

# **NHS National Services Scotland Equality Outcomes Plan 2013-2017**

**Author:** Louise MacLennan  
Corporate Affairs and Clinical Support Team  
[l.maclennan@nhs.net](mailto:l.maclennan@nhs.net)  
0131 275 7457  
Version: V 0.5  
February 2013

**Executive Lead:** Irene Barkby  
Director of Nursing, Strategy and Planning  
Executive Office

## 1. Equality and health inequalities context

All Health Boards across NHSScotland are required to produce and deliver a set of equality outcomes to comply with one or more of the 3 needs of the Public Sector General Equality Duty (Equality Act 2010) and the Specific Duty on Equality Outcomes (Specific Duties) (Scotland) Regulations 2012.

The focus of the guidance on equality outcomes produced by the Equality & Human Rights Commission (EHRC) is designed primarily to ensure legal compliance with the duties as outlined above. However, the challenge for the NHS is to translate these legislative requirements into equality outcomes that are systematically mainstreamed into health policy and practice, which aims in turn to tackle health inequalities and improve health outcomes.

The actions to deliver equality outcomes and address health inequalities are not mutually exclusive but intrinsically linked i.e. health inequalities reflects the systematic differences in health (health gaps) which are associated with people's unequal positions in society. Given this, health inequalities relate to and interact with other structures of inequality, for example, socio-economic, gender, ethnicity and disability etc. <sup>1</sup>

Therefore, in order to address health inequalities effectively, consideration has to be given to the associated implications for people with equality characteristics and the complex intersections between these.

## 2. Public Sector General Equality Duty (Equality Act 2010)

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

The **3 aims** of the Act's **Public Sector General Equality Duty** are as follows:

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

This approach to implementation aims to provide coherence, minimise duplication and support the ongoing mainstreaming of equality into health policy and practice within NHS National Services Scotland.

<sup>1</sup> Graham, H (2004) 'Tackling Inequalities in Health in England: Remedying Health Disadvantages, Narrowing Health Gaps or Reducing Health Gradients'.

### **3. The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012**

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, states that we are required to comply with the following duties:

- Report progress on mainstreaming the public sector equality duty
- Publish equality outcomes and report progress
- Assess and review policies and practices (impact assessment)
- Gather and use employee information
- Publish statements on equal pay
- Consider award criteria and conditions in relation to public procurement
- Publish in a manner that is accessible

#### **What are equality outcomes?**

Before the Equality Act 2010, race, disability and gender equality duties required Public Bodies such as NSS to prepare and publish equality schemes. These schemes tended to focus attention on the processes involved, e.g. gathering data or reviewing policies, rather than looking at the impact of our actions – in terms of improved outcomes for patients, the public, our workforce, our customers and stakeholders or our partners.

#### **What do we mean by outcomes?**

Outcomes represent the difference that an intervention, service or programme makes. Beneficial outcomes are positive changes or improvements for individuals, groups, families, organisations and communities that occur as a consequence of a programme or intervention.

#### **How do outcomes differ from objectives?**

Objectives are things we intend to do, while outcomes are the consequences or results of the things we do, whether in relation to a programme of activity, policy or practice, a project or service, or any other form of intervention.

#### **Equality Outcomes provide a framework for:**

- Helping ensure equality and diversity are mainstreamed into all NSS activities.
- Ensuring equality and diversity become the responsibility of everyone within the organisation.
- Improving performance in service delivery, employment, commissioning and purchasing.
- Helping NSS to promote cultural change by encouraging inclusive practices in working and service environments that are free of all forms of unlawful discrimination.

#### 4. Quality Improvement

A logic-modelling approach has been adapted to develop the equality outcomes planning and implementation within NSS. In essence, the model is a series of steps, each of which flows from the preceding steps and in turn provides the basis for those that follow. The logic modelling approach supports development of:

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

#### 5. NHS National Services Scotland

NSS' purpose remains to '**support Scotland's health**' by working at the heart of the NHS in Scotland, providing a range of services critical to frontline patient care and in support of the effective and efficient operation of the NHS in Scotland.

