

<p>NHS 24 BOARD MEETING</p> <p style="text-align: right;">02 MARCH 2023 ITEM NO 9.2 FOR APPROVAL</p> <p style="text-align: center;">NHS 24 EQUALITY MAINSTREAMING REPORT 2023</p>	
Executive sponsor	Director of Transformation, Strategy, Planning & Performance
Lead officer/author	Participation and Equalities Manager/Engagement Managers
Action required	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Discuss and approve the contents of the draft NHS 24 Equality Mainstreaming Report 2023 and Workforce Data Report 2023, which includes information on: <ul style="list-style-type: none"> ▪ Mainstreaming progress and examples in action ▪ Equality Outcomes mid-term update 2021-2025 ▪ Equal Pay Statement 2021, and ▪ Gender Pay Gap
Key points for this Committee to consider	<ul style="list-style-type: none"> • As a listed authority in Scotland, NHS 24 is required to meet certain equality and diversity related duties. This requirement is included as part of the Public Sector Equality Duty (PSED) in Scotland. • These duties can be summarised as eliminating discrimination, advancing equality of opportunity, fostering good relations, and considering the socio-economic impact of strategic decisions intended to tackle poverty. • NHS 24 is required to publish an assessment of its progress in meeting these duties by April 2023. • Associated updates, which also require to be published, relate to progress made on equality outcomes, equal pay and the gender pay gap.
Governance process	The Equality Mainstreaming report 2023 and Workforce Data report 2023 have been presented to the Executive Team, Area Partnership Forum, Staff Governance Committee and Clinical Governance Committee.
Strategic alignment and link to overarching NHS Scotland priorities and strategies	<p>This paper aligns with the key strategic priorities below:</p> <ul style="list-style-type: none"> • NHS 24 Strategy (2023 Corporate Strategy in development) • Equality Act 2010 • Fairer Scotland Duty • Patient Rights (Scotland) Act 2011
Key risks	None identified

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Financial implications	<p>All recommendations made should be achieved within business as usual. Any activities that were beyond that would require EMT approval.</p> <p>Best value is achieved through embedding equality mainstreaming activities within new programmes of work.</p>
Equality and diversity	<p>The paper attached to this report is intended to further improve access to the services and employment opportunities for the people of Scotland.</p>

RECOMMENDATION

- 1.1 The Board is asked to:
- Discuss the contents of the draft Equality Mainstreaming report (Appendix A) and Workforce Data report 2023 (Appendix B), which includes information on the progress of the:
 - Mainstreaming progress and examples in action
 - Equality Outcomes mid-term update 2021-2025
 - Equal Pay Statement 2023, and
 - Gender Pay Gap.
- 1.2 The Board is asked to note that the attached draft Equality Mainstreaming Report and Workforce Data Report 2023 are still under development. Supplementary content, analysis and feedback from leadership team and relevant committees will be considered/added to these reports before they are presented to the Board for approval to publish by the end of April 2023.
- 1.3 The Board is further asked to note that the publication of previous equality mainstreaming reports has resulted in a series of Freedom of Information requests being received and responded to. This has previously resulted in the publication of independent research reports with information on how each Health Board in Scotland has met their Public Sector Equality Duty (PSED), including a breakdown and analysis of the data provided. The focus of these independently published reports has been on the experience of staff members relating to a specific religion, ethnicity, sexual orientation, and equal pay.

2. TIMING

The PSED requires listed authorities in Scotland to publish their equality mainstreaming reports every two years, and the next publication deadline for this is the end of April 2023 - at the latest.

3. BACKGROUND

- 3.1 The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, as amended, requires NHS 24 to publish an Equality Mainstreaming Report by April 2023. The report should include:
- information on how NHS 24 has met and mainstreamed the general equality duties, namely the duties to eliminate discrimination, advance equality of opportunity and foster good relations
 - information on how NHS 24 has regularly assessed the equality impact of policies, practices, and services against the requirements of the general equality duties, showing how relevant evidence about the experience of people who share a protected characteristic has been taken into consideration
 - an overview of the progress NHS 24 has made to achieve the equality outcomes published in 2021
 - workforce data broken down by the relevant protected characteristics
 - a review of the equal pay statement and updated pay gap information.

- 3.2 The Board is invited to discuss the draft Equality Mainstreaming report and Workforce Data report.
- 3.3 In July 2022, the Scottish Government published its consultation on Scotland's [Equality Evidence Strategy 2023-25](#). The Scottish Government's aim is to improve the data and strengthen Scotland's equality evidence base over the next three years. This is intended to enable policy makers develop inclusive policies that will improve service delivery and outcomes for people in Scotland. The strategy will seek to improve and expand data already collected and explore new and innovative ways of improving Scotland's evidence base.
- 3.4 In November 2022, the Scottish Government published its latest paper on the consultation [review](#) of the effectiveness of the PSED in Scotland. The findings of the consultation are intended to inform Scottish Ministers regarding any suggested improvements to the PSED in Scotland. The Scottish Government has committed to continued engagement with stakeholders as part of this process, which is expected to result in changes in the way that the PSED is met and reported on from 2025 onwards.
- 3.5 A strengthened national evidence base and the consultation by the Scottish Government on the review on the effectiveness of the PSED in Scotland are both welcome steps. The former should lead to better decision making and the latter provides an opportunity to refine and reset some of the requirements placed on listed authorities in meeting these duties.

4. ENGAGEMENT

The draft Equality Mainstreaming Report and Workforce Data Report highlights activities and collaboration undertaken across directorates. Appropriate and proportionate engagement has taken place internally with colleagues and externally with a wide range of stakeholders and partners, including members of the public, community groups, the third sector, public sector and beyond.

5. FINANCIAL IMPLICATIONS

All recommendations made should be achieved within business as usual. Any activities that were beyond that would require EMT approval.



Equality Mainstreaming Progress Report 2023

Including Progress on Equality Outcomes set in
2021 and an Equal Pay Statement

April 2023

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

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

Contents

1. Introduction.....	7
The General Equality Duty	7
The specific duties in summary.....	7
The Fairer Scotland Duty	8
2. Mainstreaming equality.....	9
Clinical Governance Committee.....	9
The Executive Management Team	9
The Senior Management Team	9
Stakeholder Engagement and Insights	10
NHS Scotland Equality and Diversity Lead Network.....	10
Public Protection	10
Public health	10
Lead Nurse for Public Protection	11
NHS 24 Public Protection Team	11
Children and Young People Health and Wellbeing Steering Group.....	12
Child poverty delivery plan.....	13
NHS 24 procurement	13
Sustainable procurement.....	14
Employment practices and workforce matters including Fair Work First in public contracts	14
Supported Factories and Businesses	15
Fairer Scotland Duty	15
3. Our workforce.....	17
Staff training.....	17
Manager Dashboards.....	18
Partnership working	19
NHS 24’s Reasonable Adjustment Policy	19
Disability Confident	20
Senior Nurse for Learning Disabilities	20
Employee engagement.....	21
Inclusive Employer of Choice.....	22
Workforce equality monitoring.....	23

4. Equality Outcomes	24
Equality Outcome One	24
Workforce Strategy	24
Equality and Diversity Impact Assessment (EDIA)	24
Partnership work.....	24
Equality Outcome Two	25
CivTech Challenge 7.6	25
British Sign Language (BSL): National Plan 2017 to 2023	26
How we engage.....	26
How we respond to feedback	26
Relay UK - connecting people who are deaf, have hearing loss or are speech impaired	26
How we promote Relay UK internally	27
How we promote Relay UK externally	27
How we measure success.....	27
Raising awareness: UK Disability History Month 2022 (16 to 19 November 2022).....	27
Equality Outcome Three	28
Mental health information for young people	28
Student health campaign	28
NHS 24 Youth Forum	29
Equality and Diversity Impact Assessments (EDIAs)	29
Redesign of urgent care	29
EDIA of NHS 24’s telephony service and NHS inform content in support of the Forensic Medical Services self-referral process	30
EDIA of Surviving Suicidal Thoughts programme	30
EDIA for Breathing Space.....	31
NHS 24’s recruitment process	31
5. Equality mainstreaming case studies	33
Engaging with the community	33
NHS 24’s Public Partnership Forum (PPF) and Youth Forum	33
16 Days of Activism Against Gender-Based Violence	34
Volunteers’ Week 2022.....	34
Community engagement.....	35
Care Experienced Week 2022.....	35
Breathing Space Service	35

Community winter campaign.....	37
Christmas card competition	37
NHS 24 strategy development.....	38
Meaningful engagement with learning disability communities	39
Disability Equality Scotland.....	39
Armed forces and veteran community	39
Furthering equality with a focus on mental health	40
Mind to Mind	41
Mental health community of interest	41
Surviving Suicidal Thoughts.....	42
Self-help guide promotion.....	43
Glasgow Street Aid.....	43
Furthering equality with a focus on race.....	43
Improving access to the 111 service.....	43
How we promote the non-English IVR internally	44
How we promote the non-English IVR externally	44
Other multi-lingual resources about the 111 service.....	44
How we measure success.....	44
Support for Ukrainian refugees on board the Ambition	45
My important information for NHS 24 - leaflet.....	45
Gypsy, Roma, and Traveller History Month: June 2022	46
Black History Month: October 2022	46
Access to healthcare - GP registration card on NHS inform	46
Providing translations	47
New information about health rights on NHS inform	47
Furthering equality with a focus on disability.....	47
Accessibility on NHS inform.....	47
Engaging with organisations that support autistic people	47
Furthering equality with a focus on gender reassignment, sex, sexual orientation ..	48
LGBT History Month 2022	48
Director of Workforce.....	48
Additional articles	48
Pride Badge Pledge.....	48

Scottish Trans: A better future? – conference September 2022	48
Inclusive information on NHS inform.....	49
6. NHS 24 Equal Pay Statement	50
How the NHS Agenda for Change pay banding works	51
Equal Pay Calculations	52
Annual equal pay gap comparison by sex	52
2020/21	52
2021/22	52
Pay gap in previous years	52
Annual equal pay gap comparison by persons who fall into a minority ethnic group and persons who do not	53
Annual equal pay gap comparison by persons who are disabled and persons who are not..	53
Occupational Segregation Data	53
NHS 24 Staff	54
Disability	55
Race	56
Sex	58
Occupational Segregation Analysis	59
Contact NHS 24	60

1. Introduction

The General Equality Duty

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

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

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

The specific duties in summary

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

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

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

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

The Fairer Scotland Duty

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

2. Mainstreaming equality

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

Clinical Governance Committee

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

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

A Board led Equality and Human Rights short life working group is nearing conclusion. The purpose of the working group was to review, assess and make relevant recommendations on ways in which we can strengthen governance of equality and human rights issues relating to our staff and the people who can and may not be able to access our services.

The Executive Management Team

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

The Senior Management Team

The SMT supports the Executive Management Team to deliver NHS 24's strategic objectives. The purpose of the group is to use specific cross directorate skill sets to support the delivery of operational plans and projects, including the Annual Delivery Plan. The group provides an opportunity to identify key priorities that require collaboration and co-ordination across the organisation. This includes our contribution to equalities and engagement.

The SMT have a responsibility to respond to disruptive events, corporate and system pressures. A key priority in this response is considering the experience of service users and providing safe, effective and person-centred services. Equality duties, data and intelligence are key considerations in decision making to deliver a successful response.

Stakeholder Engagement and Insights

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

With the establishment of the Service Development Directorate in 2019 which has progressed to the Transformation, Strategy, Planning and performance Directorate in 2022, an organisational commitment to strengthen a user centred approach to service development and delivery emerged. Since 2019 NHS 24 has built the foundation to use service design principles, ensuring equality considerations are integrated into the process, through the activities of the User Research Team.

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

NHS Scotland Equality and Diversity Lead Network

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

Public Protection

Public health

Reducing inequalities has been a key focus of the public health workstream within NHS 24. This has included ensuring a population health and health inequalities reduction lens underpins a range of work at NHS 24, such as the development of the new Organisational Strategy and the Climate Emergency and Sustainability Action Plan.

The new Workforce Strategy includes a commitment for the organisation to continue to be an inclusive employer, where our workforce is reflective of our communities, to better deliver on our position as an Anchor Institution.

NHS 24's Winter Campaign - www.nhsinform.scot/winter - includes key information to support people to stay warm and well in winter, as well as signposts to support and help with the cost-of-living crisis. Opportunities to include signposting to support with the cost-of-living crisis and other wider determinants of health from a number of relevant NHS inform pages have also been identified.

Work to improve the use of data and intelligence at NHS 24 has included a focus on the understanding and use of user demographics to support decision-making. We are also exploring potential future activities to support the National Care and Wellbeing Programme's Proactive and Preventative Care Programme, including a focus on activities that will help address health inequalities, as part of our new Organisational Strategy's commitment to this agenda.

Lead Nurse for Public Protection

The Lead Nurse for Public Protection strategically manages the public protection service, their responsibilities include making sure that:

- the role and responsibilities of NHS 24 Board are met
- we work in partnership with the relevant agencies when appropriate to support inter-agency services that protect vulnerable individuals
- Public Protection is prioritised within board plans
- the Vision, Value and Aims of public protection are disseminated and known by all staff and incorporated within policies, guidelines, frameworks
- the NHS 24 Board adheres to relevant national guidance, policy, legislation, and standards in public protection
- the public protection service is aligned with the Risk Management Strategy and Clinical Governance Framework
- appropriate representation on National Public Protection Groups.

The performance and delivery of all dedicated public protection services will be regularly monitored and reported to the Executive Director of Nursing and Care.

The Lead Nurse for Public Protection and team will support the wider board strategic objectives.

NHS 24 Public Protection Team

NHS 24 Public Protection team has corporate and operational responsibility and provides support to any staff member employed by NHS 24. The core functions of the service are underpinned by national guidance, legislation, policy and roles and competencies for healthcare staff.

Core functions of the service include:

- advice and support
- supervision and coaching
- delivery of bespoke public protection training
- undertake and be involved in Significant Case Reviews (SCRs)
- process public protection referral forms

- attend if applicable Child or Adult Protection meetings
- support any staff that are involved in any legal proceedings around public protection
- continuously develop the Public Protection service in line with national policy, legislation, and guidance
- keep own skills updated in all aspects of public protection (clinical staff)
- Corporate Parenting responsibilities
- liaise with appropriate professionals such as police, social work, and health boards
- refresh policy and process within NHS 24
- work in collaboration with the executive team, medical colleagues, managers, and all staff to deliver safe, effective and efficient public protection services
- provide information to, and co-operate with, external partners in matters relating to public protection as appropriate within remit, escalating internally when required.

The Public Protection team was formed in March 2016, and there has been a 208% increase in child referrals and a 370% increase in adult referrals. There have been increases with every iteration of the mental health hub and as services expand with a combined increase of 288%. Last year's annual reporting has seen the biggest increase of 93%. It is possible that the mental health hub, effects of Covid on vulnerable individuals and the redesign of urgent care pathways may account for this increase. Cardonald and Lumina sites submitted the highest number of referrals.

Children and Young People Health and Wellbeing Steering Group

The purpose of this newly formed steering group is to bring together services across NHS 24 who have a responsibility for delivering work with a full or partial focus on children and young people. More effective connections between our different pieces work in this area will help maximise opportunities to positively impact children and young people's health and wellbeing, experiences, and outcomes. The group is underpinned by a human rights-based approach and the refreshed national approach to Getting it Right for Every Child (GIRFEC), which reflects United Nations Convention on the Rights of the Child, The Promise, and in line with statutory duties contained within the Children and Young People Scotland Act 2014.

In 2022, Who Cares? Scotland attended a session to discuss the experiences of care experienced people in care when using health services and the expected output of The Promise. Who Cares? Scotland will attend a session at the Executive Nursing Director Professional Forum.

NHS 24 is actively involved in the ICON preventative programme. This was created following years of study and research into the prevention of Abusive Head Trauma by founder Dr Suzanne Smith and in response to a Significant Case Review. ICON is currently being piloted in Tayside – the first Health Board in Scotland to deliver this work. NHS 24 have a real opportunity to be part of this pilot. ICON is also considered a public health response and stands for:

- I: Infant Crying is Normal
- C: Comforting methods can help
- O: It's OK to walk away
- N: Never ever shake a baby

In 2023 the Children and Young People Health and Wellbeing Steering Group will work together and embed a Children's Rights Wellbeing Impact Assessment into their existing process on Equality and Diversity Impact Assessments.

Child poverty delivery plan

Children living in poverty are more likely to have health issues (including mental health problems), gain fewer qualifications and experience stigma and bullying at school. They are also at higher risk of being care experienced.

In March 2022, the Scottish Government published their Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026 which sets out recommendations for tackling child poverty. In September 2022 Audit Scotland set out recommendations for the Scottish Government on how to achieve the ambitions of the Best Start, Bright Futures delivery plan.

The delivery plan has informed our organisational strategy on tackling child poverty. The aim of the delivery plan is to build on existing work to remove barriers to employment taking a strategic and intersectional approach to tackling employment inequalities in 2022. Workforce colleagues are working on a career pathway as part of their NHS 24 workforce strategy.

NHS 24 procurement

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

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

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

Sustainable procurement

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

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

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

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

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

(iii) promote innovation, and

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

Employment practices and workforce matters including Fair Work First in public contracts

Scottish Procurement Policy Note (SPPN 6/2021) provides information on how and when employment practices and workforce matters including payment of the living wage should be considered, in the course of a public procurement exercise as a key driver of service quality and contract delivery.

The Scottish Government's Fair Work policy outlines five Fair Work criteria that must be applied to Public Sector Procurements from 1 April 2021:

- appropriate channels for effective voice, such as trade union recognition
- investment in workforce development
- no inappropriate use of zero hours contracts
- action to tackle the gender pay gap and create a more diverse and inclusive workplace
- providing fair pay for workers (for example, payment of the 'real' Living Wage).

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

Supported Factories and Businesses

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

The Framework is reserved for Supported Factories and Businesses as defined in the Public Contracts (Scotland) Regulations 2015.

The definition of a supported factory/business is twofold:

- Firstly, a bidding organisation must have the social and professional integration of disabled and disadvantaged persons as its main aim.
- Secondly, the definition requires that at least 30% of the employees of the organisation are disabled or disadvantaged.

Regulation 2 of the Public Contracts (Scotland) Regulations 2015 states ‘disabled’, in relation to a person, means a disabled person within the meaning of the Equality Act 2010 and, in relation to a worker, means a disabled person who is a worker.”

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

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

During the procurement of new office premises, NHS 24 worked with Disability Equality Scotland to undertake access audits of each of its main centres. Action plans for improvement were initiated and all relevant actions are being implemented.

Fairer Scotland Duty

NHS 24 continues to undertake work to ensure that the socio-economic impact of strategic decisions is always appropriately considered.

NHS 24’s workforce has continued to expand, and when new premises were required to accommodate an expanding workforce a Fairer Scotland Duty Impact Assessment was carried out.

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

Having now established new offices in new locations has provided NHS 24 staff with opportunities to engage with people local to the area, with a particular focus being on engaging people in poverty.

In March 2022, following an invite from the Equality and Human Rights Commission (Wales) a member of our staff delivered a presentation on 'Anchoring our institution in the community to deliver positive socio-economic outcomes' to members of the Socio-Economic Duty (SED) in Wales - Public Sector Leaders Forum.

3. Our workforce

Staff training

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

In 2022, NHS 24 Board members were provided with a new eLearning module, and accompanying resources relating to the Public Sector Equality Duty

In 2022, NHS 24 introduced a Management Essential Programme, which includes a module on equality considerations. The aim of the module is to outline what is expected of people managers within NHS 24 in relation to equality, diversity, and inclusion, and how this benefits the workforce, organisation, and service users.

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

- deaf awareness
- dignity at work
- equality and diversity awareness in NHS 24
- gender based violence (provided by NHS National Education Scotland)
- raising awareness of Gypsy/Traveller communities (provided by NHS Fife)
- dementia awareness
- learning disabilities
- public protection
- mental health awareness
- mental health improvement and suicide prevention (provided by NHS Education Scotland)
- video resources to raise awareness of LGB and Trans

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

Manager Dashboards

Manager dashboards are now rolled out to all line managers from Sept 2022 (over 330) which allows managers to take responsibility for their staff's experience at work and achievement of workforce performance indicators (KPI's).

The dashboards provide a monthly update on key workforce statistics in an intuitive visual display of key workforce performance data. Whilst it can be used in all kinds of different ways, its primary intention is to provide workforce information held across multiple system in in one place that can be viewed at-a-glance. Managers now take responsibility for their staff, including all equality considerations, and achievement of workforce KPI's as outlined in the NHS 24 Three Year Workforce Strategy. For example, every team is expected to sit at 90% or higher for the completion of mandatory training. Staffing KPIs will be part of all managers objectives and are already discussed and monitored for every Directorate by the EMT.

The monthly dashboard contains information on:

- Staffing – headcount, whole time equivalent information and contract information
- Turnover – monthly and annual rolling turnover statistics, analysis of leaving reasons and exit interview completion rates
- Absence – monthly and annual absence trends, top absence reasons and return to work completions
- Case Management – statistics on current open cases across the disciplinary policy, dignity at work policy, grievance policy and capability policy
- Attendance Case Management – statistics on current open attendance cases.
- Essential Learning – status of staff essential learning
- Appraisals – status of the 3 appraisal components – appraisal, Personal Development Plans and Objectives

Stakeholders from across Workforce and Finance meet with Directors monthly to review and update their Establishment movements sheets to ensure they are a true reflection of their structure. An output from this meeting is a monthly Vacancy Report is presented to the Establishment Control Panel to review and discuss from an organisational standpoint. All of this work informs our Strategic Workforce Planning.

Partnership working

SAY Women offers emotional support for young women aged 16 to 25 who are survivors of sexual abuse, rape, or sexual assault and who are homeless, or threatened with homelessness.

After an initial session with SAY Women staff and service users to discuss NHS 24 services (focusing on the content about mental health content and health rights on NHS inform), a staff member from SAY Women delivered a learning session to NHS 24 staff. This gave an overview of SAY Women's work and examples of case studies were discussed for development. Colleagues attending the session gained a better understanding of the issues and barriers young women supported by SAY Women may face.

The Royal National Institute of Blind People (RNIB) offer information, support, and advice to people with sight loss. A staff member from the RNIB delivered an online awareness and training session to NHS 24 staff. Colleagues attending the event found out about the number of people with sight loss in Scotland, and how this impacts their lives – including barriers they may experience when accessing NHS 24 services.

NHS 24's Reasonable Adjustment Policy

NHS 24 is committed to providing an inclusive and supportive working environment that enables all staff to achieve their full potential. This includes supporting members of staff who may require reasonable adjustments or workplace adjustments to be made to help them carry out their roles.

The Scottish Government has supported a partnership between NHS Scotland and the [Business Disability Forum](#) (BDF) for over seven years. This partnership is intended to support Health Boards to improve the experience of their staff who are disabled. In August 2020, staff from the Scottish Government and the BDF invited NHS 24 to support the development of a Reasonable Adjustment Policy, with a view to this being the beginning of the development of a Once for Scotland policy approach to reasonable adjustments.

Due to service demand at the time, a decision was made to postpone the policy development work until late 2021. NHS 24 established a steering group to oversee the development of the new policy. This group included staff side representation, senior clinical services representation staff and other staff involved in implementing reasonable adjustments, such as the Service Support Team and third sector organisations that represent the interests of disabled people.

Following a period of consultation, the draft policy was approved through NHS 24's own governance process and was launched in July 2022. The BDF supported the launch of the policy by delivering a training session to NHS 24 staff on reasonable adjustments. Additional training on reasonable adjustments and the application of this policy is continuing to be offered to managers with four training sessions set to take place over the next year.

Though the requirement to consider reasonable adjustments has been a legal duty that every employer and service provider has been subject to for many years, the introduction of this policy is intended to make it easier for both staff and managers to have positive conversations about reasonable adjustments. Additionally, during the consultation, it was suggested that NHS 24 should extend the policy to include staff who are not disabled. The policy therefore allows any member of staff who feels that they may require a workplace adjustment to help them overcome any disadvantage at work to make a request.

Disability Confident

In 2022, we successfully gained re-accreditation to use the UK Government's Disability Confident logo in our job adverts. The Disability Confident scheme is designed to help employers recruit and retain disabled people, helping to remove barriers to their participation. As part of this scheme, we are committed to:



- interviewing all disabled applicants who meet the minimum criteria for a job vacancy and to consider them on their abilities
- discussing with disabled employees, at any time but at least once a year, what we can do to make sure they can develop and seek to progress if they wish to
- making every effort when employees become disabled to help them stay in employment
- taking action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work
- reviewing these commitments every year, assessing what has been achieved and planning ways to improve on them.

A working group has been established to make sure that NHS 24 regularly reviews and achieves all actions related to being a Disability Confident Leader.

Senior Nurse for Learning Disabilities

In July 2022, NHS 24 appointed a Senior Nurse for Learning Disabilities to drive forward the recommendations set out following a scoping activity undertaken in 2021. The Senior Nurse for Learning Disabilities is an exciting new role at NHS 24, full of opportunities and ambitions to improve the health of people with learning disabilities who use the services, and pledges to tackle health inequalities.

Priorities include:

- clinical, professional, and strategic leadership across the organisation
- develop and implement a learning and development framework for all staff
- gain better understanding of how and why people who have a learning disability use NHS 24
- meaningful engagement with learning disability communities
- safeguard the equality and human rights of people who have learning disabilities.

Scotland's strategy for learning disabilities: The keys to life (2019), has a strong focus on tackling the health inequalities faced by people with learning disabilities and includes several measures to improve the quality of life for people with learning disabilities. The principles of choice, control, and independence are central to the strategy.

The postholder provides expert clinical knowledge about the needs of people with learning disabilities at appropriate internal and external meetings (a review of current learning and training opportunities for NHS 24 staff is underway). Collaboration with Scottish Government and people with lived experience of learning disabilities are well established.

Employee engagement

Our annual staff survey (iMatter) provides a key metric of employees' views on what it is like to work for the organisation. It covers a range of topics such as communication, learning and development, managing change, our organisational objectives and equality, diversity, and inclusion.

In 2021 – 22 we continued to experience the effect of coronavirus Covid-19. Due to the challenges faced we focused on protecting the mental health and wellbeing of our staff. To help address this we:

- teamed up with Thrive: Mental Wellbeing to offer additional mental health and wellbeing support through a customised app
- provided remote online wellbeing sessions and weekly wellbeing messages
- looked to train and provide mental health first aiders in the workplace.

To support our staff, we have enabled and empowered the voice of our employees through employee engagement surveys. These have focused on culture, wellbeing, meaningful engagement, and recognition. Key priorities identified following this engagement will influence the staff experience groups that will be established in 2023. Our Local Partnership Forums and the Area Partnership Forum will have key roles in supporting this work.

Our staff views and input are key in the organisation strategic direction. To support the development of NHS 24's Workforce Strategy and Plan for 2022 – 25, we engaged with staff across the organisation and with our partners to gather insights and identify opportunities to support successful recruitment, training, and retention of staff.

As part of this engagement piece, staff were asked for their views on barriers people with protected characteristics may experience when applying to work at NHS 24 and to suggest how these barriers could be reduced, and what support could be provided. Insights gathered, along with the equality impact assessment of the recruitment process, will support future recruitment drives by our Workforce Directorate.

Inclusive Employer of Choice

Our Workforce Strategy and plan 2022 – 25 sets out our ambition to be an inclusive employer of choice. We will plan our workforce to meet service requirements through attracting and retaining people from the communities we serve.

With the expected growth of an aged population in Scotland coupled with reductions in the number of people of working age, NHS 24 needs to consider how this might affect the workforce including the management of an ageing workforce and changes to national legislation surrounding pensions. We will need to develop new roles, new ways of working and new recruitment and retention strategies to avoid a significant loss of staff in the next 5 to 10 years.

The publication of the 'Health and social care: national workforce strategy' in March 2022 provides additional context on the national direction of travel for the health and social care workforce. This aims to support the ambition of recovery, growth and transformation of the workforce and highlights the actions we will need to take to achieve our vision and ambition. It also sets out the changing demands on health and social care and our workforce. The workforce vision of *'a sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do'* focuses on the five pillars of the workforce journey - Plan, Attract, Train, Employ and Nurture.

Review of current research and discussions with members of NHS 24's Minority Ethnic Forum has informed NHS 24's Equality and Diversity Impact Assessment for Recruitment. To increase the number of minority ethnic people who work for NHS 24 and enable the organisation to be more representative of the demographics of Scotland we have started to engage with people, communities, and organisations to discuss barriers some groups may face. This will help us work towards becoming an inclusive employer of choice. An action plan is being created to support these activities.

Workforce equality monitoring

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

We are committed to improving our equality monitoring disclosure rate.

Our Workforce Equality Monitoring Reports for 2021 to 2022 are published on our website and can be accessed using the link below: [\[add link when published\]](#)

4. Equality Outcomes

Equality Outcomes 2021 to 2025

Equality Outcome One

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

Progress towards Equality Outcome one:

Workforce Strategy

Our Workforce Strategy and plan 2022 – 25 sets out our ambition to be an inclusive employer of choice.

To support the creation of the Workforce Strategy and plan, we engaged with staff across the organisation and with our external partners to gather insights on the barriers to successful recruitment, training, and retention of people who have protected characteristics.

A key aim of the Workforce Strategy and plan for a sustainable workforce is to develop programmes for care experienced, veterans, minority ethnic groups and others.

Equality and Diversity Impact Assessment (EDIA)

In October 2021, the Stakeholder Engagement Team completed desk-based research to gather insights on barriers around the recruitment process for people who have protected characteristics.

