

NHS National Services Scotland

Mainstreaming Equalities and Equality Outcomes Report

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Foreword

NHS National Services Scotland aims to be a leading organisation for promoting equality, diversity and inclusion within our workplace and in the wider NHSScotland.

The NSS vision for Equality & Diversity goes beyond establishing processes to achieve change. As part of our interaction with our donors, public, customers and suppliers we will monitor our progress towards meeting objectives to:

- Encourage diversity and eliminate unfair treatment and discrimination through a full range of human resource and contracting policies and procedures. This applies not just to areas of internal recruitment, training and development and promotion, but also monitoring the adherence to the equality & diversity legislation and principles by our Strategic Business Units including their suppliers and contractors.
- Recognise that staff have rights as employees to work in a supportive, safe and harassment free environment and that staff have individual and collective responsibility to value and respect each other's contributions.
- Promote an environment where standards of conduct are of the highest level and to ensure that no one is harassed, bullied or victimised.
- Take decisive action when discrimination occurs
- Review and monitor the services we deliver and assess the impact on equality and diversity

We are passionate about making sure that all our services are accessible to everyone by removing real or perceived barriers. It also means that we will deliver services that will meet the needs of donors, patients and service users.

Good equality and diversity practice means that everybody is treated with dignity and respect and leads to improved outcomes for all.



Elizabeth Ireland, Chair

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Colin Sinclair, Chief Executive

A handwritten signature in black ink, appearing to read 'Colin Sinclair', written in a cursive style.

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Section one:

Mainstreaming Equalities

Section one: Mainstreaming Equalities

1.1 Equality Impact Assessment

NHS National Services Scotland (NSS) reviewed the approach to equality impact assessment in 2016 as part of the recommendations from an internal audit. The review has resulted in a new suite of tools to support staff carry out equality impact assessments and this will be complemented with a series of awareness sessions.

1.2 Learning and Development

The equality and diversity elearning modules are accessible to staff via the Learnpro platform and advertised to all staff in the NSS Learning and Development Guide. Alternative provision is put in place for those staff that do not have access to PC equipment in their workplace. The NSS Learning and Development team provide learning opportunities in the learning suites across all of the NSS sites to ensure equity of access to learning. The elearning modules are complemented with face to face equality and diversity sessions delivered across the NSS sites. Equality and Diversity has a dedicated session on the NSS Corporate Induction which reaches all new starts. NSS has engaged with the 3rd Sector who has delivered specialist sessions to our staff to help with the practical application of equality in the workplace.

1.3 Person Centred - Joint Approaches to involving patients and the public in our work

The National Gender Identity Clinical Network for Scotland (NGICNS), one of our managed clinical networks. The NGICNS aims to work with gender identity clinics, gender reassignment surgical providers, primary care, patient and third sector representation to achieve timely, coordinated, service provision and equitable access to planned gender identity clinical services across Scotland. To achieve these aims NGICNS brings together service users, health care professionals, gender identity service providers, parents, carers, young people and voluntary sector groups interested in the provision of gender services.

Specialist Services

We work in partnership with NHS Boards to ensure provision of highly specialist health services for people who have rare conditions, complex needs or a combination of these. In 2015/16, we added three new designated national specialist services:

- Chest wall deformity – an early intervention service to reduce the need for complex, risky surgery in children.
- Deep brain stimulation service for movement disorders.
- Specialist diagnostic vestibular and rehabilitation – for people with severe balance disorders.

In 2016 we were given the go-ahead to start work on developing a new national specialist service in Scotland for young people who need secure, forensic mental health and learning disability inpatient care.

NSS Local Intelligence Support Team (LIST)

The NSS Local Intelligence Support Team (LIST) service embeds information specialists within health and social care partnerships, community planning partnerships and local authorities. Through LIST, our partners gain access to a range of intelligence services that inform an evidence base for decision making, enabling them to improve methods of service delivery, care pathways and outcomes and better target their resources. The end result is to increase the effectiveness of health and social care integration. By the end of this year, LIST was working with 30 health and social care partnerships to help them improve service delivery and deliver better outcomes for people.

Scottish Infected Blood Support Scheme

From April 2017 the new Scottish Infected Blood Support Scheme will be administered by NHS National Services Scotland (NSS), a national NHS Board accountable to Scottish Ministers. This will be the single scheme in Scotland providing support to those infected with Hepatitis C and or HIV via infected NHS blood, blood products or tissue. It will also provide support to their close relatives.

The Scottish National Blood Transfusion Service's (SNBTS) work with the Scottish Ahlul Bayt Society Engagement with Muslim Communities

SNBTS's work with the Scottish Ahlul Bayt Society, in particular in relation to the Imam Hussain Blood Donation campaign, was praised for its success in attracting blood donors from the Muslim community in Scotland. The Edinburgh Ahlul Bayt Society (TEAS) and Glasgow Ahlul Bayt Association (GAA) sections of the Society engage with Muslim students and young professionals. They joined with SNBTS to encourage new and existing blood donors from their societies to give blood.

Speaking at the 'EU Integration, Faith and Diversity - A Shia Muslim Perspective' event at the Scottish Parliament on 2 March 2016, First Minister Nicola Sturgeon praised the Scottish Ahlul Bayt Society for the integral role it plays in Scottish society and the "huge impact" it has had on encouraging its members to give blood in Scotland.

SNBTS Director Mary Morgan was also asked to speak and said that the partnership has resulted in more than 800 blood donations in the last two years, helping to save or improve the lives of 2,400 people in Scotland.

Fitfortravel

Fitfortravel and their [travel advice for LGBT travellers](#). The site gives LGBT specific travel advice on subjects like personal safety, culture shocks, and passport identity for Trans people. It also encourages LGBT travellers to carefully research the cultures, laws and customs of intended destinations before booking travel.

Scottish Primary Care Information Resource (SPIRE)

General Practice (GP) records let doctors provide patients with the care they need, but are also the closest thing we have to a comprehensive lifelong record of a patient's health and the treatment they receive. As such, GP records are an extremely valuable source of information providing the potential for NHSScotland to learn more about the health needs of the population and how best to address those needs. The SPIRE project is collaboration

between the Scottish Government and NHS National Services Scotland. It aims to unlock the potential described above by developing a new service to simplify and standardise the process for extracting data from GP practice systems for a number of purposes .

1.4 Information Services Equality and Diversity Information Programme

The Equality and Diversity Programme (EDIP) within Information Services Division (ISD) closed on 31st March 2012.

The vision of this programme was to have a health service in which systems were able to collect and share equality information to support high quality patient-centred care and promote equality. EDIP has been working towards this vision for seven years and while the work is still in progress, ISD (together with the wider NHS, voluntary and community organisations) has made considerable progress in establishing the basic infrastructure in which systems are able to collect and share equality information to support high quality patient-centred care and promote equality.

Much of the work done by EDIP has been mainstreamed into ISD routine business; for example ISD's Data Recording Advisory Service and Data Monitoring Team. The routine quarterly reports from the Data Monitoring Team to NHS Board CEOs now include Standardised Mortality Ratio (SMR) ethnicity completeness and the Data Recording Advisory Service has worked closely with EDIP to develop generic equality standards and to engage with Connecting for Health in England to ensure that Read codes are available to support the patient journey. The Data Recording Advisory Service also maintains the data dictionary, the main online source for health and social care data definitions and standards.

The "Improving ethnic data collection for equality and diversity monitoring" report is published twice yearly in August and February and provides up to date information on the completeness of ethnicity reporting in hospital discharge and outpatient data.

1.5 Procurement

The NHS NSS Procurement Vision is to be recognised as a value added procurement function, fully aligned to NHS NSS services and delivering best value for all stakeholders.

The NHS NSS Procurement Mission is to provide outstanding procurement within NHS NSS that supports the delivery of quality Healthcare services in the most efficient, cost effective and compliant manner.

NHS NSS Procurement's work impacts service users directly in many ways; be it donor beds for the Scottish Blood Transfusion service or management and transportation of GP patient records. NHS NSS Procurement will work with colleagues in NHS NSS to utilise NHS NSS embedded approaches to facilitate NHS NSS Procurement to better engage with the public.

NHS NSS endorses the statement, "Fair and equal pay, including Living Wage, is a positive factor and one of the clearest ways in which a bidder can demonstrate that it adopts fair work practices." Working under the guidance of addressing Fair Work Practices, NHS NSS Procurement will work with suppliers through contracting and relationship management to look for opportunities for its suppliers to implement the living wage within their staff structures.

