**Equality Outcomes**

**2025 – 2028**

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To ask for this report in another format or language email: Loth.equalityandhumanrights@nhs.scot

**Introduction**

[The Equality Act 2010](https://www.gov.uk/guidance/equality-act-2010-guidance) provides protection for people based on specific characteristics. It applies to us all as we all have at least one of them:

* Age
* Disability
* Gender reassignment
* Marriage and civil partnership
* Pregnancy and maternity
* Race
* Religion or Belief
* Sexual orientation
* Sex

Our work must not unlawfully discriminate against someone because of any of these characteristics and we must try to help advance equality of opportunity and foster good relations between groups of people who share these characteristics.

At least every 4 years we must publish a set of outcomes that we hope will help us do this.

## How we chose our equality outcomes

In April 2023, the Board agreed NHS Lothian’s Equality and Human Rights Strategy 2023 to 2028. This strategy drives compliance with our equality and human rights duties. This means we incorporate our equality outcomes and reports on progress achieving them within our work to deliver our equality and human rights strategy. Our equality outcomes help NHS Lothian to achieve these strategic priorities.

We are currently working towards achieving six strategic equality and human rights priorities. The priorities and the areas for action were developed using evidence collected about the significant inequalities facing the people who use NHS Lothian services and work for us. This included a 3-month engagement process, involving conversations with the staff equality networks, senior leaders, trade unions, patient representative organisations and community organisations. The evidence collected is set out in [the evidence paper and impact assessment results paper](https://org.nhslothian.scot/equality-human-rights) accompanying the strategy.

In 2024-2025, we also worked with equality leads in East, West and Midlothian Councils and Health and Social Care Partnerships to make sure our understanding of the most important equality issues is up to date. We looked at the 2022 census data, EHRC Is Scotland Fairer (2023) and spoke to staff, people who use our services and community organisations.

**Public engagement**

* Engagement meetings in Edinburgh, Midlothian, East Lothian & West Lothian with people whose first language is British Sign Language (BSL).
* Equality survey - 250 responses from staff, people in the community and organisations including sports clubs, Headway and British Deaf Association. This survey was conducted online and paper copies with BSL and Easy Read versions available.
* Staff equality & human rights survey.

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## How we will achieve our equality outcomes

Each year, the Equality and Human Rights Team and Human Resources Department develop action plans, and these help deliver the equality and human rights strategic priorities. The Advancing Equality Action Plan (workforce) is informed by our annual analysis of NHS Lothian workforce equality data ([Equality and Diversity Monitoring Report](https://org.nhslothian.scot/equality-human-rights/public-sector-equality-duty-reports/)) and the views of the staff equality networks and trade unions. The Equality and Human Rights Team (workforce and services) uses progress reports and feedback collected through the year from community organisations and staff to inform its annual action plan.

The Corporate Management Team sets annual corporate objectives, which includes an equality and human rights objective that will help to deliver the priorities in the Strategy, and this includes action to achieve our equality outcomes.

The Deputy Chief Executive Office is responsible for monitoring performance of specific areas of NHS Lothian’s work – such as Acute Services, Mental Health, Health and Social Care Partnerships, Public Health and Health Policy and Estates and Facilities. Each area is expected to identify action to help deliver the equality and human rights priorities, including equality outcomes, and mainstream this into its annual performance plans and objectives.

Progress towards achieving NHS Lothian’s eight equality outcomes for the period 2025 – 2028 will be monitored and reported on annually as part of our Equality and Human Rights annual report.

## Equality outcome

**People from Black, Minority Ethnic (BME) communities feel they are treated with dignity and respect when using NHS Lothian services and working for us and have equal opportunities to access health services and employment.**

**Black and Ethnic Minority (BME)** is the term we use in NHS Lothian to describe Black and ethnically diverse people. It is the term preferred and adopted by NHS Lothian staff agreed through the BME staff network.

**Contributes to NHS Lothian Equality & Human Rights Strategic Priority:** We are an anti-racist organisation, and our work helps to eliminate racism, remove racialised health inequalities and reduce racial prejudice.

