

Equality Mainstreaming Report

Including Equality Outcomes (2025-2029)
and Equal Pay Statement

April 2025

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



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Published April 2025

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Foreword

We are pleased to present our Equality Mainstreaming Report 2025. This report provides an overview of the last four years of Healthcare Improvement Scotland's work and how we have included equality considerations across all we do. It includes a final progress report on the equality outcomes we set for 2021-2025, and a refreshed set of equality outcomes we will work towards over 2025-2029. Publishing this information is a key part of how Healthcare Improvement Scotland meets the requirements of the Equality Act 2010. It is also an opportunity for us to share our commitment to promoting equality and the particular ways our organisation can make a difference.

Healthcare Improvement Scotland's purpose is to support better health and social care for everyone in Scotland. Our efforts to mainstream equality are integral in ensuring that we drive quality and safety across the system by understanding the range of healthcare needs and experiences people have. In doing this important work, we are also an employer. Our ambition is to be an exemplar public sector employer, nurturing a diverse workforce of highly skilled people who are fully supported to meet their potential.

In this report, we set out the concrete ways in which we have mainstreamed equality within our work. This includes internal activities such as equality focused learning for our staff, and external activities such as engaging diverse communities to inform developments in healthcare policy. We also set out our priorities over the next four years, which are focused on perinatal healthcare, anti-racism and the inclusion of disabled staff and those who are part of an LGBT+ community. We are grateful to the huge number of Healthcare Improvement Scotland staff, our partner organisations and members of the public who have supported and shaped our contribution to equality over the last four years and our vision for the years to come.

Delivering our equality priorities will require the commitment of all our staff as well as impactful collaborations with our partners across the health system and throughout the public and third sector. We look forward to working together for an inclusive workplace and equitable healthcare.



Robbie Pearson, Chief Executive



Carole Wilkinson, Chair

1. Introduction

This report has been prepared to demonstrate Healthcare Improvement Scotland's compliance with the Equality Act 2010 and the Public Sector Equality Duty as it applies in Scotland. The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended) require us to:

- report on mainstreaming the Equality duty
- report our progress in relation to the equality outcomes we set in 2021
- publish new equality outcomes for 2025–2029
- assess and review our policies and practices for their compliance with the Act
- gather and use our employee information
- publish gender pay gap information, as well as information about pay gaps relating to disability and ethnicity
- publish a statement on equal pay between women and men, people who are disabled and people who are not, and people who fall into a minority ethnic group and people who do not
- consider award criteria and conditions in relation to public procurement, and
- publish in a manner that is accessible.

We hope however that our report goes beyond this legal requirement. We aim to share with you an understanding of our organisational culture and how we ensure that equality is considered within everything we do that is, mainstreamed. We would like you to understand the contribution we make to promoting equality and non-discrimination within health and social care more widely. And lastly, we aim to share our ongoing commitment to advancing equality and the plans we have for doing this over the next four years.

2. Executive summary

We have structures and processes in place to ensure we mainstream equality considerations throughout our work. This includes:

- Examples demonstrating how we have mainstreamed equality in practice are available from across our organisations. We are proud to share multiple examples within this report from teams undertaking a range of work.
- We have provided a final progress report on the equality outcomes we set in 2021, setting out where we have achieved and where we will continue to focus activity within our refreshed set of outcomes. In particular we have set out the need to build on and strengthen our approach to addressing racialised healthcare inequalities.
- We have set out four refreshed equality outcomes for the next reporting period, which is April 2025 – April 2029. Broadly, our refreshed outcomes focus on: workplace inclusion for disabled colleagues, fostering good relations for and among staff who identify with LGBT+ communities, promoting equitable maternity care and building staff confidence around challenging racism in the workplace and wider health care system.

- An anti-racism plan for our organisation is presented as part of this report and will support the delivery of equality outcome 4 on race and enable us to build on our strengths and learn from our 2021 outcomes.
- Our workforce data shows that we have remained under-represented across younger age demographics, disability and minority ethnic groups. We have an improved but still notable gender pay gap and a substantial and increasing disability pay gap. We also have a marginal ethnicity pay gap, skewed by low workforce representation.
- We have included actions across our refreshed set of equality outcomes to scope and address inclusion issues in relation to recruitment and progression.
- We have also published a refreshed Equal Pay Statement, in which we have committed to a range of actions to continue to assure equitable pay and conditions for all Healthcare Improvement Scotland employees.

3. Mainstreaming equality

Healthcare Improvement Scotland aims to include equality considerations across the range of work we do. In this section of our report, we provide information about the structures and processes we have in place for doing this.

Equality impact assessments (EQIA)

We have embedded EQIA into all of our programmes of work and we monitor completion through a quarterly data return. Our Equality, Inclusion and Human Rights Team actively support programme leads across the organisation to understand and engage with EQIA requirements in their area. This helps leads provide accurate data on the status of their EQIAs and access any support needed to improve performance. Over the course of the last two years, we have seen steady improvement in EQIA performance across the organisation. Overall, 90% of all Healthcare Improvement Scotland (HIS) programmes who should have an EQIA in place do so and active support is in place for those who are working to complete their assessments.

We often work jointly with partner organisations or undertake commissioned work. We ensure that any work we are involved in complies with the needs of the Public Sector Equality Duty and that we are able to make a proportionate contribution to developing an assessment or to acting on its findings. For example, the commissioning process for all our [Gathering Views](#) work requires that an EQIA has been carried out by the commissioning body and that the detail of this is shared with us to inform our engagement planning. Our Assurance of Engagement process for service changes requires that [NHS boards](#) and [Integration Joint Boards](#) carry out an EQIA as part of their planning. We assess the content of these EQIAs as part of our supporting function.

Following the redesign of our external website during spring 2024, we are working to publish all EQIAs for completed work in one easily accessible place. You can find a list of our completed EQIAs on the [Healthcare Improvement Scotland website](#).

Equality, Inclusion and Human Rights Working Group

We have an Equality, Inclusion and Human Rights Working Group which supports the equality, inclusion and human rights agenda as it applies to Healthcare Improvement Scotland's work. With membership from across our whole organisation, the group oversees the development, implementation, monitoring and review of our equality outcomes and related action plans. Each of our staff equality networks are also represented, which helps the group identify key issues and prioritise actions in relation to areas of inequality that are impacting our work or workplace culture.

Equality learning and capacity building

We deliver a facilitated Equality and Diversity induction training session every three months to all new staff. Our training covers the requirements of equality legislation and provides insight into the way disadvantage and inequality operates for different groups in society. It gives participants—who may be new employees or existing employees looking to refresh their knowledge—the opportunity to discuss equality information relevant to their work and actively consider the range of ways they can deliver equality as Healthcare Improvement Scotland employees. We regularly review and update the materials used to ensure we reflect current and topical information.

Over the last four years we have engaged 173 members of staff in our Equality and Diversity induction. All participants who completed the evaluation were able to note improvements in their knowledge and confidence in relation to Equality and Diversity. We also asked participants whether there was anything different they would do having attended the training. Some examples training participants shared include:

- “engage with people from different marginalised communities”
- “report Equality and Diversity issues in my evidence summaries”
- “be aware of protected characteristics, seen and unseen, in situations”
- “be considerate of my language when engaging with people”
- “be able to challenge my own residual cultural hangovers.”

During 2024 we also facilitated four equality and human rights focused development sessions for specific staff groups and governance committees. This included:

- ‘Equality and Human Rights—Towards Conscious Inclusion’ workshop run by the Equality, Inclusion and Human Rights Team for [Scottish Health Council](#) members in June. We were grateful to receive support from NHS Education for Scotland (NES) and the [Leading to Change](#) Team as well as equality colleagues in NHS Dumfries and Galloway.
- ‘Unconscious Bias and Moving Towards Conscious Inclusion’ workshop delivered by NES for members of our Equality, Inclusion and Human Rights Working Group in August.
- A session for Healthcare Improvement Scotland staff including senior leaders to explore the new United National Convention on the Right of Children (UNCRC) (Incorporation) (Scotland) Bill and what it means for us. We ran this jointly with NES colleagues in August.

- A half-day session in September exploring equality, inclusion and human rights in respect of HIS work and culture. This was run jointly by our Equality, Inclusion and Human Rights Team and Organisational Learning and Development Team for members of our Scottish Health Council and Staff Governance Committee.

These additional sessions have helped ensure that equality, inclusion and human rights are prioritised at the highest level of leadership. Considering the strategic direction of Healthcare Improvement Scotland, non-executive board members who participated in equality development activities told our Executive Team:

*We do not see addressing inequalities as a separate workstream, programme or activity, but embedded in all our work. We want to see Healthcare Improvement Scotland addressing inequalities in our approach to all of our work—it is the material upon which we cross-stitch improvement.*¹

This is in the context of our 2023-28 strategy, [Leading quality health and care for Scotland](#) which commits to helping build a more equitable and sustainable future for Scotland.

Corporate objective

We introduced a corporate objective focused on inclusive engagement during our 2024 cycle of staff Personal Development and Wellbeing Reviews. Individual progress in delivering on this outcome is monitored through bi-annual one-to-one progress reviews with line managers. This means that all Healthcare Improvement Scotland staff have committed to **contribute to the inclusive engagement of staff, people and communities, with attention to protected characteristics and marginalised identities, in developing and delivering HIS activities**. To support this, staff were offered examples of the different ways they might meet this outcome. This included:

- planning or delivering public involvement activities supported by Equality Impact Assessment
- chairing, leading or participating in activities with one of our staff equality networks
- supporting a team member to chair, lead or participate in activities with a staff Equality Network
- proactively improving personal understanding and / or practice in relation to inclusive engagement and promoting equality through available training or organisational resources.

4. Mainstreaming examples

This next set of examples highlight work from across our organisation to illustrate the different ways we have mainstreamed equality and the impact this has had. These examples are

¹ HIS Board Strategy Day Steer for Executive Team (Executive Team meeting paper)

additional to those provided in our [2023 equality mainstreaming update report](#), and they focus primarily on the last two years.

Supporting inclusive engagement

Our internal process *Governance for Engagement* aims to provide assurance that the organisation is meeting its duties in relation to equality and engagement with people who use NHS Scotland services. The process seeks to identify and improve on good engagement practice by examining and discussing practical examples of our work. Each of our directorates have taken part in the Governance for Engagement process since its establishment in 2021, and improvements to engagement practice have been observed.

In 2023-24, it was agreed that we would update our internal process to reflect the new [Quality Framework](#) for Community Engagement and Participation. This is the framework that Healthcare Improvement Scotland uses to carry out its role in supporting, ensuring and monitoring the duty on all NHS boards to encourage public involvement. The framework asks a range of questions including whether engagement processes are accessible, inclusive, reflective of diversity and informed by EQIA. We felt strongly that we should hold ourselves to the same standards. Through this process, improvements to engagement practice have been observed and we have been able to identify examples of good engagement practice across the organisation.

For example, our Drugs, Alcohol and Housing team have worked with Scottish Families Affected by Alcohol and Drugs (SFAD) and the Scottish Recovery Consortium (SRC) to develop a survey on the experiences of people who had accessed, or tried to access, residential rehabilitation. Discussion groups were supported by the Simon Community and South Lanarkshire Beacons to ensure an ethical approach was taken throughout and that people taking part were supported by others they knew and trusted. You can read our report here: [Embedding Lived Experience in the Commissioning and Contracting of Residential Rehabilitation Services in Scotland: engagement analysis and findings](#).