This was undertaken to aid discussions on the review of NHS 24's EDIA for Recruitment process. A new EDIA has been created which is currently at the consultation stage of the process.

The recommendations include raising awareness of job opportunities and working with community groups who are underrepresented within the workforce.

This will support us to reach possible applicants who might not normally apply for roles within NHS 24.

Partnership work

Within our Workforce Strategy and Plan for 2022 – 25 we have committed to develop and implement new routes into employment through working with diversity, equity and inclusion specialist organisations and other public sector bodies. An example of this is our partnership with [CEMVO Scotland](#), a national intermediary organisation and strategic partner of the

Scottish Government Equality Unit. CEMVO will support us to engage with over 600 ethnic minority voluntary sector organisations throughout Scotland through our recruitment advertising and sessions on ‘getting to know the employer’. In addition, CEMVO will work with us to review our recruitment processes to remove barriers and develop interventions which support diversity and inclusion.

To support our engagement work with community groups and organisations, additional desk-based research was completed specifically on barriers and experiences for minority ethnic groups when applying and interviewing for roles.

Once gathered, this information was discussed with members of NHS 24’s Minority Ethnic Forum to identify any additional insights.

Further desk-based research took place to identify a range of stakeholders we could contact to gather further insights, look at best practice and discuss possible partnership opportunities - this work commenced in November 2022 with meetings being held with a range of partners, already engaging with minority ethnic people.

This equality outcome is still relevant and further progress will be reported in 2025.

Equality Outcome Two

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

Progress towards Equality Outcome two:

CivTech Challenge 7.6

In 2022, NHS 24 and the Scottish Government jointly sponsored the [CivTech Challenge 7.6](#). The challenge is defined as: ‘How do we use Artificial Intelligence, data, and digital technologies to enable more inclusive access to public services, starting with disabled people?’ CivTech, which is part of the Scottish Government, is providing full support for this challenge to be achieved.

As joint sponsors, NHS 24, and Directorates within the Scottish Government, are working with an appointed company to develop a concierge service, intended to improve access for disabled people, initially intended for public sector organisations and with the aspiration that this service can be developed further to become a communication tool for all contacts. A demonstration of the minimum viable product being developed will take place on 8 February 2023. Third sector organisations are also involved in the development of the product and are supporting user research and insights to make it the best product possible.

CivTech Challenge 7.6 supports work that NHS 24 committed to when in 2021, it set a Board approved equality outcome:

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

British Sign Language (BSL): National Plan 2017 to 2023

To improve access to services for the British Sign Language (BSL) community and as part of our commitment to deliver actions 39, 40 and 45 of the British Sign Language (BSL): National Plan 2017 to 2023 we have continued to engage with the BSL community. This helps us gain a better understanding of BSL users’ health information needs, of any barriers they experience when accessing NHS 24 services and consider recommendations for developments and improvements.

How we engage

Alongside scheduled engagement with the BSL community (including Zoom sessions about NHS 24’s strategy refresh hosted by the British Deaf Association (BDA) and a formal online meeting to discuss joint working) we welcome ad hoc feedback and comments from BSL users.

How we respond to feedback

When deafscotland contacted us about a post on their Twitter feed querying access to NHS inform for deaf people (the tweet asked, ‘No text relay and webchat removed because of Covid?’) we followed this up internally. Having confirmed with Service Delivery colleagues that webchat (at that time) was only available for Covid enquiries, the Patient Experience team suggested the enquirer contact them directly. deafscotland posted this reply on their Twitter feed, including contact details for the Patient Experience team.

When the BDA asked that we help them raise awareness of the BSL clips we develop with their networks, we agreed to email weekly updates. Each update includes links to three newly published or particularly popular BSL clips on NHS 24 websites. Other professionals have asked to receive this weekly communication, which is currently shared with The ALLIANCE, NHS Greater Glasgow and Clyde colleagues who support BSL users, the Scottish Ethnic Minority Deaf Club, Edinburgh Health and Social Care Partnership, and NHS Ayrshire & Arran.

When BSL users taking part in a Strategy Refresh focus group told us that a video explaining how to register with a GP practice would be useful, we initiated the development of this new BSL clip. When a BSL user in another focus group suggested that a BSL video about the Youth Forum, featuring a young signer, would help promote NHS 24 volunteering opportunities for young people this was commissioned.

Relay UK - connecting people who are deaf, have hearing loss or are speech impaired

Relay UK is a free service to people who have hearing loss or are speech impaired to communicate over the phone. As Relay UK is a regulated service, it can be used for calls to the 111 service, and other NHS 24 phone-based services.

BT's research shows that phone calls remain an essential form of communication for 80 per cent of the deaf community, with 46 per cent of them phoning businesses at least once a week.

How we promote Relay UK internally

In April 2022 an article in Team Talk (NHS 24 staff bulletin) explained who uses Relay UK and how it is accessed by callers.

Frontline staff refer to a set of clinical processes when managing calls. One of these processes provides a step-to-step guide for how to communicate with callers who have sensory loss. In June 2022, this process was reviewed and updated to provide a detailed explanation of how a call supported by Relay UK works in practice.

How we promote Relay UK externally

Since the start of 2022, the Communications Team have included a signpost to Relay UK in every press release about NHS 24 mental health services and resources.

A signpost to Relay UK is included in the weekly email updates to stakeholders in the BSL community. In June 2022, we also included a signpost to Relay UK in the promotional communication about the new non-English Interactive Voice Response (IVR) on the 111 service.

How we measure success

We are continuing to engage with disabled people to gain an understanding of their awareness of the Relay UK service.

Raising awareness: UK Disability History Month 2022 (16 to 19 November 2022)

In collaboration with NHS 24's Senior Nurse for Learning Disabilities, content was created for internal and external promotion of this national campaign. The objective was to raise awareness of what a learning disability is, the inequalities disabled people can experience and the history and progression of Learning Disability Nursing in the UK. The content also raised awareness of the new role within NHS 24 and demonstrated the organisation's commitment to explore ways of enhancing our services and ensuring people are treated equally, and their human rights are respected.

This equality outcome is still relevant and further progress will be reported in 2025.

Equality Outcome Three

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

Progress towards Equality Outcome three:

Mental health information for young people

Breathing Space: The Breathing Space service offers webchat. Analytics of this channel between July 2020 and September 2021 tracked usage of the service broken down by age ranges. This showed people aged 19 to 24 to be joint highest users of the service. Gender split shows that women are much more likely to use the service (355 chats) compared with men (77 chats).

Mental health and wellbeing content on NHS inform: Google analytics show that in September 2021, people aged 18 to 24 achieved 7319 page views - accounting for a quarter of all page views in that period.

These insights will help to shape future engagement work.

Student health campaign

In 2022 NHS 24 engaged with Further and Higher Education institutes in Scotland, to ensure all students and young people have awareness of services and how to access them.

To ensure accessibility and reach, a digital toolkit was designed to enable institutions to embed student health messages within their organisations. Key messages were about mental health, registering with a GP, and accessing health information. In addition to disseminating the digital toolkit, NHS 24 raised awareness of services by carrying out face to face engagement across Scotland and attending 20 college and university events and distributed 'Together Let's Care' campaign and Breathing Space resources.

The universities and colleges we attended had a higher proportion of students from overseas and /or of students residing in an area of socio-economic disadvantage. Accessibility to services was promoted with the students, including the non-English (IVR) of the 111 service, translated materials, and BSL resources.

5000 printed leaflets were provided to an institution enabling all new students to receive essential information about their healthcare. Leaflets were also provided to student services and associations for students who were unable to attend the in-person events. Ten articles highlighting the importance of student health, focusing on young people's health and mental wellbeing were published in the local press – this is intended to support families and young people.

NHS 24 Youth Forum

In May 2022, NHS 24's Youth Forum members were asked how they prefer to access mental health information, resources, and services. Their feedback was shared with the Communications Team for future promotion of mental health information.

Members were also asked to review the Mind to Mind NHS inform content and asked what additional topics should be covered in any future phases of this programme of work.

In July 2022, the Youth Forum took part in a session run by a member who, for their role as a Member of the Scottish Youth Parliament, wished to explore the barriers young people can experience when accessing mental health support. The information gathered has also been shared internally.

This equality outcome is still relevant and further progress will be reported in 2025.

Equality and Diversity Impact Assessments (EDIAs)

NHS 24 continues to deliver on a programme of equality impact assessments.

Redesign of urgent care

In 2021, the Scottish Government undertook a system redesign of urgent care. The aim of the redesign of urgent care was to provide an accessible, efficient, effective, and safe urgent care service for the public ensuring patients receive the right care, in the right place, at the right time, first time.

NHS 24 staff worked with the Scottish Government to assess the impact of the proposed changes and made a series of recommendations intended to improve access for people. Several recommendations were agreed, and an action plan is being progressed.

Examples of these recommendations include:

- Engagement – to support the needs of disabled people who may experience barriers to effective telephone communication, NHS 24 should continue to work with partners to support the creation of a national communication hub similar to the service provided by ContactSCOTLAND-BSL.

And engage minority ethnic communities that may benefit from using language line to promote it and obtain their feedback on their experience of using it.

- Explore – if the requirement to phone NHS 24 when an individual or their family have an urgent health care problem cause them any difficulty or concerns?

EDIA of NHS 24's telephony service and NHS inform content in support of the Forensic Medical Services self-referral process

Following the commencement of The Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act (2021), NHS 24 was asked to provide web-based content for people who have experienced rape or sexual assault in Scotland and wish to access timely healthcare support, including access to a forensic medical examination. Self-referral was to be available to anyone aged 16 or over, subject to professional clinical or social work reasoning. This would allow access to healthcare and the option to request a forensic medical examination without first having to make a report to the police. NHS inform web content was to provide a pathway to a single point of contact: a national number for people who wish to self-refer.

An EDIA was undertaken to assure those involved in planning the expansion had an opportunity to consider how they might improve equality of access and help meet the specific needs of people across each protected characteristic group. Several recommendations were agreed, and an action plan is being progressed.

Examples of recommendations include:

- Communication - the self-referral telephony communication plan should commit to providing information on NHS inform in alternative formats, including easy read, audio, British Sign Language and in the most used community languages.
- Engagement should take place with third sector organisations already responsible for delivering specialist support, help and assistance to people who have been subjected to rape or sexual assault or supporting those who may be at risk of sexual violence, in advance of the launch of the proposed self-referral telephony service, to explain the purpose and intended benefits of the service, and develop an effective partnership approach.
- Existing resources provided by third sector organisations already responsible for delivering specialist support, help and assistance to people who have been subjected to rape or sexual assault or supporting those who may be at risk of sexual violence should be offered, or available to be offered, to support survivors of sexual violence calling the self-referral telephony service.

EDIA of Surviving Suicidal Thoughts programme

NHS 24 established the [Surviving Suicidal Thoughts digital support resource on NHS inform](#) to develop a Scottish version of [NowMattersNow.org](#). For test of change purposes, the project was to deliver a minimal viable product which would be a micro site optimised for mobile devices with five videos.

An Equality and Diversity Impact Assessment was undertaken to review this test of change and look at opportunities to improve equality of access and help meet the specific needs of people

across each protected characteristic group. The draft Equality and Diversity Impact Assessment is currently out for consultation.

Draft recommendations include:

- With regards to socio-economic circumstances and to reduce any constraints on the use of people's data when watching the video content, explore ways in which the quality can be assured using minimum data.
- Develop a partnership arrangement with third sector organisations enabling them to promote the content to their members and communities.
- Review the use of gender-neutral language within the Surviving Suicidal Thoughts content and supporting links.

EDIA for Breathing Space

Breathing Space is a free, confidential, phone and webchat service for anyone in Scotland over the age of 16 experiencing low mood, depression, or anxiety. Breathing Space was launched in 2002 to address serious concerns about the mental wellbeing of people in Scotland. The service became a national phoneline in 2004. The service is operationally managed by NHS 24 and delivered from NHS 24 contact centres in Hillington and South Queensferry.

During 2022, NHS 24 reviewed and updated our EDIA for our Breathing Space service which is currently out for consultation. Draft recommendations includes:

- Breathing Space should explore the possibility of extending the service to support people of all ages.
- The data available suggests that women are more likely to access Breathing Space's services than men. It is recommended that Breathing Space continue to take positive action to promote their services to men.
- Opportunities to improve the awareness of Breathing Space staff of the distinct issues lesbian, gay and bi people can experience should be considered.

NHS 24's recruitment process

NHS 24 recognises that the delivery and development of effective patient care is dependent upon having the right people in the right place at the right time and, therefore, regards the operation of an effective recruitment process as essential. NHS 24 is committed to operating a recruitment process which embeds the NHS values and delivers fair treatment for all applicants. During 2022, NHS 24 reviewed and updated our EDIA for our recruitment process which is currently out for consultation. Draft recommendations includes:

- Continue to regularly collect and analyse the demographic profile of the current workforce as well as job applicants to evaluate whether the recruitment process is fair to all applicants across the protected characteristic groups.
- Take positive action to promote job opportunities amongst community groups that are identified as being underrepresented within the workforce. The Recruitment Team should remain aware of the current demographics of the workforce and work with the Engagement Team to reach out to organisations that represent the interests of underrepresented groups.
- Take positive action to engage and work with local authority and higher education employability leads across Scotland to help improve job opportunities for people more likely to experience socio-economic disadvantage.
- Circulate job advertisements as widely as possible, using multiple digital, and where possible non-digital platforms, to help ensure they reach people from a wide range of backgrounds.
- Staff with recruitment responsibilities should be suitably trained to understand when questions relating to disability can and cannot be asked.
- Staff with recruitment responsibilities should be fully aware of the duty to make reasonable adjustments, particularly during recruitment.

5. Equality mainstreaming case studies

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

Engaging with the community

NHS 24's Public Partnership Forum (PPF) and Youth Forum

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

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

NHS 24's Youth Forum was established in 2018 in response to NHS 24's commitment to ensure that young people were given greater opportunities to get involved in the design, development, and improvement of its services. The Youth Forum seeks to engage with, and listen to, a diverse range of young people aged 16 to 26 from across Scotland.

The public lockdown and subsequent restrictions put in place to control the spread of Covid-19 meant that NHS 24's forums were unable to physically get together during 2021 and 2022. For the PPF meeting in November 2022, a hybrid model was adopted where members were offered the option to attend face to face or online.

NHS 24 has continued to engage with PPF and Youth Forum members using other methods, such as hosting meetings using video conferencing. It is recognised that some people may be unable to take part in meetings hosted this way and alternative ways to stay in touch, such as over the phone or by email, were offered. Members were offered one to one support to help improve their understanding of the digital platforms used to stay connected.

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

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

- **Principle 2** - NHS 24 PPF and Youth Forum members will have increased opportunities to present back their ideas and views, and their feedback will be listened to.
- **Principle 3** - NHS 24 PPF and Youth Forum members will be supported to be ambassadors for volunteering within NHS 24 and empowered to encourage others to contribute and make an impact to NHS 24's work.

To support these principles in 2021-22, members were given the opportunity to express areas that they were interested in getting involved in for future agenda items and were also asked to feed into various programmes of work which included:

- NHS 24 Strategy Development – members fed in what is important to them and how they feel NHS 24's services and resources could be improved.
- Feeding into the Engagement plan for the promotion of our new mental health content on NHS inform.
- Our Youth Forum members contributed to discussions around how social media channels could potentially improve awareness of NHS 24 services amongst young people.
- The Youth Forum reviewed the top tips for staff when engaging with care experienced individuals and a Youth Forum member created a message to be added to the campaign content on Care Experienced week.

16 Days of Activism Against Gender-Based Violence

A member of the Youth Forum who is passionate about raising awareness of gender-based violence worked with the Communications Team to draft social media content. These messages were posted on NHS 24's social channels between 25 November and 10 December 2022.

The member who has supported the gender-based violence work also took the opportunity to feedback on their experience of drafting social media content to the Youth Forum. This was to help other members understand how they may contribute to and be involved in future pieces of work.

Volunteers' Week 2022

Volunteers' Week ran from 1 to 7 of June in 2022. During that week NHS 24 was able to raise awareness of our volunteering opportunity for people aged 16 to 24 by giving a member of the Youth Forum, a platform to talk about their experiences of being a member. Content was added to campaign pages on NHS inform and to NHS 24's social media messages.

Community engagement

Care Experienced Week 2022

NHS 24 supported Care Experienced Week (23 to 31 October) with the creation of a campaign page on NHS inform – this was live throughout the month of October – and with an internal staff briefing.

Our key partner [Who Cares? Scotland](#) provided the content and resources to support the development of the campaign page on NHS inform. A member of our Youth Forum who is care-experienced also contributed to the content by providing a quote about their experiences.

The campaign page on NHS inform received 138 page views.

To raise awareness of the week with NHS 24 staff a 7-minute briefing was created. This highlighted NHS 24's role as a corporate parent, talked about what being care experienced means and provided the top ten tips for engaging with care experienced people. The voice of care experienced people was key to this training briefing and the top ten tips were refreshed in conjunction with care experienced people with our Youth Forum and PPF. The finished briefing was reviewed by care experienced people prior to publication in our staff newsletter and intranet.

NHS 24 is proud to be a corporate parent. Members of staff attended Who Cares? Scotland's Love Rally in Glasgow on 23 October 2022 to support and march for a lifetime of love and care for care experienced people. Staff spoke to participants and listened to the challenges and barriers people of all ages face when they are care experienced. NHS 24 is committed to working with other corporate parents and is a founding member of the Who Cares? Scotland Collaborative Corporate Parenting Network that launched in January 2023.

Breathing Space Service

Breathing Space is a free, confidential phone service available to anyone in Scotland, over the age of 16 feeling low, stressed or anxious. The service currently receives around 12,000 calls a month.

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

As part of their You Matter, We Care campaign Breathing Space have engaged and supported a range of diverse groups:

- **Young people**

Children and young people increasingly report feelings of loneliness. The challenges associated with the coronavirus pandemic also mean that external agencies were unable to visit schools to provide talks about wellbeing. Breathing Space developed a video for schools, where questions provided by school pupils about mental health were answered by Breathing Space, with advice included from NHS 24's Youth Forum and a young player from Glasgow City FC. Our new webchat service is also proving popular with young people with the general statistic that 8 in 10 of people who use webchat are in this age group. It can be a popular and preferential way for young people to receive support should they experiencing distress.

- **Rural communities**

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

- **Learning disabilities**

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

- **Community Bench Initiative**

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

The project involves the development of a network of 'Take some Breathing Space' benches and creating spaces and places outside, that enable people to meet and feel belonging. Working in partnership with a variety of organisations, 50 benches have now been placed across Scotland. Community connectors from each local area are involved in integrating the new space within the community and promoting future wellbeing initiatives.

Community winter campaign

Lower socio-economic circumstances are known to impact people's health and can be responsible for creating health inequalities. NHS 24 as part of its community winter campaign have focused on five areas within Scotland that are known to experience socio economic deprivation (Glasgow City, Inverclyde, West Dunbartonshire, North Ayrshire, and Dundee City).

The project looked to support knowledge and understanding of how NHS 24 services can support people within these communities. To establish a baseline, NHS 24 engaged with stakeholders who support community groups or individuals in Glasgow City and Dundee City, gathering insights about providing inclusive accessible information to people living in deprived areas. We contacted 25 organisations, and hosted 12 online focus groups and one-to-one interviews, engaging with third sector professionals (including Community Link Workers) who support people living in poverty.

Our stakeholders highlighted the need for translated materials, simple information with a basic overview of services (simple wallet style cards and short leaflets with images) and train the trainer resources for the professionals. Based on this feedback NHS 24 are designing new information resources to support these communities.

NHS 24 was invited to participate in Carers of Dundee 12 Days of local support at Christmas. NHS 24 contributed to this by creating a video that was shared across social media. The video talked about NHS 24 services and about accessing the right care in the right place.

In December 2022, Dundee's local newspaper the Courier published an article entitled A space to breathe during the Christmas season. The article highlighted NHS 24 services, focusing on Breathing Space and how to access the service via webchat, textphone and the Relay UK app. The article was published online and on Facebook.

Focusing the community winter campaign work on areas where deprivation and poverty are evident and known to exist allows NHS 24 to contribute to the reduction of health inequalities in Glasgow City, Dundee City, and surrounding areas.

Christmas card competition

To mark the opening of our new centre in Dundee, we were delighted to give all Primary 5 to 7 pupils in Dundee the opportunity to take part in our Christmas card competition. The theme was I'm dreaming of a Scottish Christmas and pupils were asked to draw an NHS worker and put them outside their favourite place in Scotland at Christmas time. We received excellent entries, and the winning design was submitted by a pupil from St Mary's R C Primary. Staff from NHS 24 who had hoped to visit the school and give the competition winner and runner up their prize and certificate had to cancel their plans due to snow. Information about NHS 24 services was provided to all the primary schools who took part in the competition, this helped raise awareness of our Dundee centre and of the services we provide.

NHS 24 strategy development

The process of developing a Corporate Strategy is as important as the strategy itself, as it is only truly fit for purpose if people have been given the opportunity to influence the setting out of the organisation's goals and guiding framework.

The engagement underpinning the development of NHS 24's Corporate Strategy due to be published in 2023 sets out an ambition to listen to and gather experiences and perspectives from a very broad range of internal and external stakeholders so the new strategy meets their needs.

Based on the evidence gathered, and on recommendations made in the Redesign of Urgent Care Equality Impact Assessment, we identified and engaged with groups who are more likely to access NHS 24 services, and also more likely to experience inequalities when accessing NHS 24 services. We also engaged with some of our staff and with staff from stakeholder organisations, to gain their views on our work.

As part of our gathering views phase of development, we have engaged a wide range of stakeholder groups:

- disabled people
- people who have sensory loss (sight loss and hearing loss)
- minority ethnic people
- Lesbian, gay, bisexual and trans (LGBT+) people
- NHS 24 Youth Forum and Public Partnership Forum
- people who identify as having learning disabilities
- young people and families with young children
- professionals and organisations who support people experiencing socio-economic deprivation
- professionals and organisations who support people with long term health conditions
- older people (aged 65+)
- people experiencing mental ill health
- people living in remote and rural areas
- NHS Scotland staff
- Health and Social Care Partnership staff
- staff from third sector organisations that represent the interests of different protected characteristic groups.

People were able to share their views in a number of ways, allowing even those who often find it difficult to engage with public services to get involved. Alongside focus groups and one-to-one interviews, we developed two online surveys to capture people's feedback. One survey was for professionals and organisations, the other was for members of the public - an easy read version of this survey was developed and promoted through learning disability networks. Interpreters have been provided to support conversations with people whose first or preferred language is not English – this has included BSL and Polish interpreters.

A report setting out the findings from these engagement sessions was shared with NHS 24's Board. One area noted in the report was the barriers to effective telephone communication different groups of people may experience. Though, it was also noted that participants appreciated some of the steps NHS 24 has taken to try to make their services more accessible. For example, the availability of Language Line and Contact Scotland BSL was highlighted as being extremely beneficial to people whose preferred language is not English. As the strategy develops all the findings will be appropriately considered.

Following on from the gathering views phase, NHS 24 will develop a draft strategy which will go out for wider public consultation early in 2023. Accessible versions of the draft strategy will be available.

Meaningful engagement with learning disability communities

To gain a better understanding of how and why people who have a learning disability use NHS 24, our Senior Nurse for Learning Disabilities co-ordinated our attendance at [The Assembly](#). We facilitated four focus group sessions with approximately 45 people. Insights gathered at these focus groups will support the development of NHS 24's draft strategy helping us consider ways to reduce inequalities people who have learning disabilities can face. Listening to those with lived experience is essential to ensure that we safeguard the equality and human rights of people who have learning disabilities.

Disability Equality Scotland

We worked in partnership with Disability Equality Scotland to gain insights on disabled people's levels of awareness of the 111 service, learn about their experience of accessing NHS 24 services, and ask how the service could be improved. In January 2022, our questions were included in the monthly newsletter that goes out to Disability Equality Scotland's network. Feedback from the 80 respondents will inform the development of NHS 24's strategy and future engagement work.

Armed forces and veteran community

NHS 24 has, over the past 18 months, been actively involved with Scottish Government and key health and care partners in identifying opportunities to make improvements for the armed forces and veteran community. We are not only committed to ensuring that our services are accessible

and meet the needs of this community but also to considering how we can widen access routes to employment for armed forces leavers and veterans.

As a member of the Scottish Veterans Care Network, NHS 24 collaborated with others to create the Mental Health and Wellbeing Action Plan as a blueprint for improved support and care. We are presently also involved with the programme of work exploring areas where the principles set out within the plan can be implemented in practice.

New legislation to help ensure armed forces personnel, veterans and their families are not disadvantaged by their service when accessing key public services has also been introduced

The Armed Forces Bill will embed the Armed Forces Covenant into law by introducing a legal duty for relevant UK public bodies to have due regard to the principles of the Covenant, a pledge to ensure the UK armed forces community is treated fairly. The Covenant Duty will complement existing duties including Public Sector Equality Duty, Fairer Scotland Duty, and the Patient Rights Scotland Act – each giving ‘due regard’ in decision making processes and will be applied in the same way across NHS 24 activity.

We are part of a National Working Group to support armed forces leavers, veterans, and their families into employment within the NHS through career pathways and resources. The work will also increase awareness and understanding amongst NHS Scotland staff who may shortlist and/or interview candidates, of the range and transferability of skills and qualifications this group can offer and to improve and support the application and recruitment process for those seeking employment in the health and care system.

Furthering equality with a focus on mental health

In March 2017, the Scottish Government published a new ten-year mental health strategy, with the guiding ambition that we must prevent and treat mental health problems with the same commitment, passion and drive as we do physical health problems. NHS 24’s Strategy 2017-22 (now under review) outlined the intention to consider mental health service provision to align more closely with service user needs. Our Mental Health Redesign programme is aligned to the strategic intentions of both NHS 24 and the Scottish Government. It looked at three areas of service development:

- 111 service
- webchat for Breathing Space
- digital self-help resources on NHS inform

Improved care pathways between mental health services, both internally and externally, aim to reduce vulnerability as they allow patients to access the right resource, at the right time, in the right place.

How NHS 24 mental health services are used

Access to our mental health services – monthly stats:

NHS inform mental health and wellbeing resources	page views	400,000+
Mind to Mind video stories	views	204,903+
Breathing Space	calls	11,800+
Mental Health Hub	calls	8,500+
Breathing Space	webchat	400+

The Breathing Space webchat pilot was successful and in January 2022 this became part of the service, increasing accessibility for a new population who would not otherwise have engaged with Breathing Space. Webchat is an alternative channel for people experiencing mental health issues who prefer to communicate digitally with advisors in real time rather than over the phone and Breathing Space won the top prize in the Innovative Mental Health Services category at the Holyrood Digital and Care Scotland Awards 2022 for this work.

Mind to Mind

In November 2021 Scottish Government commissioned NHS 24 to design, build and support a digital site providing mental health and wellbeing resources for the population of Scotland. In May 2022 the new [Mind to Mind](#) microsite launched on NHS inform.

The site hosts 35 videos featuring people talking about ways to support mental wellbeing from lived experience and professional perspectives. A marketing campaign for the site ran throughout June 2022. An evaluation of Mind to Mind was commissioned internally and reported on in October 2022.

The redesign of mental health services aims to improve access to mental health care and support for people who need this - including prevention and self-management support. We will improve access by expanding existing services and developing new digital channels and resources.

Mental health community of interest

NHS 24 has always supported and valued its ever-extending network of external stakeholders. Since Spring 2022 much work has been progressed in re-engaging and reconnecting with a myriad of mental health stakeholders (mainly voluntary and umbrella organisations) with the aim of increasing awareness of respective services, fostering learning as well as sharing and identifying opportunities for aligned working.

The ambition is to continue to grow this community of interest and actively involve members, and the people they often represent, as this will bring about significant benefits for all; identifying the

needs of different groups, supporting participation, promoting understanding, and helping to tackle the inequalities and prejudice often experienced by people in mental health distress.

Surviving Suicidal Thoughts

As part of Scotland's National Suicide Prevention Action Plan, Every Life Matters, Action 6 (2018), NHS 24 was commissioned by Scottish Government to work with other organisations to help improve access to online digital support for anyone experiencing suicidal thoughts or behaviours, supporting others with suicidal thoughts or behaviours, or both.

In Spring 2021, NHS 24 User Research Team was invited to the project and tasked with undertaking ongoing research activity to surface user needs, and to inform the iterative design of NHS 24 services.

The User Research Team began by reviewing the Action Plan and undertaking a period of desk research. This provided the team with an understanding of the Scottish landscape of existing services for people with suicidal thoughts and those who support them.

Towards the end of 2021, four facilitated and moderated, hour-long focus groups were conducted to provide in depth experiential insights for people's personal experience of online digital support for suicide prevention. These were held online, using the Zoom video conferencing platform. A mix of lunchtime and evening groups were held to maximise engagement opportunities for potential participants.

The facilitator and moderator/notetaker were helped by a safeguarding individual who was available at each session to provide support to any participant who may have been emotionally affected by the session.

All participants were members of the United to Prevent Suicide network, an organisation who also supported the User Research Team with the dissemination of a survey to its members.

The team was further involved in the project by providing Usability Testing of the Surviving Suicidal Thoughts website. Participants from lived experience groups were asked to test the resources and functionality of the new website ahead of go live. Feedback from these sessions was invaluable in helping to make the website more accessible and easier to navigate.

As a result of the User Research Team's involvement in this project, potential users of the service were engaged and involved at every stage.

The main themes highlighted by the research was the need to focus on personal connection, tangible actions and strategies, and immediate responses.

Research findings were fed directly into the project and applied to the service design with user needs at the forefront.

The team applied an ethical research approach to each stage of research activity.

