Public Health Scotland

Equalities mainstreaming report

at June 2022

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Public Health Scotland is Scotland's national agency for improving and protecting the health and wellbeing of Scotland's people.

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Contents

Purpose

1. The purpose of this report is to provide an update on Public Health Scotland's (PHS) progress to mainstream the Public Sector Equality Duty, so it is integral to everything we do as an organisation and the way we do it.

Integral to everything we do

2. As part of our vision and contribution to the wider public health system, working with and through our partners to create a Scotland where everybody thrives, equality is integral to everything we do as an organisation.

3. Scotland faces considerable health and wellbeing challenges including COVID-19, our relatively poor life expectancy, and health inequalities. To make a positive difference to our public health challenges we need to do different things and do things differently. This includes working with our partners to improve the health and wellbeing of all of our communities, especially the most disadvantaged.

4. To achieve this, we need to listen and be alert to the changing needs and expectations of the communities we serve, including the people we employ and wish to employ. As we enter into the recovery phase following the peak of the pandemic, this is likely to change over the next four years and we want to be responsive to this.

Background

5. The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 requires public bodies, including PHS, to define equality outcomes that last for four years and to report on progress towards achieving these every two years, known as 'mainstreaming reports'.

6. Public Health Scotland was established on 1 April 2020. We set our first set of four-year equality outcomes in April 2021 (**Appendix 1**). These outcomes cover all our functions as a public body and as an employer.

7. Because these outcomes cover a four-year period, and given we are still a young organisation, they are still relatively high level with indicators that will evolve. To

ensure these indicators serve the needs and expectations of our communities and those we employ and wish to employ, we have further work to do to make these more specific, so they reflect the changing needs and priorities of our staff and communities we work with, as well as emerging data on the issues they face.

8. As part of our efforts to ensure our equality outcomes are integral to the work we do, rather than sitting separately, they were integrated into our **organisational delivery plan,** which is available on our website.

9. The Fairer Scotland Duty, which came into force in April 2018, also requires public bodies in Scotland to 'pay due regard to' and demonstrate how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions. Our current equality outcomes incorporate the requirements of this duty, mainly through our Health Inequalities Impact Assessment (HIIA) approach.

Developing a new organisation while responding to COVID-19

10. The timing of PHS's creation and COVID-19 delayed some corporate activities, however we also recognise this as an opportunity to learn from the pandemic while identifying priorities for focused action.

11. As a result, PHS used its first year of operation to create the right conditions and processes to ensure that our approach and reporting of the duty is robust and authentic. This means fully integrating the requirements of the duty into everything we do and across the whole organisation, including how we report the impact we are making.

12. It is worth mentioning for context that since PHS's establishment on 1 April 2020, the majority of staff still continue to work from home, so the use of our premises has been limited over the last two years. We are currently developing a hybrid way of working with our building partners to ensure a safe working environment for our staff.

Developing Public Health Scotland's approach to equality and diversity

13. Progress on our first set of outcomes and indicators can be found in **Appendix 1.** Although we have highlighted some progress in the last year, we will continue to refresh these outcomes based on the changing needs of our communities and staff. We have also set out below particular aspects of our work that we are keen to build into our approach to equality and diversity and the fabric of PHS.

14. As part of PHS's ambition to be exemplary in this area, we will expect to meet minimum legal requirements, but our ambition is to develop our approach using the following guiding principles:

- **Continue to use our values to shape our approach to equality and diversity**

To give a few examples, this includes:

  - Listening to our staff and stakeholders' needs, putting them at the heart of what we do, how we do it and the decisions we make.
  - Encouraging open and honest communication, ensuring a safe environment and channels to raise issues, for staff and stakeholders.
  - Exceeding the expectations of our staff and stakeholders, using data to evaluate and improve their experience of PHS.

- **Aim to exceed our minimum legal requirements where possible**. As part of our ambition to be part of a world-class public health system, when developing our approach and in the actions we take, we will always seek to build on the work of our legacy organisations and go beyond the legal requirements set out within the public sector equality duty. We will work towards maintaining and continuously improving our standards.