Our unique skills, expertise and experience place NSS uniquely in a good position to deliver services and support other public sector partners. We recognise that the term 'health' incorporates wellbeing, which fits well into the support we can provide to the public sector.

Our mission is to '**maximise health and financial impact.**' This builds on the work we have done previously to ensure that all our services maximise either direct or indirect health or financial impact. This reflects our desire to not only benefit the health of the people of Scotland but also ensure value for money, avoid cost and seek additional savings where required.

Our organisational strategy is currently being refreshed. As part of this work we have reflected on our future vision for 2018 which is that NSS:

- Builds on its strong foundations;
- Is externally focused;
- Is an agile and responsive organisation;
- Empowers staff to seek opportunities with customers and agree relevant courses of action;
- Work flexibly and ensure low bureaucracy to give enhanced service delivery and

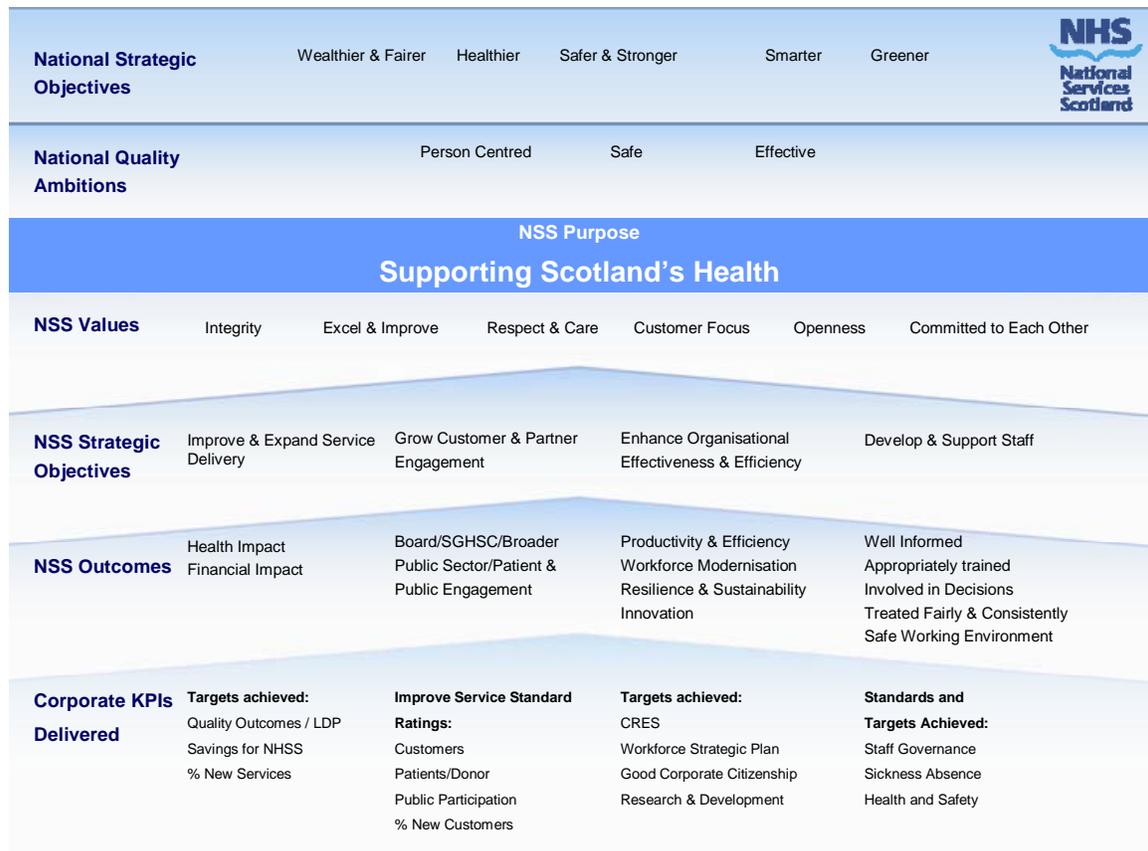
- Encourage innovation to find the best opportunities with our customers and partners.