**Why:** The EHRC has reported for many years on the persistent and structural disadvantages facing Black and Minority Ethnic (BME) people. Racism is considered a fundamental cause of bad health outcomes for BME people and differences in health. In 2024, the Scottish Government has asked all health boards in Scotland to make more rapid progress in tackling the impacts of racism on colleagues, service users and on health outcomes. We know, for example:

* Black women are 3.7 times, and Asian women 1.8 times, more likely to die during pregnancy and maternity than White women. Separate Inquiries have found that racism and religious discrimination against Muslim women is at the root of many inequalities in maternity outcomes and experiences.
* A Mental Welfare Commission review examining racial inequality across in Scotland found differences in the way the Mental Health Act is applied when BME people are detained for mental health care and treatment compared to White Scottish People, particularly between Black and White Scottish women.
* An EHRC Inquiry gathered substantial evidence of the poor treatment of BME people in health and social care workplaces. Many BME workers felt that others were treating them in a negative or unfavourable way because of their race or nationality.
* Some of our BME staff feel they are often not integrated into teams, induction processes can be poorly run, they can be made to feel unwelcome and different and feel they have been treated unfavourably compared to their White Scottish and White British colleagues. Some have experienced racism by colleagues or patients and have felt unsupported by managers. In NHS Lothian, 5.2% of staff are from BME groups and 3.3% of promotions were obtained by BME staff.
* [**My Story is Your Story**](https://org.nhslothian.scot/equality-human-rights/my-story-is-your-story/) is a short film that celebrates the contribution of Black and Minority Ethnic staff, sharing interviews about their experiences during COVID-19, the challenges they faced and the changes they want to see happen. [**Understanding racism**](https://vimeo.com/973881717/7be0cf232d) is a training film with NHS Lothian staff sharing their experiences of racism, why it’s important to be anti-racist and what this looks like in practice.

**Actions -** over the next 3 years we will:

* Involve the BME Staff Network in the delivery of NHS Lothian anti-racism action plans.
* Support senior leaders to continue to make an explicit, visible commitment to anti-racism and deliver their anti-racism objectives.
* Co-produce with the BME Staff Network a mechanism that ensures diverse perspectives are taken into account in Board decision-making.
* Provide structured shadowing opportunities for Board and CMT.
* Deliver anti-racist leadership development sessions for senior leaders.
* Establish the Transatlantic Slavery Recommendations Implementation Group to oversee delivery of the recommendations about the Royal Infirmary of Edinburgh’s historical connections with transatlantic slavery.
* Collaborate with third sector equality organisations to understand and address racialised health inequalities, with particular projects with MEHIS, MECOPP and KWISA/ Maternity Voices Project.
* Improve links between Lothian Gypsy Traveller Community Health Worker and specific health services to improve access and reduce health inequalities.
* Improve the collection and presentation of employee ethnicity data and encourage and support staff to share their ethnicity.
* Improve the recruitment, retention, and career development opportunities for people from BME background, with projects in Nursing and Midwifery, Allied Health Professionals and Public Health.
* Review NHS Lothian bullying and harassment reporting procedures, involving NHS Lothian staff equality networks and trade unions, to improve reporting, investigation and responding so that people feel safe and confident to raise concerns about racism.
* Improve the collection of patient ethnicity data.
* Embed anti-racist and cultural awareness education in NHS Lothian education and training programmes.

## Equality outcome

**Disabled people have their communication needs and preferences met when accessing NHS Lothian services.**

**Contribute to NHS Lothian Equality & Human Rights Strategic Priority:** We anticipate and meet the needs of disabled people so they can access services, employment opportunities and have better outcomes.

**Why:** Disabled people are a key group affected by health inequalities because they often live in poverty and experience discriminatory barriers to accessing health services. The UN Committee for the Rights of Persons with Disabilities has raised concerns about the UK’s legal standards to make services accessible to disabled people, and austerity measures that have prevented improvements in accessibility for disabled people. We know, for example:

* Many disabled people find it difficult to access mainstream transport and rely on more expensive transport, such as taxis. This can make it difficult and more expensive to get to healthcare appointments.
* Disabled people may be at risk of exclusion from access to digital services. Flexible systems such as phone or online appointments are often not available to disabled people either because they are not accessible options, or hospitals and surgeries don’t use them.
* People who have a learning disability, are autistic or neurodivergent generally have poorer health outcomes and are excluded from the world of work.
* Evidence from NHS Lothian patients and Disabled People’s Organisations tell us we don’t always know what people’s additional needs are in advance. We don’t record and have this information available to staff so they can make sure people’s needs are met or send information out in the right language or accessible format. We have been told we should make more patient information available in Easy Read, Large Print, British Sign Language (BSL) and plain English.
* We have been told we should proactively encourage and support disabled people and older people, and their carers, to visit health care settings or offices to orientate themselves before their appointments.
* Disabled people are less likely to be in employment and more likely to be unemployed. Only 1.9% of NHS Lothian workforce declared themselves as disabled, compared to an 32% of Scottish adults.
* We have a duty to make reasonable adjustments for disabled people. This requires us to take positive steps to ensure that disabled people can access our services, and can access and progress in employment. It is a cornerstone of the Equality Act 2010 and goes beyond simply avoiding discrimination. We are required to anticipate the needs of disabled people using our services and so far as is reasonably practicable, to make sure the access they enjoy is as near as possible to that enjoyed by the rest of the public.