Self-help guide promotion

The NHS inform website offers a range of mental health self-help guides to support early intervention for people at the mild to moderate stage of the patient journey. These Cognitive Behavioural Therapy (CBT) guides cover a range of topics including:

- anxiety
- depression
- Obsessive Compulsive Disorder (OCD)
- problems with anger
- post and complex post-traumatic stress disorders
- self-esteem.

These guides were introduced to support the Scottish Government's Digital Mental Health Strategy and have been created with support from psychologists and counsellors from a range of NHS Boards across Scotland.

To raise awareness of these resources for people aged 16 to 24, we identified organisations that work with this cohort. We contacted them via email or online feedback forms to highlight the availability of the guides and asking that they share the information within their networks.

Glasgow Street Aid

We engaged with Glasgow Street Aid, a charity providing medical and welfare assistance in the city centre of Glasgow during the night-time economy. Glasgow Street Aid support people addicted to drugs and alcohol, people experiencing homelessness, people acutely released from prison, and people experiencing mental health crises. We have provided an overview of NHS 24 services and resources have been shared with staff and provided for their premises in Glasgow City Centre, with an aim to raise awareness of NHS 24 services and the various choices for access with a focus on our mental health resources and services.

Furthering equality with a focus on race

Improving access to the 111 service

Callers to the 111 service first hear a recorded message with options to help them get the right support. This was identified as a possible barrier for callers whose first language is not English.

To improve access for this group, callers can now choose to listen to the (IVR) recorded messages in Arabic, Mandarin, Polish, Spanish, Romanian, Sorani, and Ukrainian. Staff answering calls coming through this route will know the caller has requested language support and will arrange for an interpreter to join the call.

How we promote the non-English IVR internally

An article was posted on the staff intranet when the service launched, this was also included in Team Talk (NHS 24 staff bulletin).

Frontline staff refer to a set of Clinical Processes when managing calls. The process that provides a step-to-step guide for how to communicate with callers who require interpreter support was updated following the introduction of the non-English IVR.

How we promote the non-English IVR externally

Eight short multi-lingual animations were developed to explain how callers can access the non-English IVR. These animations, multi-lingual WhatsApp messages and suggested promotional copy for articles were published on [NHS24.scot](https://www.nhs.uk/nhs24.scot) and included in a stakeholder toolkit.

This toolkit was disseminated to key stakeholders in the third sector, and to professional networks (including NHS Scotland Translation Leads, Practice Managers' network, HSCP Leads, Community Link Workers and Equality and Diversity Leads). This promotional information and resources were also disseminated to Refugee Co-ordinators across Scotland via COSLA's National Network (which is managed by the Policy Officer for Migration, Population and Diversity).

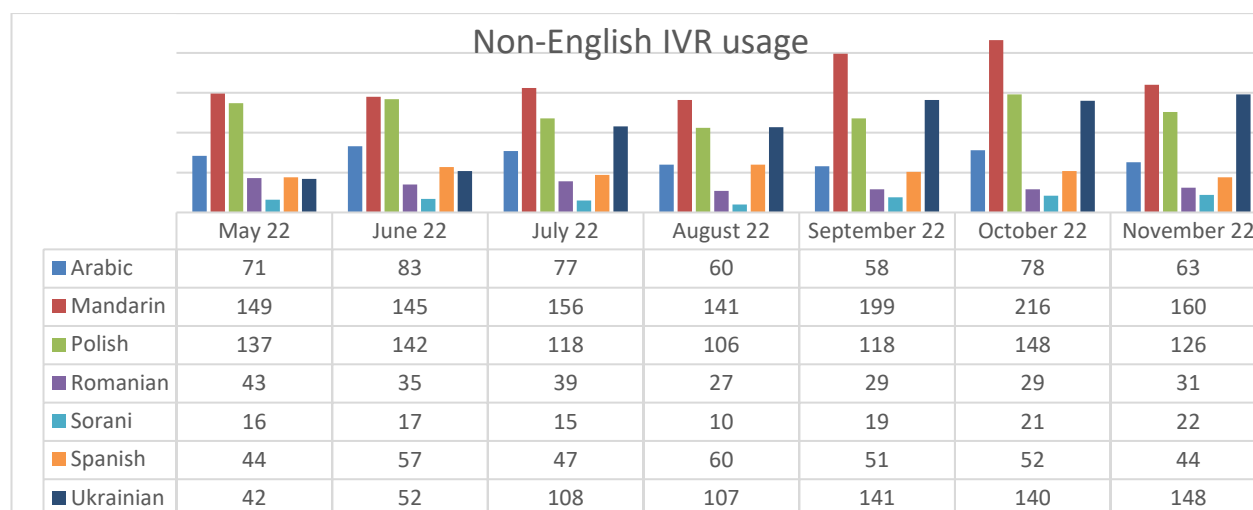
Other multi-lingual resources about the 111 service

To help callers access the 111 service, we have also produced the leaflet 'Calling 111'. This explains when to call the service, and what happens when you call. The leaflet is available in 10 languages. Links to the translations in Arabic, Chinese (Simplified), Polish, Spanish, Romanian, Sorani, and Ukrainian were included in the non-English IVR stakeholder toolkit.

To help callers prepare for a call to the 111 service, we have produced a leaflet called 'My important information for NHS 24'. People can use this to write down key information about their health - things they may be asked if they call NHS 24. The leaflet is available in 17 languages. Links to the translations in Arabic, Chinese (Simplified), Polish, Spanish, Romanian, Sorani, and Ukrainian were included in the IVR stakeholder toolkit.

How we measure success

The analytics below show the uptake of calls to the 111 service via the non-English IVR from May to November 2022. Over the period nearly 4,000 calls came through this route, with the highest number of calls (684) coming through in October. Mandarin is consistently the most requested language (1166 calls), followed by Polish (895 calls), and Ukrainian (738 calls).



Support for Ukrainian refugees on board the Ambition

We were approached by the Senior Asylum Health Nurse at NHS Greater Glasgow and Clyde who supports approximately 750 Ukrainian refugees on board the Ambition (a cruise ship docked on the Clyde). They were looking for information that could help Ukrainian refugees access appropriate NHS services.

We shared links to translated content on NHS inform, including how to register with a GP Practice, guidance on what NHS services to use when you need help and how access the 111 service in Ukrainian.

The promotional WhatsApp message that explains who to access 111 in Ukrainian was shared with the Ship’s Captain who had set up a WhatsApp group to communicate with those on board the Ambition.

My important information for NHS 24 - leaflet

NHS 24’s leaflet My important information for NHS 24 has been developed so people can write down the information they are likely to be asked when calling 111. This helps people prepare for the call and can also be helpful people who call 111 on behalf of someone else. This leaflet had been well received during previous engagement activities and in January 2022 we undertook its review.

We improved the accessibility of the revised leaflet by translating it into 15 languages and developing an easy read version. These resources can be downloaded from NHS inform. We adopted a dual format for the translations with English text and translated text provided side by side. Refugee Coordinators had previously told us that not having a dual-format translation was an issue, as without English text they could not be sure they were sharing the right information. Having engaged with key stakeholders and considered their feedback, translations in a dual format will be adopted as best practice from now on.

Throughout 2022, we have raised awareness of and promoted the 20,000 printed leaflets (English versions) and the digital versions to stakeholders across Scotland. Key stakeholders contacted include all Health Boards and Health and Social Care Partnerships in Scotland, Equality and Diversity leads, mental health contacts, social work teams and third sector organisations that support carers, older people, community groups, refugees, and asylum seekers. We have distributed 17,500 paper copies to date.

Gypsy, Roma, and Traveller History Month: June 2022

In June 2022, we celebrated and raised awareness of Gypsy, Roma, Traveller History Month on an NHS inform page and on NHS 24's social. Our campaign raised awareness of resources like [how to register and access a GP](#) and other health services.

We also used this opportunity to raise awareness of the challenges and health inequalities some Gypsy, Roma, and Traveller people can experience.

We invited our external partners to review and comment on our campaign page content before it went live.

Black History Month: October 2022

We celebrated Black History Month by bringing people together and asking them to share a favourite recipe from their cultural heritage or from their travels around the world – this was to celebrate our diversity here at NHS 24. All these recipes have been included in a bespoke recipe book.

To raise awareness of the importance of the month and show what racism can do to people's health, we developed a 7-minute staff briefing - which was published on the staff intranet.

Access to healthcare - GP registration card on NHS inform

At the Healthcare Improvement Scotland event Engaging with Gypsy/Traveller Communities in February 2022, the main speaker talked about Gypsy/Travellers having the worst health outcomes of all ethnic minority groups and about the barriers Gypsy/Travellers face when accessing health services, particularly when trying to register with a GP practice. Staff at the practice often insist on proof of address being provided – although this is not a legal requirement.

Following internal discussions with the Digital Team, a link to the Access to Healthcare - GP registration card was added to the [Registering with a GP practice](#) page on NHS inform. This card is designed to help people who don't have a permanent address register at a GP practice. It has information about people's rights to access health care.

Providing translations

The Other languages and formats section on NHS inform is under constant development and review. Following the invasion of Ukraine, and to support refugees coming to Scotland from Ukraine, content has been translated in Ukrainian and Russian.

New information about health rights on NHS inform

New content about healthcare for refugees and asylum seekers was developed with Scottish Government support. We also published new information about access to healthcare under the EU Settlement Scheme. Taking account of the concerns these groups may have, we have included reassurances that the Home Office is not contacted when someone needs help with their care.

Furthering equality with a focus on disability

Accessibility on NHS inform

To make sure NHS inform can be used by as many people as possible we write content in plain English with a target reading age of 9 years old, in line with the health literacy age of Scotland.

We also highlight accessibility features using recognised accessibility symbols.

Engaging with organisations that support autistic people

To improve NHS 24's understanding of barriers and disadvantages autistic people experience when accessing NHS 24 services and resources, engagement took place with three autism organisations.

Feedback received from these organisations identified challenges and barriers for autistic people accessing NHS 24 services and this information was fed back into the organisation via the What Matters to you? Day 2021 Report.

During engagement with a local autism group, it was identified that a resource they had developed was out of date. Working collaboratively with the organisation, NHS 24 Patient Experience Team and Communications Team, the resource was reviewed and updated so it is now accurate, up to date and safe.

Furthering equality with a focus on gender reassignment, sex, sexual orientation

LGBT History Month 2022

LGBT History Month takes place in February every year, due to the Covid-19 pandemic, the work to celebrate the culture and reflect on the past and present took place online.

Director of Workforce

The Director of Workforce for NHS 24 wrote a piece for staff intranet to talk about the importance of inclusion. 'It is a regular reminder of the unfair treatment LGBT+ people have experienced, and still do continue to experience despite the best efforts of many.'

The ongoing work to advance equality for staff and patients was also mentioned with staff offered the opportunity to receive a Pride Badge Pledge and joining NHS 24's LGBT+ Reference Group.

Additional articles

Two additional pieces of content were also created, one gave an overview of the month and theme, and the second article was written by the newest member of NHS 24's LGBT+ Reference Group where they talked about what joining the group meant to them.

Pride Badge Pledge

NHS 24 is taking part in the NHS wide [Pride Badge Pledge](#) and the campaign month was seen as an opportunity to promote this initiative and share some of the pledges that had been returned by staff via NHS 24 internal newsletter. These included, I wear a badge because

- 'I feel lucky to work for an inclusive organisation. I am also a proud mum to a son who is part of the LGBT+ community.'
- 'I want to show my support for the LGBT community.'
- 'I want to help bring about true equality.'
- 'I want to show support for the LGBT+ and minority ethnic communities by wearing the badge and open conversation with people about what the badge symbolises.'

Scottish Trans: A better future? – conference September 2022

A member of staff attended and took part in the Scottish Trans: A better future? conference in September 2022. This identified current key issues and concerns within the community and supported our understanding of projects and pilots underway.

Inclusive information on NHS inform

Taking account of the transgender community's specific needs we have developed new information about screening (with support from Public Health Scotland); published a new page Gender identity and your rights (in the health rights section); reviewed the language in the Ready, Steady, Baby pregnancy section to ensure it is gender neutral; included a gender-neutral statement in the new Women's health hub.

The new Mpox and safer sex information was developed in partnership with Public Health Scotland and the Terrence Higgins Trust. It was also promoted on apps like Grindr to reach the intended target group: men gay, bisexual, and other men who have sex with men (GBMSM).

The new section about HIV PrEP (Pre-Exposure Prophylaxis) provides group-specific information for black African women; men gay, bisexual, and other men who have sex with men (GBMSM); people who inject drugs; situations where one partner is HIV positive, the other is negative; people who exchange sex for payment; and trans and non-binary people. Extensive research carried out by NHS Greater Glasgow and Clyde colleagues informed the development of this content.

Our style guide outlines our commitment to use gender neutral language for example women and anyone with a cervix or men and anyone with a prostate.

6.NHS 24 Equal Pay Statement

This statement has been agreed in partnership and will be reviewed by NHS 24's Area Partnership Forum and Staff Governance Committee by 2025. NHS 24 is committed to the principles of equality of opportunity in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their age, disability, trans status (gender reassignment), marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, or political beliefs.

NHS 24 employs staff on nationally negotiated and agreed NHS contracts of employment which include provisions on pay, pay progression and terms and conditions of employment. These include National Health Service Agenda for Change contracts and terms and conditions of employment. Some staff are employed on NHS Scotland executive contracts of employment or medical contracts, which are evaluated using national grading policies with prescribed pay ranges and terms and conditions of employment.

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

- well informed
- appropriately trained and developed
- involved in decisions
- treated fairly and consistently, with dignity and respect, in an environment where diversity is valued
- provided with a continuously improving and safe working environment, that promotes the health and wellbeing of staff, patients and the wider community.

Delivering equal pay is integrally linked to the aims of the Staff Governance Standard. NHS 24 understands that the right to equal pay between women and men is a legal right under law. NHS 24 is committed to ensuring that pay is awarded fairly and equitably to everyone and will particularly ensure that there is no difference in treatment between people who are disabled and people who are not, and people who fall into a minority ethnic group and people who do not. NHS 24 recognises that in order to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent, or work of equal value, it should operate pay systems which are transparent, based on objective criteria and free from unlawful bias.

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

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

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

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

We will continue to ensure that we:

- review this policy, statement, and action points with trade unions as appropriate, every 2 years and provide a formal report within four years
- inform employees about how pay practices work and how their own pay is determined
- provide advice and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions
- examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those 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.

Responsibility for implementing this policy is held by NHS 24's Chief Executive, who will be supported by the Director of Finance and Director of Workforce.

How the NHS Agenda for Change pay banding works

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

- Deliver fair pay for non-medical staff based on the principle of 'equal pay for work of equal value'
- Provide better links between pay and career progression using the Knowledge and Skills Framework
- Harmonise terms and conditions of service such as annual leave, hours and sick pay, and work done in unsocial hours

Equal Pay Calculations

Annual equal pay gap comparison by sex

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

$$\frac{A-B}{A} \times 100$$

A = mean hourly rate of pay of male employees
B = mean hourly rate of pay of female employees

2020/21

Mean hourly rate of male employees – £16.22

Mean hourly rate of female employees – £15.77

This provides a mean pay gap of 2.77% in favour of male employees.

2021/22

Mean hourly rate of male employees – £16.58

Mean hourly rate of female employees – £16.00

This provides a mean pay gap of 3.50% in favour of male employees.

Pay gap in previous years

In 2019, our annual pay gap comparison by sex was 4.13% in favour of men.

In 2020, our annual pay gap comparison by sex was 2.55% in favour of men.

Annual equal pay gap comparison by persons who fall into a minority ethnic group and persons who do not

	Any White category	Any Minority Ethnic category	Difference (£)	Difference (%)
2022	£15.93	£15.43	-£0.50	-3.14%
2021	£15.72	£16.34	+£0.62	3.99%
2020	£14.82	£14.83	-£0.01	-0.03%
2019	£14.55	£15.21	-£0.66	-4.54%
2018	£14.00	£14.61	-£0.62	-4.42%
2017	£13.29	£13.19	£0.10	0.73%
2016	£13.35	£13.58	-£0.23	-1.70%

Annual equal pay gap comparison by persons who are disabled and persons who are not

	Disabled	Non-disabled	Difference (£)	Difference (%)
2022	£17.25	£16.08	+£1.17	+7.27%
2021	£16.86	£15.85	+£1.01	+6.37%
2020	£16.04	£14.99	-1.04	+6.95%
2019	£15.44	£14.75	-0.69	-4.69%
2018	£14.72	£14.27	-£0.45	-3.12%
2017	£14.27	£13.57	-£0.71	-5.20%
2016	£14.18	£13.66	-£0.52	-3.82%

Occupational Segregation Data

Occupational segregation is the concentration of staff based upon their protected characteristics in different job roles (horizontal segregation), or at different pay bands (vertical segregation). The data reflects the position of the organisation as at 30 September 2020. At this time, we employed 1817 staff, though the percentages reported do not include non-executive members.

NHS 24 Staff

Grade	Percentage of the total workforce
Band 2	2.99%
Band 3	41.87%
Band 4	2.27%
Band 5	20.24%
Band 6	17.64%
Band 7	9.02%
Band 8A	1.49%
Band 8B	2.32%
Band 8C	0.94%
Band 8D	0.28%
Consultant	0.39%
Executive/Senior Manager Grade C	0.06%
Executive/Senior Manager Grade D	0.17%
Executive/Senior Manager Grade E	0.28%
Executive/Senior Manager Grade G	0.06%

Disability	Full time	Part time
Not Disabled	35.17%	50.91%
Disabled	3.30%	6.44%
Prefer not to say	0.99%	1.16%
Data not held	1.21%	0.83%

Sex	Full time	Part time
Female	27.57%	50.03%
Male	13.10%	9.30%

Race	Full time	Part time
Any minority ethnic group	1.02%	2.34%
Any white group	40.56%	56.07%

Disability

This table shows the percentage of the total workforce employed, reported by disability across each pay grade.

Grade	Not Disabled	Disabled	Prefer not to say	Data not held
Band 2	2.65%	0.17%	0.06%	0.11%
Band 3	36.34%	3.21%	1.00%	1.33%
Band 4	2.10%	0.17%	0.00%	0.00%
Band 5	17.53%	2.16%	0.39%	0.17%
Band 6	14.82%	2.27%	0.44%	0.11%
Band 7	7.30%	1.44%	0.06%	0.22%
Band 8A	1.38%	0.06%	0.06%	0.00%
Band 8B	1.99%	0.28%	0.00%	0.06%
Band 8C	0.88%	0.00%	0.06%	0.00%
Band 8D	0.22%	0.06%	0.00%	0.00%
Consultant	0.33%	0.00%	0.00%	0.06%
Executive/Senior Manager Grade C	0.06%	0.00%	0.00%	0.00%
Executive/Senior Manager Grade D	0.17%	0.00%	0.00%	0.00%
Executive/Senior Manager Grade E	0.28%	0.00%	0.00%	0.00%
Executive/Senior Manager Grade G	0.06%	0.00%	0.00%	0.00%

This table shows the percentage split of the total number of disabled staff employed across each grade. For example, 32.77% of the total number of staff who identified as disabled are employed at pay band 3.

Grade	% of total number of disabled staff at each pay grade
Band 2	1.69%
Band 3	32.77%
Band 4	1.69%
Band 5	22.03%
Band 6	23.16%
Band 7	14.69%
Band 8A	0.56%
Band 8B	2.82%
Band 8C	0.00%
Band 8D	0.56%
Consultant	0.00%
Executive/Senior Manager Grade C	0.00%
Executive/Senior Manager Grade D	0.00%
Executive/Senior Manager Grade E	0.00%
Executive/Senior Manager Grade G	0.00%

Race

This table shows the percentage of the total workforce employed, reported by race across each pay grade.

Grade	White Scottish/ White - Other British/ White - Other	White - Irish	White - Polish	Minority Ethnic	Other Ethnic Group - Other	Prefer not to say	Data not held
Band 2	2.32%	0.00%	0.00%	0.39%	0.06%	0.22%	0.00%
Band 3	38.33%	0.11%	0.06%	1.05%	0.06%	2.16%	0.11%
Band 4	1.99%	0.00%	0.00%	0.06%	0.00%	0.22%	0.00%
Band 5	18.31%	0.28%	0.00%	0.44%	0.00%	1.22%	0.00%
Band 6	14.27%	0.28%	0.00%	0.61%	0.00%	2.43%	0.06%
Band 7	7.13%	0.11%	0.00%	0.39%	0.00%	1.38%	0.00%
Band 8A	1.16%	0.17%	0.00%	0.00%	0.00%	0.17%	0.00%
Band 8B	1.99%	0.00%	0.00%	0.00%	0.00%	0.33%	0.00%
Band 8C	0.83%	0.06%	0.00%	0.00%	0.00%	0.00%	0.06%
Band 8D	0.22%	0.00%	0.00%	0.00%	0.00%	0.06%	0.00%
Consultant	0.28%	0.06%	0.00%	0.06%	0.00%	0.00%	0.00%
Executive/Senior Manager Grade C	0.00%	0.00%	0.00%	0.00%	0.00%	0.06%	0.00%
Executive/Senior Manager Grade D	0.17%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Executive/Senior Manager Grade E	0.28%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Executive/Senior Manager Grade G	0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

NHS 24 OFFICIAL

This table shows the percentage split of each ethnic group across each grade. For example, 100% of our staff who identified their ethnicity as White – Polish are employed at pay band 3.

Grade	White Scottish/ White - Other British/ White - Other	White - Irish	White - Polish	Minority Ethnic	Other Ethnic Group - Other	Prefer not to say	Data not held
Band 2	2.66%	0.00%	0.00%	12.96%	50.00%	2.68%	0.00%
Band 3	43.89%	10.53%	100.00%	35.19%	50.00%	26.17%	50.00%
Band 4	2.28%	0.00%	0.00%	1.85%	0.00%	2.68%	0.00%
Band 5	20.96%	26.32%	0.00%	14.81%	0.00%	14.77%	0.00%
Band 6	16.34%	26.32%	0.00%	20.37%	0.00%	29.53%	25.00%
Band 7	8.17%	10.53%	0.00%	12.96%	0.00%	16.78%	0.00%
Band 8A	1.33%	15.79%	0.00%	0.00%	0.00%	2.01%	0.00%
Band 8B	2.28%	0.00%	0.00%	0.00%	0.00%	4.03%	0.00%
Band 8C	0.95%	5.26%	0.00%	0.00%	0.00%	0.00%	25.00%
Band 8D	0.25%	0.00%	0.00%	0.00%	0.00%	0.67%	0.00%
Consultant	0.32%	5.26%	0.00%	1.85%	0.00%	0.00%	0.00%
Executive/Senior Manager Grade C	0.00%	0.00%	0.00%	0.00%	0.00%	0.67%	0.00%
Executive/Senior Manager Grade D	0.19%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Executive/Senior Manager Grade E	0.32%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Executive/Senior Manager Grade G	0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

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Sex

This table shows the percentage of the total workforce employed, reported by sex across each pay grade.

Grade	Percentage of the total workforce - Female staff	Percentage of the total workforce - Male staff
Band 2	2.32%	0.66%
Band 3	32.69%	9.18%
Band 4	1.77%	0.50%
Band 5	15.38%	4.87%
Band 6	14.71%	2.93%
Band 7	7.19%	1.83%
Band 8A	0.83%	0.66%
Band 8B	1.60%	0.72%
Band 8C	0.61%	0.33%
Band 8D	0.11%	0.17%
Consultant	0.22%	0.17%
Executive/Senior Manager Grade C	0.00%	0.06%
Executive/Senior Manager Grade D	0.11%	0.06%
Executive/Senior Manager Grade E	0.22%	0.06%
Executive/Senior Manager Grade G	0.00%	0.06%

This table shows the percentage split of the total number of female and male staff employed across each grade. For example, 42.03% of the total number of female staff are employed at pay band 3, and 41.29% of the total number of male staff are employed at pay band 3.

Grade	Percentage of total female staff	Percentage of total male staff
Band 2	2.99%	2.99%
Band 3	42.03%	41.29%
Band 4	2.28%	2.24%
Band 5	19.77%	21.89%
Band 6	18.92%	13.18%
Band 7	9.25%	8.21%
Band 8A	1.07%	2.99%
Band 8B	2.06%	3.23%
Band 8C	0.78%	1.49%
Band 8D	0.14%	0.75%
Consultant	0.28%	0.75%
Executive/Senior Manager Grade C	0.00%	0.25%
Executive/Senior Manager Grade D	0.14%	0.25%
Executive/Senior Manager Grade E	0.28%	0.25%
Executive/Senior Manager Grade G	0.00%	0.25%

This table shows the percentage split of staff employed at each pay grade, as reported by sex.

Grade	Percentage split at each grade - Female staff	Percentage split at each grade - Male staff
Band 2	77.78%	22.22%
Band 3	78.07%	21.93%
Band 4	78.05%	21.95%
Band 5	75.96%	24.04%
Band 6	83.39%	16.61%
Band 7	79.75%	20.25%
Band 8A	55.56%	44.44%
Band 8B	69.05%	30.95%
Band 8C	64.71%	35.29%
Band 8D	40.00%	60.00%
Consultant	57.14%	42.86%
Executive/Senior Manager Grade C	0.00%	100.00%
Executive/Senior Manager Grade D	66.67%	33.33%
Executive/Senior Manager Grade E	80.00%	20.00%
Executive/Senior Manager Grade G	0.00%	100.00%

Occupational Segregation Analysis

Though the overall percentage of the workforce who identify as being disabled has decreased, NHS 24 continue to employ people who identify as disabled across the majority of pay bands. The highest concentration of disabled staff is within pay band 3, though, this is where most of our staff are employed with over 41% of the total workforce being employed at pay band 3. Notably, nobody at Executive/Senior Manager Grade pay grades identifies as disabled. Disabled staff are underrepresented at pay bands 8A and above.

35.19% of minority ethnic staff are employed within pay band 3. Minority ethnic staff appear to be unrepresented at pay bands 8A and above (with the exception of Consultant). With only a small percentage of staff having preferred not to share their data at pay bands 8A and above, this appears to be an area for future improvement.

Just over 77% of our staff identify as female and just over 22% of our staff identify as male, though our pay gap reported by sex is 3.50% in favour of male staff. This is due to male staff being overrepresented, proportionate to their overall number at pay bands 8A and above. For example, at pay band 8D, there is a 60%-40% split in favour of male staff. When looking at the concentration of male staff in comparison to female staff in pay band 8D, 0.75% of the total male workforce is employed at pay band 8D versus only 0.15% of the total female workforce. A similar imbalance is present in all pay bands from 8A and above (except for Executive/Senior Manager Grade E).

Contact NHS 24

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

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



Equality Mainstreaming Report 2023 - Workforce Data Update

April 2023

Draft Version 0.11

NHS 24 OFFICIAL

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

We have followed good practice guidance, intended to protect the identity of individual staff in groups totalling less than 10¹. In some cases, this has led us to anonymise totals.

¹ Equality and Human Rights Commission (Scotland) publication titled – Evidence and the public sector equality duty: a guide for public authorities (Scotland).

<https://www.equalityhumanrights.com/en/publication-download/evidence-and-public-sector-equality-duty-guide-public-authorities>

Contents

1. Introduction	4
2. Background to NHS 24 Workforce Data	7
3. Workforce Data: Protected Characteristics	12
4. Equal Pay	60
Contact NHS 24	62

1. Introduction

1.1 Context

Mainstreaming is how we are integrating equality into the day to day working of our Board. This means taking it into account how we exercise our functions in terms of our patient experience, our staff experience, how we collaborate and engage with others, and how our staff, leaders, and our non-executive directors support mainstreaming. In other words, it is a component of all that we do.

Public Authorities like NHS 24 are required to publish a mainstreaming report every two years. This report, published in April 2023, highlights the changes to the composition of our workforce since our last update report published in April 2021.

Our aim is to embed equality in the structure, behaviour and culture of our service and that it is clear how we are promoting equality through all that we do. We recognise how this will contribute to our continuous improvement and better performance. Diversity enriches our ability to share different perspectives and value difference, thus informing and enhancing our ability to deliver person-centred care.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended) require NHS 24 to gather, publish and use our employee information. This report includes workforce data reported by the relevant protected characteristics and pay gap information

1.2. Legislative framework

All Health Boards across Scotland, including NHS 24 are required to comply with the three aims of the Public Sector Equality Duty under the Equality Act 2010, and meet the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 and Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2016.

The Equality Act 2010 cites 9 'Protected Characteristics'. These are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Section 149 of the Equality Act 2010 imposes a duty on 'public authorities' and other bodies when exercising public functions (activities which form part of our purpose) to have due regard to the three needs of the Public Sector Equality Duty (the general duty) - that is to:

- Eliminate discrimination, harassment and victimisation, and any other conduct that is prohibited under the act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not
- Foster good relations between people who share a protected characteristic and those who do not.

1.3 Specific duties

In line with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 NHS 24 must report on the progress it has made towards integrating the public sector equality duty. The purpose of this report is to share:

- How we are mainstreaming our equality activity to meet the general duty
- How we are using the specific duties to support our progress towards meeting the general duty
- Provide a breakdown of the employee information we have gathered with details of how we are using this information to better perform the general duty.

1.4 Fairer Scotland Duty

In April 2018, the public sector duty regarding socio-economic inequalities was implemented in Scotland as the 'Fairer Scotland Duty'. A key requirement of this duty is for public authorities to actively consider, how they can reduce inequalities of outcome caused by socio-economic disadvantage in any strategic decision-making; and publish a written assessment showing how they have done this. A Fairer Scotland Duty impact assessment was undertaken when determining the locations of NHS 24's new offices. Due regard was given to factors that can influence employment opportunities for different groups of people, particularly those more likely to experience socio-economic disadvantage. Factors such as accessibility, transport, and the demographic composition of local areas were considered.