1.6 NSS Staff Equality Networks

NSS welcomes and supports the establishment of the Equality Staff Networks and has opened up the networks to colleagues in the Scottish Ambulance Service, Health Improvement Scotland and NHS Health Scotland who share the same office premises at Gyle Square.

Staff networks are led and run by staff for staff and bring together people from different professions, departments and business areas that identify with the network or want to support or contribute in some way to the work of the network.

Staff networks fulfil various functions including providing opportunities for social interaction, networking, peer support and personal development. Staff networks can also contribute to the development of policies and working practices and the promotion of best practice. The networks offer staff an informal environment for generating and sharing views, experiences and new ideas and assist NSS in promoting the Equality, Diversity and Inclusion agenda.

NSS will support these networks by:

- Providing support or assistance to 'set up' the network if required
- Providing a senior sponsor for the networks if required
- Promoting the networks to new and existing employees
- Listening constructively to any employee concerns raised through the staff networks
- Taking part in initiatives developed by the staff networks

Active Networks:

There are currently two active networks, the Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI+) Staff Network (NHS Together) and the (dis)Ability Staff Network. NSS is in the process of assessing the potential for developing further staff networks, focused on other specific protected characteristics.

The Rainbow flag a symbol of LGBT equality was raised for the first time in February 2017 at Gyle square in recognition of LGBT History month.

Equality Network 2015 Scottish LGBTI Awards Nominees

Two of our services were nominated for 'Public Body Initiative of the Year' at the Equality Network's 2015 Scottish LGBTI Awards.

LGBTI (Lesbian, Gay, Bisexual, Transgender and Intersex) people use public services like anyone else, but there are many specific needs that LGBTI people have that others don't.

Our public services have a huge influence on inclusive change here in Scotland. The 'Public Body Initiative of the Year' award, sponsored by Unison Scotland, celebrates and recognises the best initiatives this year.

Our first service nominated for the award is the National Gender Identity Clinical Network for Scotland (NGICNS), one of our managed clinical networks.

The second of our services nominated for the award was fitfortravel and their travel advice for LGBT travellers.

Section Two:

Equality Outcomes

Section two: Equality Outcomes

2.1 Progress

NSS has worked collaboratively to achieve the equality outcomes agreed in 2013 and provided an update on progress in 2015 [NSS Progress Report 2015](#).

The NSS Equality and Diversity Corporate group oversees the progress of the equality outcomes and subsequently reports assurances on the progress to the NSS Corporate Compliance Group.

In 2015-16 NSS carried out an audit of equality and diversity activity. The audit was carried out by KPMG and their overall findings after a full assessment were “Our assessment is significant assurance with minor improvements”.

The improvements were in relation to the governance of the NSS Equality Outcome plan where it was recommended that the progress is reported on a more regular basis. This has been implemented. A copy of the full audit report is available on request to the equality and diversity mailbox NSS.EqualityDiversity@nhs.net.

NSS published an annual report on Equality and Diversity in July 2016 giving details on the full progress made against the equality outcomes. The full report can be requested at NSS.EqualityDiversity@nhs.net or on the NSS web site at www.nhs.nss.org

2.2 Equality Outcomes 2017-21

The NSS Equality Outcome plan 2017-21 has been developed in partnership and with those who represent the equality protected characteristics and the strategic business units and directorates across NSS. We have used the available evidence and research to shape the equality outcomes as well as reflecting the NSS staff experience into the plan for 2017-21.

The NSS Equality and Diversity group has overseen the development of the plan. The NSS Corporate Compliance group will receive assurance that the outcomes will be progressed and will receive regular update reports from the equality and diversity group.

The main objectives of the NSS Equality plan are:

1. NSS will measure the impact of national services and programmes on health and equality
2. Through continued health, financial, environmental and equality impact assessments NSS will measure the difference we make to people’s health
3. NSS will optimise our services (external and internal) to maximise benefits both health and financial and be flexible for future change

NSS corporate objectives ensures that equality is integrated through planning and performance and monitored through the reporting of KPIS’ for all service areas and this plan sets out National Services Scotland’s four year commitment to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010

- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

Although there are no plans to set joint equality outcomes with other NHS Boards, through the work and the day to day business of NSS Services combined with the health and equality impact assessment processes; this will ensure any inequality will be identified and addressed appropriately.

NSS has scoped the equality outcomes with the third sector and national organisations that represent various equality groups and those protected in law with protected characteristics. As a national strategic partner, NSS gathers, collates and provides NHS Boards with important national data on health including inequalities in health, helping inform local planning to meet local population needs.

The NSS equality outcome implementation plan is set out illustrating NSS Workforce equality outcomes and NSS Service equality outcomes and details how each equality outcome will meet the General Equality Duty.

The equality outcome plan provides NSS staff and services with an overarching framework within which the various service areas can contribute in helping ensure NSS keeps equality to the fore and demonstrate staff lives our values and works towards achieving our purpose of Supporting Scotland's Health.

2.3 The NSS Equality Outcome Plan 2017-21

The plan will be supported by a delivery plan and what are outlined in this document are the high level outcomes which have (1) an internal focus and a (2) external focus.

The delivery plan will include key performance indicators, clear accountability with progress reported to the NSS governance committees.

Table: Summary of agreed Equality Outcomes

<p>Outcome one</p> <p>Equality Outcome: Improve the work experience of NSS staff minimising the number of staff experiencing discrimination and to encourage staff to report incidences of discrimination and promote a culture where discrimination is not accepted or tolerated</p>
<p>General Duty: Advance equality of opportunity, eliminate unlawful discrimination and foster good relations</p>
<p>Outcome two</p> <p>Equality Outcome: All NSS staff will have equity of access to and equal opportunity to attend equality and diversity training creating a culture where discrimination is not accepted or tolerated</p>
<p>General Duty: Advance equality of opportunity, eliminate unlawful discrimination and foster good relations</p>
<p>Outcome three</p> <p>Equality Outcome: NSS workforce better reflects the diversity of Scotland's</p>

communities (protected characteristics)
General Duty: Advance equality of opportunity, eliminate unlawful discrimination and foster good relations
Outcome four
Equality Outcome: NSS workforce better reflects the diversity of Scotland's communities (Ethnicity)
General Duty: Advance equality of opportunity, eliminate unlawful discrimination and foster good relations
Outcome five
Equality Outcome: NSS workforce better reflects the diversity of Scotland's communities (Disability)
General Duty: Advance equality of opportunity, eliminate unlawful discrimination and foster good relations
Outcome six
Equality Outcome: Improved and effective involvement and engagement activity with Men who have sex with Men (MSM) Community with the Scottish National Blood Transfusion Service (SNBTS)
General Duty: Advance equality of opportunity, eliminate unlawful discrimination and foster good relations
Outcome seven
Equality Outcome: Improve the technical accessibility of our IT applications , services and websites and the information we provide to our customers
General Duty: Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
Outcome eight
Equality Outcome: Improved and effective involvement and engagement activity with patients and the public, Health Facilities Scotland and NHS Boards to improve facilities and access to healthcare premises.
General Duty: Advance equality of opportunity, eliminate unlawful discrimination and foster good relations
Outcome nine
Equality Outcome: Health Protection Scotland will work with the Scottish Government to implement a new HPV Vaccination programme for men who have sex with men (MSM) in line with the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI)
General Duty: Advance equality of opportunity, eliminate unlawful discrimination and foster good relations
Outcome ten
Equality Outcome: The health of Transgender people will improve through continued co-ordinated specialist services
General Duty: Equality of opportunity , eliminate unlawful discrimination and foster good relations
Outcome eleven

Equality Outcome: Improve the accessibility of the Breast Screening Services public facing information

General Duty: Equality of opportunity , eliminate unlawful discrimination and foster good relations

2.4 Quality Improvement

A logic- modelling approach has again been adapted to develop the NSS equality outcomes. In essence the model is a series of steps. The logic model approach supports the development of:

1. Short-term outcomes that we **expect** to see
2. Intermediate outcomes that we **want** to see which will often be dependent on several factors including for example effective partnerships
3. Long-term outcomes that we **hope** to see which are both ambitious and aspirational, their realisation depending on a number of factors some of which NSS may have direct influence over however others maybe beyond our control

2.5 Reporting Progress

NSS is required to identify a set of short-term to medium-term equality outcomes each of which should meet at least one aim of the general public sector equality duty. Although each individual outcome need not cover all protected characteristics the full set of outcomes should encompass all characteristics.

NSS will link the equality outcome reporting to the existing public performance reporting systems including the NSS Annual report. Any publication, system and website used to publish the equality outcome reporting will be clearly identifiable and accessible.