We have four strategic objectives. These are:

- Improve and Expand Service Delivery;
- Grow Customer & Partner Engagement;
- Enhance Organisational Effectiveness & Efficiency and
- Develop and Support Staff.

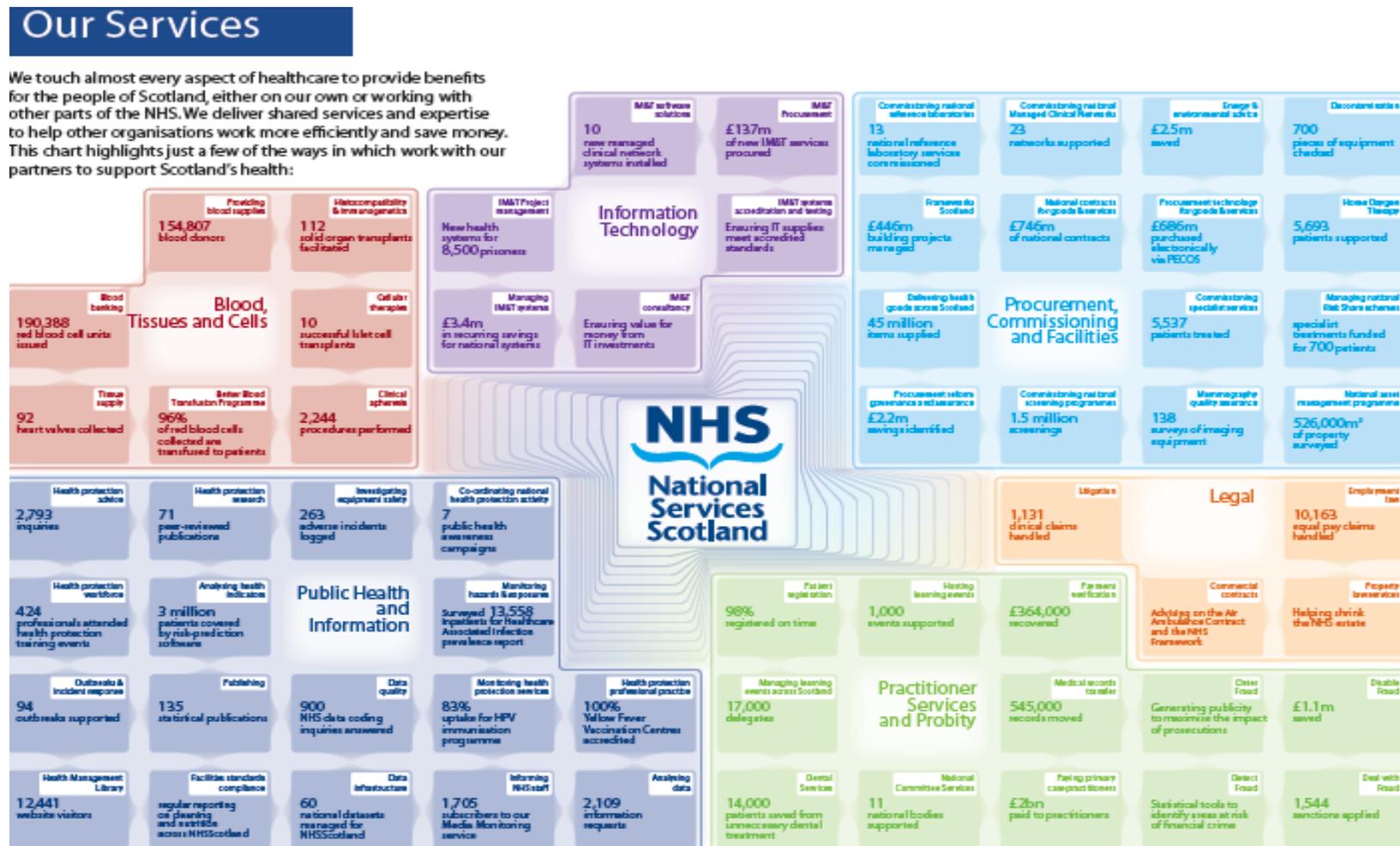
These reflect the need for growth and delivery of additional value. They extended the scope within Health and Social Care, and if opportunity presents, the broader public sector.