- **Collaborative and partnership approach**. Our approach to equality and diversity will be carried out in partnership with our HR colleagues, who provide much of the data, and Staff Side, who provide valuable staff insights, including emerging issues and themes from teams across the organisation, staff themselves and external colleagues. This approach is vital to ensuring we continue to understand and address issues, while aiming to advance equality where possible.

- **Approach to Health Inequalities Impact Assessment (HIIA)**. We are proud of our legacy approach to HIIA which has evolved over the years but was increasingly used in purposeful and appropriate ways and deliberately incorporates considerations of human rights into our assessment. We are building on this approach to:

    - ensure we have robust and proportionate ways of assessing the impact of our work

    - influence how PHS makes this integral to the organisation's operations

    - influence how the external delivery of PHS continues to exert influence and authority on impact assessment and on inclusive approaches across our stakeholders and networks.

- **Talent attraction (with a focus on health inequalities)**. We are proud of the success of our legacy approach to targeting modern apprentices and are building on this to provide opportunities for young people, particularly young people with experience of care. To ensure we attract a more diverse workforce that better represents the population of Scotland, we are also working with our partners: Tech Army, which works with the volunteering community; Data Kirk, which works with minority ethnic communities; and Code Clan, which works to help bridge the digital skills gap, by attending their careers fairs to promote our current analytical vacancies.

- **Human rights**. Our approach to equality and diversity is underpinned by human rights. We are committed to promoting human rights-based approaches across the work of the organisation, including how we plan and deliver our work, how we support our people and how we interact with and meet the needs of all of our

stakeholders. Some examples of this include our programmes relating to housing, race equality and healthy weight.

- **Inclusion health**. The Inclusion Health programme takes participative, rights-based approaches to improving equitable access to services for the most marginalised and excluded people in our communities to address inequalities.

- **Digital and data strategy**. Our strategic plan places a clear focus on the innovative use of digital and data to support partners nationally and locally in driving positive public health outcomes. Work has been taking place towards the design of a Digital and Data Strategy. This ensures that PHS remains innovative in tackling inequalities and meeting public health challenges. At the heart of this work are the people who use our products and services, including individuals, communities, our partners and staff. We want to make sure that digital innovation does not leave some people and some communities worse off. We want to ensure we are making the best use of our digital and data assets to improve population health.

Appendix 1: Progress towards our equality outcomes (April 2021–25)

Health and wellbeing outcome

Outcome: We enable and equip Scotland to advance equality in health and wellbeing, reducing unfair differences in health outcomes.

Indicator 1: We will develop ways to consider the impact of everything we do on people who are more likely to suffer worse health outcomes, including people with protected characteristics, integrating these into our delivery planning and reporting systems.

Public Health Scotland's accessible information policy

15. Public Health Scotland produces a large amount of health information. It is important that this information is as easy to access and use as possible by the intended audience. That audience may be a member of the general public or a professional service provider.

16. In 2021/22 we updated our policy following internal staff consultation. The substance of the policy and standards being followed are unchanged but there is a strengthening of the following underlying principles:

    - Accessibility is straightforward when built in from start
    - Accessible versions must be provided (but not everything has to be made accessible)
    - Accessibility is everyone's responsibility

    We secured strong senior leadership support for the new policy and have undertaken some awareness-raising with staff. We have created new guidance to support the implementation of the policy and are currently developing training to support staff.

BSL improvement plan

17. Further promotion of BSL translations is required. We would like to work with our partners at the British Deaf Association (BDA), deafscotland, Deaf Action and other organisations that support BSL users to help with this. We are planning to be involved in meetings with deaf users to answer questions about COVID-19 and to talk about wider health issues, which will give us an opportunity to promote BSL translations through the NHS inform website.

18. We are working with and through other partners, including NHS 24, on other content that is important to the deaf community which can be translated into BSL and promoted through the appropriate channels. Healthy living topics such as healthy eating and exercise are a few examples.