1.5 Status Update

This report is produced every two years, to help NHS 24 meet the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended). We have summarised some of the key findings from this report below:

- NHS 24 employed a total of 2336 staff during the period 1 October 2020 to 30 September 2021. This decreased slightly to a total of 2329 staff during the period 1 October 2021 to 30 September 2022.
- On 30 September 2021 NHS 24 employed 1887 staff. This decreased slightly to 1817 staff on 30 September 2022.
- Just over 77% of our staff identify as female in comparison to just over 79% in 2019/20.
- There has been a slight increase in the percentage of male staff (just over 22% of the workforce) since the last reporting period.
- Across both years, just over 55% of our staff were aged 25 to 49, with the majority aged 35 to 49 (35.40%).
- There has been a gradual, but significant, decrease in the percentage of staff who identify themselves as disabled. In 2018, 14.38% of staff identified as being disabled, however this decreased to 9.40% in 2022.
- In 2022, our annual pay gap comparison by sex was 3.50% in favour of men, this is a 0.95% increase from 2020.
- Over 94% of the workforce identifies as either British or Scottish. Less than 3% of the workforce identifies as a different nationality, and we do not hold nationality data for just over 2.8% of the workforce.
- Overall, the success rate for applicants in non-white, minority ethnic categories, continues to be disproportionately low. In 2021/22, the combined average success rate for all white categories was 13.84%. In the same year, the combined average success rate for all non-white, minority ethnic categories, was 6.40%.
- Scotland's 2011 census reported that Scotland's population was 96.0% white. 4% of health and social care staff who completed the national iMatter survey described their ethnicity as other than white. (6% chose not to answer the question). Improving the diversity of our workforce continues to be an area for improvement as per our equality outcome, however, the census data and comparator data from the iMatter survey shows that NHS 24 is not too far behind in terms of numerical proportionate representation.

2. Background to NHS 24 Workforce Data

2.1 Introduction

This report includes NHS 24 workforce data reported by the relevant protected characteristics and pay gap information, with the data relating to the period 1 October 2020 to 30 September 2022. This time period has been used by NHS 24 to allow time to collate, review, present and analyse the data for publication in April 2023. Throughout the report, reference to NHS 24 is made using the first person point of view.

NHS 24 has gathered the equality information in line with the Data Protection Act 1998 and in line with the General Data Protection Regulations 2018. The workforce diversity data within this report will be used by NHS 24 to:

- examine how policies and processes are working, and help to identify areas where improvements could be made
- provide an evidence base, which will inform the equality and diversity impact assessment process
- inform the development of equality outcomes, which are included within the Equality Mainstreaming Report
- provide indicators as to where positive action may be required, to address underrepresented protected characteristic groups within the workforce
- establish the need for new actions in the equality mainstreaming action plan
- measure performance and progress towards equality and diversity goals

Due to the sensitive nature of the equality information, we have either used a star symbol (*) or not included some data within the graphs/tables to help protect the identity of individual members of staff within demographic groups totalling less than 10. Where data has not been included in a graph/table, this has been noted, along with the relevant protected characteristic information excluded. In these instances, percentages within the data tables may total slightly less than 100%. Percentages have been rounded up to two decimal points.

The Equality Act 2010 Public Sector Duty (PSED) requires public bodies to report on the diversity of their workforce however it is not compulsory for staff to answer or provide the requested information. We have reported the number of staff who have declined to disclose their equality monitoring information. The data has been gathered from analysing information from NHS HR systems and the financial payroll system.

This report includes data relating to permanent and fixed-term staff only. It does not include staff recruited to seconded posts, temporary agency staff, self-employed contractors or sessional staff providing specialist clinical or technical expertise. In line with NHSScotland, NHS 24 operates a no compulsory redundancy scheme. We have provided an analysis of what the data reported indicates and where relevant, we have identified steps that will be taken to help eliminate discrimination, advance equality of opportunity and foster good relations. Any actions arising from

the report will be collated and used to inform our Equality Mainstreaming Action Plan.

2.2 Comparators

The report includes data collated across two years and highlights changes to our workforce over that period. Comparisons to workforce data previously reported are also referenced within this report.

In 2021, staff working within the 22 Health Boards and 28 Health and Social Care Partnerships (HSCP's) in Scotland took part in an [iMatter questionnaire](#) to better understand their wellbeing, and the steps that are required to maintain a healthy working environment. The survey received a 56% response rate.

The results from this survey have been used as an external data comparator (referred to as the iMatter Survey) where there is a direct read across from our workforce data sets. This analysis is noted in each relevant section of the report.

Scotland's 2022 census data is expected to be published in 2023. Any references to the census included within this report relate to Scotland's 2011 census, though it is acknowledged that this data may no longer truly reflect the diversity of the Scottish population today.

2.3 Recruitment – Advancing Equality

All NHS 24 job adverts state the following: NHS 24 is an equal opportunities employer committed to advancing equality and particularly welcomes applications from groups of people currently underrepresented within the workforce. We are a committed participant in the Disability Confident Leader Scheme and guarantee to interview all disabled applicants who meet the minimum essential criteria for our vacancies.

2.4 Board Diversity

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

The Equality and Human Rights Commission published guidance in October 2016 setting out that relevant listed authorities must publish:

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

The Scottish Governments Public Appointments Team administer the regulated public appointments process on behalf of Scottish Ministers and the driver is the skills that the individual Board requires at a given time and ensuring that the regulated public appointments operates within the Ethical Standards Commissioner Code of Practice for Ministerial Appointments to Public Bodies and that appointments are made on merit.

The Scottish Governments Public Appointments Team advised that:

- In 2021, it exceeded the application targets for women, for people from a black and ethnic minority background, and for people whose sexual orientation is not heterosexual.
- For people whose sexual orientation is not heterosexual the target for applications was exceeded for the first time in 2021.
- For disabled people, the rate of appointment was higher than the rate of application in 2021
- For people who are from a black or ethnic minority background, the number of applications has continued to increase to its highest level in 2021. However, since 2017 the appointment rate continues to remain lower than the rate of application.

In 2022, a new eLearning module and suite of accompanying resources on Turas for board members, which aims to promote understanding of key issues relating to equality, and the ways in which those in senior leadership roles can help advance equality and eliminate discrimination was launched.

The e-learning module 'Equality and the role of Board members in meeting the Public Sector Duty' has been developed in collaboration by a project team from NHS Education for Scotland and the Equality and Human Rights Commission, with support and input from non-executives from across NHSScotland.

The resource aims to support senior leaders, both executive and non-executive board members to learn about key issues relating to equality, and why equality is central to everything they do. Upon completion of the module, learners will be able to identify what equality is and what their legal obligations are, recognise why equality is important in the NHS, and identify ways that they can contribute to improvements in equality in their own roles.

The Board Development TURAS Learn site is open to all and may be relevant to the wider health and care leadership and workforce. Anyone can access the equality eLearning module by typing TURAS Learn into any search engine; register and type Board Development in the search bar. The module is in the Essentials for Good Governance tab.

NHS 24 Board Gender balance

30 September 2021	42.85% female and 57.15% male
30 September 2022	42.85% female and 57.15% male

For more information on Board Member appointments, you can visit:

<http://www.appointed-for-scotland.org/About-public-bodies/Diversity/>

2.5 Reported Data

Data is collated during the application process, recorded, and this informs our recruitment data. Data is then requested again upon appointment. This is recorded on the HR system called e:ESS, and informs our staff in post workforce data. There can be inconsistencies between the data captured at these two points. Applicants who choose to disclose data during recruitment, may decide not to share this again upon appointment or vice versa. Information in relation to performance reviews and appraisals is taken from Turas, the NHSScotland performance management system.

Recruitment

During the year 2020 to 2021 there were 6439 applications for employment, this fell to 4493 in the year 2021 to 2022. Over both years, over 75% of applicants were shortlisted. Applicants who disclosed that they were disabled and met the minimum criteria were always provided an interview as part of our Disability Confident guarantee.

The recruitment charts show the percentage of applications received broken down across each protected characteristic group during the periods 2020/21 and 2021/22.

Where it is reported that applications were not progressed, this refers to any application that that was not progressed to the shortlisting stage. In 2020/21, 71.79% of the applications not progressed were due to the candidate withdrawing. In 2021/22, 78.97% of the applications not progressed were due to the candidate withdrawing. The other reason for applications not being progressed was due to the candidate not being eligible to apply. NHS 24 regularly receives applications from international candidates who at the time of application are either not qualified or have no right to work in the UK. NHS 24 also regularly receives applications from international candidates who are seeking an NHSScotland sponsor. The percentages shown for applications not progressed are based on the number of applicants for each category within a protected characteristic group. For example, in 2021/22, we did not hold any age-related data for 0.20% of applicants and 100% of these applications were not progressed, likely due to the applicant withdrawing.

During the year 2020 to 2021 there were 4931 applicants shortlisted for an interview, this fell to 3496 in the year 2021 to 2022. The percentages of applicants noted as being shortlisted in the tables are based on these figures.

During the year 2020 to 2021 there were 923 applicants who were successfully appointed, this fell to 512 in the year 2021 to 2022. The percentages of applicants noted as being appointed in the tables are based on these figures.

Staff in post

NHS 24 employed a total of 2336 staff during the period 1 October 2020 to 30 September 2021. This decreased slightly to a total of 2329 staff during the period 1

October 2021 to 30 September 2022. These figures do not include staff employed through agencies, staff seconded to NHS 24 or non-executive Board members/Chairperson. The staff in post data reported is based on these two figures.

Learning and Development

The Learning and Development data reported shows the percentage of the total number of staff employed during 2020/21 (2336) and 2021/22 (2329) who undertook any learning or development activity. The amount of classroom based and external training over the two-year period reported is very low for all staff groups and likely impacted by restrictions put in place to control the spread of COVID-19.

The figures reported for appraisals only relate to the discussion element for those who have received an appraisal.

Appraisals

The appraisals data is reported as the specific number of people who had appraisals broken down by each protected characteristic group.

Leavers

During the period 1 October 2020 to 30 September 2021, there were 449 leavers. This increased to 521 during the period 1 October 2021 to 30 September 2022.

Employee Relations

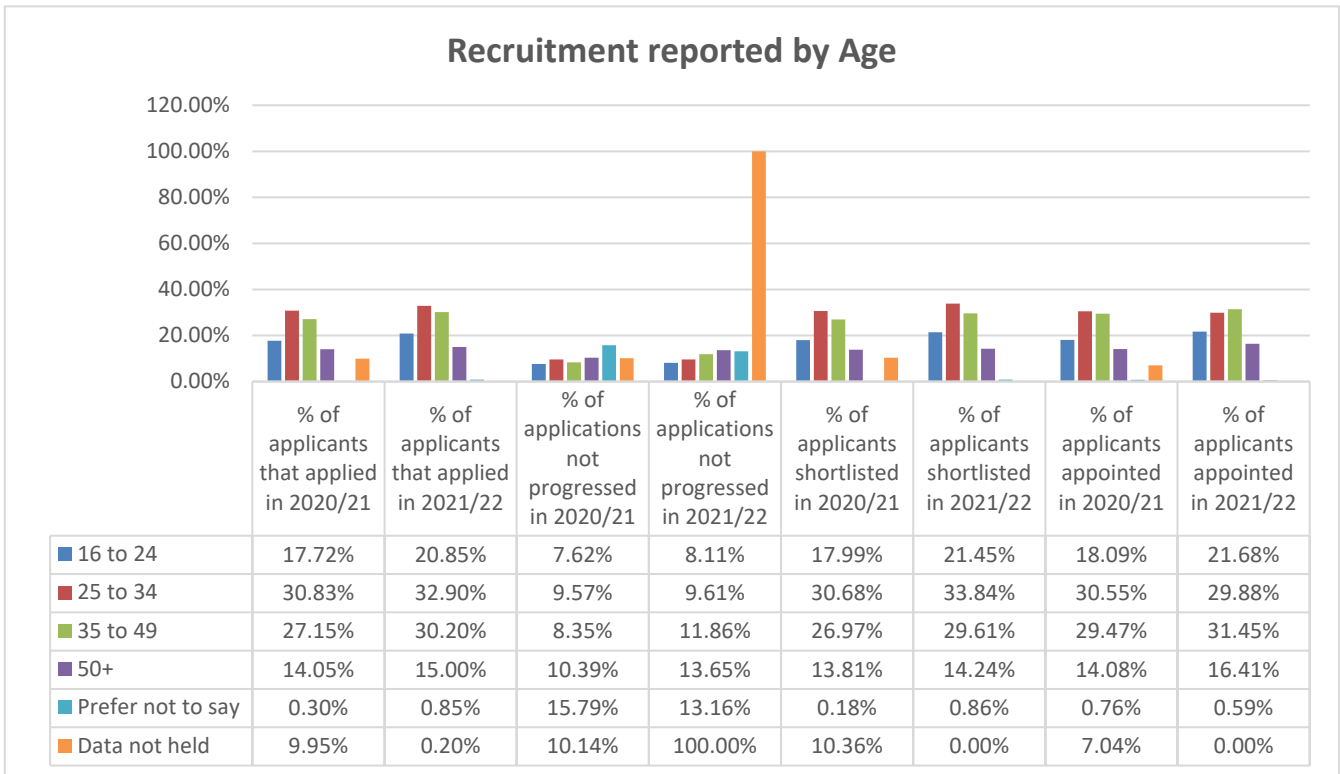
Due to the low number of Disciplinary, Grievance, Capability and Dignity at Work cases in each year reported, most of this information has been reported as a totalling less than 10 (<10).

3. Workforce Data: Protected Characteristics

This section of the report illustrates the composition of NHS 24’s workforce broken down by the protected characteristics and nationality.

3.1 Age

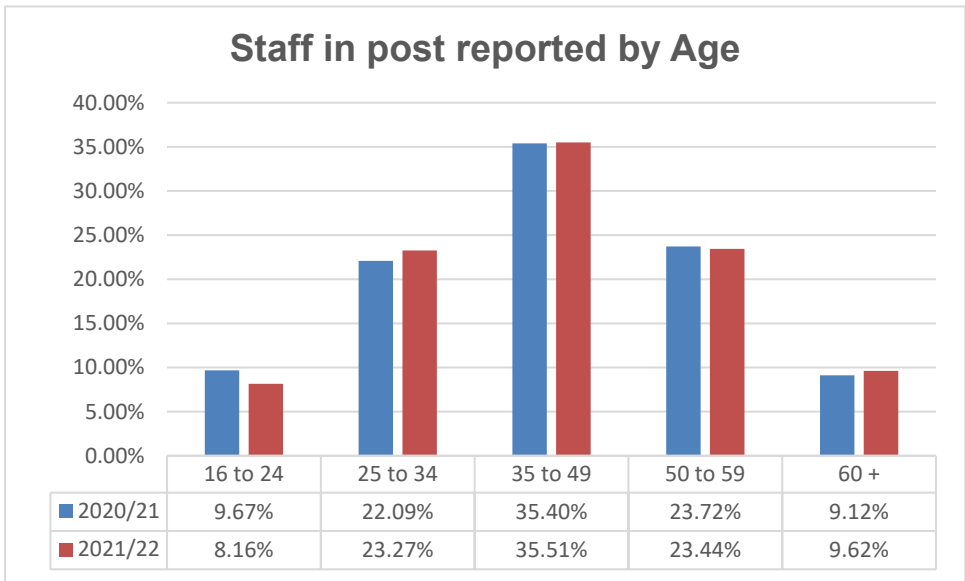
3.1.1 Recruitment



Analysis of the recruitment data

The data suggests that people aged 25 to 34 and 35 to 49 are most likely to apply. The success rate of applicants across each age group broadly reflects the application rate.

3.1.2 Staff in post

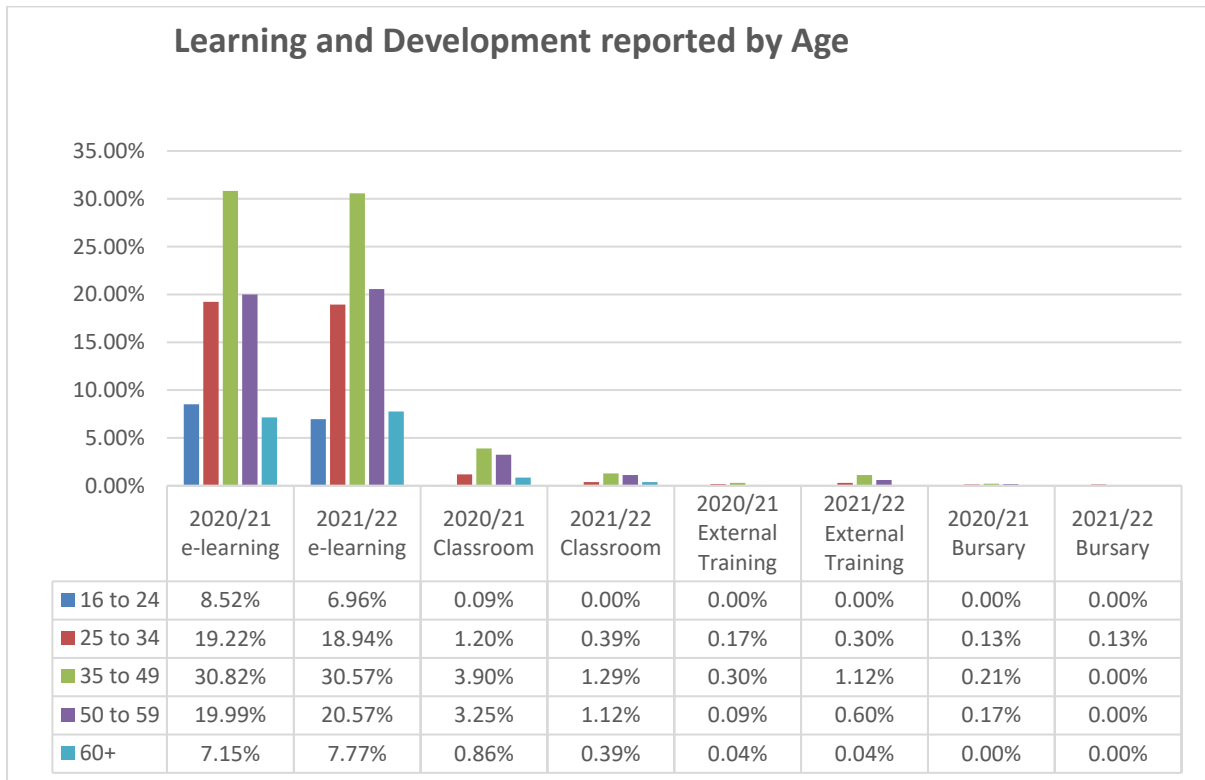


Analysis of staff in post

Across both years, just over 55% of our staff were aged 25 to 49, with the majority aged 35 to 49 (35.40%). When comparing our figures to census data, we are overrepresented in age categories 25 to 59 and underrepresented in age categories 16 to 24 and 60+. This is likely due to people retiring and the requirement for candidates to demonstrate a certain level of experience and competency, which is more likely to be achieved by people over 25.

The Health and Social Care Staff Experience Report on the iMatter survey notes that 11% of staff (11,414 people) chose not to provide their age. Of those that did, the majority of staff are aged between 35 and 64 years. As at September 2021, 27% (headcount) of NHSScotland workforce are under 34 years, 49% are aged 35 to 54 years and 24% of all staff are over 55 years. The age profile of our workforce broadly reflects that of other health and social care organisations in Scotland.

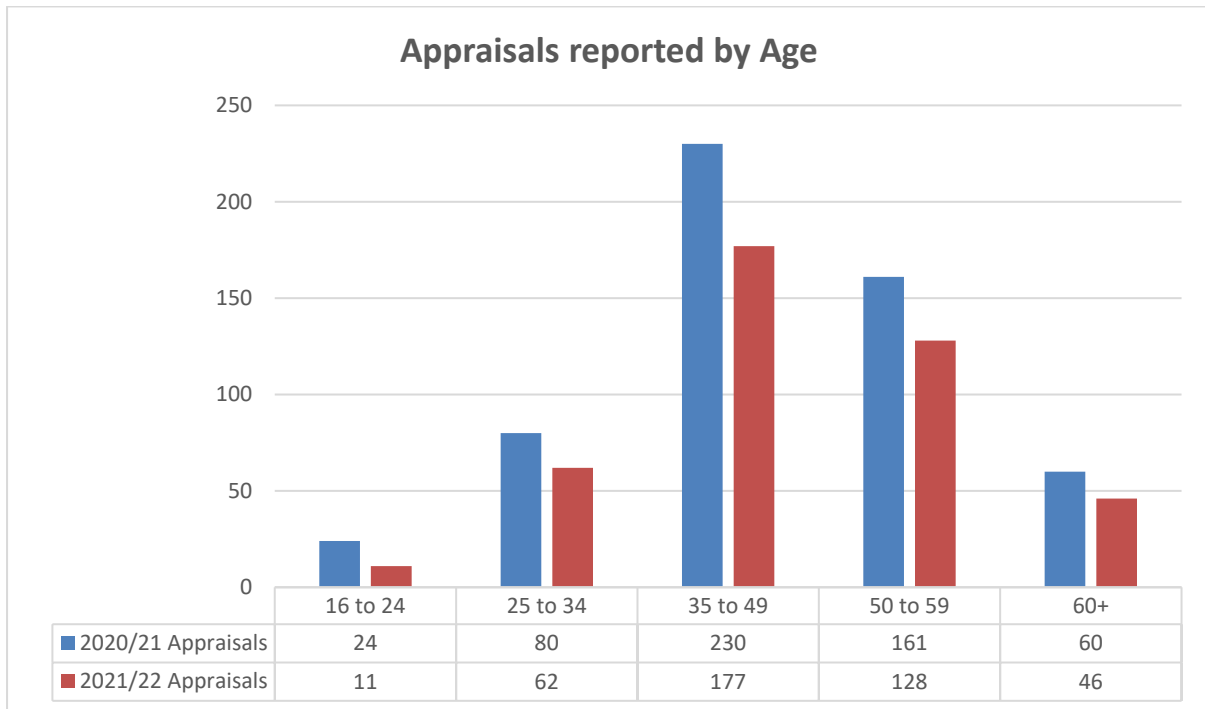
3.1.3 Learning and Development



3.1.4 Analysis

The data highlights that staff aged 35 to 49 are more likely to have accessed at least one or more training opportunities than staff in any other age group. Staff aged 60+ are the least likely group to access training, followed by staff aged 16 to 24. Training opportunities are available to all staff, regardless of their age and we will ensure that positive messages are sent to staff to encourage the uptake of training irrespective of age.

3.1.5 Performance Reviews/Appraisals



Analysis

The number of appraisals undertaken over the 2-year period across each age group broadly matches the composition of the workforce.

3.1.6 Disciplinary Procedure – by age

Age group	2020/21 Disciplinary	2021/22 Disciplinary
16 to 24	<10	<10
25 to 34	<10	<10
35 to 49	<10	<10
50 to 59	<10	<10
60+	<10	<10
Total	14	21

3.1.7 Grievance Procedure – by age

Age group	2020/21 Grievance	2021/22 Grievance
16 to 24	<10	<10
25 to 34	<10	<10
35 to 49	<10	<10
50 to 59	<10	<10
60+	<10	<10
Total	18	10

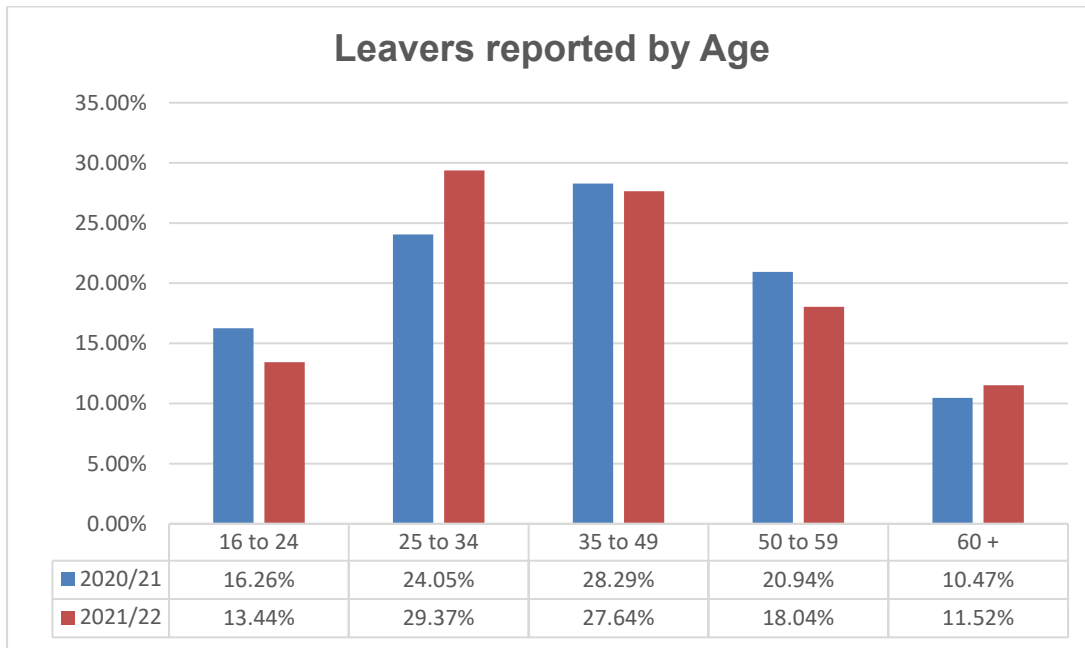
3.1.8 Dignity at Work Procedure – by age

Age group	2020/21 Dignity at Work	2021/22 Dignity at Work
16 to 24	<10	<10
25 to 34	<10	<10
35 to 49	<10	<10
50 to 59	<10	<10
60+	<10	<10
Total	4	2

3.1.9 Capability Procedure – by age

Age group	2020/21 Capability	2021/22 Capability
16 to 24	<10	<10
25 to 34	<10	<10
35 to 49	<10	<10
50 to 59	<10	<10
60+	<10	<10
Total	6	6

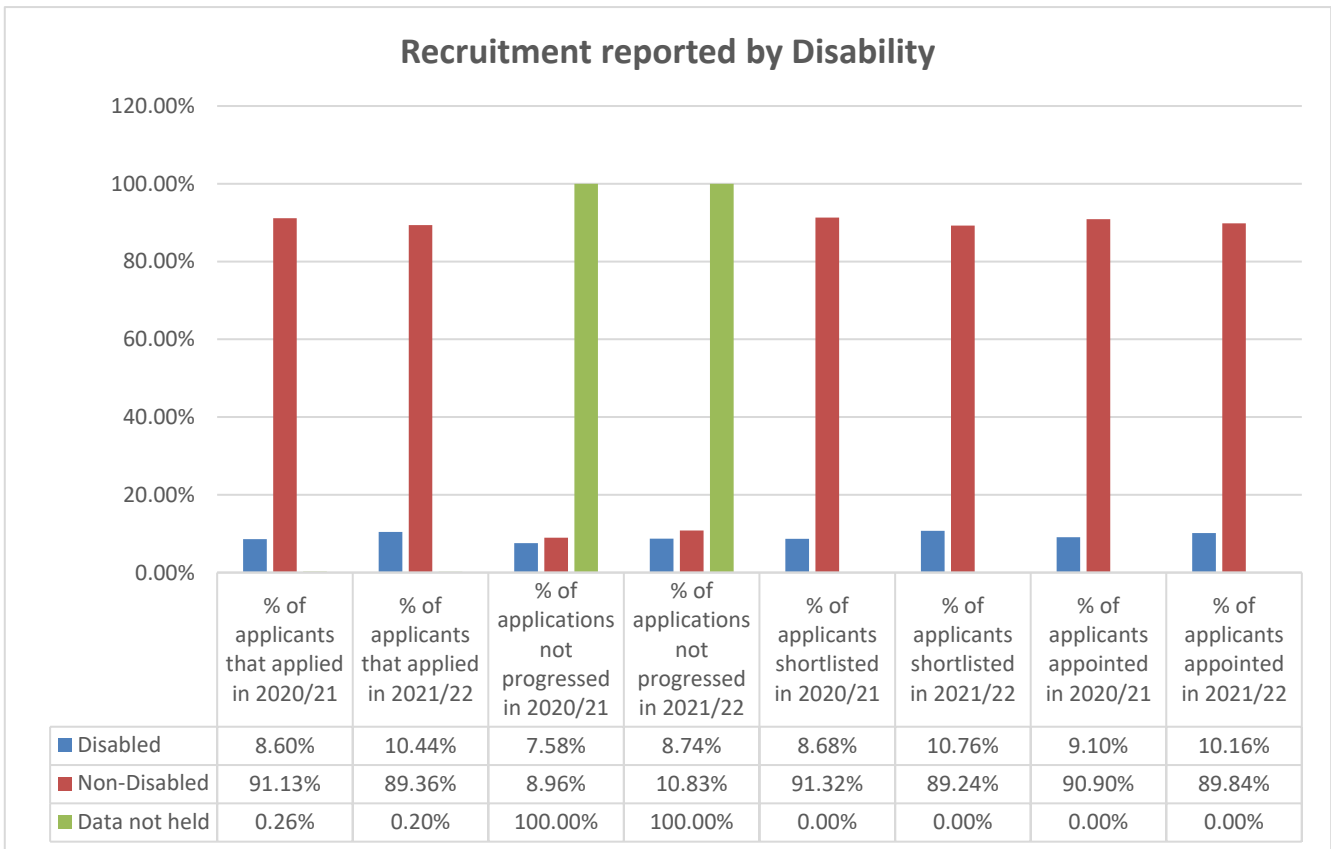
3.1.10 Leavers



The data highlights that over 50% of leavers are aged 25 to 49. We are keen to better understand people’s reasons for leaving and will consider appropriate action if any issues are identified.