### NSS Strategy Map:



## 6. Overview of NSS Services

The following chart describes some of the ways in which NSS work with our partners to support Scotland's health.



## **7. The duty to publish equality outcomes and report on progress**

NSS is required to identify a set of short to medium term equality 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 characteristics, the full set should encompass **all** characteristics. If not, it is necessary to justify the rationale for this decision.

Short to medium term outcomes have to be set every 4 years, with a requirement to produce interim progress reports every 2 years. NSS will link equality reporting to existing public performance reporting systems including the NSS Annual Report. Any publication, system and web site used to publish the equality reporting will be clearly identifiable and accessible.

## **8. Who we involved in preparing the equality outcomes**

NHS National Services Scotland published a draft equality outcome plan in 2012 in collaboration with a number of partners and stakeholders. NSS Services and Staff were consulted with to agree the workforce equality outcomes and to ensure integration with the NSS Values and Staff Governance standard action plan.

NSS carried out a Diversity survey involving NSS Staff, the Executive Management Team and external stakeholders in 2012, the findings have been of great value in providing baseline data to shape some of the workforce equality outcomes. NSS also carried out a staff survey in 2012 and the analysis and highlights report from this survey has provided current and up to date information on staff experience <sup>2</sup>

The partners and stakeholders that we involved included the Equality Leads from across NHS Scotland National and Special Boards working collaboratively to establish what the equality outcome gaps were in terms of the NHSScotland workforce. Focus groups were held with NHS Staff, Professional registered bodies and the Trade Unions

### **Service equality outcomes- NSS has worked with and involved the following organisations at a National Level:**

- Scottish Council on Deafness
- Action for Hearing Loss in Scotland
- Stonewall Scotland
- The Scottish Transgender Alliance Scotland

<sup>2</sup> [http://genss.nss.scot.nhs.uk/pls/portal/docs/PAGE/GENSS\\_DOCUMENT\\_LIBRARY/NHS\\_STAFF\\_SURVEYDL/STAFF%20SURVEY%202012/2013-01-11%20NSS%20STAFF%20SURVEY%20%20NSS%20HIGHLIGHTS%20REPORT.PDF](http://genss.nss.scot.nhs.uk/pls/portal/docs/PAGE/GENSS_DOCUMENT_LIBRARY/NHS_STAFF_SURVEYDL/STAFF%20SURVEY%202012/2013-01-11%20NSS%20STAFF%20SURVEY%20%20NSS%20HIGHLIGHTS%20REPORT.PDF)

<sup>3</sup> <http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4021232/Microsoft%20Word%20-%20NHSS%20ED%20L%20SLWG%20Workforce%20Outcomes%20Repheort%20Part%201%20FINAL.pdf>

- NHS Health Scotland Equality People, Planning and Performance Directorate
- The Scottish Disability Equality Forum
- NHS24
- NHS National Education Board for Scotland
- The Scottish Health Council
- See Me Campaign

NHS National Services Scotland has developed equality outcomes using the available research (UK and National) and equality evidence base available to them and utilised internal data available from the Scottish National Blood Transfusion Service (SNBTS), Information Services (ISD), Practitioner Services (PSD) and National Services Division (NSD).