Corporate parenting

19. The Children and Young People (Scotland) Act 2014 defines corporate parenting as ‘the formal and local partnerships between all services responsible for working together to meet the needs of looked-after children, young people and care leavers’. The 2014 act introduced new duties and responsibilities for Scottish public bodies defined as corporate parents, effective from April 2015. Public Health Scotland is considered a public body under the act.

20. In 2021–22 we took a paper to the senior leadership team (SLT) establishing our governance structure for this work. The paper demonstrated that corporate parenting is a corporate responsibility for PHS, and our organisation's most senior corporate management will be held responsible for ensuring that the duties are met.

21. We also produced a draft action plan which builds upon existing activity or actions, in addition to identifying new actions. This is a two-year plan and covers all duties.

22. We have secured strong senior leadership support with Claire Sweeney being the identified Corporate Parent, our SLT ensuring good governance and champions being put in place within each directorate. The weekly Chief Executive’s update session provided an opportunity to raise awareness with staff.

Internal HIIA

23. We are reviewing and developing our approach to ensuring everyone in the organisation understands the potential impacts of their work on different population groups and are able to integrate these considerations into their work.

Indicator 2: We will systematically identify and address any unintended negative consequences of our work that, if not addressed, could potentially worsen health and wellbeing, widen health inequalities or impact on equality or human rights.

External HIIA

24. As mentioned at the start of this document, we plan to review and build on our approach to ensure we have robust and proportionate ways of assessing the impact of our work. A team to lead on supporting the local system with HIIA has been established and is planning stakeholder engagement to inform the development of the service. Recruitment is also taking place to increase capacity for this work.

Public health workforce development

25. PHS offers digital learning through our open-source Virtual Learning Environment (VLE) platform. We continue to provide a good mix of online, experiential and facilitator-led learning opportunities on inequalities and related topics for the wider public health system.

26. In 2021/22 we:

- launched two new digital learning hubs – Understanding health inequalities and Introduction to public health, accessed by 8709 and 8438 participants respectively.
- reached over 500 participants across the public health system through our live facilitator-led sessions on the topics ‘Building better lives for the people in Scotland’ and ‘The link between health literacy and health inequalities’
- funded the third sector ‘Inequalities Learning Collaborative’ to build the capacity of grassroots third-sector organisations to include inequalities consideration as part of their planning and to demonstrate their contribution towards reducing health inequalities. A total of 25 organisations were represented.

- facilitated discussions with commissioners within health and social care partnerships and third-sector interfaces to explore and share ideas about steps they can take to improve evidence of their contribution towards tackling inequalities.

Indicator 3: We will lead and contribute to improved data systems in the collection and reporting of information on equality characteristics and social and health inequalities.

27. Scottish Public Health Observatory (ScotPHO) is continuing to expand the range of equality characteristics by which we present our data on our website, and we are mainstreaming the reporting of our outputs by equality characteristics wherever this is possible and non-disclosive. We now cover a wide range of such characteristics routinely: **www.scotpho.org.uk/population-groups**

Workforce equality outcome

Outcome: We have a workforce that welcomes, values and promotes diversity and dignity; is competent in advancing equality and tackling discrimination (within and outwith the organisation) and embraces our organisational aim that everyone should enjoy the right to health.

Workforce profile data can be referred to for this section in **Appendix 2**, including recruitment, employees leaving the organisation, new starts joining and learning and development. This data includes disclosure by protected characteristic. In order to protect the anonymity of staff, an asterisk (*) indicates where numbers are fewer than five.

Indicator 1: We will advertise widely so that Public Health Scotland continues to attract a wide range of candidates for employment.

28. We will seek to advertise PHS posts through a wide variety of channels such as social media, through networks and communities of interest to encourage applications and appointments that represent the diversity of the population of Scotland. The JobTrain recruitment system is used by NHSScotland Boards and all PHS vacancies are advertised on JobTrain. This then feeds through to NHSScotland Facebook and Twitter channels. The HR Recruitment team provides advice on advert placement and use of other publications for senior and specialist posts, as required.