3.2 Disability

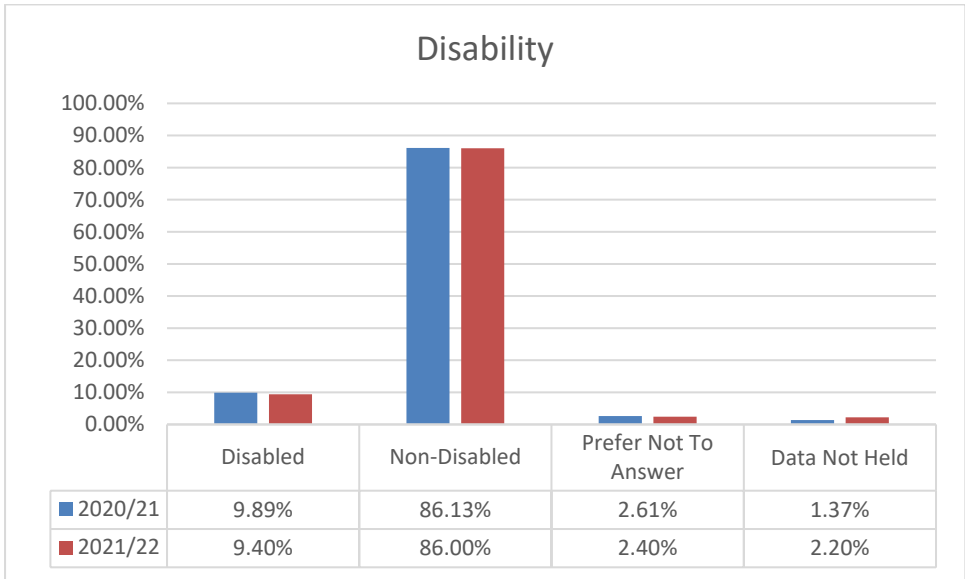
3.2.1 Recruitment



Analysis of the recruitment data

The data suggests that non-disabled people are significantly more likely to apply than disabled people. The success rate of applicants between those who are and are not disabled broadly reflects the application rate. When looking at the 2011 census data, 19.6% of people said their day-to-day activities were limited by a long-term health problem or disability. NHS 24 is a Disability Confident Employer and is already taking steps to attract and retain disabled staff.

3.2.2 Staff in post



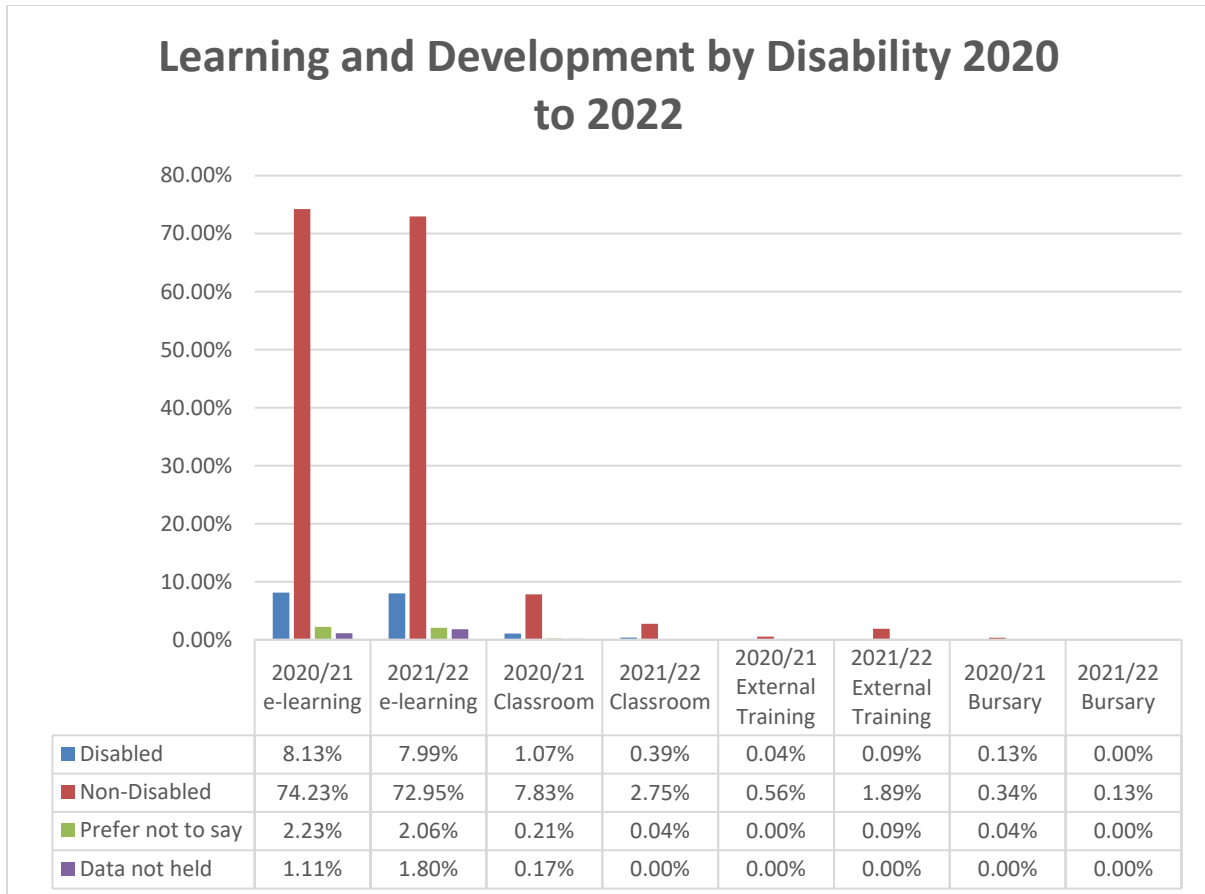
Analysis of staff in post

There has been a gradual, but noticeable, decrease in the percentage of staff who identify themselves as disabled. In 2019/20, 12.27% of the workforce identified as disabled, this has since decreased to 9.40% in 2021/22. However, in comparison to other health Boards, NHS 24 continues to employ a greater percentage of disabled staff.

NHS 24 has introduced a new Reasonable and Workplace Adjustment Policy, and it is hoped that this will positively impact the percentage of disabled people who disclose their status.

The Health and Social Care Staff Experience Report on the iMatter survey notes that as at March 2021, 1.1% of staff working in NHS Scotland identified as being disabled. In the 2011 census, one in five of Scotland’s population reported a long-term condition and about 7% of the population declared a physical disability.

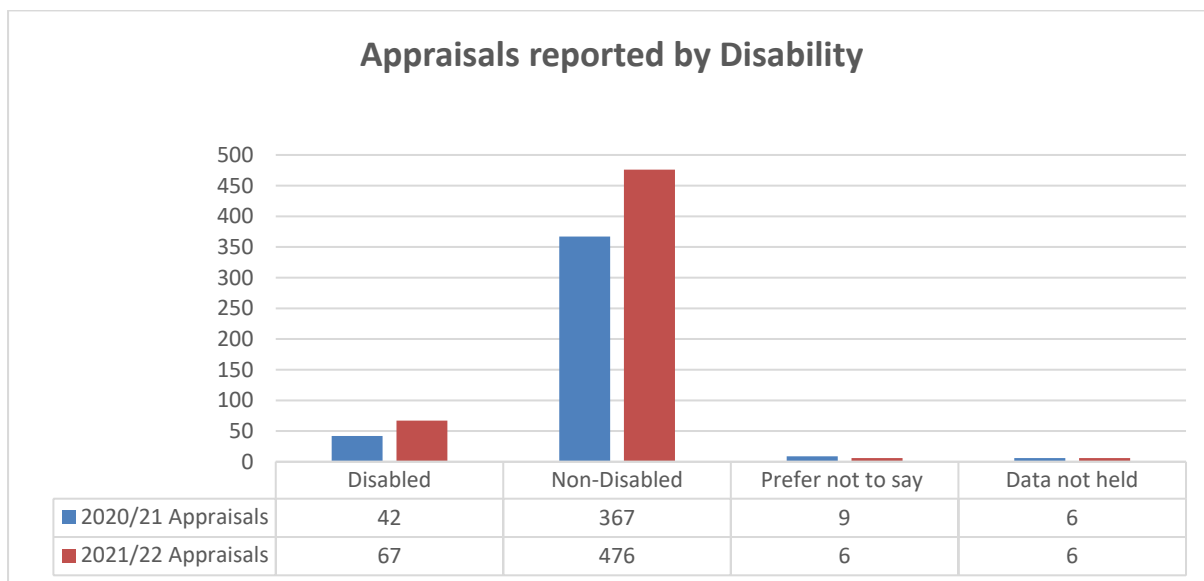
3.2.3 Learning and Development



Analysis

The data shows that the number of disabled staff taking up training opportunities in comparison to non-disabled staff, is largely commensurate with their overall percentage within the workforce.

3.2.4 Performance Reviews/Appraisals



Analysis

The percentage split of performance reviews between non-disabled and disabled staff is largely reflective of the overall staff composition.

3.2.5 Disciplinary procedure reported by Disability

	2020/21 Disciplinary	2021/22 Disciplinary
Disabled	<10	<10
Non-Disabled	10	15
Prefer not to say	<10	<10
Data not held	<10	<10
Total	14	21

3.2.6 Grievance Procedures raised reported by Disability

	2020/21 Grievance	2021/22 Grievance
Disabled	<10	<10
Non-Disabled	16	<10
Prefer not to say	<10	<10
Data not held	<10	<10
Total	18	10

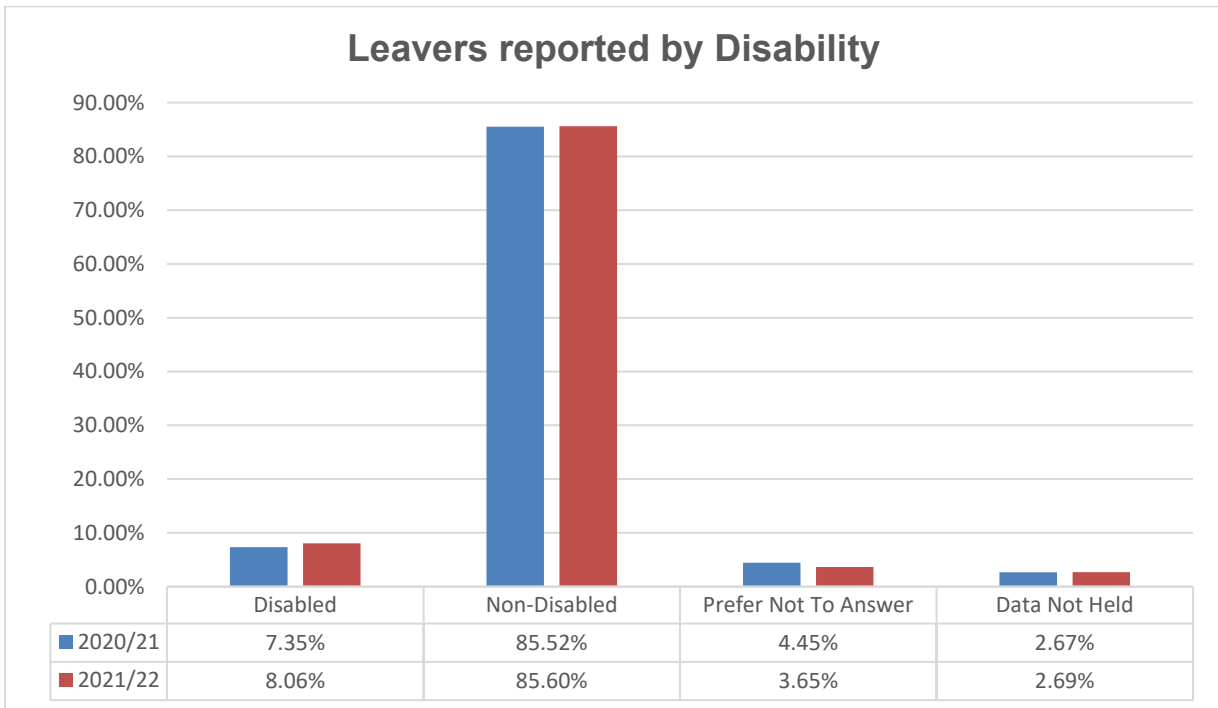
3.2.7 Dignity at Work reported by Disability

	2020/21 Dignity at Work	2021/22 Dignity at Work
Disabled	<10	<10
Non-Disabled	<10	<10
Prefer not to say	<10	<10
Data not held	<10	<10
Total	4	2

3.2.8 Capability procedure reported by Disability

	2020/21 Capability	2021/22 Capability
Disabled	<10	<10
Non-Disabled	<10	<10
Prefer not to say	<10	<10
Data not held	<10	<10
Total	6	6

3.2.9 Leavers reported by Disability



Analysis

In previous reporting years, the disability status of over 50% of leavers was unknown. The disclosure rate for this two-year period has greatly improved with less than 10% of leavers not sharing any data around this protected characteristic group. The leavers

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percentage rate in both years for disabled and non-disabled staff is broadly commensurate with the composition of the workforce.

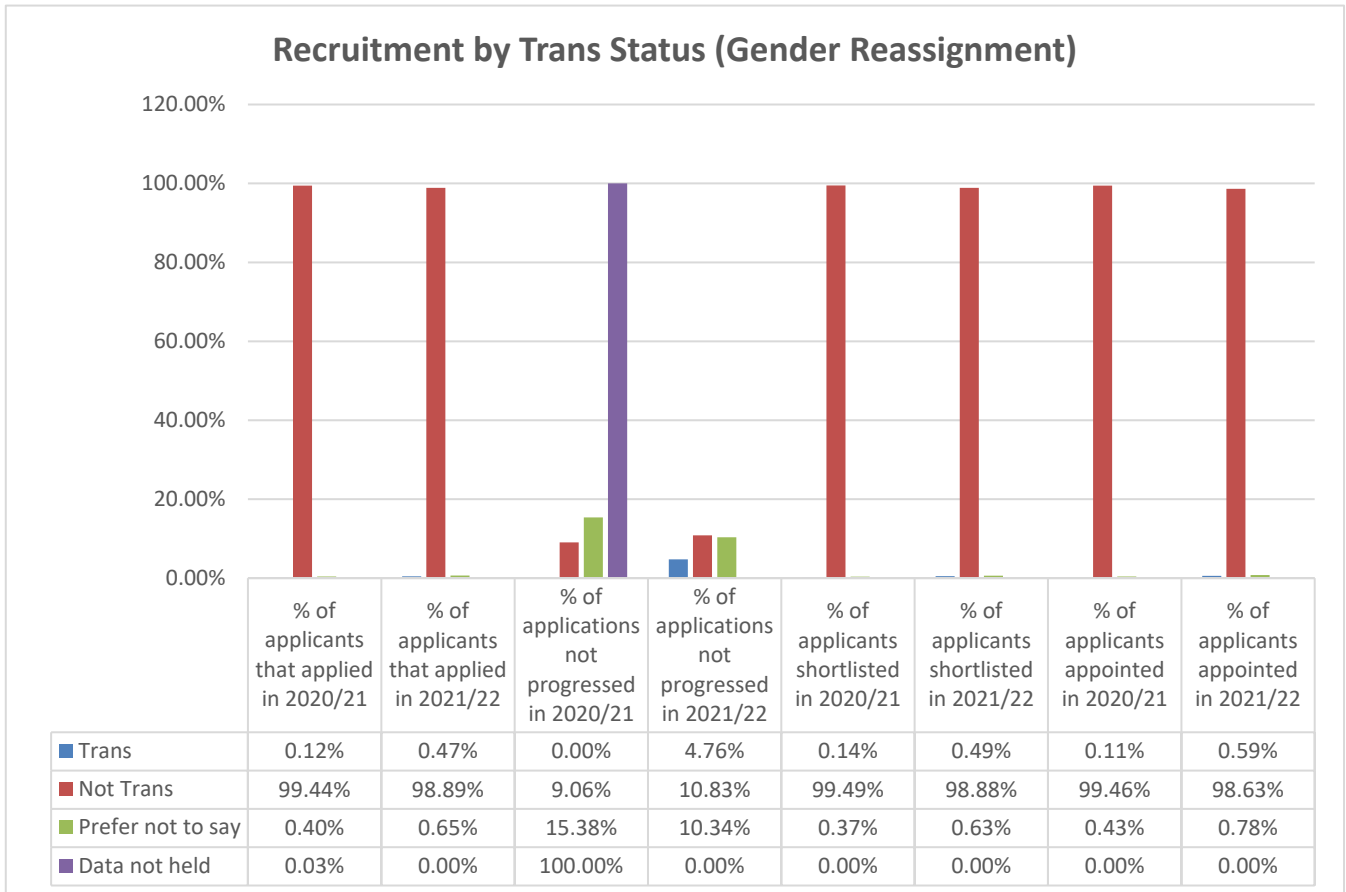
3.3 Trans Status (Gender Reassignment)

3.3.1 Recruitment

The application form used by NHS 24 is the same application form used by all NHSScotland’s Health Boards.

The question asked at application is as follows: Have you undergone, are you undergoing, or do you intend to undergo gender reassignment? Though the question is asked in this way, we have chosen to refer to this protected characteristic group using the term Trans status, following guidance from leading organisations that support Trans equality.

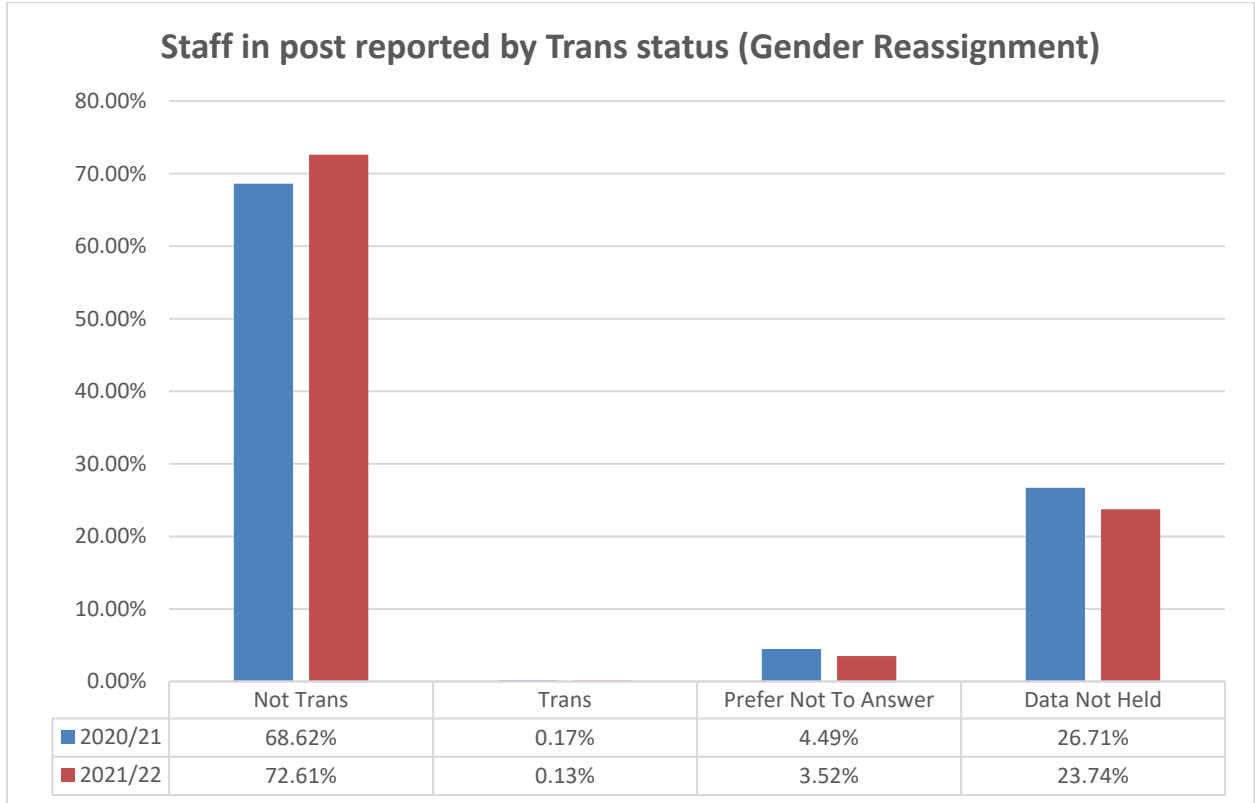
We understand that not everyone who has undergone, is undergoing, or intends to undergo gender reassignment will agree with the use of this term but we are using what we consider to be the most appropriate and respectful terminology at this time.



Analysis of recruitment

Though the percentage of trans applicants for each year was very low, the success rate broadly reflected the application rate. No census data currently exists to offer a comparison.

3.3.2 Staff in post

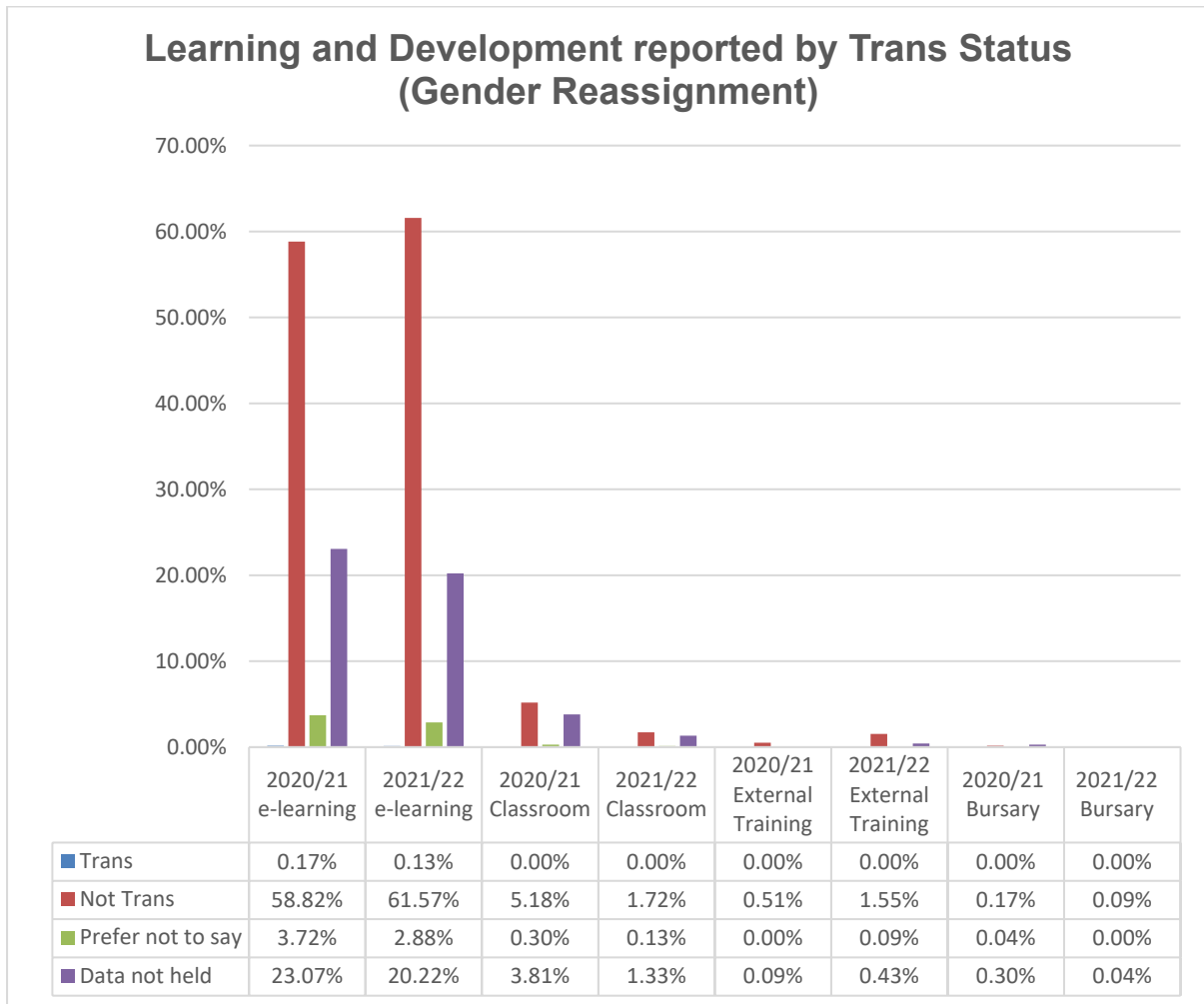


Analysis of staff in post

The data highlights that only a small percentage of staff identify as trans. No census data is currently available to provide a comparison however positive action to promote employment opportunities to trans people will continue to be considered.

Less than 1% of respondents to the iMatter survey identified as trans, 93% said they are not and 7% chose not to answer the question.

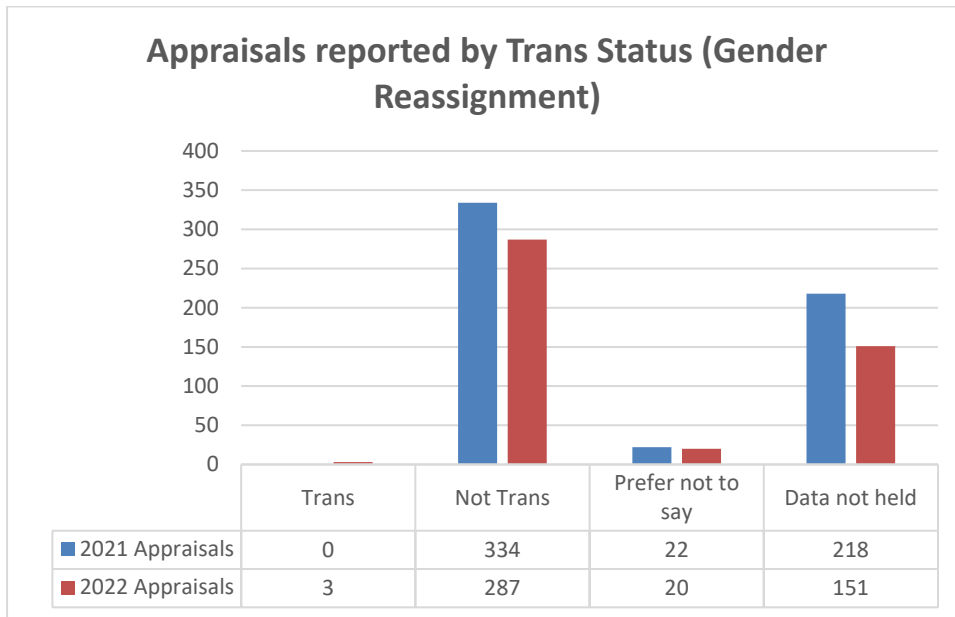
3.3.3 Learning and Development



3.3.4 Analysis

The data highlights that a very small number of staff who identify as trans access training opportunities. However, given the very low number of staff employed, this is not an unexpected figure.

3.3.5 Performance Reviews/Appraisals



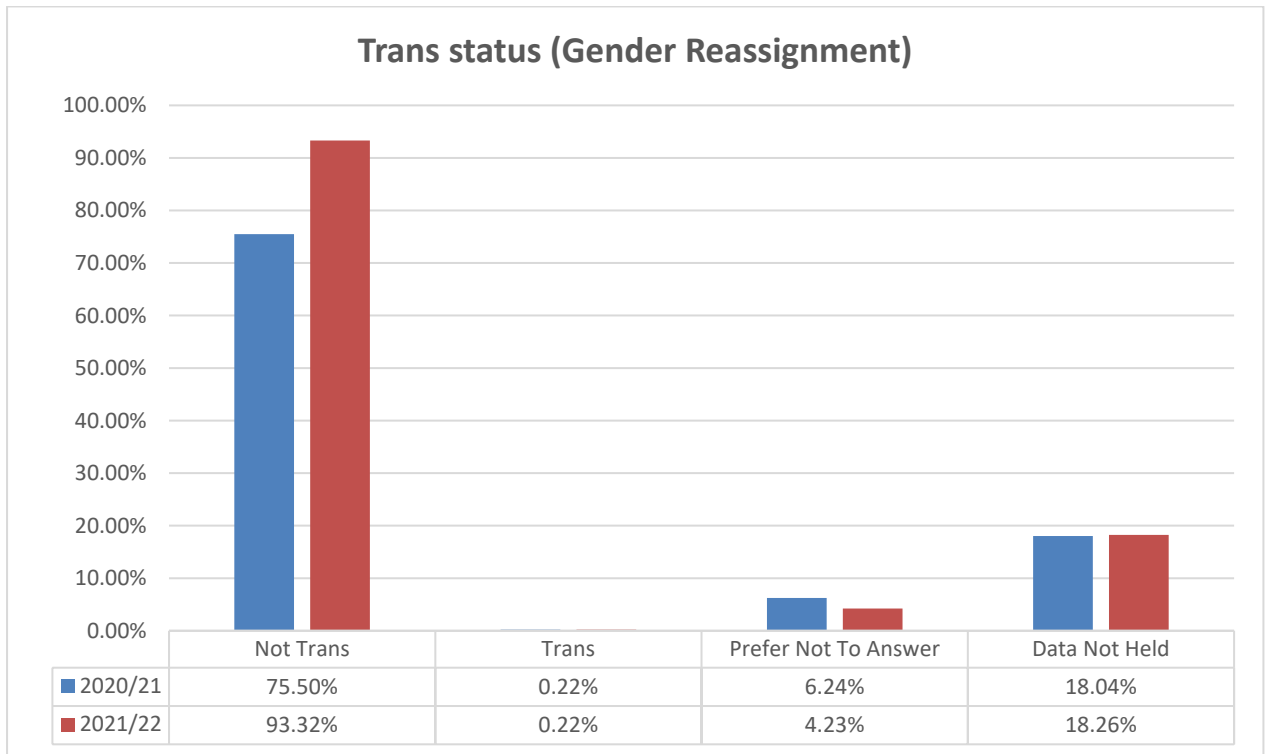
Analysis

Similar to training, the number of staff who identify as trans who have had a performance review is very low, though this is again reflective of the number of trans staff we currently employ.