Alongside this, the team engaged with people in recovery from Drug and Alcohol Harms to identify how MAT (Medically Assisted Treatment) Standards could be further improved so that recovery services are available and also acceptable to the people who need them. The team have supported all Alcohol and Drug Partnerships to engage with service users with a range of protected characteristics. Their work was acknowledged in the [Public Health Scotland](#) evaluation of Residential Rehabilitation programme—where it was recognised that residential rehab pathways are more accessible than they previously were.

We are committed to supporting those working in health and social care to understand good engagement practice and routes to inclusion for some of the most under-represented groups. For example, we developed a guide to [engaging with refugees and asylum seekers](#) by working in partnership with staff and service users from the [Scottish Refugee Council](#) and the [Mental Health Foundation](#)'s Refugees and Asylum Seekers Programme.

We also encourage public and third sector organisations to share examples of good practice which can inform engagement in health and care services. In October 2023, staff from Children's Hospice Scotland (CHAS) presented a [webinar](#) on how they had successfully and sensitively engaged children of all ages and their families to develop a new strategic plan. In June 2024 we produced a [case study](#) describing how a robust EQIA process was central to designing the 'Digital Front Door', a new way for people in Scotland to access health and care services developed by the Scottish Government and COSLA.

Research Governance policy

Some groups of people may be underrepresented or misrepresented in research studies. This could relate to one or more of the nine protected characteristics of the [Equality Act 2010](#) or other factors such as caring responsibilities, geography and socio-economic status.²

HIS Research Governance policy was due for review in 2024. Reviewing the current policy, the Research Governance Team noticed an opportunity to include up-to-date equality, diversity and inclusion policies, tools and practice recommendations. Setting out our commitment to equality as part of our research and its governance is essential. The Research Governance Team therefore explored best practice from across the research sector to support inclusive research.

The team identified that the UK's National Institute for Health and Care Research has developed an [EDI toolkit](#) 'to support researchers to understand better how to embed Equality Diversity and Inclusion in research design.'³ The toolkit provides equality related definitions and guidance for researchers on how to embed equality and inclusion principles in the selection of participants, sites and samples, data collection, budgeting, public involvement, the research team, data analysis and presentation and dissemination, implementation and impact. This has been reflected within the updated Research Governance policy. All Healthcare Improvement Scotland staff involved in research must refer to the EDI toolkit and record how their work avoids discrimination and promotes equality and understanding between different groups.

The new policy refers our staff to Ramona Naicker's [critically appraising for antiracism quality appraisal tool](#) and the participant characteristics table from [Trial Forge PRO EDI](#).⁴⁵ At present, the Research and Information Service's guidance team are piloting the use of the antiracism quality appraisal tool within their evidence review for the [Scottish Intercollegiate Guidelines Network's](#) clinical guideline on type 2 diabetes prevention. Specifically, the team are appraising for antiracism studies that include data on age and body mass index levels at the time of diabetes diagnosis across different ethnicities.

Promoting the right to health in prison settings

The Healthcare within Justice (HWJ) team leads improvement in healthcare provision in Scottish justice settings through joint inspections of prisons and police custody centres, in collaboration

² [Equality Act 2010](#)

³ [EDI Toolkit](#)

⁴ [Critically Appraising for Antiracism](#);

⁵

with His Majesty's Inspectorate of Prisons for Scotland (HMIPS) and His Majesty's Inspectorate of Constabulary in Scotland (HMICS).

Our inspections help to ensure greater consistency of care for people across Scotland and to ensure people's human rights regarding healthcare are respected. Individuals in custody should receive healthcare and support in a way that is equitable compared to the general population, taking into account the constraints of the prison or custody environment. Our joint inspections have highlighted significant variation in the standard of care provided to detainees across Scotland and shown a need for robust scrutiny. Undertaking joint inspections supports Scottish Government in meeting its legal obligation to be fully compliant with the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment (OPCAT) in line with other UK countries.

The HWJ team collate findings from health provider self evaluations, evidence, discussions with staff and prisoners or detainees and through on-site inspection activities. We use these findings together to fully evaluate the quality of healthcare and shape our recommendations for improvement. Our published inspection reports feature recommendations and areas of good practice, and our unique role enables us to be at the heart of national efforts to understand and shape the quality of healthcare, particularly where challenges require a national solution. If we identify significant areas of concern that need to be escalated, we work with NHS Boards and Health and Social Care Partnerships to design and implement action plans, including follow up visits and discussions.

To further ensure inspections result in improvements, HIS introduced a new process in 2023 for reviewing action plans following each inspection. Following publication of inspection reports, HIS routinely requests an action plan from the NHS board / Health and Social Care Partnerships (HSCP) to request an outline of their plans / achievements on the back of recommendations set out within the inspection report. A response is required 3 months following report publication. The HWJ team risk assess these action plans to determine whether any follow up inspection activity is required—this provides an extra layer of quality assurance to ensure improvements are being taken forward in response to our inspection findings.

The team has strong links with the Scottish Health in Custody Network which is an umbrella of two networks: the National Police Care Network and the National Prison Care Network. It brings together NHS Boards, HSCPs, Police Scotland, the Scottish Prison Service and other partners to improve quality of life for people in the justice system. The forum enables us to share national areas for improvement and good practice to support and help advance rights and promote equality and consistency across Scotland. We also continue to partner and engage with a broad range of organisations such as the Mental Welfare Commission, Scottish Human Rights Commission and third sector organisations. The team also have a role in the UK's National Preventive Mechanism, a national organisation set up to strengthen the protection of people in detention through independent monitoring.

Within the first year of joint police custody inspections being established, HMICS / HIS published a 'baseline review of healthcare provision within police custody centres in Scotland.' This report highlighted the wide variation across Scotland with regard to access to healthcare for people in police custody. The report also outlines examples of good practice and made a number of recommendations, including nationally agreed Waiting Time Standards for the assessment and treatment of individuals detained in police custody centres, and the development of up-to-date guidance on the delivery of police custody healthcare. In direct response to this report, the National Police Care Network is developing a Target Operating Model (TOM) for Police Custody Healthcare and Forensic Medical Services. This will enhance efficiency and effectiveness while ensuring the consistent delivery of healthcare. The development of the TOM, alongside our inspection programmes, will support people in police custody across Scotland to receive holistic person-centred, trauma-informed care that meets their needs, with dignity.

The team also collaborate with relevant stakeholders within healthcare and justice settings to share inspection themes, learning and processes and to further raise the profile of our joint work with HMIPS and HMICS. In August 2024, the National Police and Prison Care Networks facilitated a webinar session on the 'Themes and Learning from Police Custody and Prison Inspections from a Healthcare Perspective' to support the continuous professional development of staff working within the NHS, Police Scotland, Scottish Prison Service and wider partners. HWJ inspectors presented at this session and feedback from participants was very positive. In terms of wider influence on the workforce for the future, our inspectors will work with student nurses to promote careers within the justice system, by offering a range of presentations to raise the profile of the work. It is our vision for the future to have student nurses working alongside inspectors to gain a holistic overview of the work that HIS undertakes, providing an insight into regulation and inspection.

A 3-year strategy has been developed to set out our vision for improving healthcare provision for people within the context of the justice system, aligned with HIS strategic objectives. In addition to delivering outcome-focused inspections of healthcare within prisons and police custody facilities, the strategy also takes account of the potential to improve other healthcare contacts individuals have within the justice system, such as forensic services and the court system. Read about the HWJ team's work and access its reports including the strategy on the [Healthcare Improvement Scotland website](#).

Addressing perinatal health inequalities

The Scottish Patient Safety Programme (SPSP) Perinatal Programme is working to improve outcomes for women, birthing people, babies and families across Scotland. It aims to reduce stillbirths, understand variation in Caesarean birth rates, improve the recognition, response and review of the deteriorating woman/birthing person and reduce neonatal morbidity and mortality.

The SPSP Perinatal programme has a focus on addressing inequities in perinatal outcomes, with content embedded throughout the improvement resources and activities of the programme. For example, the programme recently hosted a webinar focused on racialised

health inequalities in perinatal services with guest presenters Isioma Okolo, Consultant Obstetrician and Gynaecologist at NHS Forth Valley, and Nicola O'Brien, Best Start Project Midwife at NHS Greater Glasgow and Clyde. The webinar explored:

- how racialised health inequalities relate to the SPSP Perinatal driver diagrams
- the current context of racialised perinatal inequalities in Scotland within the global context
- the intrapartum care experience and outcomes for Black, Asian and Ethnic Minority women and birthing people in Glasgow.

The webinar attracted 92 attendees including colleagues from NHS Scotland boards, Scottish Government, strategic partners, third sector, academia and colleagues from England and Wales. Attendees described the webinar as inspiring and informative, improving understanding of the impact of local data, taking meaningful action and embedding equity in all their work. *"[The webinar] was fantastic! Great mix of insights and evidence and a good practice example."*

Gender Identity Healthcare Standards

In September 2024, we published [new Standards for gender identity healthcare services](#). The Standards formed part of the Scottish Government's [strategic action framework for NHS gender identity services](#) for 2022-24. Our Standards and Indicators Team took a robust approach to public involvement and ensured the experiences of service users shaped the development of the Standards.

Right from the project initiation stage, the team involved people with lived experience and third sector representatives through an early 'scoping group' and a later 'Standards development group.' The team also worked closely with the [Equality Network](#) lived experience coordinator throughout the Standards development stage. Together they held six focus groups with people who had experience of accessing gender identity services. 65 out of 150 people who responded to the consultation survey also had direct experience of accessing services.

Throughout the Standards development, including the consultation stage, the team ensured they addressed concerns that had been raised by people with lived experience and their representatives. Each section of the Standards describes what the standard means for the person accessing services as well as for the professionals delivering care.

The team shared their learning about inclusive engagement with the LGBTQ+ community by hosting a [webinar](#) in collaboration with the organisation's Community Engagement and Transformational Change directorate.

Complaints Handling Procedure refresh

Healthcare Improvement Scotland has undertaken a robust review of its Complaints Handling Procedure (CHP). Publication is planned for early 2025.

In reviewing and refreshing our Complaints Handling Procedure, we based our refreshed HIS CHP on the Scottish Public Services Ombudsman's (SPSO) NHS Model Complaints Handling Procedure. This model procedure is designed to ensure that complaints are handled efficiently and fairly across all NHS services in Scotland. The procedure aligns with the principles of the Equality Act 2010, which aims to protect individuals from discrimination and promote equality including:

- Making the CHP accessible to everyone, regardless of their background or circumstances, for example making available information in different formats and languages to ensure that all individuals, including those with disabilities or language barriers, can easily understand and use our procedure
- Ensuring that all complaints are handled impartially and fairly, aligning with the requirement to treat everyone equally and without discrimination. The procedure mandates that complaints are resolved based on evidence and facts, ensuring that no one is treated unfairly due to their protected characteristics
- Our workforce will be trained to understand and respect the diverse needs of individuals, this includes awareness of the Equality Act and how to avoid discrimination, ensuring that all complaints are handled with sensitivity and respect for equality, while taking a trauma-informed approach
- Promoting the resolution of complaints as close to the point of service delivery as possible, meaning we consider the individuals needs and circumstances and supporting promotion of equality and preventing discrimination
- We are committed to learn from complaints to improve services. Our new process includes a series of activities which support the analysis of complaints data, identification of learning and action planning with oversight arrangements to ensure that action to address issues is implemented to improve and ensure continuous improvement in providing equitable services.