A combination of these practices allows PHS to reach a wider pool of candidates throughout Scotland and beyond.

Indicator 2: We will monitor the profile of applicants to recruitment opportunities in Public Health Scotland compared to data on the population of Scotland.

Gender representation on our Board

29. Under the Gender Representation on Public Boards (Scotland) Act 2018, Public Health Scotland reports that the gender representation objective applying to non-executive board members has been met, with an equal gender balance of board members at the reporting date of 30 April 2022. The inclusion of our two COSLA nominated board members, who are full non-executive members of the Board, shows PHS has successfully attracted more women to the Board, with seven female and four male board members.

30. Public Health Scotland appointed a new Chair during the period of reporting. Of the 12 applications received for this post five, or 41.6%, were from men and seven, or 58.3%, were from women. The successful candidate for this position was female. Public Health Scotland is also undertaking a recruitment exercise for a further Non-Executive Director. This recruitment is live and a decision is expected in June 2022.

Profile of applicants and new recruits to the PHS workforce

31. As mentioned above, we regularly monitor the profile of our workforce and compare this to the population of Scotland. We are currently undertaking a more targeted approach to recruiting our analyst posts, working with and through our partners, to attract people from minority ethnic backgrounds and other population groups, including young people.

32. The Scotland Census of 2011 provides details of the economic activity of the Scottish population and reports that:

- 51.04% of the employable population in 2011 were female and 48.96% were male
- 6.85% of the employable population belonged to a minority ethnic group

- 22.75% of the employable population disclosed that they had a disability.

33. The Scottish Government publication ‘Sexual Orientation in Scotland 2017: Summary of Evidence Base’, reported that:

- 1.6% of adults in Scotland identified as lesbian, gay or bisexual.

34. The Scottish Government publication ‘Scottish Surveys Core Questions 2019’ reports that:

- 50.74% of adults reported that they do not belong to a religion.

35. An analysis of the profile, by protected characteristic, of applicants for PHS vacancies and those appointed between 1 January and 31 December 2021 has shown that:

- 53.67% of applicants and 69.33% of those appointed were women
- 42.67% of successful candidates were under the age of 40, with 8% being under the age of 24
- 7.28% of applicants and 7.33% of those appointed identified as bisexual, gay or lesbian
- 37.26% of applicants and 23.33% of those appointed were from a minority ethnic background
- 7.66% of applicants and 5.33% of those appointed disclosed a disability
- 44.75% of applicants and 61.33% of those appointed declared that they had no religion.

36. The above data would suggest that in most instances, the profile by protected characteristics of applicants for PHS vacancies and those successfully appointed compares favourably to that of the Scottish population other than with respect to disability.

37. It is possible that in certain circumstances, some PHS staff may not consider themselves disabled or they may not wish to be identified as disabled and therefore choose not to disclose that they have a disability.

38. PHS is a Disability Confident Employer and we are looking at ways to improve our communication strategies for disclosure by protected characteristic so we can identify and monitor areas for improvement. This includes helping staff to gain a better understanding of the importance of collecting and monitoring equality data in respect of the workforce.

Indicator 3: We will monitor information on equality in our recruitment and selection training, to ensure that Public Health Scotland's recruitment and selection processes are fair, with applicants not being disadvantaged by identifying with a protected characteristic.

39. There are a number of activities in place to reduce the potential for bias and discrimination arising in the recruitment process:

- Application forms are anonymised until after shortlisting is completed in order to minimise bias when recruitment panels are reviewing and shortlisting applications.
- Any information gathered concerning the protected characteristics of applicants is confidential and remains within the HR team.
- A check is undertaken of each application to ensure that candidates who declare a disability and who meet the essential criteria of the post are shortlisted.
- The composition of recruitment panels is regularly reviewed to ensure they include both women and men at every interview, wherever possible.
- A scoring mechanism is used to support fairness and consistency during the interview selection process.
- Quality checks are undertaken of recruitment paperwork to ensure that the recruitment process has been followed.
- Guidance for managers on the recruitment and selection policy, process and systems is contained on the National Boards' portal, HR Connect, which can be accessed via the internal Spark portal.
- Recruitment training for hiring managers was launched in 2021/22.