2.6 Measuring and monitoring change

NSS will measure and monitor change through the existing NSS mechanisms and systems such as:

- NSS Annual Report
- Equality Impact Assessment process
- Strategy Reviews
- Participation Standard and Our Voice
- Service Reviews and National Planning
- Staff Governance Standards action plan
- Local Delivery Plan
- Service and Business plans

2.7 The Duty to publish equality outcomes and report on progress

We measure the impact of national services and programmes on health and equality. Through continued health, financial and equality impact assessments we will measure the difference we make to people's health. We will optimise NSS services (internal and external) to maximise benefits both health and financial and be flexible for future change.

We are required to identify a set of short, medium and long term outcomes each of which should meet at least one aim of the general public sector duty. Although each individual outcome need not cover all relevant protected characteristics the full set of outcomes should encompass all characteristics. If not, it is necessary to justify the rationale for this decision.

The short to medium outcomes have to be set every 4 years with a further requirement to produce interim progress reports every 2 years. NSS will link equality reporting to existing public performance reporting systems including the Good Corporate Citizenship ¹ assessment framework and the NSS Annual Report.

Any publication, system and web site used to publish the equality reporting will be clearly identifiable and accessible.

2.8 How we prepared the equality outcomes

NHS National Services Scotland published draft equality outcomes in 2016 in collaboration with NSS staff and NSS strategic business units (SBUs) and NSS Directorates. NSS staff have been consulted with to agree the workforce equality outcomes and to ensure that these outcomes compliment and are integrated with the NSS Values and Staff Governance standard action plan including the strategic objective "be a great place to work".

The NSS staff survey and the NHSScotland staff survey have been of great value in providing baseline data to shape the workforce equality outcomes. The NSS staff equality networks have also provided qualitative data which has helped to shape the workforce equality outcomes.

In relation to the external equality outcomes NSS has worked collaboratively with NHS Board equality leads and a wide range of national equality organisations. We have carried out a desktop research exercise analysing evidence and research available to us to ensure that our outcomes reflect what this evidence and research is telling us in relation to equality and inequality. As a national strategic partner NSS gathers, collates and provides NHS Boards with important national data on health including inequalities in health which informs local planning to meet local population needs.

¹ http://www.corporatecitizen.scot.nhs.uk/data/files/resources/223/20100215_GCCAM-Scotland-Questions_Downloadable.pdf

2.9 How we will deliver the outcomes

Outcome one

Equality Outcome: Improve the work experience of NSS staff minimising the number of staff experiencing discrimination and to encourage staff to report incidences of discrimination and promote a culture where discrimination is not accepted or tolerated

General Duty: Advance equality of opportunity, eliminate unlawful discrimination and foster good relations

Situation: The NSS Staff survey and the NHSScotland Survey results continue to be a valuable baseline for us to measure staff experience as well as the qualitative data from the NSS Staff equality networks. The data is telling us that some staff have had some negative experiences on the grounds of their age, sexual orientation and religion.

Activities: NSS will continue to develop approaches to encourage reporting by staff and run promotional activity to highlight the Values and to raise awareness of the types of behaviours that are unacceptable in the workplace. Further work is needed to establish if this is real experience or perceived and develop strategies for tackling this.
NSS will continue to offer learning and development opportunities via the online equality & diversity module via Learnpro and face to face sessions to be delivered across the NSS geographical sites to reach as many staff as possible.
We will continue to work in partnership with our NHS Board equality leads, the 3rd sector and voluntary organisations representative of protected groups. This will include joint delivery of training and workshops with the Scottish Health Service Centre and stakeholders.

Outputs: There will be increased reporting through HR services, occupational health service and line managers. Increased qualitative data facilitated via the NSS staff equality networks. Reduction in the number of incidents reporting negative or discriminatory experience.

Equality Outcomes: NSS staff with protected characteristics will have an improved experience in the workplace

Outcome two

Equality Outcome: All NSS staff will have equity of access to and equal opportunity to attend equality and diversity training creating a culture where discrimination is not accepted or tolerated

General Duty: Advance equality of opportunity, eliminate unlawful discrimination and foster good relations

Situation: The training data available to inform this report tells us that further work is needed to improve equity of access to training opportunities building on the work already undertaken by the learning and development team.

Activities: working with the learning and development team the NSS Equality & Diversity group will agree a targeted approach to those areas of the business where there are current gaps.

Outputs: There will be an increase in staff attending learning and development sessions and equity of opportunity to attend increased.

Equality Outcomes: NSS staff with protected characteristics will have an improved experience

Outcome three

<p>Equality Outcome: NSS workforce better reflects the diversity of Scotland's communities (protected characteristics)</p>
<p>General Duty: Advance equality of opportunity, eliminate unlawful discrimination and foster good relations</p>
<p>Situation: The public sector equality duty requires NSS to publish our workforce equality data. We use the data that is available to us via payroll and HR employee systems. Staff are not legally required to provide the data.</p>
<p>Activities: working with the NSS staff equality networks, HR employee relation team and Corporate Communications to agree a measured approach to communicating the benefits of equality monitoring to increase staff participation and understanding of those benefits. Working with NHS board equality leads and national equality organisations to utilise existing good practice and available resources and share this with NSS staff.</p>
<p>Outputs: increase in equality monitoring messages in Pulse, Team Talk, Staff Update and Plasma TVs across the NSS Sites. Increased staff disclosure of protected characteristics</p>
<p>Equality Outcomes: NSS staff with protected characteristics will have an improved experience</p>

Outcome four

<p>Equality Outcome: NSS workforce better reflects the diversity of Scotland's communities (Ethnicity)</p>
<p>General Duty: Advance equality of opportunity, eliminate unlawful discrimination and foster good relations</p>
<p>Situation: The Race Equality Framework for Scotland sets out the Scottish Government's approach to promoting race equality and tackling racism and inequality between 2016 and 2030. The Framework is based on the priorities, needs and experiences of Scotland's minority ethnic communities, with expertise contributed by the public and voluntary sectors and academia to ensure that the Framework is practical and deliverable; and to create measurable progress on race equality.</p>
<p>Activities: The Scottish Government is determined to show leadership in advancing race equality, tackling racism and addressing the barriers that prevent people from minority ethnic communities from realising their potential. The Race Equality Framework for Scotland sets out how Scottish Government aims to progress this ambition over a fifteen year period from 2016 to 2030.</p> <p>To achieve this, the Race Equality Framework for Scotland will take a long-term, partnership based approach, working with all sections of society including the Scottish Parliament, public sector bodies and agencies and established networks and forums, voluntary sector equality bodies and communities.</p> <p>The actions needed to eradicate racism are not just for the Scottish Government alone. Every individual and organisation in Scotland needs to play their role in creating a fair and equal Scotland that protects and includes people from all background, whatever their ethnicity may be.</p>
<p>Outputs: increased understanding of the requirements of the Race equality framework and</p>

the implications for NSS

Equality Outcomes: Better opportunities and improved protection for staff from diverse backgrounds.

Outcome Five

Equality Outcome: NSS workforce better reflects the diversity of Scotland's communities (Disability)

General Duty: Advance equality of opportunity, eliminate unlawful discrimination and foster good relations

Situation: The public sector equality duty requires NSS to publish our workforce equality data. We use the data that is available to us via payroll and HR employee systems. Staff are not legally required to provide the data.

Qualitative data tells us that further work is needed to improve disabled staff experience and improve line manager's knowledge and understanding of disability in the workplace including mental health.

Activities: working with the NSS staff equality networks, HR employee relation team and Corporate Communications to agree a measured approach to communicating the benefits of equality monitoring to increase staff participation and understanding of those benefits. Working with NHS board equality leads and national equality organisations to utilise existing good practice and available resources and share this with NSS staff.

Continue to develop the essential line manager programme to include equality & diversity input.

Continue to deliver mental health training and support the See Me campaign.

Continue to work with the NSS staff equality network (disability) to monitor progress and share good practice and improvements to staff experience.

Outputs: increase in equality monitoring messages in Pulse, Team Talk, Staff Update and Plasma TVs across the NSS Sites. Increased staff disclosure of protected characteristics

Equality Outcomes: NSS staff with protected characteristics will have an improved experience

Outcome six

Equality Outcome: Improved and effective involvement and engagement activity with Men who have sex with Men (MSM) Community with the Scottish National Blood Transfusion Service (SNBTS)

General Duty: Advance equality of opportunity, eliminate unlawful discrimination and foster good relations

Situation: SNBTS continues to work with the gay community and there has been considerable engagement with the LGBT community over the last years when we first set this equality outcome. SNBTS has a role as one of the UK Blood Service advisors on the Safety of Blood, Tissues and Organs (SaBTO) subcommittee which is tasked with reviewing the donor selection criteria. SNBTS has summarised international experience for the subcommittee to inform future considerations.