3.3.6 Employee Relations

No staff who were the subject of a disciplinary, grievance, capability or dignity at work procedure identified as trans during the reporting periods 2020/21 or 2021/22.

3.3.7 Leavers



Analysis

The number of trans staff who have left is very low, but this is in line with the overall number of trans staff currently employed.

3.4 Pregnancy and Maternity

3.4.1 Maternity Leave

In 2020/21:

- 36 staff started their maternity leave
- 30 staff finished their maternity leave
- 2 staff members left by the end of their maternity leave
- 9 staff returned on reduced working hours

In 2021/22:

- 41 staff started their maternity leave
- 45 staff finished their maternity leave
- 11 staff left by the end of their maternity leave
- 9 staff returned on reduced working hours

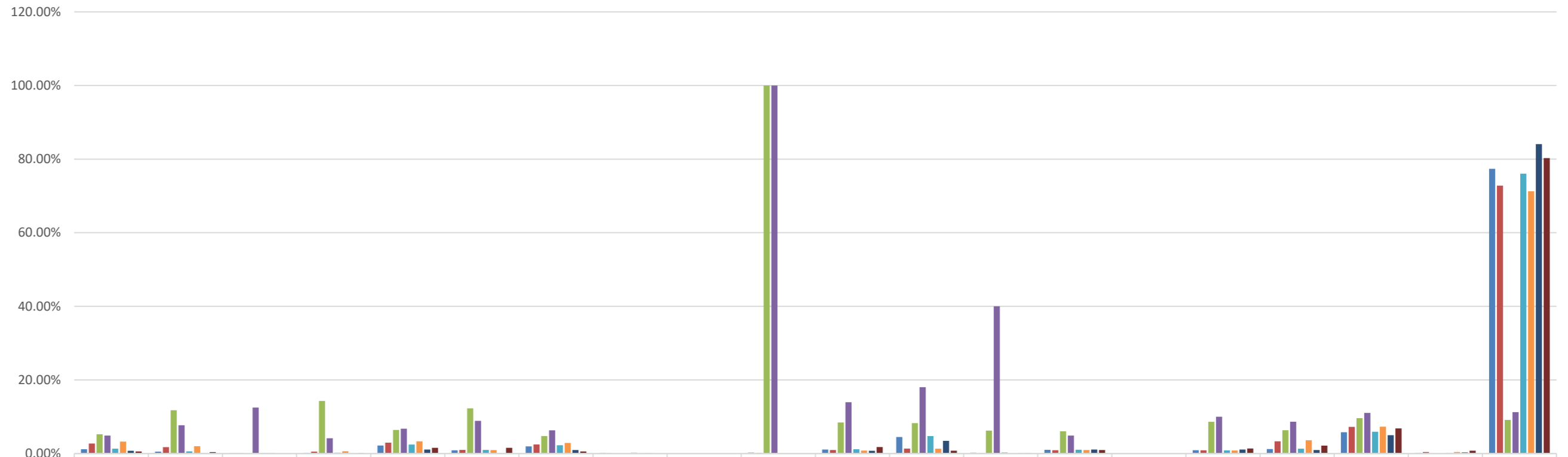
3.4.2 Employee Relations

No pregnant members of staff, or those on maternity leave, were noted as being the subject of disciplinary, grievance, capability or dignity at work procedures during the reporting periods 2020/21 and 2021/22.

3.5 Race

3.5.1 Recruitment

Recruitment reported by Race



	African - African, African Scottish or African British	African - Other	Asian - Bangladeshi, Scottish or Bangladeshi British	Asian - Chinese, Chinese Scottish or Chinese British	Asian - Indian, Indian Scottish or Indian British	Asian - Other	Asian - Pakistani, Pakistani Scottish or Pakistani British	Caribbean or Black - Other	Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	Data not held	Mixed or Multiple Ethnic Group	Other Ethnic Group - Arab, Arab Scottish or Arab British	Other Ethnic Group - Other	Prefer not to say	White - Gypsy Traveller	White - Irish	White - Other	White - Other British	White - Polish	White - Scottish
■ % of applicants that applied in 2020/21	1.18%	0.53%	0.14%	0.22%	2.17%	0.89%	1.96%	0.20%	0.02%	0.26%	1.10%	4.50%	0.25%	1.03%	0.05%	0.90%	1.23%	5.81%	0.22%	77.36%
■ % of applicants that applied in 2021/22	2.74%	1.74%	0.18%	0.53%	2.96%	1.00%	2.47%	0.11%	0.04%	0.20%	0.96%	1.36%	0.11%	0.91%	0.00%	0.89%	3.34%	7.26%	0.42%	72.78%
■ % of applications not progressed in 2020/21	5.26%	11.76%	0.00%	14.29%	6.43%	12.28%	4.76%	0.00%	0.00%	100.00%	8.45%	8.28%	6.25%	6.06%	0.00%	8.62%	6.33%	9.63%	0.00%	9.13%
■ % of applications not progressed in 2021/22	4.88%	7.69%	12.50%	4.17%	6.77%	8.89%	6.31%	0.00%	0.00%	100.00%	13.95%	18.03%	40.00%	4.88%	0.00%	10.00%	8.67%	11.04%	0.00%	11.25%
■ % of applicants shortlisted in 2020/21	1.32%	0.59%	0.18%	0.24%	2.45%	0.99%	2.25%	0.24%	0.02%	0.00%	1.18%	4.75%	0.28%	1.05%	0.06%	0.87%	1.32%	5.92%	0.22%	76.05%
■ % of applicants shortlisted in 2021/22	3.26%	2.00%	0.20%	0.63%	3.32%	0.94%	2.89%	0.14%	0.06%	0.00%	0.80%	1.32%	0.06%	0.97%	0.00%	0.83%	3.60%	7.29%	0.43%	71.25%
■ % of applicants appointed in 2020/21	0.76%	0.11%	0.00%	0.00%	1.08%	0.11%	0.98%	0.11%	0.00%	0.00%	0.76%	3.47%	0.11%	1.08%	0.00%	1.08%	0.98%	4.98%	0.33%	84.07%
■ % of applicants appointed in 2021/22	0.59%	0.39%	0.00%	0.20%	1.56%	1.56%	0.59%	0.00%	0.00%	0.00%	1.76%	0.78%	0.20%	0.98%	0.00%	1.37%	2.15%	6.84%	0.78%	80.27%

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Recruitment

Recruitment reported by Race - 2020/2021	% Applied	% Appointed	% Success Rate
White - Polish	0.22%	0.05%	21.43%
White - Irish	0.90%	0.16%	17.24%
White - Scottish	77.36%	12.05%	15.58%
Prefer not to say	1.03%	0.16%	15.15%
White - Other British	5.81%	0.71%	12.30%
White - Other	1.23%	0.14%	11.39%
Other Ethnic Group - Arab, Arab Scottish or Arab British	4.50%	0.50%	11.03%
Mixed or Multiple Ethnic Group	1.10%	0.11%	9.86%
African - African, African Scottish or African British	1.18%	0.11%	9.21%
Caribbean or Black - Other	0.20%	0.02%	7.69%
Asian - Indian, Indian Scottish or Indian British	2.17%	0.16%	7.14%
Asian - Pakistani, Pakistani Scottish or Pakistani British	1.96%	0.14%	7.14%
Other Ethnic Group - Other	0.25%	0.02%	6.25%
African - Other	0.53%	0.02%	2.94%
Asian - Other	0.89%	0.02%	1.75%
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	0.14%	0.00%	0.00%
Asian - Chinese, Chinese Scottish or Chinese British	0.22%	0.00%	0.00%
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	0.02%	0.00%	0.00%
Data not held	0.26%	0.00%	0.00%
White - Gypsy Traveller	0.05%	0.00%	0.00%

Recruitment reported by Race - 2021/2022	% Applied	% Appointed	% Success rate
White - Polish	0.42%	0.09%	21.05%
Mixed or Multiple Ethnic Group	0.96%	0.20%	20.93%
Other Ethnic Group - Other	0.11%	0.02%	20.00%
Asian - Other	1.00%	0.18%	17.78%
White - Irish	0.89%	0.16%	17.50%
White - Scottish	72.78%	9.15%	12.57%
Prefer not to say	0.91%	0.11%	12.20%
White - Other British	7.26%	0.78%	10.74%
White - Other	3.34%	0.24%	7.33%
Other Ethnic Group - Arab, Arab Scottish or Arab British	1.36%	0.09%	6.56%
Asian - Indian, Indian Scottish or Indian British	2.96%	0.18%	6.02%
Asian - Chinese, Chinese Scottish or Chinese British	0.53%	0.02%	4.17%
Asian - Pakistani, Pakistani Scottish or Pakistani British	2.47%	0.07%	2.70%
African - Other	1.74%	0.04%	2.56%
African - African, African Scottish or African British	2.74%	0.07%	2.44%
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	0.18%	0.00%	0.00%
Caribbean or Black - Other	0.11%	0.00%	0.00%
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	0.04%	0.00%	0.00%
Data not held	0.20%	0.00%	0.00%

Analysis of the recruitment data

As NHS 24 set an equality outcome intended to help improve the experience of minority ethnic people applying for and working with NHS 24, we have included additional data that highlights the success rate of applicants for each ethnic category within this protected characteristic group.

In 2020/21, 14.33% of all applicants were successfully appointed. Recruitment data from this year suggests that minority ethnic people were generally less likely to be successful in their application to join NHS 24. In 2020/21, 77.36% of all applicants identified as White - Scottish, with 12.05% of these applicants being successfully appointed. This gives a success rate of 15.58%. In the same year, only White - Irish and White - Polish applicants had a greater success rate, however the combined percentage of people applying from these two groups was 1.12% of total applications.

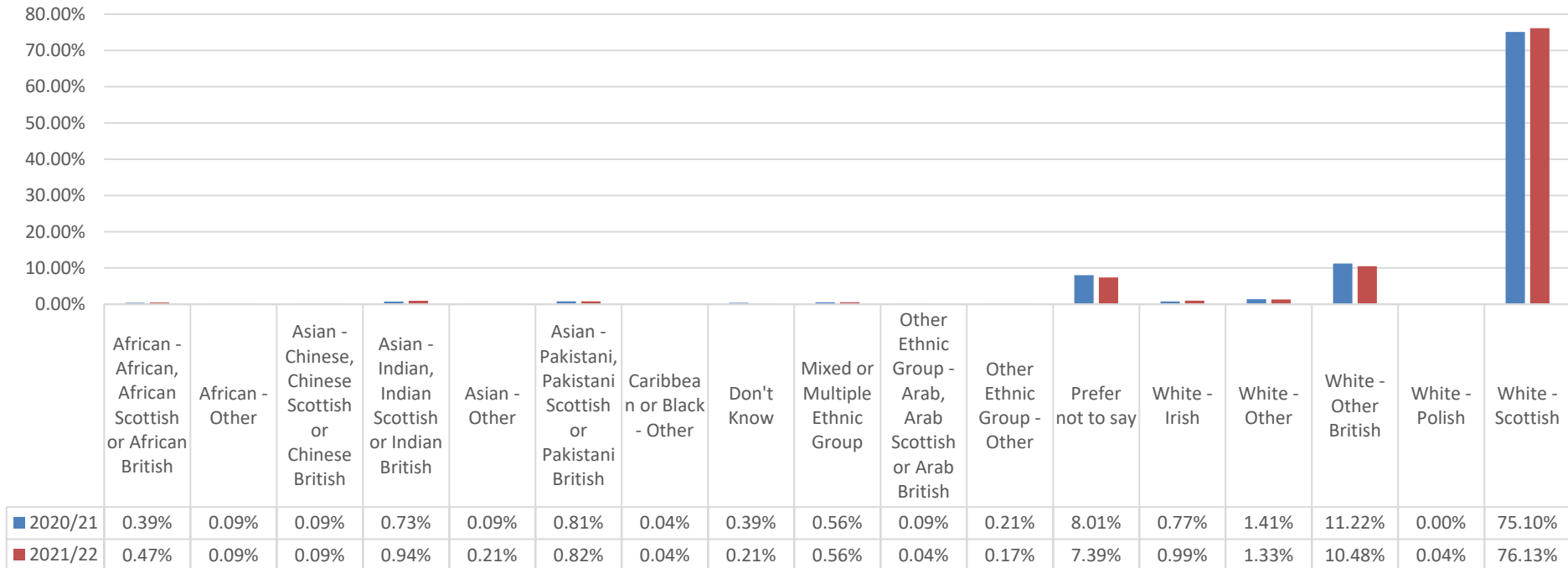
In 2021/22, 11.4% of all applicants were successfully appointed. Recruitment data from this year suggests that minority ethnic people continued to be generally less likely to be successful, though there is some improvement for two minority ethnic categories, with the Asian – Other and Mixed or Multiple Ethnic Group both showing a greater success rate than those in the White - Scottish category. Overall, the success rate for applicants in non-white minority ethnic categories continues to be disproportionately low. In 2021/22, the combined average success rate for all white categories was 13.84%. The combined average success rate for all non-white minority ethnic categories was 6.40%.

It is important to note that NHS 24 does receive applications from international candidates, who at the time of application are either not qualified or have no right to work in the UK. NHS 24 also regularly receives applications from international candidates who are seeking an NHSScotland sponsor. These two factors could impact on the overall success rate of minority ethnic candidates.

As part of our equality outcome work, we have been engaging with organisations and groups that represent minority ethnic communities to support improvements in this area. This work will continue to be a priority.

3.5.2 Staff in post

Staff in post reported by Race



Analysis of the staff in post data

When looking at the percentage of the workforce who identify as “African - African, African Scottish or African British”, “African – Other”, “Asian – Chinese”, “Chinese Scottish or Chinese British”, “Asian - Indian, Indian Scottish or Indian British”, “Asian – Other”, “Asian - Pakistani, Pakistani Scottish or Pakistani British”, “Caribbean or Black – Other”, “Don't Know”, “Mixed or Multiple Ethnic Group” and “Other Ethnic Group - Arab, Arab Scottish or Arab British”, it gives a combined total of 3.26%.

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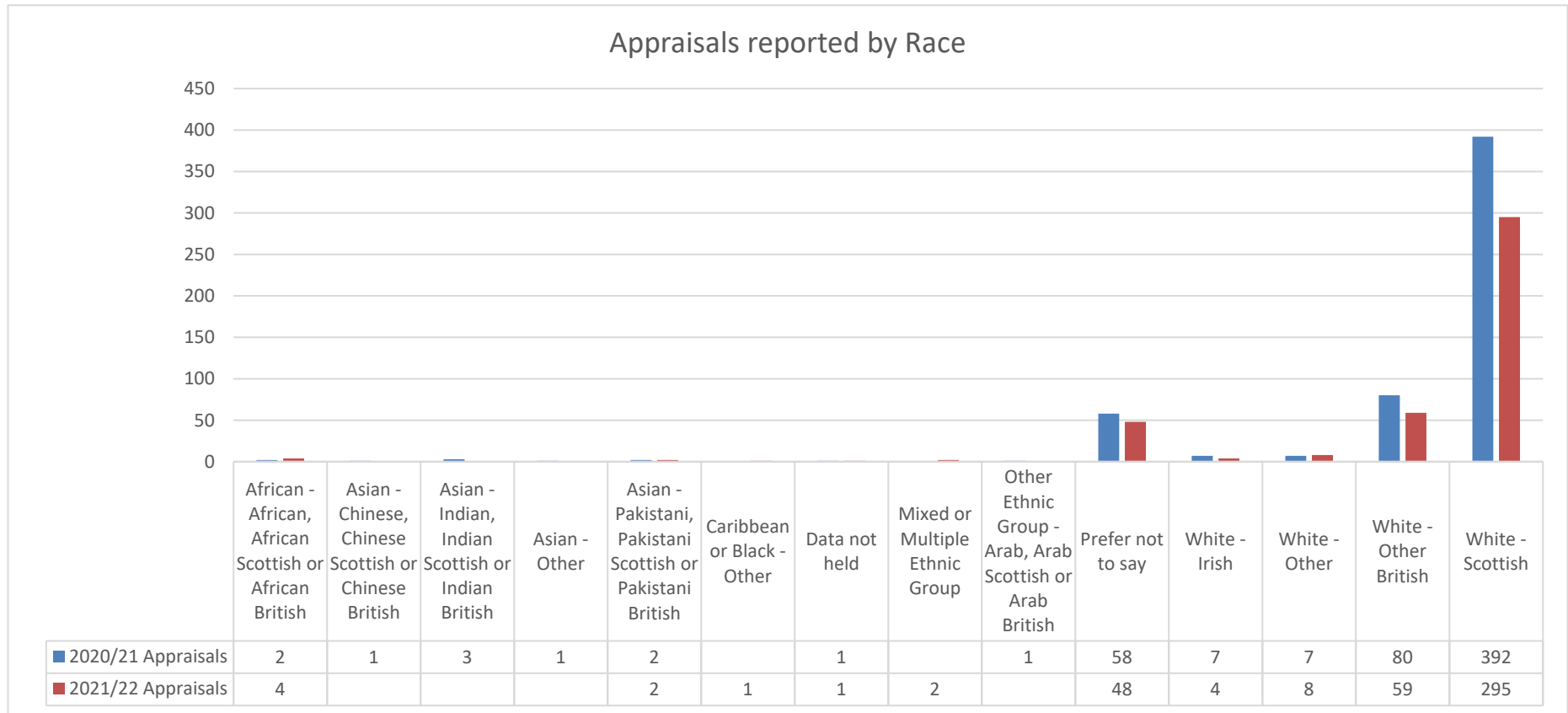
Scotland's 2011 census reported that:

- Scotland's population was 96.0% white
- 91.8% of people identified as 'White: Scottish' or 'White: Other British'
- 4.2% of people identified as Polish, Irish, Gypsy/Traveller or 'White: Other'
- the population in Asian, African, Caribbean or Black, Mixed or Other ethnic groups was 4%

The iMatter survey reported that 90% of respondents described their ethnicity as 'white' with the majority of those people saying they are Scottish. 4% of staff described their ethnicity as other than white and 6% chose not to answer the question.

Though this continues to be an area for improvement as per our equality outcome, the census data and comparator data from the iMatter survey shows that NHS 24 is not too far behind in terms of proportionate representation.

3.5.4 Performance Reviews/Appraisals



3.5.5 Disciplinary Procedures

	2020/21 Disciplinary	2021/22 Disciplinary
Asian - Indian, Indian Scottish or Indian British	0	<10
Prefer not to say	<10	<10
White - Other	0	<10
White - Other British	<10	<10
White - Scottish	<10	15
Total	14	21

3.5.6 Grievance Procedure by Race

	2020/21 Grievance	2021/22 Grievance
Asian - Indian, Indian Scottish or Indian British	0	<10
White - Other British	<10	<10
White - Scottish	15	<10
Total	18	10

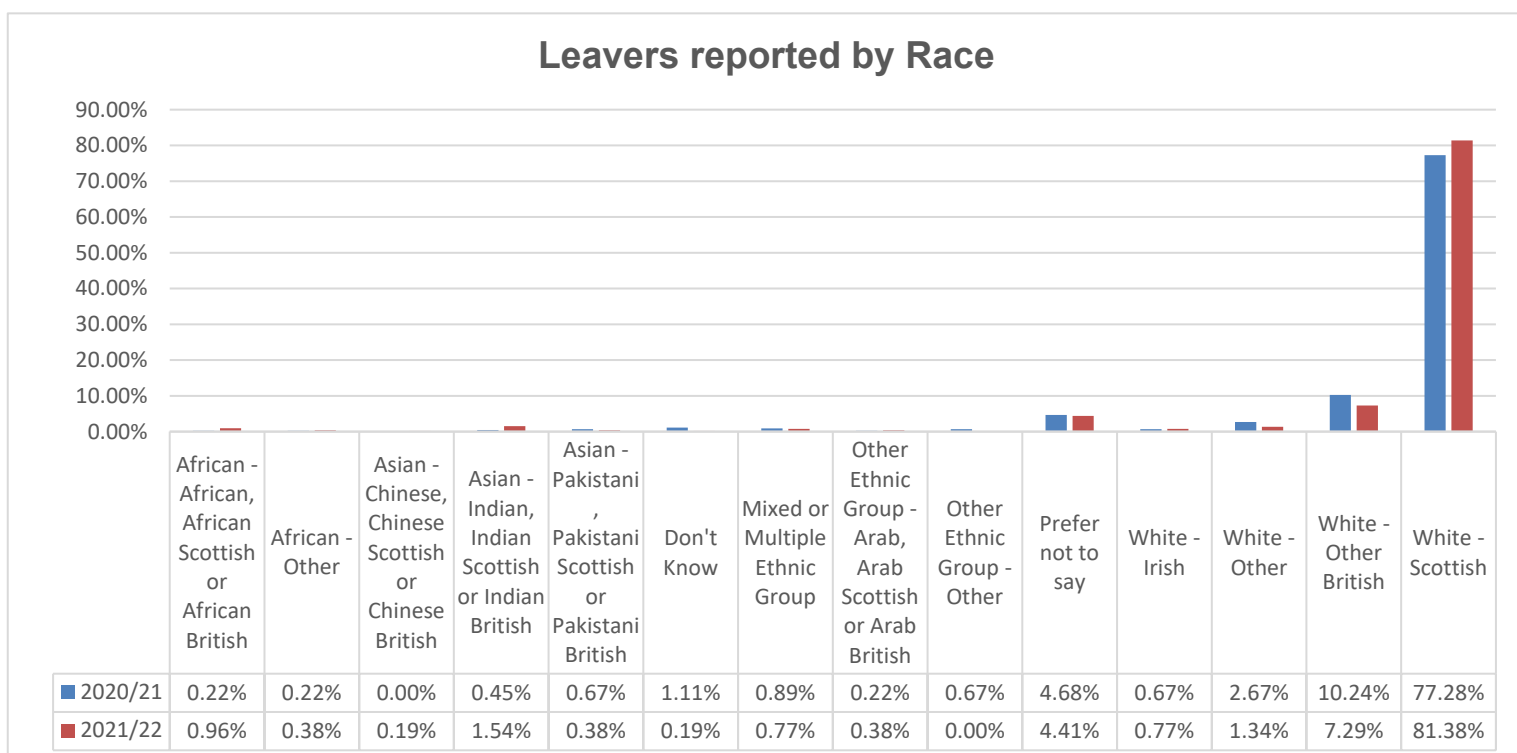
3.5.7 Dignity at Work by Race

	2020/21 Dignity at Work	2021/22 Dignity at Work
African - African, African Scottish or African British	<10	0
Asian - Indian, Indian Scottish or Indian British	<10	0
White - Scottish	<10	<10
Total	4	2

3.5.8 Capability Procedure by Race

	2020/21 Capability	2021/22 Capability
African - African, African Scottish or African British	<10	<10
African - Other		<10
Prefer not to say	<10	0
White - Other British	0	<10
White - Scottish	<10	<10
Total	6	6

3.5.9 Leavers



Analysis

4.61% of leavers during the period 2021/22 identified as being from a non-white, minority ethnic background. This is slightly higher than the percentage of staff in post who identified as being from a non-white minority ethnic group for the same period, which was 3.26 %.

3.6 Nationality

3.6.1 Recruitment

Nationality	% of applicants that applied in 2020/21	% of applicants that applied in 2021/22	% of applications not progressed in 2020/21	% of applications not progressed in 2021/22	% of applicants shortlisted in 2020/21	% of applicants shortlisted in 2021/22	% of applicants appointed in 2020/21	% of applicants appointed in 2021/22
American	0.19%	0.51%	0.17%	0.21%	0.22%	0.51%	0.00%	0.00%
British	52.54%	49.77%	56.70%	50.93%	52.49%	49.23%	51.35%	52.76%
Canadian	0.25%	0.29%	0.35%	0.21%	0.20%	0.29%	0.43%	0.39%
Data not held	0.26%	0.20%	1.22%	1.86%	0.00%	0.00%	0.00%	0.00%
English	1.85%	2.07%	1.39%	2.27%	1.93%	2.09%	1.73%	1.77%
German	0.19%	0.18%	0.00%	0.00%	0.22%	0.23%	0.11%	0.00%
Greek	0.20%	0.27%	0.00%	0.00%	0.24%	0.31%	0.11%	0.20%
Indian	1.29%	2.11%	0.70%	1.65%	1.61%	2.43%	0.00%	0.39%
Irish	0.67%	0.58%	0.70%	0.82%	0.63%	0.51%	0.87%	0.79%
Italian	0.19%	0.33%	0.00%	0.00%	0.24%	0.43%	0.00%	0.00%
Nigerian	0.79%	2.96%	0.00%	1.65%	0.96%	3.52%	0.43%	0.39%
Pakistani	0.39%	0.65%	0.00%	0.00%	0.49%	0.83%	0.11%	0.00%
Polish	0.70%	0.65%	0.35%	0.62%	0.77%	0.63%	0.54%	0.79%
Portugese	0.17%	0.22%	0.17%	0.62%	0.20%	0.20%	0.00%	0.00%
Romanian	0.16%	0.04%	0.35%	0.00%	0.16%	0.06%	0.00%	0.00%
Scottish	37.83%	36.28%	35.30%	36.29%	37.19%	35.64%	43.66%	40.94%
Spanish	0.19%	0.20%	0.35%	0.00%	0.20%	0.23%	0.00%	0.20%

* Fewer than ten people who applied between 1 October 2020 and 30 September 2022 identified themselves from at least one each of the following nationalities:

Afghan	Chinese	Filipino	Lithuanian	Slovakian	Welsh
Argentinean	Colombian	Finnish	Malaysian	Slovenian	Zambian
Australian	Croatian	French	Maltese	South African	Zimbabwean
Bangladeshi	Cypriot	Ghanaian	Mauritian	Sri Lankan	
Belarusian	Czech	Hungarian	Namibian	Sudanese	
Brazilian	Danish	Indonesian	Netherlander	Swedish	
Bulgarian	Dutch	Iranian	New Zealander	Swiss	
Burmese	Ecuadorian	Jamaican	Northern Irish	Turkish	
Burundian	Egyptian	Kenyan	Prefer not to say	Trinidadian or Tobagonian	
Chadian	Estonian	Latvian	Rwandan	Vietnamese	

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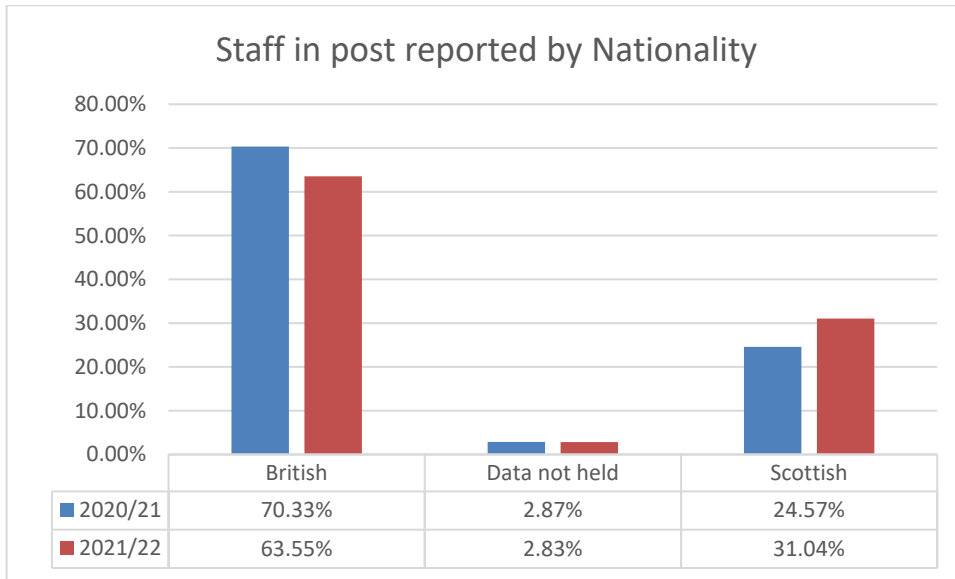
Fewer than ten members of staff who were appointed to NHS 24 between 1 October 2020 and 30 September 2022 identified themselves from each of the following nationalities:

Dutch	Lithuanian
French	Northern Irish
Hungarian	Prefer not to say
Lithuanian	Sri Lankan
Northern Irish	

No appointments were made between 1 October 2020 and 30 September 2021 of people who identified themselves from each of the following nationalities:

Afghan	Croatian	Jamaican	South African
Argentinean	Cypriot	Kenyan	Sudanese
Australian	Czech	Latvian	Swedish
Bangladeshi	Danish	Malaysian	Swiss
Belarusian	Ecuadorian	Maltese	Turkish
Brazilian	Egyptian	Mauritian	Trinidadian or Tobagonian
Bulgarian	Estonian	Namibian	Vietnamese
Burmese	Filipino	Netherlander	Welsh
Burundian	Finnish	New Zealander	Zambian
Chadian	Ghanaian	Rwandan	Zimbabwean
Chinese	Indonesian	Slovakian	
Colombian	Iranian	Slovenian	

3.6.2 Staff in Post



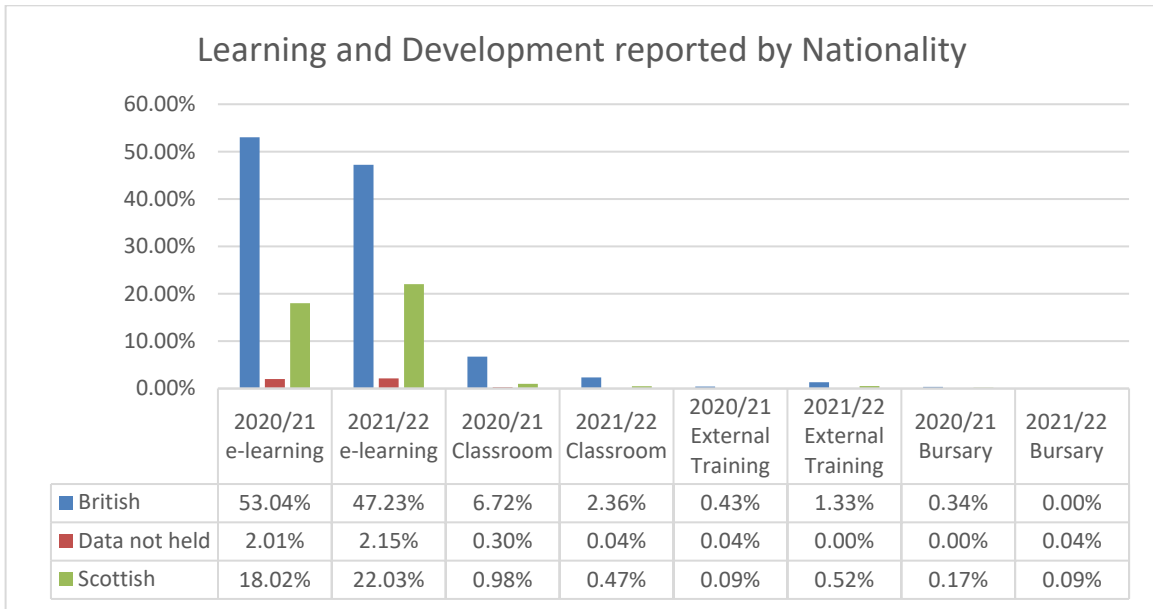
In both years reported, over 94% of the workforce identifies as either British or Scottish. We do not hold nationality data for just over 2.8% of the workforce. Less than 3% of the workforce identify as one of the following nationalities:

American	Ghanaian	Spanish
Belarusian	Greek	Sri Lankan
Bulgarian	Hungarian	South African
Canadian	Indian	Swedish
Cypriot	Irish	Welsh
Czech	Italian	Zambian
Dutch	Nigerian	Zimbabwean
English	Northern Irish	
French	Pakistani	
Gambian	Polish	
German	Romanian	

Analysis

The 2011 census asked people what country or countries they felt an affiliation to. National identity is not tied to ethnicity or country of birth. A foreign citizen living in Scotland is free to choose 'Scottish' as their national identity. In 2011, 82.7% of people living in Scotland said they had some Scottish national identity. 62.4% of Scotland's population said they were 'Scottish only'. 28.2% of people in minority ethnic groups said they had some Scottish identity. 8.4% of the population said they had 'British identity only'. 4.4% of people said they had no UK identity.