## **9. Measuring and monitoring change**

A baseline for equality outcomes has been developed through the aforementioned work and the logic model providing a basis for the framework for the equality outcomes implementation plan. NSS will measure and monitor change through the existing NSS mechanisms and systems such as:

- Annual Report
- Values programme
- Staff Governance Standards action plan
- Equality Impact Assessment process
- Participation Standard
- Workforce Plan
- Local Delivery Plan
- Strategy Reviews
- Service and Business Plans

NHS National Services Scotland's Corporate Responsibility Group (CRG) has delegated responsibility within the corporate governance structure for monitoring progress against the Corporate Equality Outcomes Plan. Reports produced by the Equality, Diversity and Participation Group will be reviewed by the CRG and will be published on geNSS (NSS staff intranet) and on external NSS web-pages.

## **10. NSS equality outcomes implementation plan**

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 Strategy Map which is detailed on page 5 highlights NSS's four Strategic Objectives:

- Improve and expand service delivery
- Grow Customer and Partner Engagements
- Enhance Organisational Effectiveness and Efficiency
- Develop and Support Staff

The following 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 Support Scotland's Health.

## Equality Outcomes - NHS National Services Scotland Services NHS National Services Scotland objectives

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

**Equality Outcome: Disability – Improve access to the Scottish National Blood Transfusion Service (SNBTS) donor services for Deaf BSL users, Deaf-blind, Deafened and Hard of Hearing people. Participation will improve through: access to service information, communication, new technology and person centred, safe and effective services**

**Situation:** Based on evidence provided by the Scottish Council on Deafness (SCoD) and the Scottish National Blood Transfusion Service (SNBTS). Deaf BSL users, Deaf-blind, Deafened and Hard of Hearing people want improved communication support to access donor services to enable them to become blood donors on a regular basis.

**Activities:** Further involve the Scottish Council on Deafness, Action for Hearing Loss in Scotland and key NSS staff from SNBTS to identify the needs and barriers for Deaf BSL users, Deafblind, Deafened and hard of hearing people. Present to the SNBTS Clinical Governance Committee and link to the improving the donor experience programme of work.

Scope the potential for working with NHS24's telehealth and telecare service. Testing the possibility of using existing equipment in current NHS sites. Pilot the communication support for Deaf BSL users, Deafblind, Deafened and hard of hearing donors in one or two fixed centres. Measure the outputs from the pilot and share the learning to inform further rollout across the fixed centres. Work in partnership with SCoD and the Deaf Community, Deafblind, Deafened and Hard of Hearing people to ensure their continued involvement to shape the appropriate solution.

**Equality Outcome Contd.**

**Disability – Improve access to the Scottish National Blood Transfusion Service (SNBTS) donor services for Deaf BSL users, Deaf-blind, Deafened and Hard of Hearing people. Participation will improve through: access to service information, communication, new technology and person centred, safe and effective services**

**Outputs:** SNBTS Donor Services staff and IT staff will work with NHS24 to provide communication support in the fixed donor centres. Reassurance that clinical governance standards will be maintained. Staff in donor centres will have an improved understanding of the communication needs of deaf and hard of hearing donors.

Evidence of good practice and practical application. Increased use of available technology. Increased access for Deaf BSL users, Deafblind, Deafened and hard of hearing donors.

3rd Sector and Voluntary Organisations (Equality) will have a better/improved understanding of NSS. Increased involvement and participation of Deaf BSL users, Deafblind, Deafened and hard of hearing donors in donor sessions.

**Equality Outcomes:** Deaf and hard of hearing people will have access to blood donor services provided by NHS National Services Scotland.

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

**Equality Outcome: Transgender Health - The health of transgender people will improve through continued co-ordinated specialist services**

**Situation:** (1) Following an assessment of guidance and provision of services pertaining to Gender Reassignment, NHS Scotland agreed to develop and implement a specific 'Gender Reassignment Protocol.' The Gender Reassignment Working Group held its first meeting in February 2011 and membership consisted of clinicians, members of the transgender community, representatives from the Scottish Government, National Services Division and a lay person with an interest in Transgender issues. The working group was Coordinated by NHS Health Scotland.