Activities: continue to engage effectively with the gay community and provide evidence and the outcome of such engagement.

Outputs: men who have sex with men (MSM) will have an increased understanding of the

donor selection criteria and a wider knowledge of SNBTS and the SaBTO subcommittee decision making process.

Equality Outcomes: MSM will have a better/improved understanding of SNBTS and improved working relationships.

Outcome seven

Equality Outcome: Improve the technical accessibility of our IT applications , services and websites and the information we provide to our customers

General Duty: Advance equality of opportunity between people who share a relevant protected characteristic and those who do not

Situation: NSS regularly distributes information widely to customers and it is essential that we implement and promote good practice in relation to accessibility so that all our customers are supported in accessing the information that we provide.

Activities: Improve the accessibility of NSS digital presence through the Nexus programme.

Ensure our external facing website provides clear guidance and information on accessibility
Establish good practice guidelines for transcribing , translation and vice over techniques for video outputs

Any staff responsible for publishing information and data will undergo accessibility training

Outputs: More staff trained; increased accessibility for customers and wider stakeholders; improved organisational reputation;

Equality Outcomes: improved accessibility and equity of access to NSS publications and information ; improved experience of accessing NSS services

Outcome eight (to be explored further)

Equality Outcome: Improved and effective involvement and engagement activity with patients and the public, Health Facilities Scotland and NHS Boards to improve facilities and access to healthcare premises.

General Duty: Advance equality of opportunity, eliminate unlawful discrimination and foster good relations

Situation: The Scottish Government commissioned Health Facilities Scotland to deliver a “accessible healthcare premises” seminar to establish the current gaps in provisions and to find out the experiences of disabled patients and their families when accessing the NHS in Scotland.

The seminar has been held with a range of disabled people and disability organisations.

A report has been written and NSS will agree the priorities with the NHS boards in Scotland to address the gaps identified and a way forward.

This equality outcome will be further explored.

Activities: to be agreed with NSS and NHS Boards

Outputs: to be agreed with NSS and NHS Boards

Equality Outcomes: Improved healthcare facilities for disabled patients and their families/carers

Outcome nine (actions yet to be agreed to take this outcome forward at time of reporting)

Equality Outcome: Health Protection Scotland will work with the Scottish Government to implement a new HPV Vaccination programme for men who have sex with men (MSM) in line with the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI)
General Duty: Advance equality of opportunity, eliminate unlawful discrimination and foster good relations
Situation: In November 2015 the Joint Committee on Vaccination and Immunisation (JCVI) issued a statement announcing a view that it was highly likely a programme to vaccinate men who have sex with men (MSM) up to 40 years of age attending genitourinary medicine and HIV clinics would be cost effective. On 23 rd March 2016 the Public health Minister for Scotland announced that the Scottish Government had accepted the recommendations of the JCVI and would be working closely with Health Protection Scotland and NHSScotland to establish the best way to deliver the new programme.
Activities: yet to be agreed
Outputs: yet to be agreed
Equality Outcomes: not yet established

Outcome ten

Equality Outcome: The health of Transgender people will improve through continued co-ordinated specialist services
General Duty: Equality of opportunity , eliminate unlawful discrimination and foster good relations
Situation: The National Gender Identity Clinical Network for Scotland (NGICNS) is now well established and has been operating for 2 years. The network continues to work with the community to identify potential gaps in service provision and with NHS Boards will work to address these gaps. The Network is seeking to improve the waiting list data collected by gender clinics.
Activities: Patients are represented on the network which meets regularly and has an established website. Two information working groups have been set up, one tasked with improving the Network website to ensure it includes accurate, up to date and relevant information is available regarding services in Scotland. The Network has set up a group involving clinicians and parent & patient representatives to produce information resources; one for adults; one for children, which will be made available in 2017. NSS is working with NHS Health Scotland to include screening information within these resources.
Outputs: Hormone prescribing guidelines updated; education and training of health professionals; equity of access to services; patient involvement; trans inclusive information on screening leaflets and websites; improved information and guidance on provision of wigs, fertility preservation, access to hair removal services and endocrinology services.
Equality Outcomes: The patient will receive high quality surgery by qualified and competent surgeons to ensure that the best achievable aesthetic and functional outcomes. Improved health outcomes for Trans people.

Outcome eleven

Equality Outcome: Improve the accessibility of the Breast Screening Services public facing information
General Duty: Equality of opportunity , eliminate unlawful discrimination and foster good relations
Situation: Digital mammography has been implemented across the Breast Screening Programme. A Health Inequality Impact Assessment (HIIA) carried out identified areas for improvement and the review group acknowledged the findings in the final review report which was submitted to the National Planning Forum. The HIIA group met on 2 separate occasions to assess the Scottish Breast Screening Programme and to assess the preferred option for delivery. A full copy of the report is available online www.nsd.scot.nhs.uk/servcies/screening/breastscreening/breastreview.html
Activities: NHS Health Scotland will undertake a review of the public facing leaflet “Breast Screening: Helping you decide” and the associated online breast screening information at www.nhsinform.co.uk/screening . An advisory group convened will oversee the review with representation from a range of stakeholders. Once this review is completed we will publish updated versions of the print and web based information materials to support informed choice on breast screening.
Outputs: improved public facing information on breast screening
Equality Outcomes: Improved health outcomes for women in Scotland

2.1.0 Monitoring and Reporting on Progress

The NSS Equality & Diversity will be responsible for monitoring the progress against the equality outcomes set out in 2.9 and will provide assurances to the NSS Corporate Compliance Group by providing regular reports. The reports will include any identified risks and outline the mitigating actions to reduce those risks.

This equality outcome plan will be delivered from 1st May 2017 – 30th April 2021.

NSS will report on progress every 2 years as required.

NSS will review the equality plan on an annual basis to ensure the equality outcomes remain relevant, proportionate and appropriate.

Section Three:
NHS National Services Scotland
Workforce Data

Section three: NSS Workforce Data

3.1 Introduction to the NSS Workforce data

NSS has gathered the equality information in line with the Data Protection Act 1998 and in line with the data protection principles to ensure that the information is:

- Used fairly and lawfully
- Used for limited, specifically stated purposes
- Used in a way that is appropriate, relevant and not excessive
- Accurate
- Kept for no longer than is necessary
- Handled according to peoples data protection rights
- Kept safe and secure

Due to the sensitive nature of the equality information and where low numbers are reported we have protected the information that is 5 or less.

The Equality Act 2010 Public Sector Equality Duty (PSED) requires NSS to ask their staff information in relation to their protected characteristics. Staff are not legally required to answer or provide the equality information.

This report shows those who staff who declined to disclose the equality information.

The data has been gathered from analysing information from NSS HR systems and the financial payroll system.

NSS supports diversity across the workforce through workforce planning and process by developing the following initiatives:

- **Modern Apprenticeships Programmes-** the Procurement, Commissioning and Facilities Strategic Business Unit is participating in the Modern Apprenticeship Programme and NSS is looking at rolling this out across other strategic business units.
- **Succession Planning** – a succession planning programme is in place for Executive level staff with further plans to cascade across the organisation.
- **Monitoring Recruitment-** The equality trends throughout the recruitment process will be continually monitored on a 6 monthly basis to ensure NSS meet and exceed it targets.