40. Equality and diversity training is a mandatory requirement for PHS staff. Between January and December 2021, 283 female and 143 male staff completed this training

(around a third of our workforce). A small number of staff have completed modules in British Sign Language and Transgender Equality Inclusion, but the numbers are too low to enable further detail to be provided.

Indicator 4: We will monitor Public Health Scotland's employees' hourly rate of pay to make sure it is similar whether an employee is a woman or man, is disabled or non-disabled, or identifies as minority ethnic or not.

41. As reflected in its Equal Pay statement, PHS is committed to ensuring that staff receive equal pay for the same or broadly similar work, for work rated as equivalent, and for work of equal value regardless of any protected characteristic.

42. PHS recognises that one way of ensuring this commitment is to carry out an audit of the average hourly rates of its workforce in order to identify pay gap information relating to key protected characteristics. This is also a requirement under the Public Sector Equality Duty (under the Equality Act 2010). PHS has carried out a pay audit of its workforce to identify gender, ethnicity and disability pay gap information using average hourly rates of pay in place at 31 December 2020.

43. The **PHS Pay gap report** shows a mean gender pay gap of 4.04% in favour of males. However, when looking at the staff group employed under Agenda for Change (AFC) terms and conditions – which comprises 96.84% of the total PHS workforce – a smaller pay gap of 1.96% is evident. It is also of note that the mean gender pay gap in the Executive Level and Senior Management (EL/SM) cohort of the organisation is 5.72% in favour of females with 60% of the PHS Senior Leadership Team comprising women.

44. In respect of ethnicity, the respective mean pay gaps in the white minority ethnic and non-white minority ethnic groups are 7.52% and 8.38% in favour of the white Scottish, British and Irish group. In addition, for those staff who have disclosed a disability, the mean pay gap is 13.88% in favour of staff who have disclosed that they do not have a disability.

45. It is noted that commencing salary placement, length of service in grade and timing of incremental dates are common contributory factors to these pay gaps. However, there are some areas where further attention will be required over the coming months in relation to the ethnicity and disability pay gap.

46. As a new employer, PHS is still developing its workforce profile and it will monitor and review the gender, ethnicity and disability pay gaps regularly, identifying trends, exploring areas of concern and formally reporting on findings/progress at least every two years.

Indicator 5: We will publish the information above through our Workforce Plans and Equal Pay Audits.

47. The **PHS Pay gap report** has now been published providing gender, ethnicity and disability pay gap information, based on workforce and payroll data, as at 31 December 2020.

48. PHS has developed a high-level draft workforce plan which will be refined further over the next few months in order to establish a longer-term three-year plan for agreement, through the appropriate governance route, by the end of December 2022. The data that have been gathered about the composition of the PHS workforce, including the protected characteristics of its employees, will be used to support the further development of the workforce plan.

Indicator 6: We will work in partnership with Staff Side colleagues to monitor the experience of staff going through the management of capability policy or procedure by protected characteristic.

49. The PHS People Group meets on a weekly basis to discuss, in partnership, issues that impact on the workforce. This includes discussion on cases and other specific areas that are directly related to staff. Also, as part of the PHS Staff Governance Plan, the People Group undertakes quarterly reviews of the number of formal and informal cases broken down by directorate.

50. With respect to capability cases, these are managed in accordance with the NHS Once for Scotland capability policy. At this time, the number of active cases in PHS is too small to report on. The HR team will continue to work with PHS management and Staff Side colleagues to ensure that the protected characteristics of staff managed under the capability policy are monitored and reported on regularly. They will also ensure that arrangements are put in place to enable the experience of staff managed under this policy to be captured to help the organisation to develop and improve its approach further and to ensure that employees are fully supported throughout the capability process.