(2) The first ever Trans Health event was held in November 2012 to address Mental Health; Screening Services; Monitoring; Gender Reassignment Protocol. The conference consisted of a series of workshops and a panel debate. The workshops explored a range of issues which can impact on the equal access to health services by transpeople, including cancer screening services, the issue of new medical records, and access to sport and exercise opportunities.

These sessions were designed to be highly participatory and allowed delegates to share experiences and view points, and to offer recommendations on better practice. Representation at the event was 83 respondents: Trans people 46%, Professional 29% and Other 25%

**Activities:** National Services Division worked with representatives of the transgender community, and NHS Gender Identity specialists, to develop a specification for the specialist surgical treatment required. NHS Boards collectively agreed to provide a budget of £0.5 million to allow NSS to procure the required surgical services.

NSS is now tendering for these services supported by a panel of NHS specialists and transgender community representatives. NSD will commission the services ensuring that quality standards are clearly defined and that the service is both safe and person centred. The provision of the surgical service will support NHS Boards in implementing the Gender Reassignment Protocol in Scotland.

(2) NSS is adapting the IT software used in screening to improving Trans access to cancer and non cancer screening services. Work to improve the communication strategies with Trans people and the need for the CHI Number (Community Health Index). Continue to work with STA to include their involvement and Trans people in the equality impact assessment.

**Equality Outcome: Transgender Health - The health of transgender people will improve through continued co-ordinated specialist services**

**Outputs:** Gender Dysphoria Services – Gender Reassignment Surgery Service. A comprehensive and effective surgical service will be provided as part of a co-ordinated multidisciplinary team, which will ensure the availability of appropriate information to assist in decision making and consent by patients, within an integrated treatment pathway, which will offer, agree and carry out appropriate surgical interventions, performed by qualified & competent surgeons, with all appropriate and necessary steps taken to limit complications, minimise infection, and to provide appropriate aftercare and follow-up of physical and psychological well-being.

(2) Reduction in stigma and negative experiences in screening services. Improved data capture to ensure people are called for screening appropriately. Leaflet and posters with clear communication about CHI for Trans people (Trans inclusive language in literature). Equality Impact assessments. Improved understanding of NSS services and the role of NSD, PSD and ISD.

**Equality Outcomes:** (1) The patient will receive high quality surgery by a qualified competent surgeon to ensure the best achievable aesthetic and functional outcomes

(2) Improved health outcomes for Trans people

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

**Equality Outcome: Sexual Orientation – men who have sex with men (MSM) will have an improved understanding of the blood donor selection criteria**

**Situation:** Following a review by the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO), men whose last sexual contact with another man was more than 12 months ago will now be able to donate blood, subject to meeting the other donor selection criteria.

Stonewall Scotland and LGBT Youth Scotland whose service users include gay men have advised that the blood donor selection criterion is still misunderstood by men who have sex with men. They have asked NSS to provide further communication to improve the understanding and increase knowledge of men who have sex with men (MSM).

**Activities:** SNBTS Head of Public Affairs and Stonewall Scotland will work together to develop and publish information accessible to the gay community across Scotland. Work in partnership with NHS Scotland equality leads to cascade and communicate information for men who have sex with men.

**Outputs:** Communication and clear information on SNBTS external web Site. Communication and clear information on the Stonewall Scotland web Site. Leaflet published aimed at the gay community on the donor selection criteria. Reduction in stigma and increased awareness and knowledge of men who have sex with men and the donor selection process.

**Equality Outcomes:** The change brings the criteria for MSM into line with other groups that are deferred from blood donation for 12 months due to sexual behaviours. Screening and testing procedures for HIV (AIDS) have improved sufficiently for SaBTO to be confident that the new donor criteria can be introduced, while maintaining the current very high safety standards of the blood supply.