**Actions -** over the next 3 years we will:

* Improve the collection and use of patient’s communication needs and preferences on Trak.
* Carry out equality and children’s impact assessments of proposals to implement new Scottish Government Waiting Times Guidance and take the results into account when making final decisions.
* Deliver the actions agreed in NHS Lothian British Sign Language (BSL) Plan 2024-2030.
* Improve the accessibility of sign in NHS Lothian properties using findings of the NHS Lothian Charity Wayfinding and Signage Project, which will provide NHS Lothian sign design guidelines.
* Make sure written information about hospital appointments and treatment meets accessibility guidance and is in plain English.
* Work with other Health Boards, Disabled People’s Organisations and the Scottish Government to explore empowering disabled people to use disability/ reasonable adjustment passports when accessing our services.
* Co-produce in-person disability awareness and reasonable adjustment training with the NHS Lothian Staff Disability Equality Network (DEN)
* Embed education about disability awareness and reasonable adjustments in NHS Lothian education and training programmes.
* Carry out an annual equality and human rights survey for people who use our services and use the results to understand progress and prioritise action.

## Equality outcome

**Disabled staff use and benefit from the NHS Lothian disability passport.**

**Equality & Human Rights Strategic Priority:** We anticipate and meet the needs of disabled people so they can access services, employment opportunities and have better outcomes.

**Why:** Disabled people are a key group affected by inequalities because they often live in poverty and experience discriminatory barriers to accessing employment opportunities. We know, for example:

* Disabled people are less likely to be in employment and more likely to be unemployed (50.7% of disabled people compared to 82.5% of non-disabled people are in employment in Scotland).
* Disabled people are more likely to work part-time, not be in contractually secure work and be underemployed.
* The disability pay gap in Scotland was 16.2% in 2018.
* Research from the CIPD found that one in five neurodivergent employees have experienced harassment or discrimination at work because of their neurodivergence.
* Many neurodivergent people find the traditional interview process a barrier to employment.
* In 2023-2024, only 2.2% of NHS Lothian workforce declared themselves as disabled, compared to an 32% of Scottish adults.

**Action -** over the next 3 years we will:

* Work with the NHS Lothian staff Disability Employee Network (DEN) to promote the use of disability passports.
* Monitor the use and effectiveness of disability passports annually.
* Improve the passport based on feedback from disabled staff, line managers and DEN.
* Co-produce in-person disability awareness, including neurodiversity, and reasonable adjustment training with DEN.
* Review and update our Fair Recruitment Training resources including a module on understanding bias, neuroinclusive recruitment practices and encourage completion by all recruiting managers.

## Equality outcome

**Everyone who works for us and uses our services feel safe and treated with dignity and respect. If they do experience sexual or sexist harassment, they are confident in reporting it and that action will be taken.**

**Equality & Human Rights Strategic Priority:** we are gender inclusive, we do not discriminate on grounds of sex or gender identity and our work helps to tackle persistent gender inequalities.

**Why:** Sexual and sexist harassment is overwhelmingly perpetrated by men against women but not exclusively. The impact of sexual harassment is far-reaching with implications for health and wellbeing, earning potential, financial stability, career progression and gender equality. We know, for example:

* From the four largest studies into the prevalence of sexual harassment in UK workplaces, incidence levels range from 35-54% of amongst women and 18-28% amongst men.
* Two-thirds of the women (63.3%) responding to a 2023 survey of the UK surgical workforce (with 1,434 responses) had been the target of sexual harassment from colleagues and almost a quarter of men (23.7%). Only 16% made a formal report.
* In the NHS Lothian annual staff survey carried out in January 2025, 19% of the 1,027 staff responding reported they had experienced unwelcome sexual comments or advances causing embarrassment, distress, or offence. 152 staff reported experiencing this less than once a month, 24 monthly, 16 weekly and 5 daily. 52% of this behaviour was from colleagues and 48% from people who use our services.
* In 2023, 4.7% of doctors in training in NHS Lothian reported experiencing unwanted, harmful and / or inappropriate sexual behaviour during their placement/ training post.