3.2 NSS Board Diversity

Board Diversity

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

Guidance² published by the Equality and Human Rights Commission in October 2016 set out that relevant listed authorities must publish:

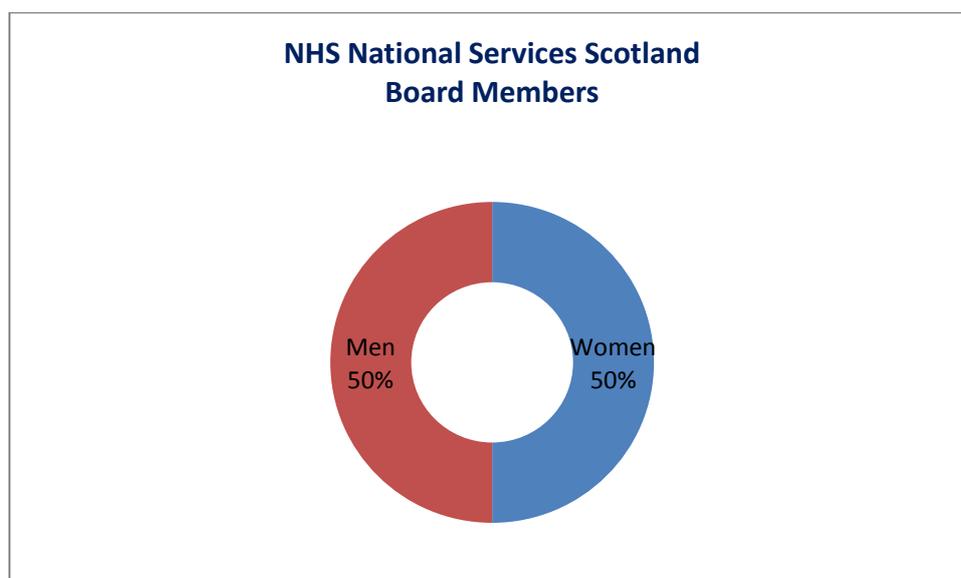
- the number of men and women who have been board members of the authority during the period covered by the report
- how the information provided about the relevant protected characteristics of its board members has been used so far, and
- how the authority proposes to use the information provided in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

There has been a constraint on our ability to achieve these requirements as the Scottish Ministers have not gathered or shared the information we require in time for inclusion within this report.

3.3 NSS Board gender balance (at time of reporting)

To establish the number of men and the number of women on the NSS Board the members were asked to disclose their gender. They agreed to this data being included in this report.

At the time of reporting the NSS Board has 5 men and 5 women.



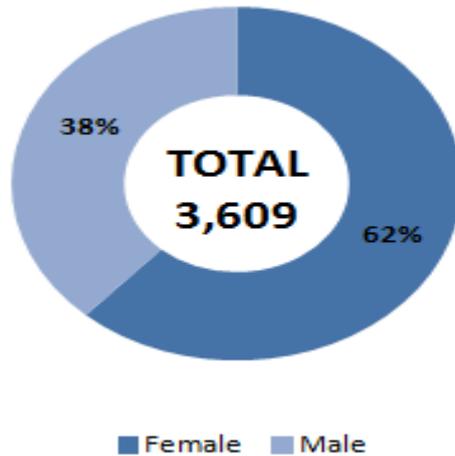
NSS has agreed to work in partnership with the NHSScotland national and special board equality leads to agree a collaborative approach to improving the accessibility of the public appointment process in Scotland. We will be able to carry out further analysis and report on any progress made in future reports.

² [Board diversity and the Public Sector Equality Duty: A guide for public authorities in Scotland](#)

3.4 Protected Characteristics of our Workforce

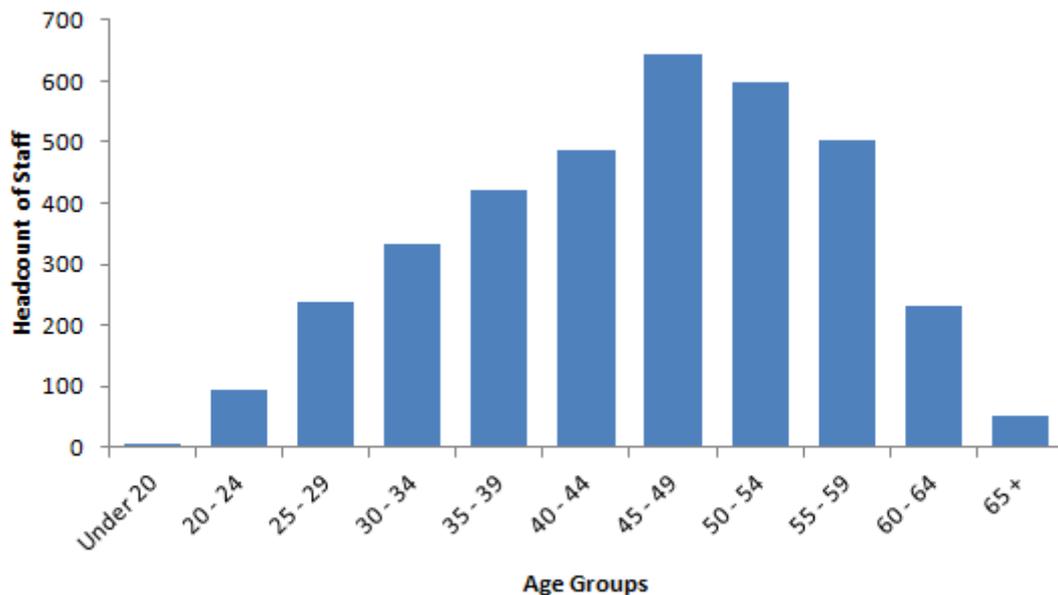
This section illustrates the shape of the organisation’s workforce broken down by listed protected characteristics. All data used for the outputs reported below are accurate as of 31/12/2016.

Chart 1. Gender Distribution of the Workforce



As can be seen by the pie chart approximately **3 out of 5** members of staff in our workforce are female. This is an increase of **4%** from 2014 with figures rising from **2140** to **2226**. The number of reported males within the workforce between 2014 and now also saw an increase from **1309** to **1383** (**6%**).

Chart 2. Age Distribution of the Workforce



The bar graph shows that the age distribution of the workforce is slightly skewed to the left, with a gradual increase from the youngest age groups to those aged between 45-49 years where the majority of our workforce are situated (**n=645**). From this peak, we see numbers start to decrease as we approach closer to the state retirement age. The biggest increase from 2014 reporting is that of the 25-29 age group where there has been an increase of **21%** from 195 to 237 staff.

“In 2014 1.6% of adults Identified themselves as LGB or Other”



1.4% of NHS NSS staff identified themselves as LGB or Other

The Scottish Government [reported](#) in 2014 that **1.6%** of the Scottish adult population identified as being either a gay man, lesbian, bisexual or other when asked about their sexual orientation. The recent NSS data indicates that **1.4%** (**n=49**) of our staff identify as either a gay man, lesbian, bisexual or other. This would indicate that we are not far off being reflective of the Scottish population. However, only **51.8%** (**n=1871**) identified as heterosexual in comparison to the Scottish Government’s estimate **95.9%**, with **46.8%** (**n=1689**) chose not to identify. This further highlights the importance of self-reporting and improving communications around the benefits of self-reporting.

This is also the first time we have had data on staff who disclose as Trans. However, the response numbers are too small to report.

Figure 1. Increase in Disability Disclosure



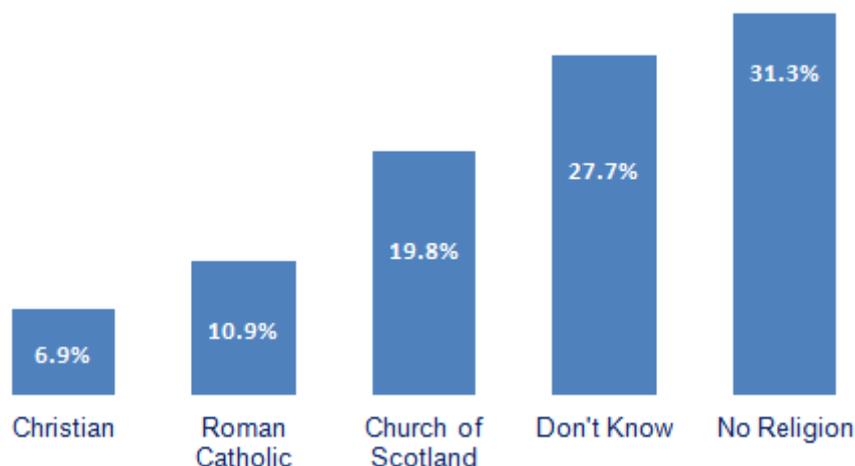
Of those who disclosed (n=3449), 2% considered themselves to have a disability. In comparison to 2014, we have seen people disclosing increase by 204% from 23 people to 70. This large increase in disclosure is encouraging and could be attributed to the support and work the NSS (dis)Ability Staff Network continues to provide members of staff.

Table 1. Ethnicity of Workforce

Ethnic Groups	Number of Workforce	% of Workforce
African	22	0.6%
Asian - Other	11	0.3%
Chinese	17	0.5%
Don't Know	96	2.7%
Indian	21	0.6%
Mixed Background	27	0.7%
Other Ethnic Group	18	0.5%
Pakistani	24	0.7%
White - Other	421	11.7%
White - Scottish	2907	80.5%
Did Not Disclose	45	1.2%

As can be seen from the table, the majority of staff report as White - Scottish or White – Other (82.2%). Ethnicity is also the protected characteristic that received the least number of people who did not disclose (1.2%). The Scottish Government reported that the largest ethnic group in Scotland was “White Scottish” at 77.9% which was down from 79.6% in 2013. Adults from an ethnic minority group represented 3.4% of the population in 2014.