In addition during the time of our review, 16 July 2024, the UNCRC (Incorporation) (Scotland) Act 2024 made Scotland the first country in the UK, and the first devolved national in the world, to directly incorporate the UNCRC into domestic law. It was agreed as imperative then for Healthcare Improvement Scotland to adopt the first of the SPSOs guidance— [Child Friendly Complaints Handling Principles](#) and [Child Friendly Complaint Handling Process Guidance](#) and we have committed to continually review and adopt future published guidance, ensuring that we implement existing and future guidance to support this new legislation to meet the rights and needs of children, upholding children's rights under the UNCRC.

Overall, Healthcare Improvement Scotland supports and demonstrates commitment through our refreshed CHP, the principles of the Equality Act by ensuring that the complaints process is accessible, fair and respectful of all individuals, promoting equality and preventing discrimination in our services.

5. Equality outcomes (2021-2025) – Final Progress Report

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

1. A greater diversity of people are attracted and retained to work or volunteer with us and through sharing their relevant lived experience actively shape and strengthen Healthcare Improvement Scotland activities.
2. Our working practices support and encourage wellbeing and resilience for staff from all protected characteristic groups.
3. People from minority ethnic groups are actively involved in our work and their views and experiences inform and influence positive action to promote improved health outcomes.
4. Disabled people better inform and influence the development, design and delivery of Healthcare Improvement Scotland's work.

We have taken a number of actions over the past four years to achieve these outcomes. We provided an update on our progress in April 2023. You can read our update report on [our website](#). In this section of our report, we provide a final report on our progress against each of our 2021-2025 equality outcomes.

Equality outcome 1

A greater diversity of people are attracted and retained to work or volunteer with us and through sharing their relevant lived experience actively shape and strengthen Healthcare Improvement Scotland activities.

The issue

Certain groups including disabled people, people from minority ethnic groups and people from LGBT+ communities have continued to experience disadvantage in employment. This disadvantage is reflected in both employment and pay gaps as well as in the experiences people have of bias, discrimination and harassment in the workplace.

Healthcare Improvement Scotland's workforce data showed that we are under-represented in respect of the groups mentioned above. Our colleagues from these groups were also telling us that we needed to do more to foster an inclusive culture and to support visibility and leadership for diverse groups. It was also clear to us at that time that the Covid-19 pandemic was setting back progress for women as well as people with minority ethnic backgrounds and disabled people. The widening disadvantage was a result of challenges with giving or receiving care, navigating vulnerability to illness and facing loss of employment. We knew it was important to

increase the diversity of our workforce, and to do so in meaningful ways. This outcome was not solely about representation in our workforce data. We also wanted to ensure that the voices and experiences of staff from under-represented groups were heard and able to shape our activities.

Our action

In our 2023 update report we shared that we developed three staff equality networks enabling staff from minority ethnic, LGBT+ and disabled groups to access peer support and influence organisational activity. Over 30% of Healthcare Improvement Scotland staff were participating in the networks, as members with living experience and as allies, and playing a significant role in raising awareness around inequalities. Since 2023 we have continued to support and develop our staff equality networks, which has included the development of a Carer's Network and Menopause Café. Around 43% of staff now engage with one or more of these groups.

We have also successfully taken forward policy and guidance updates, led by the expertise of staff with relevant living experience. For example, this included a Workplace Transgender Equality Policy, refreshed Menopause Policy and Guidance and an Inclusive Language Guide. In the last two years, we have been able to develop further pieces of policy and guidance that centre lived experience to create positive change in our workplace. These examples are set out below.

Reasonable adjustment passport

During autumn 2024, we launched a Reasonable Adjustment Passport with guidance for our staff. This followed approval at our Partnership Forum which brings together union representatives and Healthcare Improvement Scotland managers. The passport supports employees to capture any adjustments they need to be fully included in the workplace and perform best in their roles. Employees can discuss and record agreed adjustments with a line manager, and then retain the adjustments if they change line manager but the adjustments continue to work for their role. Having the passport helps Healthcare Improvement Scotland meet section 20 of the Equality Act 2010—the duty to make reasonable adjustments and deliver on NHS Scotland values. For example:

- Care and Compassion—by taking time to ensure our people are supported and able to contribute to their full potential
- Dignity and respect—by valuing the diversity of our workforce and work to ensuring every employee is enabled in their role
- Openness, honesty and responsibility—by building trust through transparency and doing what we say we will do
- Quality and teamwork—by understanding and valuing each other's role and contribution and being committed to maximising potential through shared learning and development.

As part of launching our Reasonable Adjustment Passport we partnered with the [Business Disability Forum](#) to deliver a series of staff webinars on reasonable adjustments and best practice. The Business Disability Forum is the leading business membership organisation in disability inclusion and a partner of NHS Scotland. The sessions explained what is meant by disability, the law and best practice on making adjustments, and how to spot adjustments are needed, make decisions and have good supportive conversations around this.



Menopause awareness and guidance

When a new Once for Scotland Menstruation and Menopause Policy was launched and replaced our local policy and guidance in October 2024, we took steps to ensure good practice guidance was available for staff. Chaired by a colleague with lived experience, a group of staff worked together to refresh staff guidance and drive an inclusive culture through a series of awareness raising staff sessions. The sessions shared good practice in managing menopause symptoms within the workplace, and gave colleagues the opportunity to discuss any issues or questions that arose for them.

Equally Safe at Work

We reported that in September 2022, Healthcare Improvement Scotland joined the NHS Scotland pilot of Close the Gap's employer accreditation programme [Equally Safe at Work](#). The programme promotes women's economic equality including by addressing the problem of violence against women. We were awarded Development Level accreditation in December 2023.



As part of the pilot a working group comprised of staff from different functions reviewed our in-house resources to support women employees who experience violence or abuse in their work or personal lives. We developed guidance for managers, provided clear signposting to support organisations as part of our staff intranet and renewed our Employee Assistance Programme to include better counselling and financial support options. We raised awareness about the economic consequences of women's workplace inequality and gained commitment to progress at the most senior levels of leadership. We updated our job adverts to include a commitment to flexible working and our internal communications encouraged both men and women to consider how they balance paid work with domestic and care work. Working group members

were able to hone their skills in gender analysis with the support of Close the Gap and share learning and practice tips with other NHS Boards participating in the pilot.

By 2023, we had updated our core Equality and Diversity training to include more detailed information about inequalities impacting minority ethnic groups, disabled people and LGBT+ communities. We continue to deliver this on a quarterly basis, with regularly updated material (*see section 2* above). In addition to this we were able to draw on the living experience and expertise of our staff to support our NHS24 colleagues by developing and delivering LGBT+ awareness training to their [Breathing Space](#) team. The training provided an overview of LGBT+ communities, the connection between these communities and mental health, and what the service can do to include people who identify as part of an LGBT+ community. All participants rated the session as very good or excellent. Participants said the training was ‘a very worthwhile use of time’ and helped them become ‘more confident in [their] approach.’ Our trainers were especially happy that one participant identifying within the LGBT community said, ‘it was a really lovely presentation and I felt well supported throughout.’

Since we set this outcome in 2021, our workforce profile in respect of protected characteristic groups has remained relatively consistent.⁶ Our recruitment efforts have not managed to increase the proportion of staff who identify as disabled, part of an LGBT+ community or a minority ethnic group in Scotland. We have however made significant strides in respect of workplace inclusion for staff who share protected characteristics, and these have been the result of empowered staff groups sharing their insights and ideas for change. Our staff networks have been an invaluable source of expertise and skill, taking forward improvements in policy and awareness across the organisation. As a result, we are confident that any new employees joining Healthcare Improvement Scotland will feel welcomed and supported to be themselves at work, and that employees who share protected characteristics can be confident in their power to shape our workplace.

Our next set of equality outcomes have a greater focus on our recruitment process, particularly in respect of our outcomes relating to the protected characteristics of disability and race. We fully appreciate more action is needed to diversify our workforce, and that this in turn will enable us to include more voices and perspectives in the evolution of our policies and processes. As part of our refreshed set of equality outcomes we will also therefore continue to build on the improvements we have made around workplace inclusion and to promote good relations between the different groups of people represented within our workforce and the communities we serve.

Equality outcome 2

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

⁶ See Workforce Equality Monitoring Report 2021-24

The issue

We were concerned about the number of our staff who reported feeling stressed at work, and particularly in the context of the national rise in mental health issues through the Covid-19 pandemic. Evidence showed that there has been specific and disproportionate impact on the mental wellbeing of some protected characteristic groups including disabled people, minority ethnic groups and LGBT+ communities. We wanted to invest in the wellbeing of our diverse workforce to build and maintain resilience. We thought this was especially important for colleagues from minority ethnic backgrounds whose experiences during the pandemic had highlighted the enduring and severe impact of racist structures across the NHS Scotland system and at a whole society level.

Our action

Overall, our action in this area has been targeted at and benefitted all Healthcare Improvement Scotland staff, with some examples of our approaches being tailored to target specific staff groups.

In our 2023 update for example, we reported on the development of new ways of working to cement the positive changes in our working practices that had been developed through the pandemic. We trialled and evaluated a hybrid approach to working and subsequently adopted this as an enduring feature of our workplace. In practice we have two main office bases available to staff, supporting in-person collaboration and access to a range of facilities as needed. We trust our staff and teams to work in the place that best enables them to carry out their role, whether this is in the office or at home on any given day. Our hybrid working approach has been well received by staff. We understand that there has been particular benefit for staff who have caring responsibilities, manage health conditions or sensory differences or who practice a religion. One respondent to our Carers Survey in June 2024 said for example *'flexible working is a major help, and colleagues are very understanding about me taking time out during the working day.'*

Corporate objective

As part of our staff Personal Development and Wellbeing Review cycle all Healthcare Improvement Scotland staff commit 'be part of, and demonstrate a commitment to, supporting my own and others health and wellbeing, and contribute to an inclusive and healthy work environment in the way I work.' Setting an objective for all staff has enabled everyone to take actions that are specific to their own health and wellbeing and to receive support and encouragement from their line manager to do so.

Trauma-informed practice

We described in our 2023 how we had taken a number of steps to upskill staff in trauma-informed practice and principles. This included signing up to the National Trauma Training Programme (NTP) Leadership Pledge of Support, identifying a Champion for Trauma-Informed

Practice, establishing a trauma-informed steering group to plan and implement trauma-informed practices across the organisation, introducing mandatory trauma-informed practice training for all staff and ensuring further training needs can easily be met.