**Action -** over the next 3 years we will:

* Review our policies and practices against the [EHRC 8-step guide to preventing sexual harassment at work](https://www.equalityhumanrights.com/employer-8-step-guide-preventing-sexual-harassment-work) and take action to make sure we are implementing this guidance.
* Review NHS Lothian bullying and harassment reporting procedures, involving NHS Lothian staff equality networks and trade unions, to improve reporting, investigation and responding so that people feel safe and confident to raise concerns.
* Continue to run our annual equality and human rights staff survey to measure progress.
* Work with NHS Lothian Women’s Staff Network to gain [Equally Safe at Work](https://www.equallysafeatwork.scot/) accreditation.
* Develop and deliver in-person training about preventing sexual and sexist harassment at work as part of the annual Equality & Human Rights Education Programme available to all staff.
* Embed education about preventing sexual harassment in existing NHS Lothian education and training programmes, including on the [Medical Education Directorate website](https://www.med.scot.nhs.uk/wellbeing) and [Staff Equality and Human Rights Education webpages](https://staff.nhslothian.scot/ehre/).
* Establish governance arrangements for domestic abuse and wider gender-based violence agenda, including a Gender-Based Violence Lead.

## Equality outcome

**Trans and non-binary people who work for us and use our services are treated with dignity and respect and face fewer barriers.**

**Equality & Human Rights Strategic Priority:** we are gender inclusive, we do not discriminate on grounds of sex or gender identity and our work helps to tackle persistent gender inequalities.

**Why:** Non-binary and trans people are more likely to have very poor health and wellbeing compared to non-trans people.We know, for example:

* Only 9% of non-binary and 12% of trans masculine people rated their general mental and emotional wellbeing positively. Trans and non-binary people were particularly likely to speak about suicidal thoughts, although these tended to subside after transition.
* There can be issues about GPs misdiagnosing people through assumptions about their sexuality or gender identity, inadequate knowledge about some identities and concerns around confidentiality.
* There is huge frustration and dissatisfaction with the waiting times for Gender Clinics and treatment. People describe the impact of excessive waiting times as including anxiety, depression and anguish and continued dysphoria.
* A study in England found poor communication and assumptions made by clinicians about patients’ gender and sexual orientation undermines clinical relationships. This leads to disengagement and loss of trust. Some terminology and practices can feel excluding to LGBT people and negative experiences can be linked to incorrect assumptions about partners, gender identities and the use of incorrect pronouns. This can also cause unnecessary anxiety and distress.

**Action -** over the next 3 years we will:

* Work with the newly formed NHS Lothian trans and non-binary stakeholder engagement group to identify action to reduce barriers and improve access to health services.
* Deliver trans inclusive in-person training as part of the annual Equality & Human Rights Education Programme available to all staff.
* Ensure all staff involved in providing maternity care have completed the learning on providing maternity care to LGBT+ families that has been developed with LGBT+ families who have used NHS Lothian maternity services.
* Work with NHS National Education Scotland (NES) to implement the [Transgender Care Knowledge & Skills Framework](https://frameworks.nes.digital/transgender-care-knowledge-and-skills-framework/).
* Carry out an annual equality and human rights surveys for people who work for us and use our services and use the results to understand progress and prioritise action.

## Equality outcome

**LGBT+ staff do not feel that they have to hide their sexual orientation or gender identity and view NHS Lothian as a safe and inclusive place to work.**

**Why:** We know that bullying, harassment, and discrimination at work continues to be an issue for LGBT people. We know, for example:

* Deloitte research in 2023 found that 49% of LGBT+ employees in the UK were hesitant to talk about any aspect of their private lives at work and 43% were concerned about being treated differently.
* Half (52%) of the 1,001 respondents to a 2023 TUC survey had experienced at least one form of bullying or harassment at work in the last five years. 29% are not open about their sexuality or gender history with anyone at work.
* In the NHS Lothian staff survey in January 2025, 51% of staff reported hearing insults, stereotyping or jokes in their presence that relate to someone’s protected characteristic and 19% this related to gender reassignment or sexual orientation.
* In the 2022 census, 2.36% of Lothian population age 16 and over identified as gay or lesbian, 2.65% as bi-sexual, 0.75% as other sexual orientation. 8.15% did not answer the question.
* In NHS Lothian workforce equality data for 2023, 2.1% of staff identified as gay or lesbian, 1.5% as bi-sexual, 0.4% as other sexual orientation. 18% preferred not to answer the question.