Indicator 7: We will establish and support staff networks to ensure that staff with protected characteristics are involved in the development of Public Health Scotland's policies and practices.

51. Public Health Scotland currently has an LGBT+ staff network, a minority ethnic staff network and disability staff network. There is also a Topic Circle on Women and Girls which has met twice.

52. These groups are led by and involve staff with these protected characteristics and are supported by the organisation based on the needs of each group.

Premises and systems equality outcome

Outcome: Our premises and systems are as adaptable and flexible as possible to meet the changing needs of the organisation and all those who wish to use them.

Indicator 1: Review and embed flexible working in the organisation, to ensure there is no disadvantage to staff because of a protected characteristic.

53. In the last year, the majority of Public Health Scotland staff have been working at home due to the COVID-19 lockdown restrictions. This has required very rapid adjustments initially, with ongoing monitoring and checking in with staff to ensure that they feel supported, and remain safe and well while working at home. In order to enable this we have given staff the opportunity to borrow office equipment so they can set up safely at home. In addition we have given staff the opportunity to have other equipment bought and delivered to their home addresses.

54. We continue to ensure that anyone with specific requirements for the provision of specialised equipment can still receive this via the display screen equipment (DSE) assessment channels.

55. In July 2020 PHS issued a workplace recovery questionnaire to all staff, seeking to find out how people were coping with lockdown and what PHS could do to continue to support staff. This included questions about working away from the office.

56. In the summer of 2020, we worked with National Services Scotland (NSS) to ensure building modifications were made to the offices to enable a safe return for a small number of staff for either business or personal reasons. This included an individual risk assessment to ensure any return was safe and appropriately supported.

57. Going forward the PHS Workplace Recovery Group will oversee how and when we can return to the workplace, but it is likely that a hybrid approach to home and office working will shape the future of how we work. This will require full engagement with staff and consideration on individual impact.

Indicator 2: Review and monitor reasonable adjustment arrangements for staff, including the reasonable adjustment process, so we can identify potential issues.

58. PHS has a process in place to ensure that any reasonable adjustment arrangements can be made, as required. This has continued during lockdown, in particular to accommodate the shift to home working, with individual risk assessments taking place and liaison with our Occupational Health Service to ensure that suitable adjustments are made.

Indicator 3: Carry out an HIIA for all new systems which are developed and implemented before going live.

59. As mentioned above, we are building on good practice from our legacy organisations, which includes assessing the impact of any new systems as part of the development phase.

Indicator 4: Monitor feedback and complaints on systems and premises regarding barriers to use via helpdesks and surveys and provide regular reports on this.

60. There is currently no staff feedback to indicate any issues related to our premises and systems for staff because of a protected characteristic. During lockdown we have engaged with individual staff with particular access requirements to ensure that new systems and improvements to our offices meet their needs or to ensure that reasonable adjustments are made, as appropriate, to support them working at home. We will continue to ensure staff are aware of the routes to provide feedback. Regular surveys being issued in relation to our workplace recovery is one way we are doing this.

Indicator 5: Ensure contractors, partners and suppliers for our premises and systems are clear on our accessibility commitment and the requirements of the organisation.

61. Public Health Scotland continues to work with our shared building approach with NSS to ensure that any visitors, contractors or suppliers are aware of our commitment to accessibility for all.