We have continued this work, including by listening to the experiences and understanding of staff to identify effective strategies for further embedding trauma-informed practice. We have found that the distribution of knowledge and understanding of trauma-informed practice and its application in Healthcare Improvement Scotland is uneven. We have found that some work programmes embed trauma-informed approaches well but that more work is needed to further embed this. We are now exploring tools, mechanisms and processes to enhance the personal and mental safety of staff, to support staff to expand their window of tolerance and build resilience and to role model trauma-informed approaches.

Mental health and wellbeing peer support resources

We have been facilitating weekly meditation sessions for staff on Tuesday mornings and wellbeing support sessions on Thursday afternoons, offering regular and varied support options. These sessions are all peer-led by our staff. The meditation sessions vary from week to week depending on which staff member is hosting. The Weekly wellbeing is a drop-in session which was set up during Covid, initially supported by the Confidential Contacts but now run as a self/staff supported session. The sessions allow staff to come together to talk about how they are taking care of their mental health and wellbeing and general chat that is not so frequent now staff are not regularly in the office.

Some of our staff have undertaken Mentally Healthy Workplace ‘train the trainer’ sessions in February 2025 which will support the subsequent roll-out of Managers Mentally Healthy Workplace training. We also have a number of staff who have been trained as mental health first aiders and have arranged refresher courses for new and existing first aiders by the end of the 2024 financial year.

We have also undertaken some targeted activities to support men’s mental health and menopause awareness, including:

- A talk from Andy’s Man club on 5 December 2023
- A session on See Me Men’s Mental Health Month–Stigma and Support within the Workplace on 14th November 2024
- Attending a webinar via Alliance and Scottish Government on Menopause Day on 18th October 2024

New Employee Assistance Programme

In April 2023, we changed the supplier of our Employee Assistance Programme (EAP) to provide a more comprehensive and accessible service to our staff and volunteers.

Our EAP is a 24/7 free and confidential support service designed to assist individuals in dealing more effectively with any personal, health, work or life challenges they might be facing at any

time. Our programme delivers a comprehensive service governed by clinical Standards and provides multiple access points to a dedicated Case Manager so that our people can access support at any time, no matter where in the world they are and whatever day or time they call.

The service gives both employees and volunteers confidential, easy access to a wide variety of mental health support, as well as practical assistance services. These professional services support our people in dealing with a whole host of personal or work-related issues. It helps to equip them with the tools they need to proactively protect and manage their mental health. It offers a range of routes to access the service including live chat, WhatsApp and text, an online portal and a freephone telephone line for support.

While always available, we have given additional signposting to the programme when we feel there may be a specific need with our workforce. For example, during the summer of 2024 when far-right, anti-immigration riots occurred across the UK this impacted the safety and wellbeing of multiple staff groups. We had also taken stand-alone steps to signpost support for specific staff groups, including in relation to violence against women through our Equally Safe at Work programme and LGBT+ communities through our list mental health support organisations shared during Pride months but available permanently on our staff intranet.

Overall, we feel we have undertaken a range of positive activities to support the wellbeing of staff and that have relevance to staff from a range of protected characteristic groups. We planned to work towards a better understanding of stigma, including self-stigma, and how this impacts access to support and health services for a range of groups. We unfortunately lacked capacity to take this forward. We have however set focused activities within our refreshed set of equality outcomes around understanding the diverse needs and experiences of different groups, including in relation to their engagement with services. We plan to continue the positive actions we have in place to support everyone's health and wellbeing while building organisational awareness and capacity in relation to the specific needs and experiences of different protected characteristic groups.

Equality outcome 3

Minority ethnic communities are actively involved in our work and their views and experiences inform and influence positive action to promote improved health outcomes.

The issue

We knew that minority ethnic communities experience greater health inequalities including in relation to cardiovascular diseases, diabetes, HIV and uptake of screening programmes. Moreover, UK and international data clearly showed that people from some minority ethnic groups were at greater risk of adverse health outcomes and economic disadvantage through the Covid-19 pandemic.

We supported the vision set out in the [Race Equality Framework for 2016–2030](#) that minority ethnic communities in Scotland have equality in physical and mental health as far as is

achievable, and we wanted to sharpen our focus on how the delivery of health and social care could help reduce these disparities.

Our action

By 2023 we had supported staff learning opportunities through attendance at a range of sector specific workshops and by participating in the Scottish Government led community of practice on racialised health inequalities. Since then we have continued to participate in the learning that is taking place across the system and made our own contribution to this too.

Critical appraisal

We know that institutional racism influences the specific work Healthcare Improvement Scotland does, including how we approach, interrogate, understand and apply healthcare evidence. Our Race and Ethnicity Network, Research and Information Service and knowledge specialists therefore worked together to develop and host a webinar on critically appraising for anti-racism—featuring guest speaker Ramona Naicker, Librarian for health subjects at Monash University. The webinar was aimed at colleagues in Healthcare Improvement Scotland and other NHS Boards who use information and knowledge as part of their role, whether as specialists or part of a wider skillset.

During the session Ramona demonstrated the [methodology and tool](#) they developed to help identify racism in published research. Participants learned where and how racism and racial bias show up in published research. You will be able to practice skills in identifying racial bias and responding appropriately. The webinar was recorded and is available on [Healthcare Improvement Scotland's YouTube channel](#). Following the session, Ramona said:

In embracing an anti-racism approach, HIS is not just setting a new standard for ethical leadership in healthcare; they're illuminating a path toward a more inclusive and just future. Their unwavering commitment to antiracism extends beyond rhetoric, actively shaping a healthcare vision that values diversity and ensures that every individual is heard and respected. HIS's choice to prioritise antiracism isn't merely a checkbox—it's a strategic move towards innovation in healthcare. By fostering a culture that actively dismantles racial disparities, HIS is positioning itself as a pioneer in driving solutions for a more equitable healthcare landscape. This commitment isn't confined to HIS's immediate sphere; it's a ripple effect contributing to the creation of a sustainable and positive society. They're not just making waves in healthcare; they're making an impact on a broader scale, inspiring positive change beyond the confines of their organisation.

Following the webinar, we updated our Research Governance policy to include the [critically appraising for antiracism quality appraisal tool](#). At present, the Research and Information Service's guidance team are piloting the use of the antiracism quality appraisal tool within their evidence review for the Scottish Intercollegiate Guidelines Network's clinical guideline on type 2 diabetes prevention. Specifically, the team are appraising for antiracism studies that include data on age and body mass index levels at the time of diabetes diagnosis across different

ethnicities. The team is committed to embedding the approach wherever possible as part of an anti-racism approach to medical knowledge and progress.

NHS Scotland Ethnic Minority Forum

We have also continued to actively contribute to the NHS Scotland Ethnic Minority Forum which brings together local race equality networks across the NHS to work towards improvements for minority ethnic staff in the NHS.

Safia Qureshi, our Director of Evidence and Digital, is part of the Ethnic Minority Forum's (EMF) Executive Team and has helped to steer its work.

Safia's role on the national group includes representing Healthcare Improvement Scotland's Race and Ethnicity Network, taking issues and information to the Forum and bringing things back to our own network.



As part of the Forum's executive, Safia helped develop the work plan, contributed to the development of its first annual report, and works to raise the profile of ethnic minority staff across NHS Scotland.

Along with the Forum's Chair and the rest of the Executive Team Safia met the Cabinet Secretary for Health and Social Care, Neil Gray. Safia said: "I love being part of the EMF. They are fabulous people from very diverse backgrounds. The meeting with the Cab Sec was great. They were very supportive, listened carefully and committed to following up on a few specific requests. They also offered a second meeting to follow up on some of the topics we discussed."

As part of our remit to support the engagement of people and communities in shaping health and care services in Scotland, our Community Engagement and Transformational Change directorate has been working to build and strengthen relationships with local minority ethnic communities across Scotland.

In April 2024 the directorate introduced the role of Engagement Advisor–Community (EAC) as part of a restructure. Since then, three new postholders have been working across the whole of Scotland (divided regionally by North, East and West) with a remit to build and maintain relationships with communities. These include geographical communities, protected characteristic groups and communities of interest.

The directorate has so far engaged with twenty-six minority ethnic groups. The meetings have provided an overview of the team's role and the work of Healthcare Improvement Scotland alongside opportunities for involvement in a range of our programmes of work. The team highlight opportunities for feedback to local NHS Boards and HSCP, using Care Opinion, PASS and local feedback channels. The work informs and empowers communities to engage with both our organisation and local boards and partnerships.

We are not able to point to measurable changes in health inequalities for minority ethnic groups as a result of the outcome we set. We have however been able to identify strengths in the way we have engaged with and contributed to learning from the evidence and experience shared across the system. We have updated our processes so that we can better influence equitable healthcare in our role as the national healthcare improvement organisation. We have also set a range of actions as part of our 2025-29 equality outcomes and anti-racism plan to take forward work that evidence and our local engagement shows is needed and would be meaningful for Healthcare Improvement Scotland staff and the communities we serve.

Equality outcome 4

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

The issue

Our engagement participants had highlighted a range of accessibility issues in relation to healthcare access. This included the accessibility of information and engagement tools, unclear pathways between physical treatment and mental wellbeing support and costs associated with accessing treatments. We wanted to play a role in supporting the design and delivery of health and social care services which work for everyone and to respond to learning from the Covid-19 pandemic, including around successfully involving disabled people in our work.

Our action

By 2023 we had worked with Disability Equality Scotland to train a cohort of engagement staff in Easy Read, an accessible format that makes written information easier to understand by using simple, jargon free language, short sentences and supporting images. The group were subsequently able to support our Standards and Indicators Team with an Easy Read version of the Bairns Hoose Standards and to trial Easy Read meeting agendas with internal teams. We had also produced staff guidance around accessible resources and events and embedded lived experience leadership within our Mental Health Improvement Team.

We were supporting HSCP's to discover, plan and implement new strategies for delivering support opportunities for people with learning disabilities in their area by identifying evidence, sharing learning and facilitating networks at both a local and national level. We had also hosted a webinar called [Planning for Engagement with Disabled Participants](#), exploring the potential of designing engagement through the lens of disability to improve engagement practice and move beyond the barriers both disabled people and community engagement practitioners experience.

Meeting Standards

Since our 2023 report, we have been able to take forward work to support accessible and inclusive engagement. Recognising that a key part of accessibility in our hybrid work environment is ensuring that our meetings are as accessible as possible for all who attend, we developed and launched a Minimum Access Standards for meetings. The Standards support

inclusive meetings, chiming with best practice in relation to health and safety and equalities while supporting everyone's health and wellbeing. The Standards cover a range of considerations, including: providing flexible meeting options for people to engage with the meeting, clarity on meeting purpose, managing timings, sharing materials in advance, creating an inclusive space for participation and ending with clear actions.

Strengthening Local Engagement opportunities

The role of Engagement Advisor–Community (EAC) was introduced as part of the Community Engagement and Transformational Change directorate restructuring, with postholders commencing their roles in spring 2024. The three postholders work across the whole of Scotland (divided regionally by North, East and West), and have a remit to build and maintain relationships with communities across the country. These include geographical communities, protected characteristic groups and communities of interest. Since the commencement of the role, the EACs have held 10 meetings with mental health groups and 37 meetings with Carers Centres. Work is underway to continue to connect with local groups and to theme the intelligence gathered from local conversations so that it can be disseminated both internally to various programmes across the organisation and externally to the local NHS board or HSCP's to help inform current and future work activity.

