by 30 April 2013, and to include the protected characteristics of race and disability in the second and subsequent statements from 2017 onwards.

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

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

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

- Eliminate unfair, unjust or unlawful practices and other discrimination that impact on pay equality
- Promote equality of opportunity and the principles of equal pay throughout the workforce.
- Promote good relations between people sharing different protected characteristics in the implementation of equal pay

We will:

- Review this policy, statement and action points with trade unions and professional organisations as appropriate, every 2 years and provide a formal report within 4 years;
- Inform employees as to how pay practices work and how their own pay is determined;
- Provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions;

- Examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave;
- Undertake regular monitoring of the impact of our practices in line with the requirements of the Equality Act 2010;
- Consider, and where appropriate, undertake a planned programme of equal pay reviews in line with guidance to be developed in partnership with the workforce.

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

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

Gender Pay Gap

The tables below outline the Gender Pay Gap for the Board as a whole and then further broken down across the different terms and conditions in use across the board. The information is presented in three different formats, each defined below.

Mean Pay is a sum of hourly rates divided by the number of hourly rates.

Median Pay is the hourly rate in the middle of all hourly rates in ascending order. For example, 3 is the median of the range 1,2,3,4,5.

Mode Pay is the most common hourly rate.

Gender Pay Gap

Whole Board	Male	Female	Gender Pay Gap	Percentage Difference
Mean Pay	£20.75	£15.84	-£4.91	23.66%
Median Pay	£16.19	£12.84	-£3.35	20.69%
Mode Pay	£10.54	£10.54	£0.00	

Agenda for Change	Male	Female	Gender Pay Gap	Percentage Difference
Mean Pay	£15.59	£14.85	-£0.74	4.77%
Median Pay	£12.77	£12.77	£0.00	0.00%
Mode Pay	£10.54	£10.54	£0.00	

Adult Social Care (TUPE)	Male	Female	Gender Pay Gap	Percentage Difference
Mean Pay	£16.18	£15.99	-£0.19	1.16%
Median Pay	£15.35	£15.35	£0.00	0.00%
Mode Pay	£10.34	£21.88	£11.54	

Medical and Dental	Male	Female	Gender Pay Gap	Percentage Difference
Mean Pay	£45.39	£40.59	-£4.79	10.56%
Median Pay	£45.61	£43.90	-£1.71	3.74%
Mode Pay	£54.14	£48.26	-£5.88	

Senior Management	Male	Female	Gender Pay Gap	Percentage Difference
Mean Pay	£42.72	£43.34	£0.61	-1.44%
Median Pay	£43.75	£36.04	-£7.71	17.62%
Mode Pay	#N/A	£34.39	#N/A	

*Mode - all male have different rates

The gender pay gap for the board as a whole is significant at negative £4.91 or 23.66%. This is higher than the Scottish average reported in 2018 of 15%. [5]. This gap has reduced since the last report. The negative median pay gap of £3.35, when read in conjunction with the Mean pay and Mode pay, effectively shows there are a relatively small number of men in NHS Highland with high levels of pay compared to the rest of the workforce. This can be seen when we look at the Medical and Dental pay gaps.

NHS Highland significant progress has been made to move Adult Social Care staff from their current terms and conditions to Agenda for Change. This has had a small negative impact on the median pay gap for Agenda for Change where the gap has widened by 40 pence. Opportunities to move other groups of staff will be explored where appropriate.

Pay Gap for Full Time and Part time Employees

The pay gap for full time employees only and part time employees only are noted below. The median pay gaps are relatively small, indeed non-existent for part time employees. However, as noted in the workforce analysis above, the higher proportion of part time women in lower paid job roles has a significant impact on the mean Gender pay gap for female employees with a negative pay gap of £4.53, or 22.9%. The gap is even higher if the mean pay for part time women is compared with the mean pay for full time men, producing a negative pay gap of £5.79, an increase of 22 pence.

Full Time Pay Gap

Whole Board	Male	Female	Gender Pay Gap	Percentage Difference
Mean Pay	£21.03	£16.82	-£4.21	20.01%
Median Pay	£16.26	£16.26	£0.00	0.00%
Mode Pay	£10.54	£10.54	£0.00	

[5] https://www.deliveringforscotland.gov.uk/business/gender-pay-gap-reporting/

Part Time Pay Gap

Whole Board	Male	Female	Gender Pay Gap	Percentage Difference
Mean Pay	£21.08	£15.19	-£5.89	27.94%
Median Pay	£16.26	£16.26	£0.00	0.00%
Mode Pay	£10.54	£10.54	£0.00	

For the first time we are publishing our disability pay gap information. Given the data quality issues noted above we have had to make an assumption that those who have not provided information did not have a disability. We will continue to work to improve the quality of this data.

Disability Declared	No	Yes	Gender Pay Gap	Percentage Difference
Mean Pay	£16.64	£15.37	-£1.27	7.65%
Median Pay	£13.79	£12.77	-£1.02	7.40%
Mode Pay	£10.54	£10.54	£0.00	

The data shows a negative mean pay gap of £1.27 or 7.65% for those noting a disability. This is a reduction of around 0.5% since 2019. A lesser gap is shown for the Median pay of just £0.24 or 1.93%. The median pay gap has widened by £0.78. Any change in the very small numbers involved in these figures will create a significant difference in the pay gap.

Further qualitative work will be undertaken to understand the reasons for this gap and actions taken to address it accordingly.

ANNEX 3: SUCCESSION PLANNING

NHS Highland is keen to ensure that the composition of its Board properly covers the full range of interests of its stakeholders, and that membership is open to a true cross section of society. Currently the Board comprises of 22 members: 9 female and 13 male.

NHS Highland aims to meet the national challenge for the Boards of all public sector organisations to have a gender balance of 50:50.

In order to progress towards a successful strategy in relation to succession planning we will:

- Continue to work to assess and define the desired skills, experience and attributes required to promote member diversity
- Identify any gaps and design engagement and outreach activity to attract people from a diverse range of groups to the work of the Board
- Consider how to nurture those with no previous Board experience to develop the skills required to become a Board member
- Engage with some target groups on an on-going basis to develop awareness and understanding of the Board's work
- Deliver development sessions to build capacity for existing Board members to take on leadership roles within the Board's structure
- Work with the Public Appointments Team in Scottish Government to extend the reach of our recruitment to Board positions, using a variety of channels to promote vacancies

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