Appendix 2: Workforce profile data

This section includes workforce profile data for reference and includes data on recruitment and selection, employees leaving and new starts joining the organisation, learning and development. It includes disclosure by protected characteristic. **Please note that in order to protect the anonymity of staff, an asterisk (*) indicates where numbers are five or fewer.**

PHS workforce recruitment candidate data

Table: Gender of recruitment candidates

Gender	No.	% of workforce
Female	1,022	62.36
Male	589	35.94
Other	15	0.92
No response/ Prefer not to say	13	0.79
Total employees	**1,639**	**-**

Table: Sexual orientation of recruitment candidates

Sexual grouping	No.	% of overall candidates
Bisexual	168	3.35%
Gay/Lesbian	197	3.93%
Heterosexual	3,529	70.44%
Other	38	0.76%
No response/ prefer not to say	1,078	21.52%
Total	**5,010**	-

Table: Disability disclosure of recruitment candidates

Disability disclosed	No.	% of responses
Yes	384	7.66%
No	3,863	77.11%
No response/ prefer not to say	763	15.23%
Total	**5,010**	-

Table: Ethnicity of recruitment candidates

Ethnic group	No.	% of responses
African (includes African other)	248	4.95%
Bangladeshi	17	0.34%
Chinese	39	0.78%
Indian	194	3.87%
Asian – other	90	1.80%
Pakistani	108	2.16%
Caribbean or Black and Caribbean or Black Other	10	0.20%
Mixed background	107	2.14%
Arab	279	5.57%
Other Ethnic Group	64	1.28%
White Irish	66	1.32%
White Other	179	3.57%
White British	451	9%
White Polish	14	0.28%
White Scottish	2,273	45.37%

Ethnic group	No.	% of responses
No response/ prefer not to say	871	17.39%
Total	**5,010**	-

Table: Religion of recruitment candidates

Religion	No.	% of responses
Buddhist	40	0.80%
Christian Other	447	8.92%
Church of Scotland	335	6.69%
Hindu	108	2.16%
Jewish	22	0.44%
Muslim	209	4.17%
No religion	2,242	44.75%
Other	41	0.82%
Roman Catholic	443	8.84%
Sikh	14	0.28%
No response/ prefer not to say	1,109	22.14%
Total	**5,010**	-

Table: Age profile of recruitment candidates

Age group	No.	% of overall candidates
15–19	9	0.18%
20–24	275	5.49%
25–29	478	9.54%
30–34	382	7.62%

35–39	317	6.33%
40–44	274	5.47%
45–49	214	4.27%
50–54	169	3.37%
55–59	83	1.66%
60–64	31	0.62%
65 and over	*	*
No response/ prefer not to say	2,775	55.39%
Total	**5,010**	-

PHS workforce leaver data

This information is based on 113 PHS leavers between 1 January 2021 and 31 December 2021.

Table: Gender of leavers

Gender	No.	% of leavers
Female	76	67.26%
Male	37	32.74%
Total	**113**	-

Table: Sexual orientation of leavers

Sexual orientation	No.	% of responses
Gay	*	*
Lesbian	*	*
Heterosexual	52	46.02%
No response/ prefer not to say	57	50.44%
Total	**113**	-

Table: Disability disclosure of leavers

Disability disclosed	No.	% of leavers
Yes	*	*
No	64	56.64%
No response/ prefer not to say	46	40.71%
Total	**113**	-

Table: Ethnicity of leavers

Ethnic group	No.	% of leavers
Bangladeshi	*	*
Indian	*	*
Pakistani	*	*
White Other	*	*
White British	13	11.50%
White Polish	*	*
White Scottish	47	41.59%
No response/ prefer not to say	44	38.94%
Total	**113**	-

Table: Religion of leavers

Religion	No.	% of leavers
Buddhist	*	*
Christian Other	6	5.31%
Church of Scotland	12	10.62%
Hindu	*	*

Religion	No.	% of leavers
Muslim	*	*
No religion	27	23.89%
Other	*	*
Roman Catholic	*	*
No response/prefer not to say	60	53.10%
Total	**113**	-

Table: Age profile of leavers

Age group	No.	% of responses
20–24	*	*
25–29	11	9.73%
30–34	18	15.93%
35–39	16	14.16%
40–44	11	9.73%
45–49	9	7.96%
50–54	10	8.85%
55–59	12	10.62%
60–64	12	10.62%
65 and over	8	7.08%
Total	**113**	-

PHS workforce new start employee data

This information is based on 150 PHS new starts between 1 January 2021 and 31 December 2021.