Overall, we have taken a number of steps to improve the accessibility of our engagement practices and ensure disabled people can participate effectively. Alongside this, we have continued to support teams across the organisation to assess their work for impact on the range of protected characteristics groups including disability and take appropriate action to engage and learn from impacted groups. We have concluded that overcoming the barriers that disabled people face in accessing health care should be central to all of our work, and we are best placed to do this by supporting robust and inclusive community engagement processes. We will continue to map and engage communities, while strengthening our own knowledge and understanding of inclusive practice.

6. Healthcare Improvement Scotland equality outcomes 2025-2029

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

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

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

To help inform our equality outcomes, Healthcare Improvement Scotland gathered and considered a range of relevant evidence. Evidence was obtained through:

- Engagement with our staff equality networks and organisational groups
- Engagement with voluntary organisations representing people who have given birth recently and are new parents
- Engagement with people from minority ethnic communities in Scotland
- An analysis of reports published by the Scottish Government, public bodies, third sector and other organisations describing the inequalities experienced by people with relevant protected characteristics
- Analysis of our workforce data
- Learning from our 2021-2015 equality outcomes and reflection on where we can best make a contribution.

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

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

As with previous years, we have again set four outcomes in total. All of our outcomes this time relate to specific protected characteristic groups—disability, gender reassignment, sexual orientation, race and pregnancy and maternity. For each of these outcomes however, we have taken an intersectional approach and reflected on the range of protected characteristic groups we can benefit. We anticipate for example: a positive impact on women within our pregnancy and maternity outcome; a positive impact on people who practice a minority religion within our race outcome; and a positive impact in relation to age within our disability outcome.

Equality Outcome 1–Disability

Outcome: By 31st March 2029, employees who are disabled, neurodivergent and / or have a long-term condition experience an inclusive work environment and opportunities for professional development.

Activities and measures

How we will deliver the outcome and measure our progress:

Activity 1: Through awareness activities, we will support managers to understand disability and apply good practice in relation to reasonable adjustments.

Measures:

- Availability of disability and reasonable adjustment awareness resource which is compulsory for all managers
- Number of additional resources as available promoted internally to staff
- Staff engagement data per above.

Activity 2: Through training and guidance, we will ensure our staff can confidently meet an appropriate standard of accessibility, including for internal and external meetings, which include disabled staff and stakeholders equitably.

Measures:

- Evaluation poll taken before and after training session demonstrating improved awareness and confidence
- Availability of guidance for staff.

Activity 3: By harnessing and building on our knowledge about the range of adjustments needed by our employees, we will drive a culture where people are confident to ask for what they need.

Measures:

- Number of staff news articles about assistive technology and other adjustments
- Number of 'Digital Champions' sessions to focus on assistive technology
- Record of accessibility equipment provided showing consistent uptake from staff
- Directorate level 'pulse' survey question delivered bi-annually in partnership showing improving staff confidence in asking for what they need to work effectively.

Activity 4: We will remove barriers to joining and progressing at HIS by carrying out a disability audit of our recruitment practices.

Measures:

- Number of positive changes made to our recruitment process by April 2027
- An increase of 5% in the number of our staff who identify as disabled by 2029

Activity 5: We will support progression for disabled colleagues seeking career advancement by developing an approach to mentoring.

Measures:

- A mentoring scheme is in place by April 2027
- Number of people who have come forward as mentors or mentees

Activity 6: We will deepen staff knowledge and understanding of the different barriers faced by disabled people in our workplace by scoping our current understanding and raising awareness

about inclusive practice in relation to specific conditions or differences such as mental health conditions, energy impairments / Long Covid and neurodivergence.

Measures:

- Number of additional resources as available promoted internally to staff
- Staff engagement data per above.

Activity 7: Identifying relevant opportunities to share learning from disability best practice with other staff groups, including via our Carers Network and Menopause Café.

Measures:

- Availability of a standing item for staff Equality Network Chairs to discuss shared initiatives
- Number of shared initiatives undertaken

The general Equality Duty

The needs of the general equality duty that this outcome is intended to support are:

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

Situation / evidence

Our staff survey supporting the development of equality outcomes identified inclusion for disabled staff as a top priority. The need to train staff and managers around inclusion and best practice was a key part of the feedback we received.

Just over 6% of the HIS workforce identify as disabled.⁷ While this number could in reality be higher as a result of under reporting, disabled people seem to be significantly under-represented when accounting for around 26% of the Scottish population.⁸ Only 45.9% of disabled people are in employment in Scotland compared to 81.7% of non-disabled people.⁹ For some neurodivergent groups this gap may be wider still—for example, only 22% of autistic people across the UK are in full-time employment.¹⁰

Another consideration is the emergence of Long Covid over the last few years, with an estimated 1.9 million people across the UK experiencing this post-viral condition.¹¹ Recent research by the University of Stirling and Universities of Oxford and York found that ‘existing

⁷ HIS Workforce Equality Report 2021-24

⁸ [CBP-9602.pdf \(parliament.uk\)](#)

⁹ [Employment - Inclusion Scotland](#)

¹⁰ Business Disability Forum

¹¹ [Prevalence of ongoing symptoms following coronavirus \(COVID-19\) infection in the UK - Office for National Statistics](#)

sickness absence, return to work and welfare policies do not meet the needs of workers with Long Covid, and that they often experienced a lack of support on attempting to return to work.’¹²

Alongside this employment gap, Healthcare Improvement Scotland’s most recent pay gap analysis shows that our disability pay gap is 20.7% (both mean and median) - more than double that of our gender pay gap. This pay gap has increased by 3% (mean) over the last three years, even though the number of job applications we have received from disabled candidates has been broadly consistent and there has been a 6% increase in job offers made to disabled candidates.¹³

We would like to ensure that we continue to attract disabled and neurodivergent employees to work at Healthcare Improvement Scotland. We also want to ensure we retain their talent by investing in an accessible and inclusive workplace and supporting career aspirations. This will mean reviewing the barriers that drive a lower employment rate and impede career and pay progression, which could also be contributing to our lower levels of recorded representation and pay.

While we are unable to stratify our workforce data to understand the interplay of multiple protected characteristics, we anticipate the need to be alert to the intersectional disadvantage that may impact specific groups—for example, disabled women. Close the Gap say that disabled women are among the most marginalised in the labour market and face a wider gender pay gap than non-disabled women. Through a series of focus groups Close the Gap identified some key themes. These included: inflexible work, poor employer knowledge about disability, discriminatory recruitment practice, impact of caring roles, whether or not reasonable adjustments are put in place by an employer, being visible at work and needing to educate others, difficulty accessing training and feelings of being judged.¹⁴

We anticipate that taking action to improve accessibility and inclusion for disabled colleagues will create positive learning and impact for other staff groups too. For example, Healthcare Improvement Scotland’s staff guidance on the menopause notes a range of adjustments that could benefit employees with related symptoms. Employment law has shown discrimination in relation to menopause symptoms can track a number of protected characteristics including, disability.¹⁵ Moreover, menopause symptoms can intersect with a range of long-term conditions and sensory or neurological differences.¹⁶

¹² [UK work policies not fit for people living with Long Covid | About | University of Stirling](#)

¹³ HIS Workforce Equality Monitoring Report 2021-24

¹⁴ [Close the Gap | Blog | Emerging findings from Close the Gap research on disabled women and work](#)

¹⁵ [Menopause, Employment Law & Workplace Rights | My Menopause Centre; Menopause in the workplace: Guidance for employers | EHRC; Mrs M Lynskey v Direct Line Insurance Services Ltd: 1802204/2022 and 1802386/2022 - GOV.UK](#)

¹⁶ For example: [“A perfect storm”: Autistic experiences of menopause and midlife - Miranda J Brady, Christine A Jenkins, Julie M Gamble-Turner, Rachel L Moseley, Margaret Janse van Rensburg, Rose J Matthews, 2024 \(sagepub.com\)](#)

As a matter of good practice, adjustments should be considered for any applicant or employee with a health condition which could potentially be considered as disability per the Equality Act 2010.¹⁷ The duty for employers to make reasonable adjustments is set out under section 20 of the Act.¹⁸ There are many conditions and life changes that can result in disability across the life course. We think a range of measures besides reasonable adjustments can support this, and we would like to invest in good practice around workplace accessibility.

Equality Outcome 2—Gender Reassignment and sexual orientation (LGBT+)

Outcome: By 31st March 2029, through awareness activities employees who are LGBT+ will experience an inclusive and supportive work environment, including good relations with each other and non-LGBT employees.

Activities

How we will deliver this outcome and measure our progress:

Activity 1: By delivering a series of LGBT+ awareness sessions for HIS staff, we will increase understanding of the social and healthcare issues that impact different sections of this diverse community.

Measures:

- Number of sessions and range of themes covered
- Engagement with sessions including attendance and evaluation quotes

Activity 2: By sharing intelligence gathered through our own learning and practice in relation to LGBT+ communities, we will support each other to engage more effectively with the LGBT+ communities we serve.

Measures:

- Number of intelligence-sharing spaces facilitated
- Number of examples of 'good engagement' collected
- Reach of examples shared with HIS staff via work programmes and events
- Qualitative data about programmes that have benefitted from the learning we shared

Activity 3: By identifying learning from our partners and stakeholders we will ensure our staff have up-to-date knowledge of LGBT appropriate healthcare.

Measures:

- Number of sessions facilitated
- Engagement with sessions including attendance and evaluation quotes

¹⁷ Business Disability Forum

¹⁸ [Equality Act 2010 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

Activity 4: We will enable visible allyship within our hybrid workplace by developing a digital ‘badge’ and allyship ‘pledge’ for optional use on staff intranet profiles.

Measures:

- Availability of digital badge and pledge
- Uptake from staff, measured through an anonymous form
- Uptake specifically by Executive Team and non-executive board members during Pride Month 2025

Activity 5: We will celebrate our LGBT+ colleagues by continuing to support our internal Pride Network and participating in Pride Months.

Measures:

- Availability of regular meetings and engagement opportunities
- Number of staff to take a leadership role in organising and facilitating a meeting or engagement opportunity
- Number of distinct activities hosted during Pride Months
- Availability of protected time for staff to contribute to Pride Network activities
- Uptake of allyship pledge from staff, measured through an anonymous form

The general Equality Duty

This outcome meets the need of the general equality duty to foster good relations between people who share a protected characteristic and those who do not.

Situation / evidence

Just over 6% of our staff identify with an LGBTQ+ identity—an increase of 1.4% over the last three years. The 2022 Scottish Census showed that 4% of the population identify as lesbian, gay or bi; and 0.4% are trans, almost half of whom are aged 16-24.¹⁹

Since 2021, our internal Pride Network for LGBTQ+ staff and allies has established itself in the organisation. The network has improved awareness of LGBTQ+ issues within our workforce and developed a more supportive workplace policy environment.

In our external facing work, Healthcare Improvement Scotland has contributed to the Scottish Government's [NHS Gender Identity Services: Strategic Action Framework 2022-2024](#) with the September 2024 publication of [Gender Identity Healthcare Services Standards](#). Our Standards will support clinical services and health boards to deliver positive changes in partnership for people requiring gender identity services in Scotland.