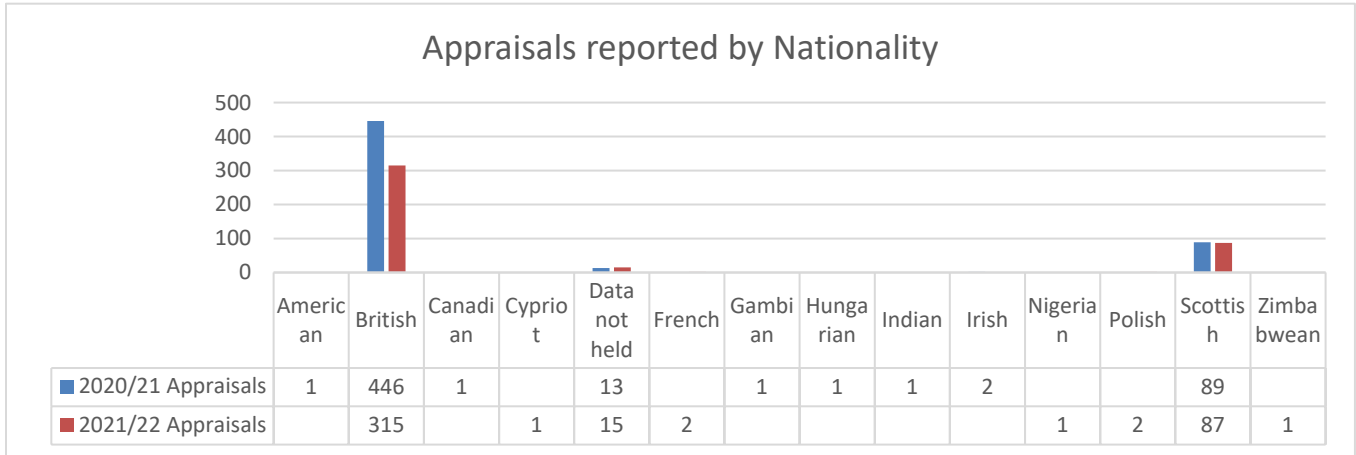
3.6.3 Learning and Development by Nationality



*Fewer than ten members of staff who attended and or completed training in each of the individual categories identified themselves from each of the following nationalities:

American	Dutch	Ghanaian	Northern Irish	Sri Lankan
Belarusian	English	Hungarian	Pakistani	Swedish
Bulgarian	French	Indian	Polish	Welsh
Canadian	Gambian	Irish	South African	Zambian
Cypriot	Greek	Nigerian	Spanish	Zimbabwean

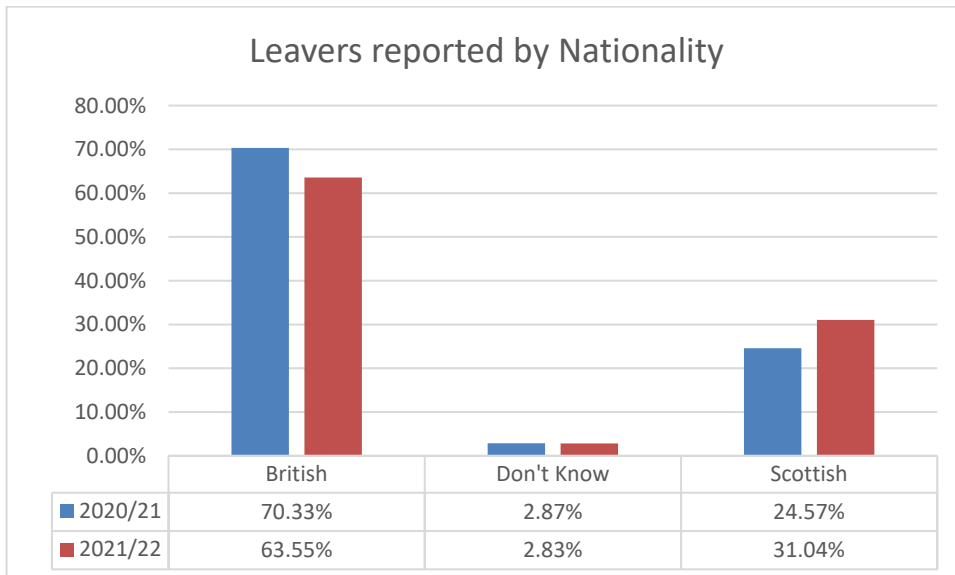
3.6.4 Appraisals reported by Nationality



Over the 2-year period reported, fewer than ten staff had an appraisal recorded, who identified themselves from each of the following nationalities:

American	French	Indian	Polish
Canadian	Gambian	Irish	Zimbabwean
Cypriot	Hungarian	Nigerian	

3.6.5 Leavers



Over the 2-year period reported, fewer than ten staff had an appraisal recorded, who identified themselves from each of the following nationalities:

American	French	Italian	South African
Belarusian	Gambian	Nigerian	Swedish
Bulgarian	German	Northern Irish	Welsh
Canadian	Ghanaian	Pakistani	Zambian
Cypriot	Greek	Polish	Zimbabwean
Czech	Hungarian	Romanian	
Dutch	Indian	Spanish	
English	Irish	Sri Lankan	

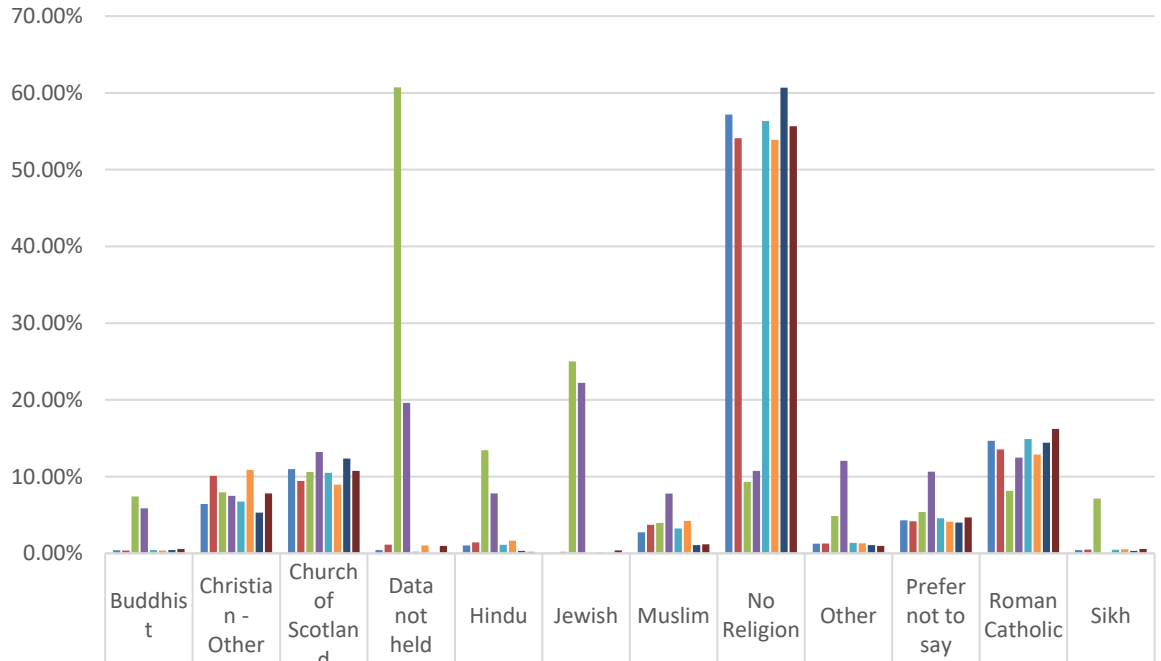
3.6.6 Employee Relations

Over the two-year period reported only 1 member of staff who did not identify as either Scottish, British or Data not held was the subject of a disciplinary, grievance, capability or dignity at work procedure.

3.7 Religion and Belief

3.7.1 Recruitment

Recruitment reported by Religion and Belief



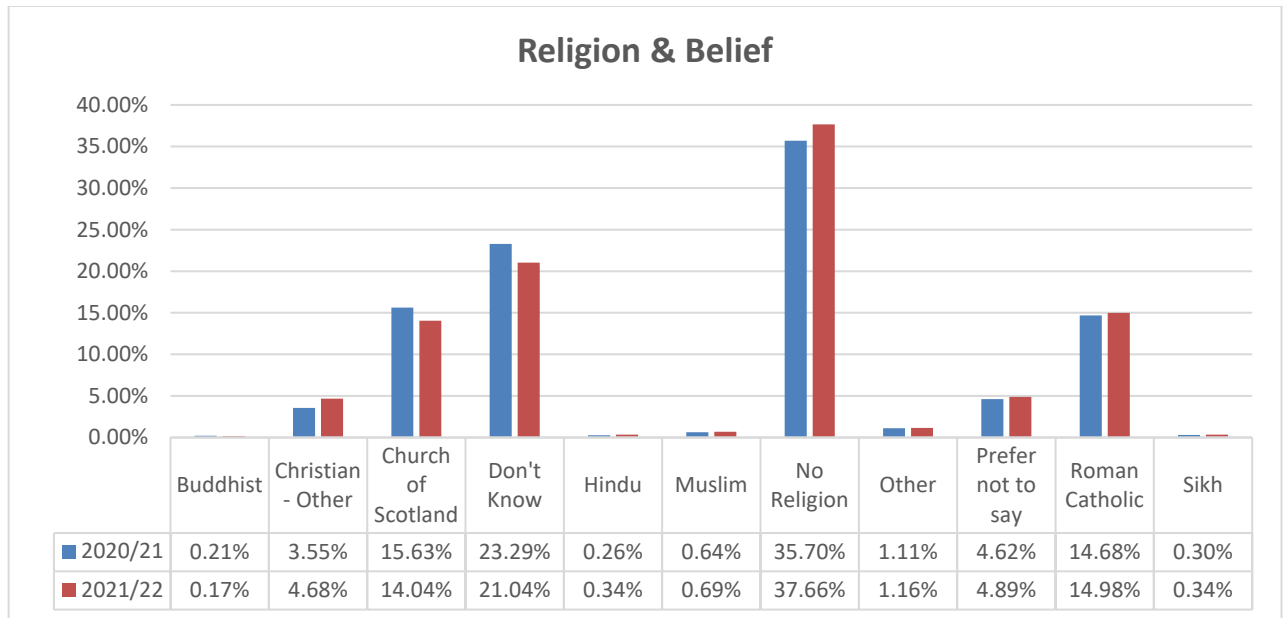
	Buddhist	Christian - Other	Church of Scotland	Data not held	Hindu	Jewish	Muslim	No Religion	Other	Prefer not to say	Roman Catholic	Sikh
■ % of applicants that applied in 2020/21	0.42%	6.45%	10.98%	0.43%	1.04%	0.06%	2.75%	57.17%	1.27%	4.32%	14.68%	0.43%
■ % of applicants that applied in 2021/22	0.38%	10.10%	9.44%	1.14%	1.42%	0.20%	3.72%	54.08%	1.29%	4.18%	13.55%	0.49%
■ % of applications not progressed in 2020/21	7.41%	7.95%	10.61%	60.71%	13.43%	25.00%	3.95%	9.32%	4.88%	5.40%	8.15%	7.14%
■ % of applications not progressed in 2021/22	5.88%	7.49%	13.21%	19.61%	7.81%	22.22%	7.78%	10.74%	12.07%	10.64%	12.48%	0.00%
■ % of applicants shortlisted in 2020/21	0.43%	6.75%	10.50%	0.22%	1.12%	0.06%	3.24%	56.34%	1.38%	4.58%	14.91%	0.47%
■ % of applicants shortlisted in 2021/22	0.37%	10.87%	8.95%	1.03%	1.66%	0.14%	4.23%	53.89%	1.32%	4.12%	12.87%	0.54%
■ % of applicants appointed in 2020/21	0.43%	5.31%	12.35%	0.00%	0.33%	0.00%	1.08%	60.67%	1.08%	4.01%	14.41%	0.33%
■ % of applicants appointed in 2021/22	0.59%	7.81%	10.74%	0.98%	0.20%	0.39%	1.17%	55.66%	0.98%	4.69%	16.21%	0.59%

Analysis of the recruitment data

The success rate of applicants across most religion or belief groups broadly reflects the application rate. There are slight differences in the success rate of people who identified as either Hindu or Muslim in both years. This concurs with the data reported in relation to race, assuming that the majority of people who identified as either Asian - Indian, Indian Scottish or Indian British, Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British or Asian - Pakistani, Pakistani Scottish or Pakistani British would have identified as either Hindu or Muslim. Further analysis on the intersectional nature of these two characteristics

will be undertaken and appropriate actions will be taken to address any potential inequalities.

3.7.2 Staff in Post



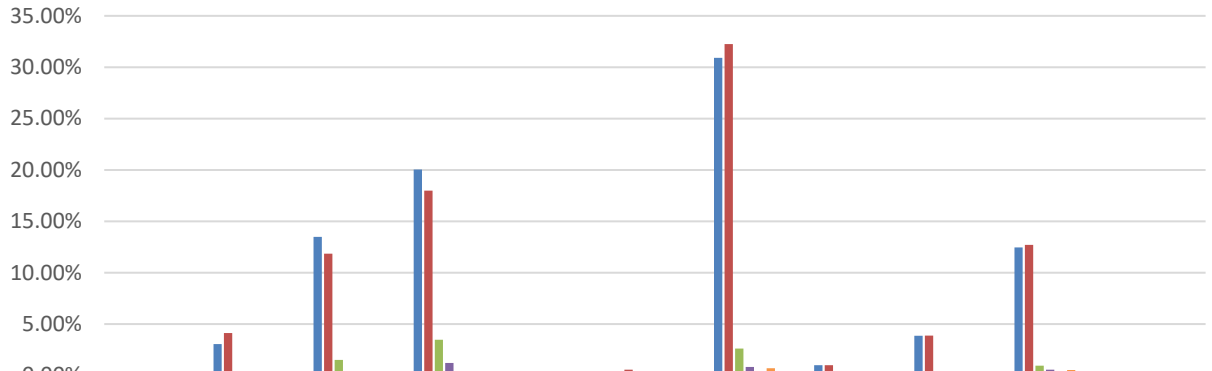
Analysis of the staff in post data

In comparison to census data, the most significantly underrepresented groups would be Church of Scotland and Muslim. Scotland’s 2011 census noted that 32.4% of people identified their religion as Church of Scotland and 1.4% of people said they were Muslim. The census reported that 36.7% of people said they had no religion and 15.88% identified as Roman Catholic. 0.7% of the population identified as either Buddhists, Hindus, or Sikhs, and 0.11% identified as Jewish.

Half of staff taking part in iMatter survey are reported to have no religion. 21% of staff identified their religion as Church of Scotland and 14% are Roman Catholic. 7% chose not to answer the question. The iMatter survey notes that 32% of staff employed by NHSScotland declared their religion as Christian, of which Roman Catholic and Church of Scotland made up of 16% and 10% of this respectively. 28% declared they follow no religion.

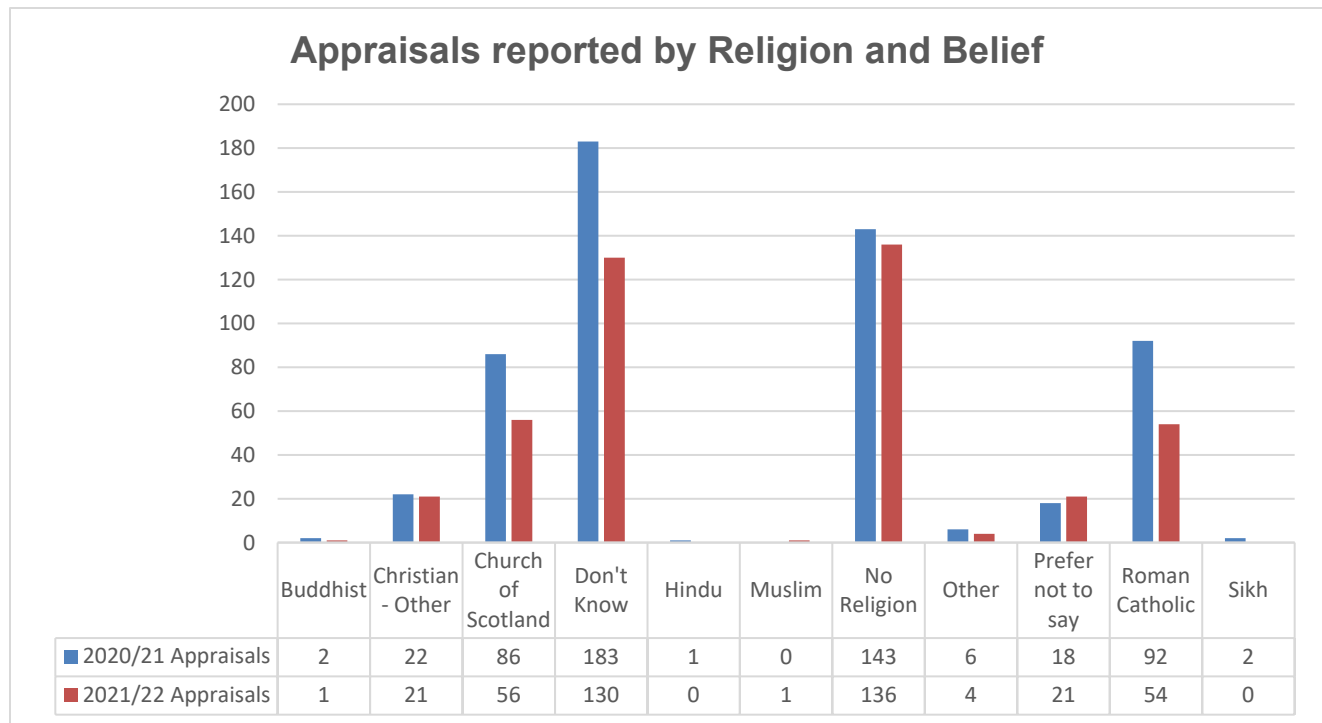
3.7.3 Learning and Development

Learning and Development reported by Religion and Belief



	Buddhist	Christian - Other	Church of Scotland	Don't Know	Hindu	Muslim	No Religion	Other	Prefer not to say	Roman Catholic	Sikh
2020/21 e-learning	0.17%	3.04%	13.48%	20.03%	0.21%	0.30%	30.91%	0.98%	3.85%	12.46%	0.26%
2021/22 e-learning	0.17%	4.12%	11.85%	17.99%	0.30%	0.56%	32.25%	0.99%	3.86%	12.71%	0.30%
2020/21 Classroom	0.04%	0.39%	1.50%	3.47%	0.00%	0.04%	2.61%	0.04%	0.26%	0.94%	0.00%
2021/22 Classroom	0.00%	0.04%	0.39%	1.20%	0.00%	0.00%	0.82%	0.04%	0.17%	0.56%	0.00%
2020/21 External Training	0.00%	0.00%	0.21%	0.00%	0.04%	0.00%	0.21%	0.04%	0.00%	0.09%	0.00%
2021/22 External Training	0.00%	0.09%	0.21%	0.39%	0.00%	0.00%	0.69%	0.00%	0.17%	0.52%	0.00%
2020/21 Bursary	0.00%	0.00%	0.09%	0.21%	0.00%	0.00%	0.13%	0.04%	0.00%	0.04%	0.00%
2021/22 Bursary	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.09%	0.00%	0.00%	0.00%	0.00%

3.7.4 Performance Reviews/Appraisals



3.7.5 Disciplinary Procedure by Religion or Belief

	2020/21 Disciplinary	2021/22 Disciplinary
Christian - Other	0	<10
Church of Scotland	<10	0
Don't Know	<10	<10
No Religion	<10	<10
Other	0	<10
Roman Catholic	<10	<10
Sikh	0	<10
Total	14	21

3.7.6 Grievance Procedure by Religion or Belief

	2020/21 Grievance	2021/22 Grievance
Church of Scotland	<10	<10
Don't Know	<10	<10
No Religion	<10	<10
Other	<10	
Roman Catholic	<10	<10
Total	18	10

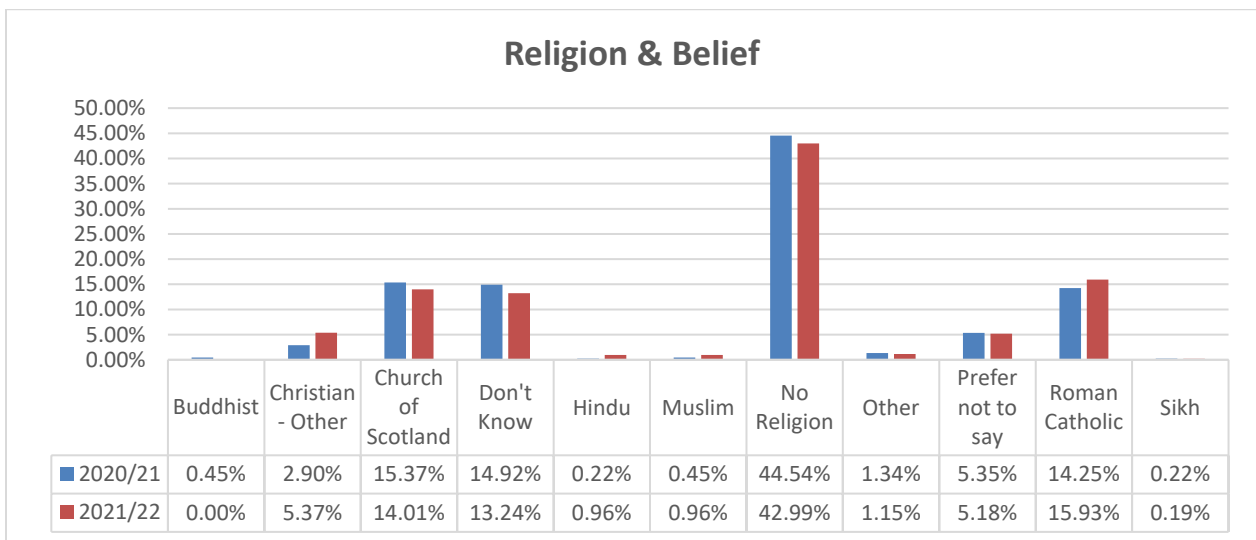
3.7.7 Dignity at Work by Religion or Belief

	2020/21 Dignity at Work	2021/22 Dignity at Work
Christian - Other	<10	0
Church of Scotland	0	<10
Don't Know	<10	<10
No Religion	0	<10
Roman Catholic	<10	0
Total	4	2

3.7.8 Capability Procedure by Religion or Belief

	2020/21 Capability	2021/22 Capability
Christian - Other	<10	<10
Church of Scotland	<10	<10
Don't Know	<10	<10
No Religion	0	<10
Roman Catholic	<10	0
Total	6	6

3.7.9 Leavers

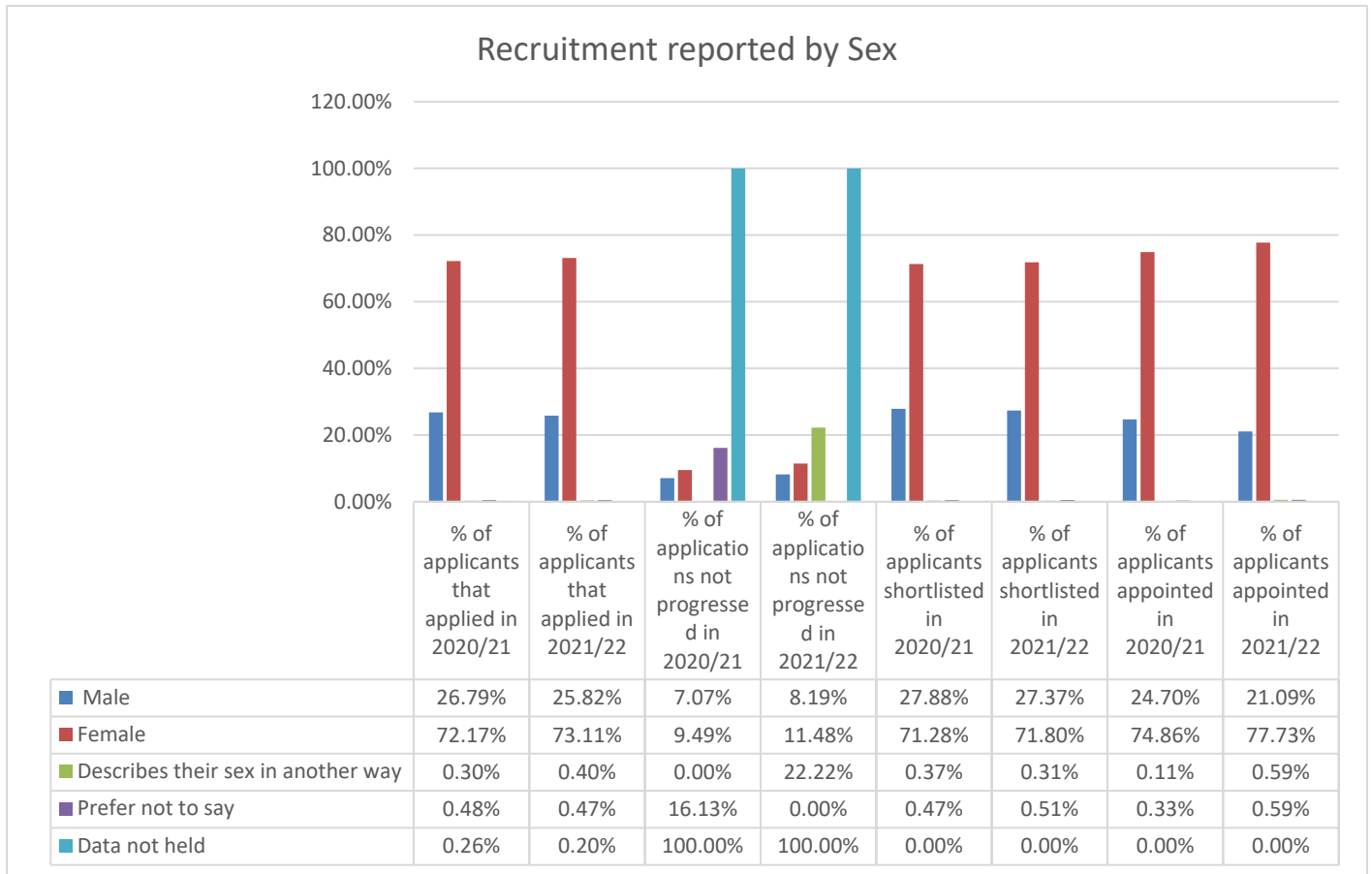


Analysis

The percentage split of leavers across each religion or belief largely corresponds with the percentage split of staff in post, with no unexpectedly high groups of leavers.