Table: Gender of new start employees

Gender	No.	% of new starts
Female	104	69.33%
Male	41	27.33%
Identify in another way	*	*
Prefer not to say	*	*
Total	**150**	-

Table: Sexual orientation of new start employees

Sexual orientation	No.	% of new starts
Bisexual	*	*
Gay/Lesbian	6	4%
Heterosexual	127	84.67%
Other	*	*
No response/ prefer not to say	11	7.33%
Total	**150**	-

Table: Disability disclosure of new start employees

Disability disclosed	No.	% of new starts
Yes	8	5.33%
No	142	94.67%
Total	**150**	-

Table: Ethnicity of new start employees

Ethnicity	No.	% of new starts
African	*	*
Chinese	*	*
Indian	*	*
Pakistani	*	*
Mixed background	8	5.33%
Arab	*	*
Other Ethnic Group	*	*
White Irish	*	*
White Other	7	4.67%
White British	26	17.33%
White Scottish	85	56.67%
No response/ prefer not to say	*	*
Total	**150**	-

Table: Religion of new start employees

Religion	No.	% of new starts
Buddhist	*	*
Christian Other	11	7.33%
Church of Scotland	10	6.67%
Hindu	*	*
Jewish	*	*
Muslim	*	*
No religion	92	61.33%
Roman Catholic	17	11.33%
No response/prefer not to say	12	8%
Total	**150**	-

Table: Age profile of new start employees

Age group	No.	% of new starts
20–24	12	8%
25–29	21	14%
30–34	18	12%
35–39	13	8.67%
40–44	*	*
45–49	7	4.67%
50–54	*	*
55–59	*	*
Prefer not to say	68	45.33%
Total	**150**	-

PHS workforce learning and development data

This learning and development (L&D) data covers three separate areas including:

- British Sign Language (BSL)
- Equality and Diversity (E&D)
- Transgender Equality Inclusion (TEI)

Table: Gender of L&D participants

Gender	BSL	E&D	TEI
Female	7	283	*
Male	*	143	*
Total	**7**	**426**	*

Table: Age profile of L&D participants

Age group	BSL	E&D	TEI
20–24	0	12	0
25–29	*	48	*
30–34	*	65	*
35–39	*	64	0
40–44	*	63	0
45–49	0	59	*
50–54	*	58	0
55–59	0	38	0
60–64	0	15	0
65 and over	0	*	0
Prefer not to say	0	*	0
Total	**7**	**426**	**

Table: Sexual orientation of L&D participants

Sexual grouping	BSL	E&D	TEI
Bisexual	0	12	0
Gay/Lesbian	*	19	0
Heterosexual	*	274	*
Other	*	*	0
No response/ prefer not to say	*	119	*
Total	**7**	**426**	*****

Table: Disability disclosure of L&D participants

Disability disclosed	BSL	E&D	TEI
Yes	0	27	*
No	*	352	*
Prefer not to say	*	47	*

Table: Ethnicity of L&D participants

Ethnic group	BSL	E&D	TEI
African	0	7	0
Bangladeshi	0	*	0
Chinese	0	*	0
Indian	0	*	0
Asian Other	0	*	0
Pakistani	0	6	0
Mixed background	0	7	0
Arab	0	0	0

Ethnic group	BSL	E&D	TEI
Other Ethnic Group	0	*	0
White Irish	0	7	0
White Other	0	24	0
White British	*	46	*
White Polish	0	*	0
White Scottish	*	262	*
No response/ prefer not to say	*	55	*
Total	**7**	**426**	*****

Table: Religion of L&D participants

Religion	BSL	E&D	TEI
Buddhist	0	*	0
Christian Other	0	23	0
Church of Scotland	0	40	*
Hindu	0	*	0
Jewish	0	*	0
Muslim	0	5	0
No religion	*	190	*
Other	0	6	0
Roman Catholic	0	34	0
Sikh	0	*	0
No response/ prefer not to say	*	122	*
Total	**7**	**426**	*****