Chart 3. Top 5 Responses on Religion and Belief



This is the first time that this data has been reported on as this data was not available in 2014. Most of the workforce that did disclose (31.3%) report not having a religion followed by

people uncertain what their religion or beliefs are (**27.7%**). The table below shows the headcounts of those religions and beliefs that weren't within the top 5 reported. A total of **2652** respondents did not disclose their religion or belief and were excluded from calculations.

Table 2. Headcounts of Less-Reported Religions and Beliefs

Buddhist	9
Hindu	16
Jewish	5
Muslim	21
Other Religion	38

3.5 Breakdown of Workforce by Job Types

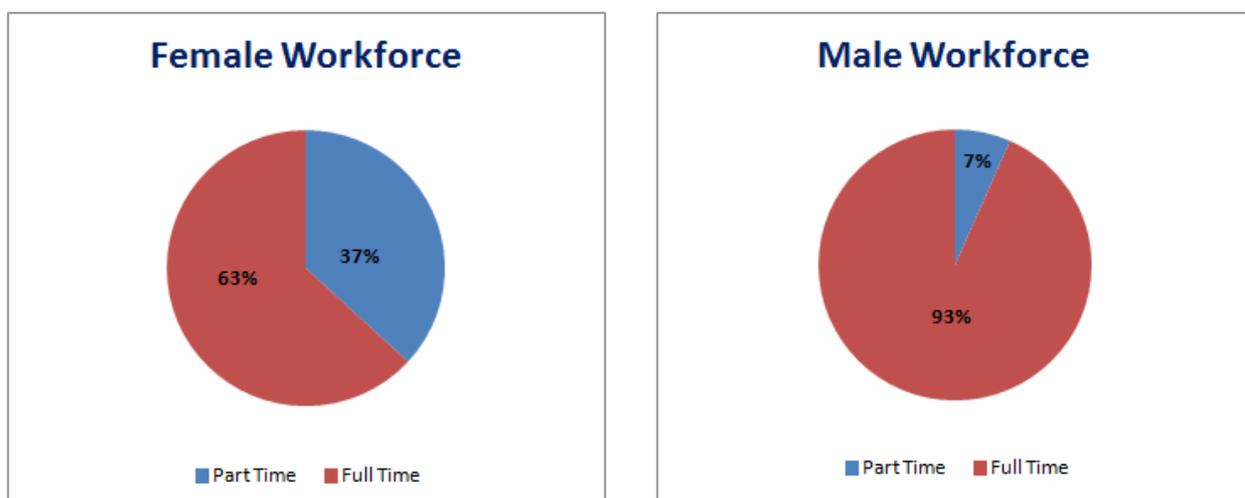
This section illustrates the shape of the organisation's workforce broken down by listed protected characteristics. All data used for the outputs reported below are accurate as of 31/12/2016.

Table 3. Number and Percentage of Workforce by Job Family and Gender

Job Family	Female		Male		Total
	No.	%	No.	%	
Administrative Services	1471	63%	859	37%	2330
Allied Health Professionals	1	100%	0	0%	1
Healthcare Sciences	290	65%	158	35%	448
Nursing & Midwifery	335	90%	38	10%	373
Other Therapeutic	2	25%	6	75%	8
Personal & Social Care	3	100%	0	0%	3
Support Services	79	22%	275	78%	354
Senior Managers	12	35%	22	65%	34
	2226	62%	1383	38%	3609

Female employees make up the majority of the workforce (**62%**) and have a higher headcount in all job categories except for 'Senior Managers', 'Support Services' and 'Other Therapeutic' where the percentage of males is more.

Chart 4. Percentage of Part Time and Full Time Workers by Gender



As can be seen from the charts above, the majority of the workforce are hired under full time (n=2691) contracts than part time (n=909). The chart also shows us that female staff are more likely to be working part time (37%) than male staff (7%). There are also a total of 9 bank workers within NSS.

Table 4. Number and Percentage of Workforce by Pay Band and Gender

Pay Bands	Female		Male		Total
	No.	%	No.	%	
AfC 1	1	50%	1	50%	2
AfC 2	62	68%	29	32%	91
AfC 3	465	57%	356	43%	821
AfC 4	278	78%	80	22%	358
AfC 5	355	69%	160	31%	515
AfC 6	413	65%	219	35%	632
AfC 7	352	60%	231	40%	583
AfC 8a	113	51%	108	49%	221
AfC 8b	68	44%	86	56%	154
AfC 8c	63	59%	43	41%	106
AfC 8d	9	31%	20	69%	29
AfC 9	2	40%	3	60%	5
SM / EL	12	35%	22	65%	34
Medical	33	57%	25	43%	58
	2226	62%	1383	38%	3609

Between Agenda for Change Bands 2 to 8a we can see that the majority of the workforce within these pays bands is female. Numbers for male colleagues start to surpass females in higher pay bands such is the case for Agenda for Change Bands 8b, 8d, 9 and Senior Manager/Executive Level.

3.6 NSS Recruitment 1/2/2015 – 31/12/2016

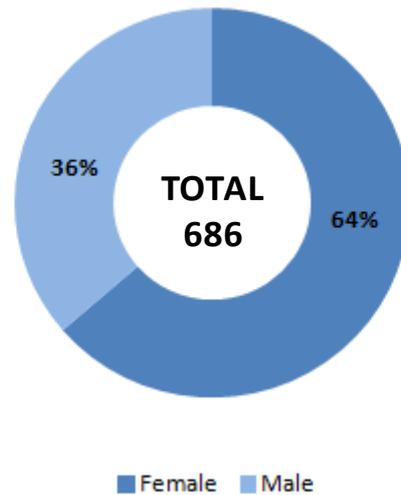
The recruitment data is extracted from the iRecruitment system and shows those who applied to NSS and were appointed. The data is not yet available for those who applied for a position within NSS and were unsuccessful. A full report on the recruitment activity in relation to equality information has been provided to the NSS Executive Management Committee (EMT). The report outlines the current gaps in the recruitment process and the identified actions needed to address these gaps.

NSS currently has a number of activities in place to reduce the *potential* for bias and discrimination in the recruitment process. These include:

- All applications being anonymous until the final selection stage
- All information on age, gender, disability, religion and sexual orientation is not included within the application and remain confidential within HR;
- Quality checks of short listing paperwork are carried out by HR to ensure that all candidates who met the same criteria are treated equally;
- Quality checks to ensure that all candidates declaring a disability and who meet the essential criteria of the post are shortlisted;

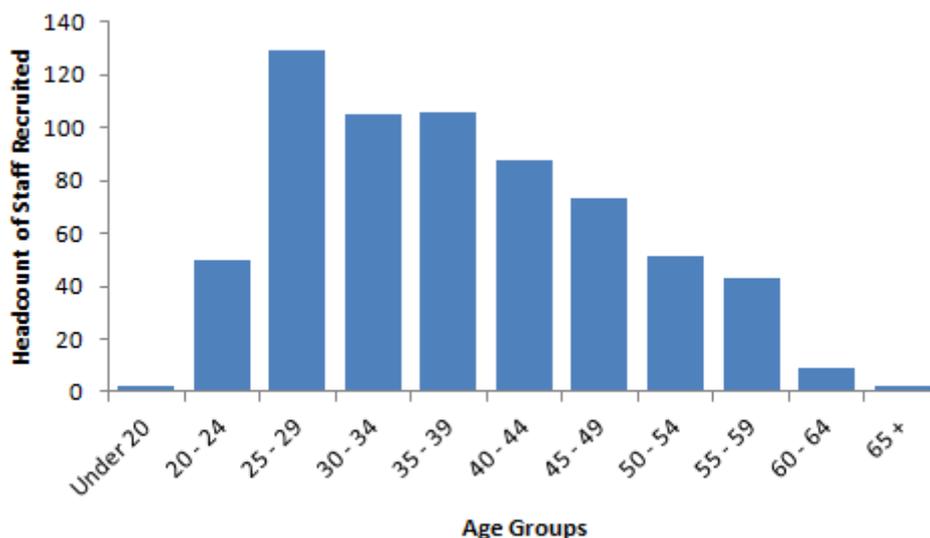
- Quality checks on all interview paperwork to ensure that process and policy have been followed; and
- Training for managers on equality & diversity directly relating to recruitment

Chart 5. Gender Distribution in Recruitment



As can be seen from the chart above, since early 2015 more females (**n=437**) have been recruited into the organisation than males (**n=249**). There has been less recruitment than what was reported in 2014; however the distribution of male and females recruitment is much the same. This would indicate that the organisation is consistently hiring more females than males. The recruitment team are working with the EMT to try and decrease this variation.