3.8 Sex

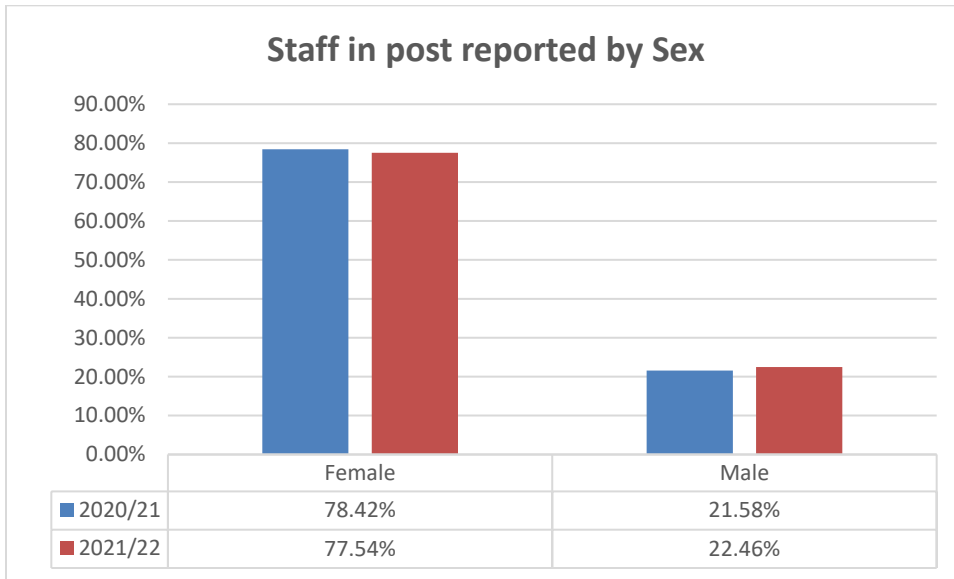
3.8.1 Recruitment



Analysis of the recruitment data

Across both years, female applicants were significantly greater than male applicants. The success rate of female applicants is slightly greater than the success rate of male applicants.

3.8.2 Staff in post

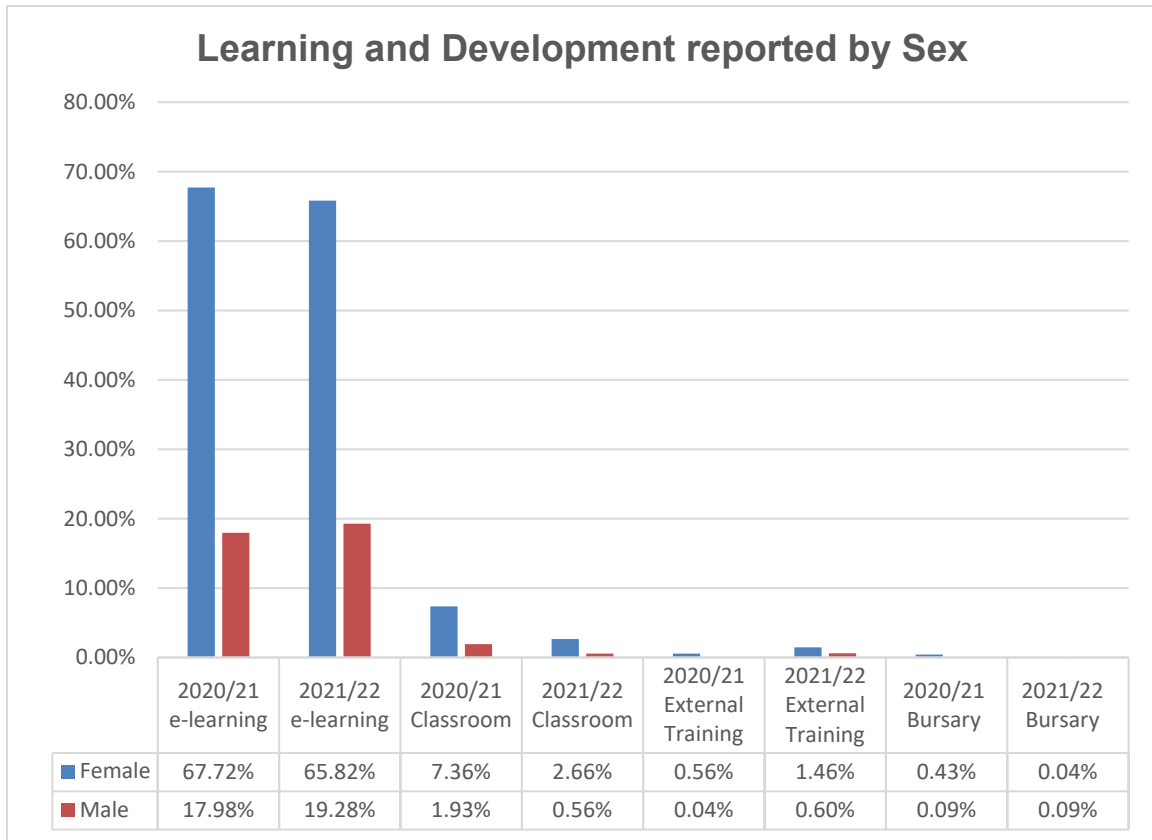


Analysis of the staff in post data

There has been a slight increase in the percentage of male staff since the last reporting period. Just over 77% of our staff identify as female in comparison to just over 79% in 2019/20. Nursing is the second largest job family within NHS 24, with all posts within this category requiring a professional qualification. Nursing is known to be a profession that experiences occupational segregation, with most nurses being women. Additionally, it is widely known that women are still more likely to apply for and occupy jobs within administrative roles, public sector bodies and the NHS.

The imbalance we have between female and male staff is broadly comparable to other NHS Boards and achieving a greater balance across the NHS in Scotland remains a national challenge.

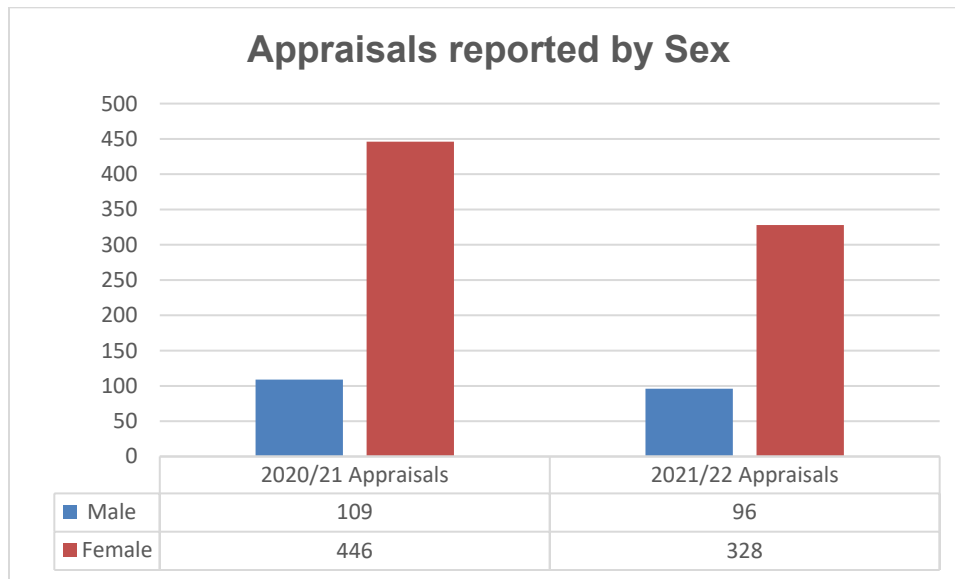
3.8.3 Learning and Development



Analysis

The percentage split of staff accessing training reported by sex is broadly similar to the staff in post split.

3.8.4 Performance Reviews/Appraisals



Analysis

The percentage split of staff undergoing a performance review reported by sex is broadly similar to the staff in post split.

3.8.5 Disciplinary Procedure by Sex

	2020/21 Disciplinary	2021/22 Disciplinary
Female	<10	<10
Male	<10	*
Total	14	21

3.8.6 Grievance Procedure by Sex

	2020/21 Grievance	2021/22 Grievance
Female	*	<10
Male	<10	<10
Total	18	10

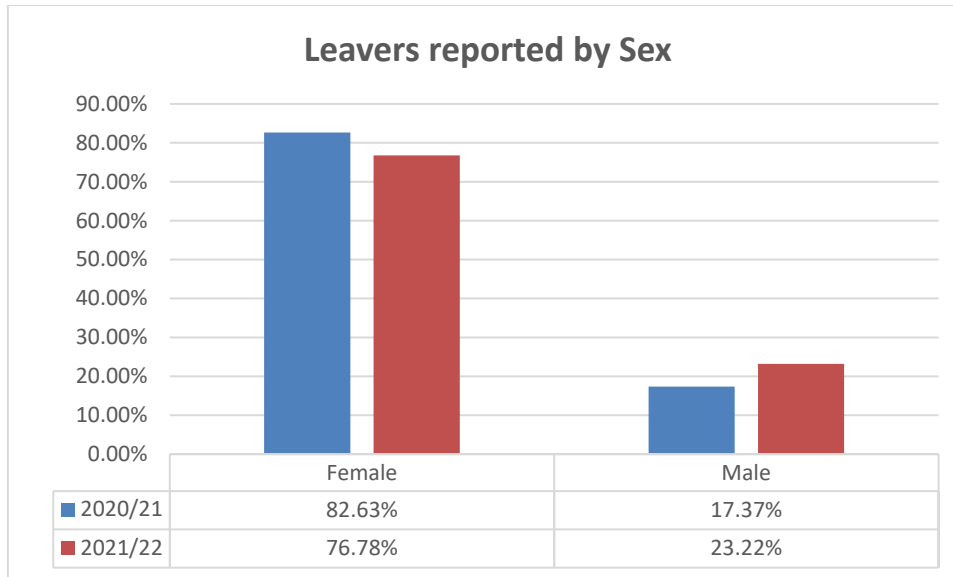
3.8.7 Dignity at Work by Sex

	2020/21 Dignity at Work	2021/22 Dignity at Work
Female	<10	<10
Male	<10	<10
Total	4	2

3.8.8 Capability Procedure by Sex

	2020/21 Capability	2021/22 Capability
Female	<10	<10
Male	<10	<10
Total	6	6

3.8.9 Leavers

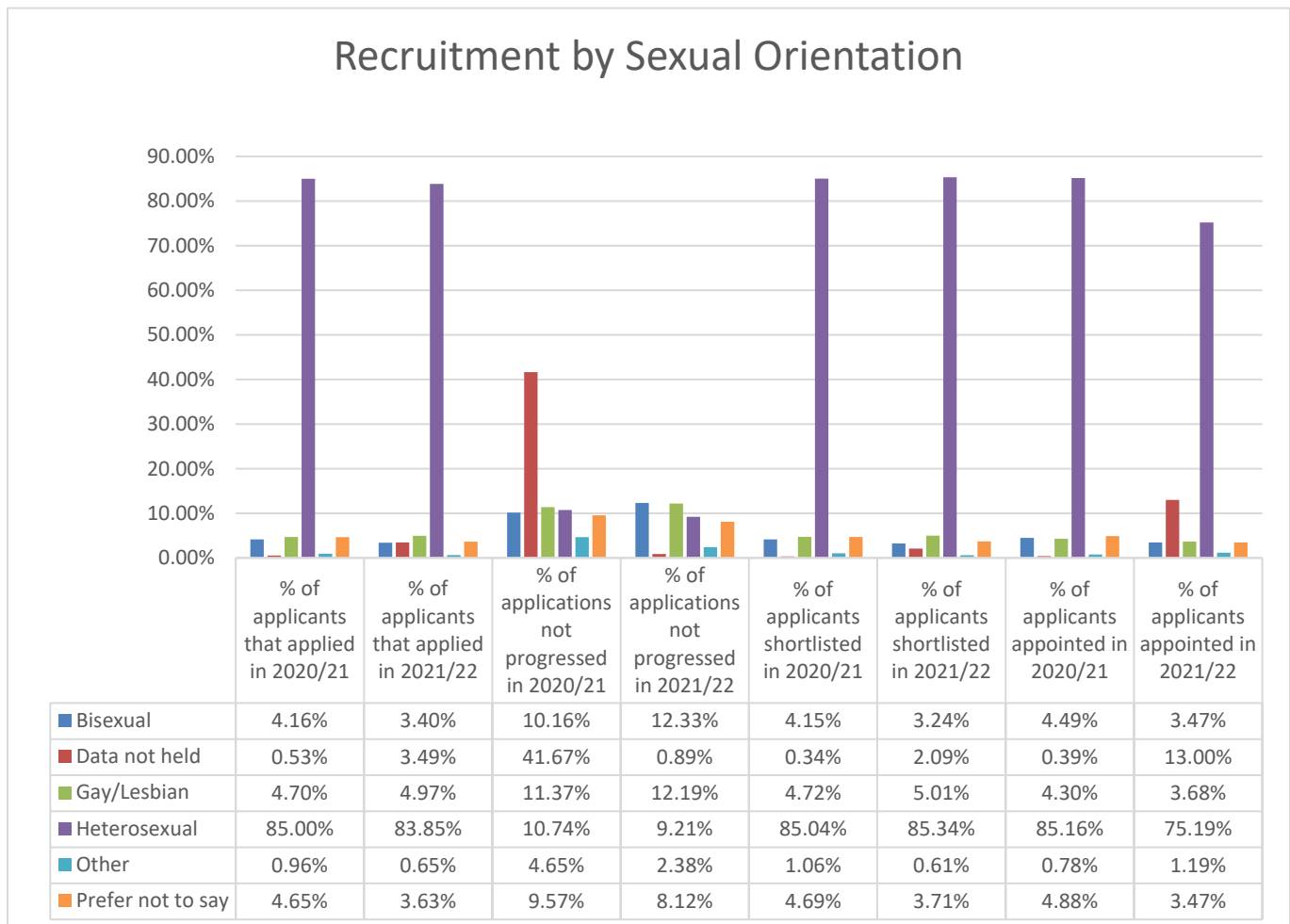


Analysis

The percentage split of staff leaving the organisation as reported by sex is broadly similar to the staff in post split.

3.9 Sexual Orientation

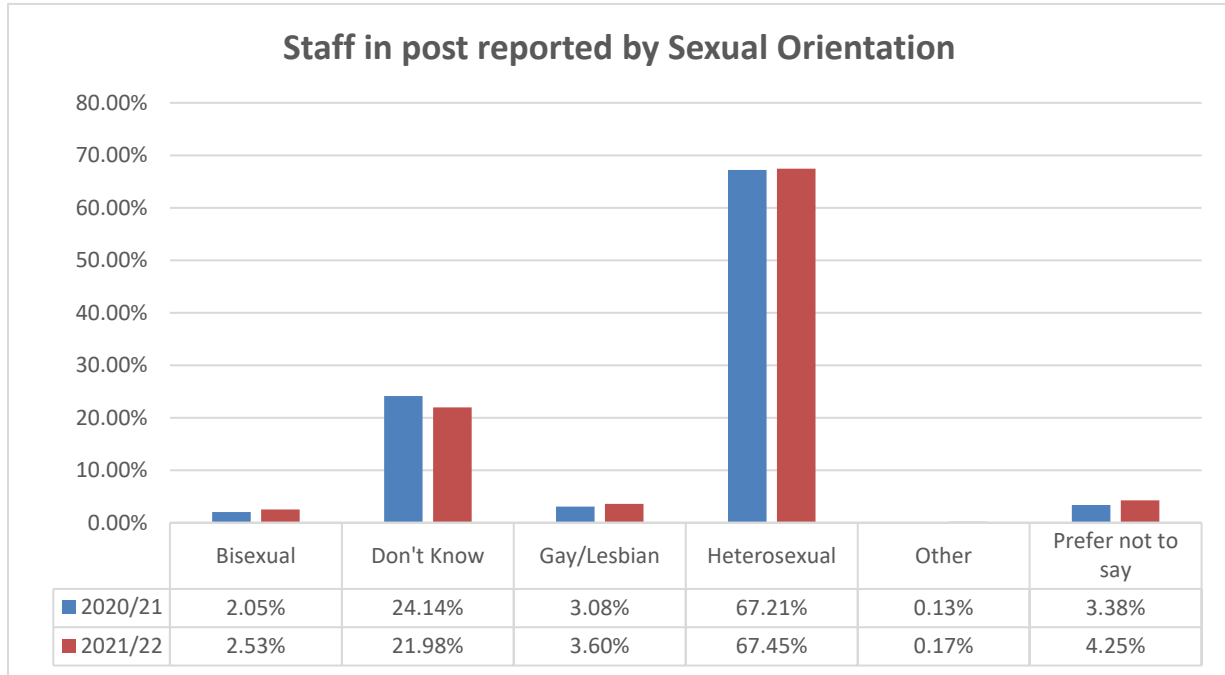
3.9.1 Recruitment



Analysis of the recruitment data

The success rate of applicants across each group in each year broadly reflects the application split. The biggest difference is in 2021/22 across applicants who identify as heterosexual and applicants whose data is not held. If an applicant does not complete the monitoring question upon appointment, then it is marked as data not held.

3.9.2 Staff in post

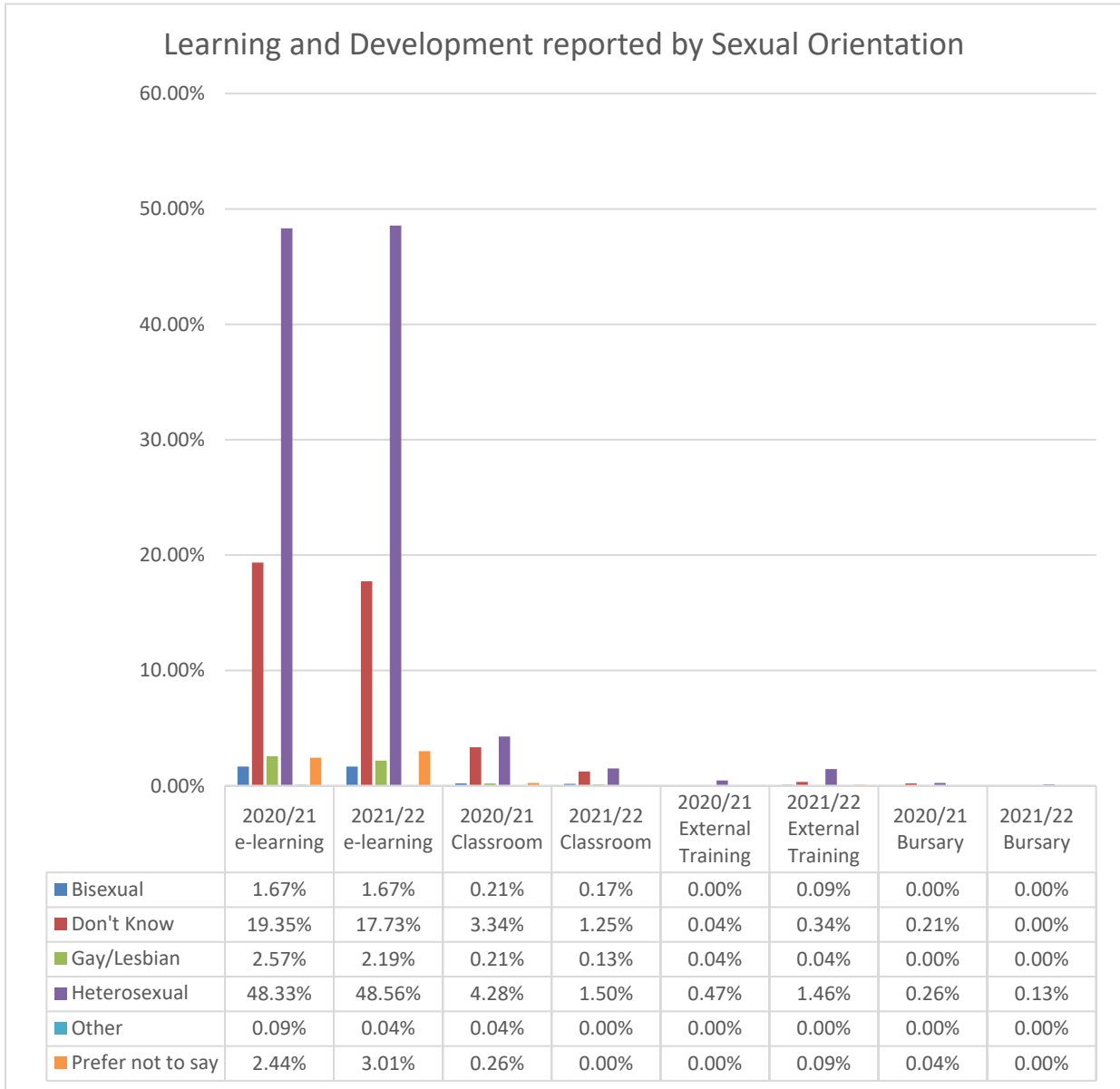


Analysis of the staff in post data

The question relating to sexual orientation has changed to offer people the option of selecting gay/lesbian rather than offering two separate options. This change was due to the introduction of a new national system. In 2021/22, 6.13% of staff identified as LGB, which is a percentage increase since 2019/20, when 4.35% of staff identified as LGB.

59% of the NHSScotland staff who responded to the iMatter survey declared their sexual orientation to be heterosexual, 2% declared to be gay, lesbian or bisexual while 39% declined to declare or were unknown. There is no comparable data within the 2011 Census Report for this protected characteristic group, however, the iMatter survey noted that the Scottish Surveys Core Question (2017) estimates that 3% of the Scottish population are LGBT.

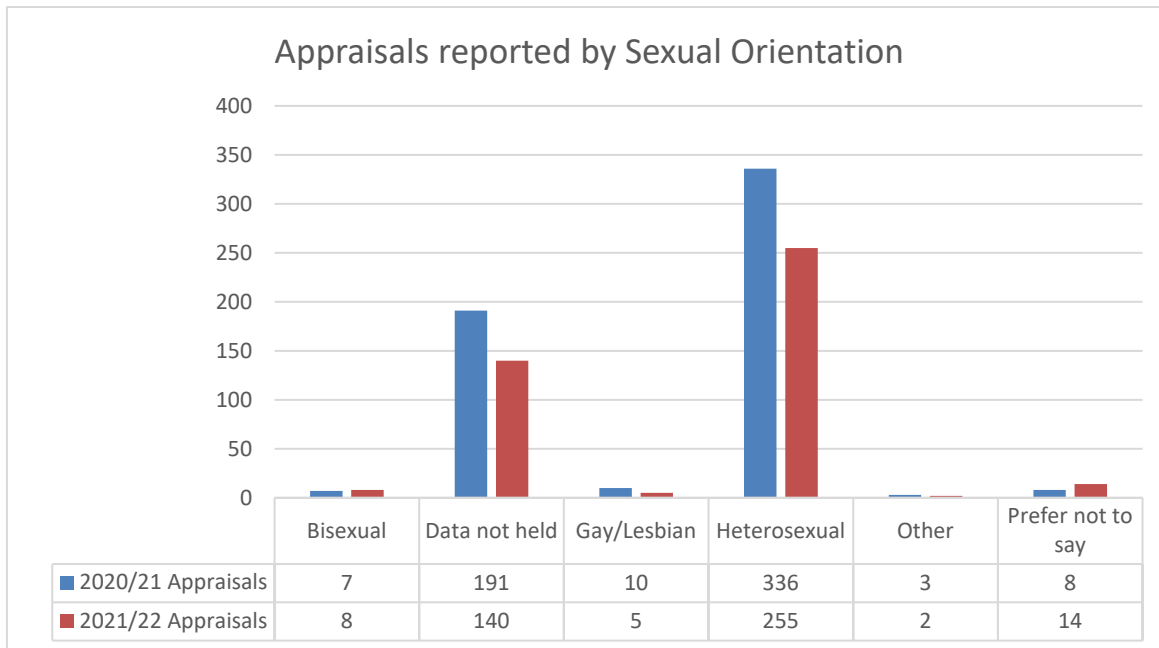
3.9.3 Learning and Development



Analysis

The percentage splits of staff who have accessed training reported by sexual orientation is broadly similar to that of the staff in post.

3.9.4 Performance Reviews/Appraisals



Analysis

The percentage splits of staff who have undergone a performance review/appraisal reported by sexual orientation is broadly similar to that of the staff in post.

3.9.5 Disciplinary Procedure by Sexual Orientation

	2020/21 Disciplinary	2021/22 Disciplinary
Bisexual	0	<10
Data not held	<10	<10
Gay/Lesbian	<10	<10
Heterosexual	<10	10
Prefer not to say	<10	<10
Total	14	21

3.9.6 Grievance Procedure by Sexual Orientation

	2020/21 Grievance	2021/22 Grievance
Bisexual	<10	0
Data not held	<10	<10
Gay/Lesbian	<10	0
Heterosexual	11	<10
Total	18	10

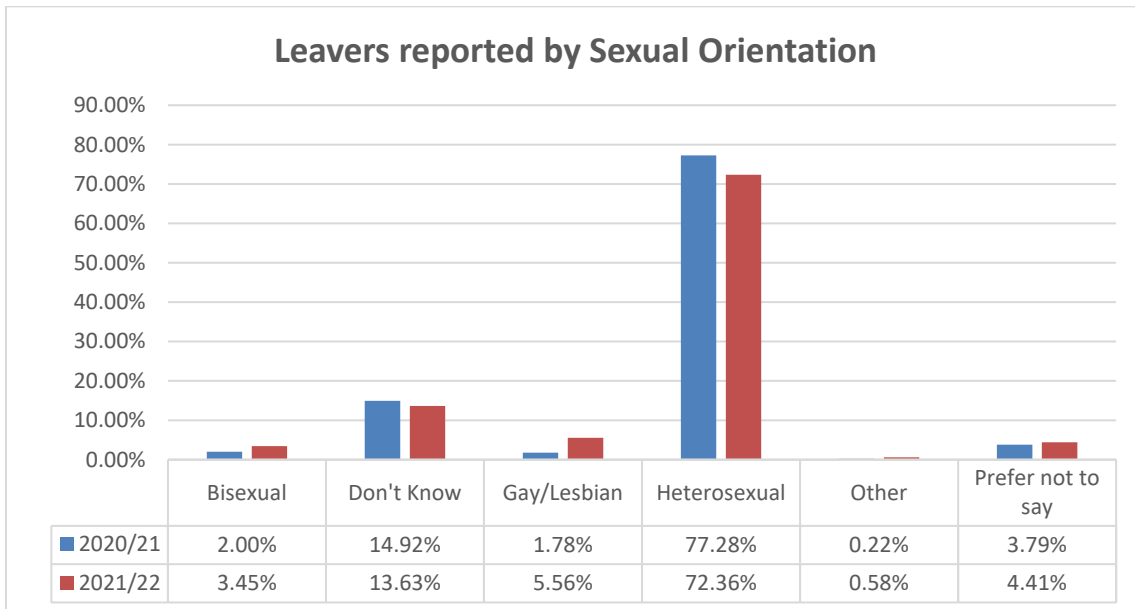
3.9.7 Dignity at Work by Sexual Orientation

	2020/21 Dignity at Work	2021/22 Dignity at Work
Data not held	<10	<10
Heterosexual	<10	<10
Total	4	2

3.9.8 Capability Procedure by Sexual Orientation

	2020/21 Capability	2021/22 Capability
Data not held	<10	<10
Heterosexual	<10	<10
Total	6	6

3.9.9 Leavers



Analysis

The percentage splits of staff who have left reported by sexual orientation is broadly similar to that of the staff in post.

4. Equal Pay

4.1 Annual equal pay gap comparison by sex

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

$$\frac{A-B}{A} \times 100$$

A = mean hourly rate of pay of male employees
B = mean hourly rate of pay of female employees

2020/21

Mean hourly rate of male employees – £16.22

Mean hourly rate of female employees – £15.77

This provides a mean pay gap of 2.77% in favour of male employees.

2021/22

Mean hourly rate of male employees – £16.58

Mean hourly rate of female employees – £16.00

This provides a mean pay gap of 3.50% in favour of male employees.

Pay gap in previous years

In 2019, our annual pay gap comparison by sex was 4.13% in favour of men.

In 2020, our annual pay gap comparison by sex was 2.55% in favour of men.

4.2 Annual equal pay gap comparison by persons who fall into a minority ethnic group and persons who do not

	Any White category	Any Minority Ethnic category	Difference (£)	Difference (%)
2022	£15.93	£15.43	-£0.50	-3.14%
2021	£15.72	£16.34	+£0.62	3.99%
2020	£14.82	£14.83	-£0.01	-0.03%
2019	£14.55	£15.21	-£0.66	-4.54%

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2018	£14.00	£14.61	-£0.62	-4.42%
2017	£13.29	£13.19	£0.10	0.73%
2016	£13.35	£13.58	-£0.23	-1.70%

4.3 Annual equal pay gap comparison by persons who are disabled and persons who are not

	Disabled	Non-disabled	Difference (£)	Difference (%)
2022	£17.25	£16.08	+£1.17	+7.27%
2021	£16.86	£15.85	+£1.01	+6.37%
2020	£16.04	£14.99	-1.04	+6.95%
2019	£15.44	£14.75	-0.69	-4.69%
2018	£14.72	£14.27	-£0.45	-3.12%
2017	£14.27	£13.57	-£0.71	-5.20%
2016	£14.18	£13.66	-£0.52	-3.82%

Contact NHS 24

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

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