3rd Sector and Voluntary Organisations (Equality) will have a better/improved understanding of NSS.

**General Duty:** Fostering good relations and equality of opportunity

**Equality Outcome: Disability - Disabled women; Ethnic minority women; Transgender people; will have improved access to breast screening services in Scotland. *The timescales for this outcome are guided by the National Planning Forum and the rollout schedule of the digital breast screening units***

**Situation:** National Services Scotland was commissioned to carry out a national review of breast screening services in Scotland In early 2011, NPF commissioned National Services Division (NSD) to undertake a major review of the Scottish Breast Screening Programme (SBSP) to ensure the service provided was of the highest quality and delivered in the most efficient manner. Particular challenges were to convert to digital mammography without adversely impacting on uptake; to promote a sustainable workforce; and to continue to deliver SBSP within existing revenue.

Public consultation, undertaken as part of this review, indicated that women had no real preference on screening location, with ethnic minority groups favoring a local health facility or hospital location. In response, the review recommends utilising capacity within symptomatic services to undertake breast screening, reducing pressure & dependence on mobile screening units.

The public consultation was launched on 16th April 2012 & concluded on 11th June 2012. Respondents were asked to read the paper and then submit their responses via paper or web questionnaire or by letter or email.

309 people responded to the questionnaire, either via web or paper copy. Of these 65 were returned incomplete therefore these could not be added to the overall conclusions. For the purpose of the review, 244 completed responses were analysed. A full copy of the report can be accessed at: <http://www.nsd.scot.nhs.uk/services/screening/breastscreening/breastreview.html>

The health inequality impact assessment identified areas for improvement & the review group acknowledged the findings in the final report which was submitted to NPF in Feb 2013.

The HIIA group met on two separate occasions, the first to assess SBSP as it is currently delivered and secondly to assess the preferred option for service delivery. A full copy of the report can be accessed at: <http://www.nsd.scot.nhs.uk/services/screening/breastscreening/breastreview.html>

For further details on the Scottish Breast Screening Programme please go to: <http://www.nsd.scot.nhs.uk/services/screening/breastscreening/index.html>

**Equality Outcome: Disability - Disabled women; Ethnic minority women; Transgender people; will have improved access to breast screening services in Scotland. *The timescales for this outcome are guided by the National Planning Forum and the rollout schedule of the digital breast screening units***

**Activities:** The review group worked closely with the Scottish Health Council and third sector organisations to undertake public consultation on the review; however it is envisaged that NHS Boards would also undertake local public engagement, taking on board the £12m investment to enable the implementation of digital mammography, the need to maintain the successful uptake of the programme and to work more closely with symptomatic services to release capacity on mobile units. NSS will work with the SHC to produce a toolkit to support NHS Boards in their discussions.

Engagement with transgender community to improve access. Project to consider barriers to attending and how best to engage with the homeless community. Feasibility of introducing equalities monitoring. Reassessment of physical accessibility and equitable access to the mobile units. Review of breast screening invitation and materials including leaflets. Review methods of contact for the service. Review opening times of service. Review of access to barriers for low income/poverty women. Project to increase understanding of those who do not access the service currently and to potentially increase the number of those making an informed choice to attend across Scotland.

**Outputs:** Improved engagement techniques with the protected characteristics groups will require further exploration and evaluation to ensure that all barriers to screening are addressed for all eligible women to make an informed choice about attending for breast screening. Mobile units will be accessible to women with mobility issues.

**Equality Outcomes:** The Scottish Breast Screening Programme will be delivered in a way that puts the needs of women at the heart of planning.