Chart 6. Age Distribution in Recruitment



The distribution in the chart above is slightly skewed to the right, meaning that we have a tendency to recruit from younger age groups. This distribution is very similar to what had been reported previously in the 2014 data. The distribution in this graph is opposite to that of the chart reporting the age groups of the current workforce. This could indicate a couple of things:-

- We could potentially be recruiting more individuals externally within the age groups where less of our workforce exists.
- We could potentially be promoting more individuals internally within younger age groups than the older age groups

Overall the recruited headcount is **138** less than that of the 2014 report. The data covers both internal and external recruitment.



2.8%

Of staff who were recruited or promoted since 2014 identified as a gay, lesbian or bisexual

This is an improvement on 2014 reporting where **1.9%** of those recruited identified as a gay, lesbian or bisexual. **78.4% (n=538)** of external and internal applicants recruited to new posts identified as heterosexual with **18.8% (n=129)** choosing not to disclose. There has been an improvement in disclosure, however, with those not choosing to respond decreasing by **1.7%**.

Again, we have now got access to data on employees who identify as Trans; however numbers are too small to report.

NSS is a Stonewall Scotland Diversity Champion and actively promotes the Workplace Equality Index having submitted evidence for the last 5 years. The NSS LGBTI+ Staff Network, NHS Together, is well established and will work with the recruitment team to address the current gaps to encourage disclosure of sexual orientation.

Figure 2. Disability and Recruitment



As well as within the current workforce, self-reporting of disability has also increased within recruitment. In 2014 only **3** people declared themselves as having a disability, this figure is

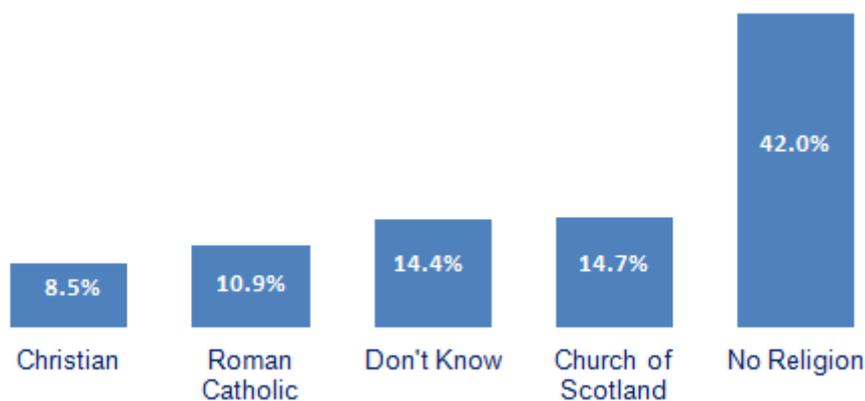
now **33**. This increase is encouraging and work is constantly being carried out to encourage self-disclosure. **572** individuals claimed to have no disability with **5** preferring not to say and **76** indicating they did not know if they had a disability. Given the latter response, there may be some work around awareness of what is meant by 'disability'.

Table 5. Ethnicity and Recruitment

Ethnic Groups	Number Recruited	% of Those Recruited
African	8	1.2%
Asian - Other	7	1.0%
Chinese	*	*
Don't Know	82	12.1%
Indian	12	1.8%
Mixed Background	13	1.9%
Other Ethnic Group	*	*
Pakistani	12	1.8%
White- Other	130	19.1%
White - Scottish	407	59.9%
Did Not Disclose	8	1.2%

The organisation mostly recruited those who identified as White (Scottish or Other). Those who were uncertain of their ethnicity were the next largest recruited group at **12.1%**. The other ethnicities then tended to range from **1%** to **1.9%** of those recruited. Numbers were too small for those who identified as Chinese or as an Other Ethnic Group and were therefore not disclosed.

Chart 7. Top 5 Recruited Religions/Beliefs



As can be seen by the chart above, the same top 5 religions and beliefs that recruited individuals identify with are the same as the top 5 within our workforce as a whole. **2.2%** of recruited individuals identified with the Muslim faith, **1.0%** as Hindu and **0.7%** as Buddhist. The remaining **5.6%** either did not disclose their religion or identified with a different religion.

3.7 People Leaving the Organisation

Between the reporting from the 2015 report until now 496 people left the organisation. The data provided is the equality protected characteristics of those staff that left. This is the demographic information only and we do not yet have any data in relation to the reasons why people leave the organisation in relation to their equality protected characteristics.

In 2013 report, 656 people left the organisation. The data provided was in relation to their protected characteristic. NSS did not have at that time the reasons people had for leaving the organisation and whether this was in relation to their protected characteristic.

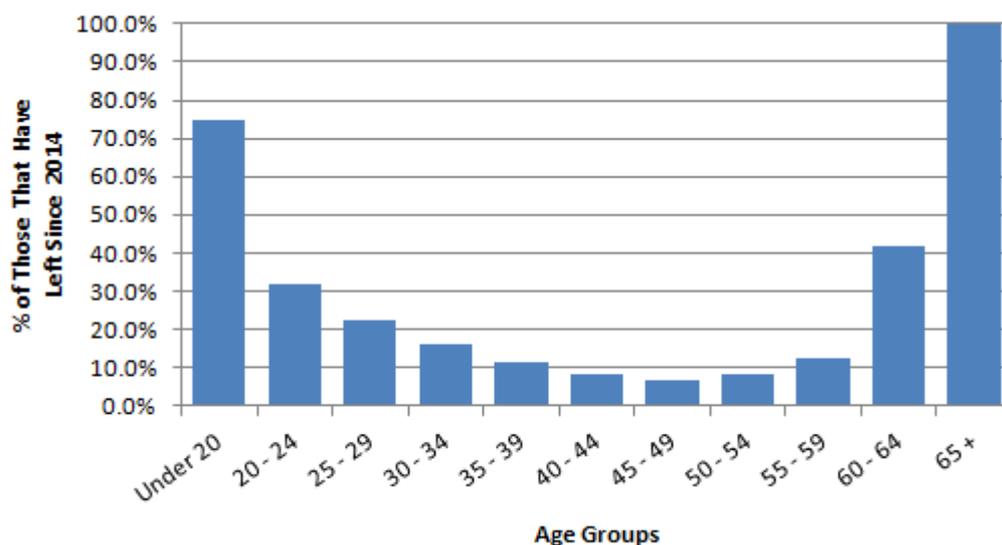
In order to truly analyse any patterns between leavers and protected characteristics, we will be comparing leavers numbers with the counterpart workforce totals as reported in the 2015 Workforce Data Report. This will allow us to see what proportion of individuals within each protected characteristic group has left since that time. Leavers could be from individuals who have been recruited and then left the organisation within the two year period of 2015-16 since the last report and therefore all figures reported below are approximates.

Figure 3. Individuals that Left by Gender



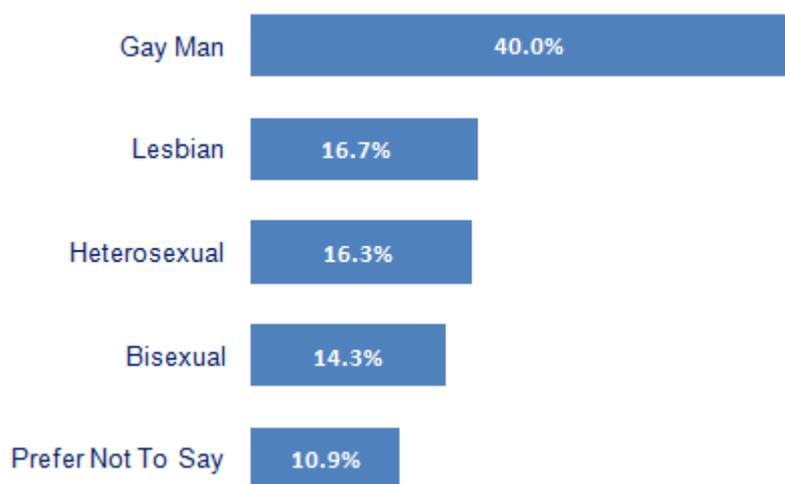
In 2014 there were **2140** females and **1309** males. Since publishing those figures in our 2015 report, **308** females have left the organisation and **188** males. This means that **14.4%** of both females and males have left the organisation since our last report in 2015, meaning there is no significant difference in leavers based on gender.