Throughout the positive work we have undertaken, we have been aware that social understanding and attitudes impact significantly on LGBTQ+ communities, particularly transgender people and their allies. For example, the Glasgow Centre for Population Health

¹⁹ [Scotland's Census 2022 - Sexual orientation and trans status or history | Scotland's Census \(scotlandscensus.gov.uk\)](#)

(2024) reports evidence that transgender people ‘endure the worst forms of societal, political, institutional and interpersonal discrimination, exclusion and microaggression.’²⁰

The NHS Scotland workforce is not sheltered from this. We know that the ‘prior experience and/or perception among LGBT+ groups that interactions with healthcare services will be stressful, judgemental, ill-informed’ impacts access to appropriate and equitable healthcare.²¹ Moreover, social attitudes also impact on staff delivering or working to improve healthcare services for this population. The Scottish Government has noted that despite the provision of funding, some gender identity services ‘have reported at times significant challenges in both the recruitment and retention of clinical staff ... The reasons for challenges in recruitment and retention are varied but include ... the politically polarised context of the work with significant media scrutiny and public exposure.’²² Our own staff experienced some of this exposure in publishing our Standards.

At the same time there are reports of continued disparity in mental health outcomes for LGBTQ+ communities, and in particular trans and non-binary people. NHS Lothian, Greater Glasgow and Clyde and Public Health Scotland’s 2022 LGBT health needs assessment showed that more than half of survey respondents said they had mental health problems like depression, anxiety and stress. This was highest for trans and non-binary people at around 75%. Only a quarter of survey respondents rated their general mental and emotional wellbeing positively—for trans and non-binary people it was just 10%.²³

Some of this disparity could be attributable to long waiting times for mental health services and gender affirming care. It is clear however that polarised public discourse and bullying and harassment in public spaces, including online, takes a significant toll on emotional wellbeing.

As the 2024 Cass report highlighted, polarised debate detracts from the provision of quality healthcare. It is important that our staff experience safe, supportive workplaces with opportunities to learn and ask questions.²⁴ It is also important that those accessing healthcare services have assurance that NHS Scotland staff understand the issues relevant to the LGBT+ community and can respond appropriately, with compassion and respect.

It has always been of utmost importance that we respect the diversity of our workforce. Case law since 2021 has shown that gender-critical beliefs can be protected from discrimination under the Equality Act 2010. Secondly, however, it has shown that the ways in which such beliefs can manifest themselves in the behaviour of individuals might not be protected.²⁵ It is imperative that we maintain a workplace environment where everyone can come to work and expect to be treated with dignity and respect.

²⁰ [Examining the social determinants of LGBT+ health and wellbeing \(gcph.co.uk\)](https://www.gcph.co.uk/publications/examining-the-social-determinants-of-lgbt-health-and-wellbeing)

²¹ [Examining the social determinants of LGBT+ health and wellbeing \(gcph.co.uk\)](https://www.gcph.co.uk/publications/examining-the-social-determinants-of-lgbt-health-and-wellbeing)

²² [improving-access-delivery-nhs-scotland-specialist-gender-services-children-young-people-report.pdf \(www.gov.scot\)](https://www.gov.scot/publications/improving-access-delivery-nhs-scotland-specialist-gender-services-children-young-people-report/pdf)

²³ [Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people \(scot.nhs.uk\)](https://www.scot.nhs.uk/health-needs-assessment-of-lesbian-gay-bisexual-transgender-and-non-binary-people)

²⁴ [Final Report – Cass Review](#)

²⁵ [Employment Tribunal rulings on gender-critical beliefs in the workplace \(parliament.uk\)](https://www.parliament.uk/business/committees/committees-a-z/equality-committee/pages/employment-tribunal-rulings-on-gender-critical-beliefs-in-the-workplace)

The NHS Scotland [Pride Badge initiative](#) has proved to be a useful framework for our staff to learn about the issues experienced by LGBT+ communities and to signal their allyship. While seventy-four HIS employees formally signed the NHS Scotland Pride badge pledge form during the active campaign period, the initiative has supported wider awareness and understanding and provided an ongoing mechanism for explaining LGBT+ issues and allyship. We would like to make the most of this framework, shared with our colleagues across the system, to understand the issues experienced by different LGBT+ communities—including those who experience the widest disparities in health, wellbeing and social acceptance.

As part of the Scottish Government's NHS Gender Identity Services: Strategic Action Framework 2022-2024, NHS Education for Scotland has published a [Transgender Care Knowledge and Skills Framework](#). This provides a learning resource to support understanding of the care requirements of trans and non-binary people, and we will use this to develop the knowledge and understanding of our workforce.

Equality Outcome 3—Pregnancy and maternity

Outcome: By March 2029, through our perinatal Quality Management System, including new standards and inspections for maternity care, we will improve the quality and safety of maternity care for everyone, with a specific focus on improving outcomes for people from protected characteristic groups.

Activities and measures

How we will deliver the outcome and measure our progress:

Activity 1: When carrying out unannounced routine inspections of maternity units within acute hospitals in Scotland, we will ask for available equality data and any guidelines or improvement work the board is taking forward to reduce inequalities.

Measures:

- Record of inspection showing HIS staff spoke to women and birthing people from minoritised groups where possible during inspections—or where not possible, requested evidence of the board seeking feedback from under-represented women and birthing people
- Feedback and recommendations on inequalities provided to relevant boards
- Record of presentations and discussion show feedback and learning about inequalities shared via Quality Management System.

Activity 2: By sharing any intelligence we collect through our work or partnerships, we will empower those delivering care to challenge racism, ableism, homophobia and transphobia.

Measures:

- At least one third sector organisation, maternity partnership or relevant specialist for each area of inequality is engaged in our Quality Management System (QMS)

- Learning activity evaluation shows NHS participants in the QMS self report improved awareness of the specific needs of women and birthing people who are from minority ethnic or religious groups, disabled or neurodivergent or part of an LGBT+ community.

Activity 3: Through developing and publishing a new set of Standards for maternity care, we will raise awareness about what constitutes safe, effective, person-centred care specifically for minoritised groups.²⁶

Measures:

- Availability of new Standards for maternity care
- Engagement activity around the new Standards demonstrably links the Standards to minoritised groups.

Activity 4: Using public involvement approaches, we will identify service improvements that reflect the needs of groups who experience health inequalities.

Measures:

- Number of equity focused service improvements identified from public involvement and / or through evidence from stakeholders
- Changes made to our inspection approach attributable to our new maternity standards which have been developed with public consultation
- Qualitative feedback from stakeholders or communities that shows their needs have been reflected in our quality improvement approaches.

Activity 5: By sharing intelligence, we will understand where improvements for women and birthing people can complement our approach to upholding the rights of the child.²⁷

Measures:

- Availability of a Children's Rights and Wellbeing Impact Assessment which informs the Quality Management System
- Number of learning points from the development of new maternity care standards we can apply to new neonatal standards.

The general Equality Duty

This outcome will further the following needs of the General Equality Duty:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act

²⁶ The term 'minoritised' reflects that a group/community is treated as a minority, often in unfair ways, even though they may not be a statistical minority in the global population. We use this term interchangeably with the term 'minority ethnic group', depending on the context. Here, we are following current terminology favoured by the Scottish Government and Scottish Public sector. See [Anti-racism plans - guidance](#)

²⁷ [UNCRC Full Text - The Children and Young People's Commissioner Scotland \(cypcs.org.uk\)](#)

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

Situation / evidence

We reviewed available evidence on inequalities relating to pregnancy and maternity, including the perinatal period which encompasses pregnancy and the first year following birth.

Following the Covid-19 pandemic, Engender reported gaps in perinatal support and experiences of trauma relating to isolation and poor care that affected women giving birth during this period.²⁸ Beyond this period, there are pronounced inequalities in care that impact specific groups of people who use maternity services. Inequalities impacting minority ethnic and minority faith groups are most widely reported. For example:

- Muslim women have reported poorer experiences during labour, delivery and the postnatal period²⁹
- Refugee and asylum-seeking women in the UK experience a higher risk of perinatal mental health problems and postnatal depression³⁰
- UK wide reporting by Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRACE) from 2023 until October 2024 shows a consistent increased risk in maternal mortality for Black women who are up to four times more likely to die during the childbearing year, while Asian women are almost twice as likely to die, compared with their majority White counterparts.³¹³²³³³⁴

Several factors are influencing these disparities for minority ethnic and minority religious groups, relating to the management of clinical risk as well as cultures within care settings. For example:

- People from non-English speaking backgrounds may be at greater risk of delayed recognition of deterioration or harm.³⁵

²⁸ [New report - Experiences of pregnancy and maternity services in Scotland during COVID-19 - Health and Social Care Alliance Scotland](#)

²⁹ [Invisible – Maternity Experiences of Muslim Women from Racialised Minority Communities](#)

³⁰ [Amma Birth Companions Birth Outcomes and Experiences Report](#)

³¹ [MBRACE-UK, 2023](#)

³² [Working together to achieve equity in health outcomes FEB 26.02.20 copy \(england.nhs.uk\)](#)

³³ [MBRACE-UK Maternal Compiled Report 2023.pdf \(ox.ac.uk\)](#)

³⁴ [Saving Lives, Improving Mothers' Care 2024 - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2020-22 | MBRACE-UK | NPEU](#)

³⁵ [Michelson et al., 2022](#)

- There are known variations in the accuracy and range of clinical observations for different ethnic groups.³⁶ This includes delayed recognition of conditions such as sepsis.³⁷ These disparities also extend to the care of newborns.³⁸
- Minority ethnic women report experiencing lack of choice and consent in maternity settings. They also cite low physical and psychological safety.³⁹
- A lack of access to telephone or in-person interpreting services during admission, labour and birth contributing to poor communication.⁴⁰
- Muslim women have reported low cultural competence, inaccessible information and not being listened to by healthcare staff.⁴¹

While the UK data on morbidity and mortality in the perinatal period for patients from minority ethnic backgrounds shows clear inequality, the data subset for Scotland is comparatively very small. This presents challenges in confidently tracking trends and monitoring interventions using Scottish quantitative data. That said, available Scottish studies demonstrate similar issues are relevant our care system. For example, a recent study by Scottish charity [Amma Birth Companions](#) reports the experiences of minority ethnic patients in maternity settings, including: being given less attention, delayed pain relief during labour, inadequate consent and communications processes, insensitive and disrespectful behaviour, inadequate support and dismissive attitudes.⁴²

Public Health Scotland (PHS) (2022) have highlighted that the proportion of pregnancies registered by the 12th week of gestation is lower for all ethnic minority groups compared to white ethnic groups, where 94% have registered by this point. The lowest registration rate, at 70%, was observed among individuals of African ethnicity. Later registration can negatively impact risk management and care quality for pregnant people.