**Action -** over the next 3 years we will:

* Review NHS Lothian bullying and harassment reporting procedures, involving NHS Lothian staff equality networks and trade unions, to improve reporting, investigation and responding so that people feel safe and confident to raise concerns.
* Co-produce in-person training about sexual orientation and gender identity with the NHS Lothian LGBT+ and Allies staff network as part of the annual Equality & Human Rights Education Programme available to all staff.
* Senior leaders will continue to actively communicate their support for LGBT inclusion and acceptance.
* Continue to implement and evaluate the NHS Scotland Pride Pledge and Badge scheme.
* Continue to support the LGBT+ and Allies staff network celebrate Pride Month.
* Work with the LGBT+ Staff Network to identify ways to understand and reduce the number of staff who prefer not to disclose information about their sexual orientation.

## Equality outcome

**Children and young people using NHS Lothian mental health services are supported to be involved in their care planning and their needs and preferences are recorded in their care plan.**

**Equality & Human Rights Strategic Priority:** we support people who use our mental health services and people with dementia to know about and claim their rights, and to make decisions about their care and treatment.

**Why:** Following inspection visits, the Mental Welfare Commission has made recommendations to NHS Lothian to deliver rights-based care to children and young people, including ensuring they can meaningfully participate in care and activity planning. The Scottish Mental Health Review final report, if implemented, has the potential to move Scotland much closer to complying with international human rights standards and deliver an improved experience for people experiencing mental ill health. The recommendations include programmes of action, such as initiatives to reduce the use of coercion and improve the experiences of people who are subject to coercion, and to develop a comprehensive system of supported decision making.

**Action-** over the next 3 years we will:

Develop and deliver a staff education and patient engagement ‘Care About Rights’ programme in the Melville Unit at the Royal Hospital for Children & Young People. The Care About Rights programme will involve a programme of human rights education for all staff in the Melville Unit. This will be followed by reviews of policies and practices against human rights and equality principles and standards, using experienced based co-design to hear the voices of the children and young people accessing care and treatment in the Melville Unit. We will evaluate the impact of this programme and based on the results decide whether to implement across other mental health services for children and young people.

# **Equality outcome**

## People feel confident and safe to ask how their religious and cultural needs can be met when they are staying in and visiting our healthcare facilities (e.g., hospitals, community health centres, GP surgeries).

**Why:** Levels of awareness of different religions and beliefs have grown but discrimination on the grounds of religion or belief, religious intolerance and prejudice still exists in some areas. The Lothian population is increasingly diverse, which NHS Lothian needs to consider when developing and delivering health services. There are different levels of personal compliance with religious traditions, rituals, and practices. Many people also hold strong views about not having personal religious beliefs. We know, for example:

* Roman Catholics are significantly less likely to report good or very good health than those with no religion, once age differences were taken into account.
* Research exploring the relationship between mental health and the spiritual beliefs of Muslim women found evidence of barriers that women experienced when accessing mental health services, including anxiety over whether they would have to explain their beliefs to medical practitioners due to a general lack of understanding of Muslim culture among health professionals.
* An Inquiry by the Muslim Women’s Network UK found evidence of discrimination in maternity experiences, which involved women being blamed, humiliated, and insulted as well as being coerced and bullied into decisions. Many women said they felt this was because they were a ‘woman of colour,’ sometimes the prejudice was overt, sometimes it was put down to their ‘Muslim appearance.’
* Research for a cross-party inquiry into Islamophobia in Scotland found evidence that Islamophobia has a disproportionate impact on Muslim women, with women experiencing abuse because they were wearing a hijab, including being pushed, sworn at and having their hijab pulled off.

**Action -** over the next 3 years we will:

* Develop and deliver religious and cultural awareness in-person training as part of the annual NHS Lothian Equality and Human Rights Education Programme.
* Promote and monitor the use of the NHS Scotland cultural humility digital resources.
* Carry out an annual equality and human rights survey for people who use our services and use the results to understand extent to which NHS Lothian is meeting people’s religious and cultural needs.