Chart 8. Staff Who Left by Age Group



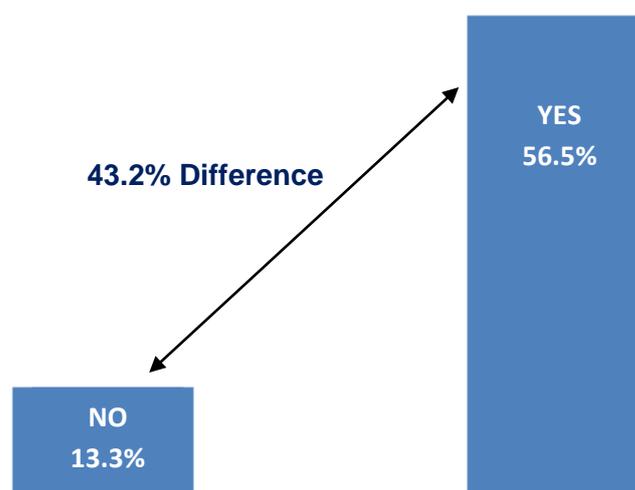
What can be seen from the chart above straight away is that there appears to be dip in leavers from the younger ages until 45-49 years of age where the chart then shows an increase in leavers again. In the older age groups, we would expect the percentage of those leaving to be high due to this being closer to retirement ages. In fact, there were more leavers in the 65 years and over group since 2014 (**n=48**) than there were number of staff reported in 2014 (**n=46**). What is of concern, however, is that younger age groups seem more likely to leave than those in the middle-aged groups, particularly as we tend to recruit more so within younger age groups, which would indicate there is an issue of staff retention within these groups.

Chart 9. Staff Who Left by Sexual Orientation



The chart above shows that across most sexual orientations, there is minimal difference in those who have left the organisation since 2014. However, for gay men, the number leaving since 2014 (**n=6**) in comparison with the number of gay men within the workforce in 2014 (**n=15**) is **40%**. This indicates that some investigation may be required to look into why this figure is considerably higher than other sexual orientations. As no one identified as Transgender in 2014, all leavers since then either identified as not being transgender or did not disclose.

Chart 10. Staff Who Left by Disability



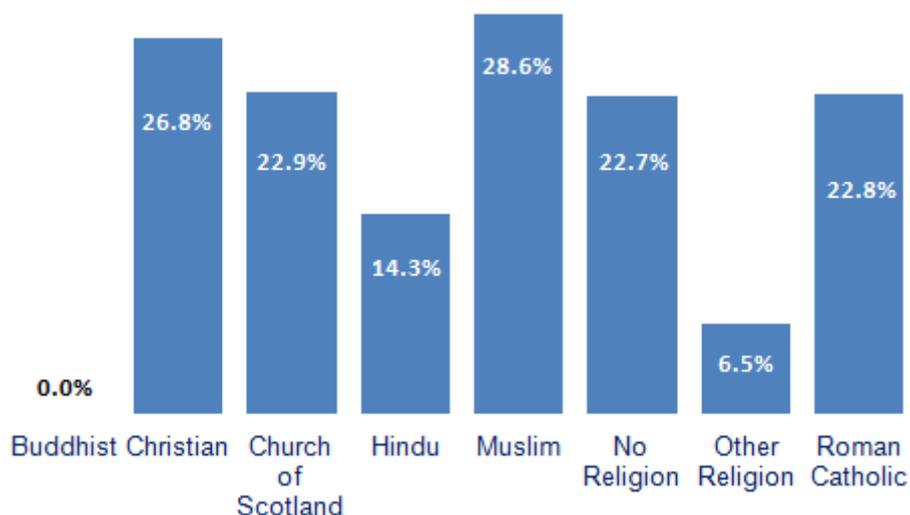
Immediately apparent is the large difference of the percentage of those who did not have a disability that left and the percentage of those who did have a disability that left the organisation. We had **23** individuals who disclosed themselves as having a disability in 2014, and since then **13** have left, which is over **50%**. This would indicate we should perhaps be investigating as to why over half of our disabled workforce are leaving, and whether we could be offering better support to retain staff.

Table 6. Staff who Left by Ethnicity

Ethnic Group	% of Individuals That Left Since 2014
African	26.7%
Asian - Other	25.0%
Chinese	7.7%
Indian	18.8%
Mixed Background	22.7%
Other Ethnic Group	12.5%
Pakistani	29.4%
White- Other	20.7%
White - Scottish	12.5%

Staff who identify as Chinese, White – Scottish or within another ethnic group, seem most likely to be retained with the percentage of leavers within these staff groups tending to be smaller than other ethnicities. The percentage of leavers in other ethnicities seems to range from **18.8%** to **29.4%**. Overall, variation between does not extend **20%** approximately, so perhaps some focus could be made with ethnic groups where leaving is more likely to assess if there are any consistent reasons for this.

Chart 11. Staff Who Left by Religion and Belief



For the most part staff retention based on religion/beliefs tends to be within **20-30%** of staff within those groups. Less people seem to leave from those who identify as Hindu or who associate with another religion. Since the 2014 staff figures, we have not had one member of Buddhist staff leave.

3.8 Workforce Equality Data Monitoring Training

In 2014 NSS reported equality information in relation to Training opportunities for ethnicity, sex, disability, religion, sexual orientation and transgender.

In 2016 NSS has equality information in relation to training for the same equality protected characteristics as in 2014 and age.

The training data is an analysis of the elearning modules available to staff and the facilitated sessions delivered by a facilitator.

Below are tables detailing the uptake of elearning and facilitated sessions per protected characteristic. The hope would be in future reporting of this that we would be able to compare numbers directly with current staff only, so we could better determine who we are engaging most with.

Table 7. Training by Gender

Gender	Number Who Have Completed Training
Female	2321
Male	1217
Total	3538

Table 8. Training by Age Group

Age Group	Number Who Have Completed Training
Under 20	8
20 - 24	87
25 - 29	227
30 - 34	326
35 - 39	400
40 - 44	458
45 - 49	637
50 - 54	574
55 - 59	494
60 - 64	266
65 +	60
Did Not Disclose	1
TOTAL	3538

Table 9. Training by Sexual Orientation

Sexual Orientation	Number Who Have Completed Training
Gay	21
Lesbian	11
Bisexual	9
Heterosexual	1742
Don't Know/Other	1417
Did Not Disclose	338
TOTAL	3538

Table 10. Training by Disability

Disability	Number of Who Have Completed Training
Yes	76
No	3303
Don't Know	2
Did Not Disclose	157
TOTAL	3538

Table 11. Training by Ethnicity

Ethnic Groups	Number Who Have Completed Training
African	20
Asian - Other	12
Chinese	19
Don't Know	60
Indian	19
Mixed Background	28
Other Ethnic Group	15
Pakistani	22
White - Other	428
White - Scottish	2850
Did Not Disclose	65
TOTAL	3538

Table 12. Training by Religion and Belief

Religion	Number of Who Have Completed Training
Buddhist	8
Christian	185
Church of Scotland	482
Don't Know	1439
Hindu	10
Muslim	18
No Religion	810
Other Religion	34
Roman Catholic	250
Did Not Disclose	302
TOTAL	3538

Data report ends:

Section four:

References and acknowledgements

Section four: References

1. NHS National Services Scotland website www.nhsnss.org
2. The Equality Act 2010
<http://www.legislation.gov.uk/ukpga/2010/15/contents>
3. Equality and Human Rights Commission www.ehrc.com
4. The Scottish Government Equality Finder
www.scottishgovernment.gov.uk/equalityfinder
5. NSS Procurement ,Facilities and Commission services www.nhsnss.org
6. Scottish Blood Transfusion Service www.scotblood.org
7. Our Voice www.scottishhealthcouncil.org/ourvoice
8. Information Services Division www.nhsnss.isd.org
9. The National gender identity clinical network for Scotland [National Gender Identity Clinical Network for Scotland](http://www.nationalgenderidentityclinicalnetworkforScotland.org)
10. Scottish Ahlul Bayt Society <http://scottishahlulbaytsociety.org/>
11. Stonewall Scotland www.stonewall.org.uk
12. Scottish Council on Deafness www.scod.org.uk
13. The Scottish Governments Race Equality Framework
<http://www.gov.scot/Publications/2016/03/4084>

Acknowledgements:

1. Lee Wilson, Analyst, Public Health and Intelligence
2. Human Resources Employee Relations Team
3. NSS Equality and Diversity Group Members
4. NSS National Screening Services and Managed Clinical Network
5. Scottish National Blood Transfusion Service