Aside from ethnicity and religion, there is evidence to suggest that disabled people experience disadvantage during pregnancy and maternity. For example, Birthrights UK (2024) reported that in maternity settings a lack of choice and control in decision making is experienced more intensely by disabled women.⁴³ We found that earlier evidence in this area chimes with this statement, but there are few recent studies available. A review of pregnancy and maternity evidence was commissioned by the Scottish Government in 2013.⁴⁴ It found that pregnant

³⁶ Crooks, C. J., West, J., Morling, J. R., Simmonds, M., Juurlink, I., Briggs, S., . . . Fogarty, A. W. (2022). *Differential pulse oximetry readings between ethnic groups and delayed transfer to intensive care units* Oxford University Press (OUP). doi:10.1093/qjmed/hcac218

³⁷ [Birthrights-inquiry-systemic-racism-May-22-web-1.pdf](#)

³⁸ [Review of Neonatal Assessment and Practice in Black, Asian and Minority Ethnic Newborns: Exploring the Apgar Score, the Detection of Cyanosis, and Jaundice - NHS – Race and Health Observatory \(nhsrho.org\)](#)

³⁹ [Birthrights-inquiry-systemic-racism-May-22-web-1.pdf](#)

⁴⁰ Stakeholder survey – issue highlighted by multiple organisations

⁴¹ Invisible – Maternity Experiences of Muslim Women from Racialised Minority Communities, Muslim Women's Network UK, 2022

⁴² [Amma Birth Companions Birth Outcomes and Experiences Report](#)

⁴³ [Birthrights-submission-to-UN-SR-VAWG-UK-visit-1.pdf](#)

⁴⁴ [Supporting documents - Scottish Government Equality Outcomes: Pregnancy and Maternity Evidence Review - gov.scot](#)

women with mental health issues or learning disabilities experienced discrimination in UK health care settings; and the stigma of mental illness could lead to discrimination and judgmental behavior from staff, negatively impacting engagement with services. In 2020, Engender reported the barriers disabled women experience in relation to communications, accessible information and stereotyping throughout a range of maternal and reproductive healthcare services.⁴⁵

It is also important to consider neurodivergent women and birthing people who experience specific barriers to care. Neurodivergent people can experience pain differently, process spoken language differently and in some stressful situations be less able to advocate for themselves and express their wishes.⁴⁶ Neurodivergent parents also experience higher rates of post-natal depression and anxiety. It is helpful for services to be neuro-inclusive especially because some neurodivergent people accessing maternity and perinatal care may not have been identified, or identified themselves, as neurodivergent. For example, less than 15% of adults with ADHD (Attention Deficit Hyperactivity Disorder) in Scotland are diagnosed; while the average age of diagnosis for autistic and ADHD adults in Scotland is 29 and 28 years respectively. The average age of first-time mothers in the UK is 30.9 years.⁴⁷

People who are transgender or non-binary also experience inequalities in maternity and perinatal care although, there is even more limited evidence about their experiences. The Equality Network reported on a small cohort of trans and non-binary people who had been pregnant, with their experiences including misgendering and denial of their identity.⁴⁸ The Scottish Government have noted there is a lack of evidence on pregnancy and maternity for non-binary people in Scotland.⁴⁹ The UK Improving Trans and Non-Binary Experiences of Maternity Services (ITEMS) research project however ran between September 2020 and April 2021 and is the largest study of trans pregnancy the US. It found trans and non-binary people's experiences of perinatal care is consistently worse and 30% do not access any perinatal care during pregnancy. Some localised good practice was identified, but did not appear to be supported at a wider scale.⁵⁰

Socio-economic circumstances play a role in healthcare access and outcomes. PHS link living in more deprived areas with delayed pregnancy registration. They further note this is an issue which disproportionately impacts women of African and Caribbean or Black ethnic backgrounds.⁵¹ Women living in the 20% most deprived areas of the UK continue to have the highest maternal mortality rates—more than twice as high as the maternal mortality rate of women living in the 20% least deprived areas.⁵² Moreover, drug misuse and smoking during

⁴⁵ [Disabled Women: our bodies, our rights | Engender](#)

⁴⁶ [Neurodiversity and Maternity 1. Hidden Barriers to Healthcare Access | All4Maternity](#)

⁴⁷ [Layout 1](#)

⁴⁸ [Repro-report-Trans-final-web.pdf](#)

⁴⁹ [Scottish Government Non-Binary Equality Action Plan - Equality Impact Assessment](#)

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⁵¹ <https://publichealthscotland.scot/media/19763/monitoring-racialised-health-inequalities-in-scotland-may2023-english.pdf>

⁵² [Maternal mortality 2020-2022 | MBRRACE-UK | NPEU \(ox.ac.uk\)](#)

pregnancy is highest amongst women living in the most deprived areas of Scotland.⁵³ It is important that care delivery accounts for more complex social factors as well as the different types of systemic disadvantage that can intersect with those, and that we are able to promote equity by improving care for those who experience the greatest disadvantage.⁵⁴

The literature around inequalities disproportionately impacting minority groups makes a range of practice recommendations which will be important to consider. These include ensuring people working in the system are equipped to understand and recognise the disparities that exist, including the role of systemic racism; and are then able to use that knowledge to deliver personalised, effective and respectful care and remove barriers.^{55 56 57} It also highlights the importance of providing spaces where staff can talk about their experiences and raise concerns.^{58 59} Improved communications, including to promote choice and control for patients is also important.^{60 61 62} We anticipate that the activities we have set out above will support us to take an evidence based approach to reducing perinatal inequalities.

Equality Outcome 4–race

Outcome: Healthcare Improvement Scotland staff are confident in their ability to recognise and challenge racism within both our own workplace and the wider health and care system.

Activities and measures

Delivery of this outcome will be driven by our anti-racism plan, which contains detailed activities and measures (see Annex 1, HIS anti-racism plan).

The Scottish Government wrote to all NHS Scotland organisations in March 2024 requesting we develop and deliver against our own anti-racism plan. We have developed a four-year anti-racism plan which will be subject to annual review. The plan will support us to meet the needs of the public sector equality duty alongside its distinct aim of ensuring that our staff are able to recognise and challenge racism, including microaggression and racial bias, wherever it appears in our culture—or in the resources and tools we work with and share to support the wider health and care system.

The general Equality Duty

The needs of the general equality duty that this outcome is intended to support are:

⁵³ [Risk factors during pregnancy - ScotPHO](#)

⁵⁴ [Working together to achieve equity in health outcomes FEB 26.02.20 copy \(england.nhs.uk\)](#)

⁵⁵ [UK parliament women and equalities committee 2023](#)

⁵⁶ [Birthrights-inquiry-systemic-racism-May-22-web-1.pdf](#)

⁵⁷ [Birthrights-inquiry-systemic-racism-May-22-web-1.pdf](#)

⁵⁸ [final_decolonising-midwifery-education-toolkit_digital_single-page.pdf \(rcm.org.uk\)](#)

⁵⁹ [Birthrights-inquiry-systemic-racism-May-22-web-1.pdf](#)

⁶⁰ [Birthrights-inquiry-systemic-racism-May-22-web-1.pdf](#)

⁶¹ [Birthrights-inquiry-systemic-racism-May-22-web-1.pdf](#)

⁶² [Birthrights-inquiry-systemic-racism-May-22-web-1.pdf](#)

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

Situation and evidence

We know that racism influences the life chances of people from minority ethnic backgrounds and drives significant disparities in the quality of health and care for the people of Scotland. This includes inequality in access to and experience of health services and disproportionate challenge in employment compared to white majority groups. The structural disadvantage and daily microaggression that people from minority ethnic backgrounds experience, both as patients and members of the NHS Scotland workforce, is unacceptable. Healthcare Improvement Scotland thereby committed in our [2023-2028 strategy](#) to being an anti-racism organisation.

By ‘anti-racism’ we mean challenging racism wherever we see it, both in our workplace and as part of the work we deliver to support Scotland’s health and care system. Anti-racism is an active term which requires us to interrogate and disrupt the power imbalances that maintain disadvantage for people with minority ethnic identities and backgrounds (see [CRER](#)).

Specifically, we understand anti-racism as:

the active work to oppose racism and to produce racial equity—so that racial identity is no longer a factor in determining how anyone fares in life. Being anti-racist means supporting an anti-racist policy through your actions. An anti-racist policy is any measure that produces or sustains racial equity. Kendi (2019), and MP Associates, Centre for Assessment and Policy Development, and World Trust Educational Services (2020).

We want to ensure anyone who does or could experience racism within the workplace feels safe to speak up and confident there will be an appropriate response. We also want colleagues to be able to recognise racism, including microaggression and racial bias—whether in the workplace or in the resources and tools we produce and share as part of Scotland’s health and care system. We want our people to be empowered to highlight and challenge racism within the system, helping others to do the same and improving health and care for all in the process.

Anti-racism is now a key part of the current national equalities agenda. Reducing health inequalities, improving population health and creating a more sustainable health and care system are top priorities for the Scottish Government. On 11th March 2024, all NHS Boards were asked to ‘develop and deliver against their own anti-racism plan’ pertaining to both workforce and service delivery. In September 2024 [guidance on anti-racism planning](#) was issued by the Scottish Government.

We know we have not done enough and that we need to do much better, using our position as the national healthcare improvement agency and a public sector employer to drive positive change. [CRER’s](#) (Coalition for Racial Equality and Rights) found that over the past twenty years

of devolved race equality policy in Scotland, 'the same themes and priorities were present across national strategies ... [and] despite this, progress has been limited ... the focus has been in the right place [but] design and/or implementation has missed its mark.'⁶³ It is time for this to change.

As Healthcare Improvement Scotland develop our own anti-racism plan, we are setting this in the context of this equality outcome in order to support openness and transparency in how we share the actions and we are taking and our progress against them. We will also report our progress to Scottish Government as part of our regular reporting requirements.

Current research shows that racialised inequalities in healthcare are leading to inequitable treatment and harm for minority ethnic groups. This applies across a number of areas:

- Across the UK there are lower referral rates for psychological therapies, including cognitive behaviour therapy, for people from minority ethnic backgrounds—while compulsory admissions disproportionately affect people with minority ethnic backgrounds.⁶⁴ In Scotland, the Mental Welfare Commission (2021) also found a higher proportion of detentions for 'white other' and Black people and a higher proportion of longer-term detentions for Black people. They further reported on access issues for refugees and asylum seekers, recounting traumatic stories and perhaps not being believed; as well as inadequate training for healthcare staff in promoting equality within healthcare.⁶⁵
- There are marked ethnic disparities in routine diabetes care in Scotland in the short and medium-term following diabetes diagnosis.⁶⁶
- Black women are 3.7 times, and Asian women 1.8 times, more likely to die during pregnancy and maternity than white women. Separate Inquiries have found that racism and religious discrimination against Muslim women is at the root of many inequalities in maternity outcomes and experiences. See outcome 1 above.

While specific contributory factors exist in each area of healthcare disparity, there are themes that emerge across all of them. This includes low trust, understanding and communication between patients and healthcare staff, patient experiences and concerns being dismissed or under-estimated, a lack of culturally appropriate care and poor understanding about the range of clinical presentations that exist in a diverse population.