**General Duty:** Equality of opportunity and eliminate unlawful discrimination.

**Equality Outcome: Sex - The implementation of the Gender Based Violence PIN policy will increase understanding and improve the response and support to staff. To ensure a systems based approach to gender based violence. *This outcome will address same sex partnerships and black and ethnic minority protected characteristics and the age spectrum that GBV can impact on***

**Situation:** This Gender-Based Violence PIN policy is designed to contribute to such a safe working environment and provide a clear framework for a partnership approach. The policy has been developed to meet the requirements of the Chief Executive's Letter on Gender-Based Violence ([CEL\(2008\)41](#)). The CEL, issued to NHSScotland Boards in September 2008, outlines a 3-year programme of work to improve the identification and management of Gender-Based Violence across NHSScotland.

The impact of Gender-Based Violence on the health and well-being of NSS staff is a serious, recognisable and preventable problem like many other health and safety issues that affect NSS.

This policy has accordingly been created to promote the welfare of staff affected by current or previous experience of such abuse. It further aims to ensure that NSS responds effectively to staff members who may be perpetrators of such abuse. In partnership with local trade unions/professional organisations, this policy will be adopted and implemented as a minimum standard within NSS.

**Activities:** Develop a GBV Policy for NSS Implement the GBV Policy through the NSS Governance arrangements agreed in partnership. Deliver communication plan and cascade plan for the implementation of the GBV Policy across NSS.

Targeted training for line managers across NSS combined and blended learning approaches. Publish article in the NSS Staff magazine and Bloodletter (the Scottish National Blood Transfusion service staff newsletter)

**Outputs:** Reduced work absenteeism. Improved performance at work. Reduced staff turnover. Remove the stigma of gender based violence. To provide a confidential and supportive contacts in NSS. Improved use of the appropriate policy when supporting a member of staff in the workplace. Recognition that survivors of gender based violence may have attendance problems and performance issues at work due to the impact of their personal circumstances.

**Equality Outcome: Sex-** The implementation of the Gender Based Violence PIN policy will increase understanding and improve the response and support to staff. To ensure a systems based approach to gender based violence  
*This outcome will address same sex partnerships and black and ethnic minority protected characteristics and the age spectrum that GBV can impact on*

**Equality Outcomes:** Infrastructure is in place and a consistent approach across NSS. Enhance manager's skills in supporting patient and staff needs. Enhance staff and public knowledge of GBV. To create a safe environment that encourages people to reveal that they have been subjected to some form of domestic abuse, help them recognise that this is not acceptable and enable them to seek help and support.

**General Duty:** Eliminate unlawful discrimination and advance equality of opportunity.

**Equality Outcome: Age; Sexual Orientation; Religion/Belief/faith (identified from the investors in diversity survey) 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 acceptable or tolerated**

*\*\* workforce equality outcomes will address a number of protected characteristics\*\**

**Situation:** The NSS Staff survey highlights report and the NSS Investors in Diversity Survey highlights reports tells us that some staff have had some negative experiences on the grounds of age, sexual orientation and religion/faith /belief.

**Activities:** Further work may be necessary to encourage reporting of incidences of violence, emotional or verbal abuse, and bullying or harassment in order to improve the level of satisfaction with the outcome. Need to run promotional activity to highlight that this type of behaviour is unacceptable in NSS. Establish where it is perceived that discrimination is occurring and develop strategies for tackling this within NSS. Further analysis of the raw data from the investors in diversity survey. Planned equality and diversity workshops to be delivered across the NSS geographical sites to reach as many staff as possible.

Continued partnership working with 3rd sector and voluntary organisations representative of protected groups. Joint delivery of training and workshops with SHSC and stakeholders.

**Outputs:** Increased reporting through HR Services, occupational health service and line managers. Follow on report published from the findings of the investors in diversity survey. Reduction in incidents of negative or discriminatory experience. Increased understanding by the 3<sup>rd</sup> sector and voluntary organisations of NSS. Equality and Diversity monitoring will be mainstreamed into all NSS Surveys.

**Equality Outcomes:** Staff with protected characteristics will have improved experiences in the workplace. 3rd Sector and Voluntary Organisations (Equality) will have a better/improved understanding of NSS.

**General Duty:** Equality of opportunity. Foster good relations and eliminate unlawful discrimination.