Healthcare Improvement Scotland's Community Engagement team carried out some focused engagement with people from local minority ethnic communities to help inform our anti-racism plan. The engagement found that participants experienced challenges around communicating with healthcare staff, both clinical and administrative. These challenges had implications for

⁶³ [Anti-racist Policy Making in Scotland: Coalition for Racial Equality and Rights briefing paper, June 2021 \(www.gov.scot\)](https://www.gov.scot)

⁶⁴ [RHO-Rapid-Review-Final-Report .pdf \(nhsrho.org\)](https://www.nhs.uk/rho/rho-rapid-review-final-report.pdf)

⁶⁵ [Racial-Inequality-Scotland Report Sep2021.pdf \(mwscot.org.uk\)](https://www.mwscot.org.uk)

⁶⁶ [Ethnic disparities in quality of diabetes care in Scotland: A national cohort study \(wiley.com\)](https://onlinelibrary.wiley.com/doi/10.1111/di.15111)

how people understood their treatment, asked questions, accessed appointments and language interpreters, navigated assumptions and felt heard and able to consent to proposed treatment. While many of the experiences recounted to us were negative ones, not all were. We were able to identify a set of recommendations and reflect those in Healthcare Improvement Scotland's anti-racism plan (Annex 1). Read the engagement report and recommendations on our [Community Engagement and Transformational Change website](#).

Racism is a clear social determinant of health, affecting socio-economic opportunity as well as healthcare access and outcomes. Our anti-racism plan will continue our work to ensure minority ethnic communities can influence health and social care policy. Healthcare Improvement Scotland is also taking forward a suite of work to improve the quality and safety of perinatal care and this will seek specifically to address relevant racialised healthcare disparities. We will also monitor other workstreams for opportunities to address other areas of racialised healthcare inequality.

Overall, 4.3% of Healthcare Improvement Scotland staff identify as being part of a minority ethnic group in Scotland, with minimal representation across all pay bands and roles. Scotland's 2022 Census showed that 12.9% of people in Scotland have a minority ethnic background and so we would rate the participation of staff from minority ethnic groups as disproportionately low. Over the last three years, the number of job applications we received from people in minority ethnic groups increased by 20% (to 39% of overall applications). The number of job offers made to candidates from minority ethnic groups however is only 5.5%. Our anti-racism plan sets a goal to disrupt recruitment bias and increase the number of colleagues with a minority ethnic background, including in senior roles.

National reporting shows that racism continues to have a detrimental impact on career progression and professional development for minority ethnic staff.⁶⁷ Across the UK, the vast majority of healthcare staff from minority ethnic backgrounds to contribute to research have report experiencing racism and microaggression working in the NHS.^{68,69} The [NHS Scotland Ethnic Minority Forum](#) which provides a space for representatives of local staff ethnic minority networks to come together to share issues and best practice, provide support and advice, and to be a unified voice for advocacy and change—reports receiving near 300 approaches from NHS staff with minority ethnic backgrounds requesting pastoral support with navigating racism at work.⁷⁰ [Close the Gap's](#) (2022) research found a majority of minority ethnic women in Scotland have experienced racism and/or sexism at work and that there are barriers to this being reported and dealt with appropriately.⁷¹ Our anti-racism plan includes actions to monitor and address experiences of discrimination, deliver anti-racism training to our staff and introduce mutual mentoring to support career progression and improved knowledge of barriers.

⁶⁷ [RHO-Rapid-Review-Final-Report_.pdf \(nhsrho.org\)](#)

⁶⁸ For example, [bma-delivering-racial-equality-in-medicine-report-15-june-2022.pdf](#)

⁶⁹ And for example, [MDDUS - Racist Microaggressions - 011123](#)

⁷⁰ NHS Ethnic Minority Forum annual report 2024

⁷¹ [Employer-guidance-anti-racist-gender-equality-at-work.pdf \(closethegap.org.uk\)](#)

7. Our workforce

We have published a report describing the workforce diversity at Healthcare Improvement Scotland in respect of the protected characteristic groups defined in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended). This report also includes information about our pay gaps in respect of gender, disability and ethnicity. It covers April 2021- March 2024 and provides trends and comparisons over three consecutive annual periods.

Our full Workplace Equality Monitoring Report is available on Healthcare Improvement Scotland's website, alongside this mainstreaming report. Below, we have provided a high-level summary of the report's content for ease of reference.

Workforce diversity

At the end of the reporting period (31 March 2024), we employed 556 staff. Consistent with previous years, our workforce is predominately women (77%) who also occupy the majority of our part-time roles.

Across our workforce, a number of protected characteristic groups are under-represented. This includes staff under the age of 25 (1.4%), staff identifying as disabled (6.1%) and staff who are part of a minority ethnic group in Scotland (4.3%).

Occupational segregation

Of all women, more work in band 4-8a roles (85.7%) compared with the equivalent figure for all men (78.5%). Most disabled staff in the organisation (5.8%) work in Band 4-7 roles. Employees from a minority ethnic group in Scotland work across bands 4-8b.

Our recruitment activity has increased over the last 3 years with 35% more applications submitted and 14% more job offers issued. White female applicants have been the most successful during the recruitment process, receiving 80% of all job offers after submitting 68% of the applications. Disabled applicants have also been more successful—the number of applications received from disabled people has remained consistent (10.5%) with a 6.4% increase in job offers (to 16.5% of job offers during 2024). Applications from people in minority ethnic groups has increased by 20% (to 39%) but the number of job offers made is only 5.5%.

Gender pay gap

While our gender pay gap has reduced by 5% over the last three years, there are still positive indices in favour of male pay. Our mean gender pay gap is currently 10%, with our median pay gap at 9.1%.

While our own pay gap is reducing, recent data from the Office for National Statistics (ONS) Annual Survey of Hours and Earnings data found that nationally the mean gender pay gap has risen by 30% over the last year—from 6.4% in 2023 to 8.3% in 2024. We know we must continue play our part in challenging this. The earlier sections of this report describe the actions we have

taken during the last reporting period to challenge our gender pay gap. Our Equal Pay Statement below indicates the actions we will continue to take over the next reporting period.

Disability pay gap

Our analysis shows that disabled staff experience the widest pay gap, with a 20.7% (mean and median) pay disadvantage compared to non-disabled staff. This gap has increased by 3% over the last three years. Disabled people are significantly under-represented within our workforce. We are actively evaluating the inclusiveness of our work practices and resources—this report describes the actions we have taken during the last reporting period. Our refreshed equality outcomes for 2025-29 include focused work to address disadvantages experienced by disabled staff.

Ethnicity pay gap

Our ethnicity pay analysis indicates that staff from the white majority group have 5.4% higher mean pay than those from non-white minority ethnic groups. However, staff from non-white minority ethnic groups have 1.9% higher median pay.

Over the last three years, our ethnicity pay gap has increased by an average of 5.7%. Employees who are part of a minority ethnic group in Scotland have continued to be under-represented within our workforce and low numbers have meant that our pay gap calculations are especially sensitive to any staffing changes. We understand under-representation to be the key issue we need to address here.

8. Equal Pay Statement

This statement was agreed in partnership in 2021 and has been reviewed and confirmed by Healthcare Improvement Scotland's Partnership Forum and Staff Governance Committee in 2025.

Healthcare Improvement Scotland is committed to the principles of equality of opportunity in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value. This is true regardless of age, disability, gender reassignment, marriage or civil partnership status, pregnancy or maternity status, race, religion or belief, sex or sexual orientation.

We recognise that pay gaps exist in our workforce in respect of gender, disability and ethnicity. There are a range of wider societal and systemic factors which contribute to some of the pay disparity we experience. This includes, for example, women's disproportionate responsibility for unpaid care, the undervaluing of particular types of work or work pattern and occupational segregation.

Healthcare Improvement Scotland 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 implement pay systems which are transparent, based on objective criteria and free from unlawful discrimination.

We employ staff on nationally negotiated and agreed NHS contracts of employment which include provisions on pay, pay progression and terms and conditions of employment. These include National Health Service Agenda for Change (AfC) Contracts and Terms and Conditions of employment. Some staff are employed on NHS Scotland Executive contracts of employment (Executive Cohort) or Medical contracts, which are evaluated using national grading policies with prescribed pay ranges and terms and conditions of employment. NHS Scotland is a Living Wage employer—the lowest available salary of £24,518 translates into an hourly rate of £12.71 per hour, which is above the Scottish Living Wage rate of £12.60 per hour.

Healthcare Improvement Scotland understands that the right to equal pay between women and men is enshrined in law and we are committed to ensuring that pay is awarded fairly and equitably to everyone. We will also ensure that there is no difference in treatment between people who are disabled and people who are not, people who are part of a minority ethnic group in Scotland and people who are not, and people who have an LGBT+ identity and people who do not.

We recognise the importance of access to flexible work. We have a flexible working policy that encourages staff at all levels to maintain a healthy work-life balance. We are committed to addressing occupational segregation by ensuring that opportunities exist for people to work and progress within any role and 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.

As an NHS Scotland employer, Healthcare Improvement Scotland works within a Staff Governance Standard, which is underpinned by statute. Delivering equal pay is integral to the aims of the Staff Governance Standard. The Standard sets out what each NHS Scotland employer must achieve to continuously improve in relation to the fair and effective management of staff. The Standard requires all NHS Boards to demonstrate that staff are:

- Well informed
- Appropriately trained and developed
- Involved in decisions
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued, and
- Provided with a continuously improving and safe working environment, that promotes the health and wellbeing of staff, patients and the wider community.

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

- Publish gender pay gap information by April 2025, and
- Publish a statement on equal pay between men and women by 30 April 2025 and include the protected characteristics of disability and race.

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

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

We will continue to ensure that we:

- review this policy, statement and action points with trade unions as appropriate, every 2 years and provide a formal report within 4 year
- inform employees about how pay practices work and how their own pay is determined
- provide advice and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions
- examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those maternity, parental or other authorised leave
- undertake regular monitoring of the impact of our practices in line with the requirements of the Equality Act 2010, and
- contribute to equal pay reviews where appropriate and report on any relevant work by April 2029

It is good practice and reflects the values of Healthcare Improvement Scotland that pay is awarded fairly and equitably. We have set out the actions we will take below.

Action	Lead Teams / Committees
Review this policy, statement and action points in partnership every 4 years.	HIS Partnership Forum / Staff Governance Committee
Inform employees how pay practices work and how their own pay is determined.	People and Workplace Team
Provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions to ensure fair, non-discriminatory and consistent practice.	People and Workplace Team
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.	HIS Partnership Forum / NHS Scotland
Consider, and where appropriate, contribute to equal pay reviews in line with guidance to	HIS Partnership Forum / NHS Scotland

be developed in partnership with the workforce and Trade Union representatives.	
Undertake regular monitoring of Healthcare Improvement Scotland practices in line with the requirements of the Equality Act 2010; including carrying out and using the results of EQIA.	People and Workplace Team
Look at areas of under-representation across our organisation and target our recruitment campaigns to improve representation.	People and Workplace Team / Equality, Inclusion and Human Rights Team
Take steps to understand 'drop-off' during recruitment campaigns and what we can do to increase appointments for under-represented groups.	People and Workplace Team / Equality, Inclusion and Human Rights Team
Review our approach to part-time working and career progression for those with caring responsibilities.	People and Workplace Team / HIS Carer's Network / HIS Partnership Forum / Staff Governance Committee

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

Published April 2025

You can read and download this document from our website.

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

Please contact our Equality, Inclusion and Human Rights Team on 0131 623 4300

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