

NHS Lothian

Equality & Human Rights Scheme 2010-13

Word version in 18 point text

Unique ID: NHSL.

Category/Level/Type: POLICY

Status: Publication version

Date of Authorisation: 26 May 2010

Date added to Intranet: 30 June 2010

Key Words: policy, strategy, scheme, equality, diversity, human rights, duty, duties, age, race, disability, gender, religion, faith, sexual orientation, LGBT, lesbian, gay, bisexual, transgender, impact assessment, EQIA, monitoring, action plan

Comments: Publication version of Equality & Human Rights Scheme.

Page 1 of 45

Author (s): JG

Version: 1 (18 point)

Authorised by: NHS Lothian Board

Review Date: 31 March 2011

Welcome to the NHS Lothian Equality & Human Rights Scheme

See page 3 for a glossary of words and phrases we used in the Scheme.

This Equality & Human Rights Scheme was prepared by:

James Glover, Head of Equality & Diversity

Lesley Boyd, Health Inequalities Manager

Jim Robinson, Health Inclusion Facilitator

Sarah Sinclair, Head of Patient Focus and Public Involvement

You can contact us at NHS Lothian, Waverley Gate, 2-4 Waterloo Place, Edinburgh
EH1 3EG

Telephone 0131 465 5400

Email: lothian.communications@nhs.net

Unique ID: NHSL.

Category/Level/Type: POLICY

Status: Publication version

Date of Authorisation: 26 May 2010

Date added to Intranet: 30 June 2010

Key Words: policy, strategy, scheme, equality, diversity, human rights, duty, duties, age, race, disability, gender, religion, faith, sexual orientation, LGBT, lesbian, gay, bisexual, transgender, impact assessment, EQIA, monitoring, action plan

Comments: Publication version of Equality & Human Rights Scheme.

Page 2 of 45

Author (s): JG

Version: 1 (18 point)

Authorised by: NHS Lothian Board

Review Date: 31 March 2011

What is in this Equality & Human Rights Scheme

[Glossary of words and phrases we used in the Scheme](#) – page 5

[Equality, diversity and Human Rights](#) – page 10

This page provides an introduction to equality, diversity and Human Rights. You can also find out about the legal duties that NHS Lothian has to meet here, and why we have based this Scheme on the social model of disability.

[How we involved people in developing this Equality & Human Rights Scheme](#) – page 16

We involved many different people when we were developing this Scheme. We also consulted widely when we published a draft version. Go to this page for more information.

[How we collect information about diversity](#) – page 21

It is very important that we know about the range of people who need to use our services. We also need to know about diversity in our workforce and our volunteers. This information helps us make sure that we can meet their different needs.

How we assess the impact of what we do on equality – page 24

This page explains about our impact assessment process and includes recent reports. You will also be able to see the reports from the impact assessments of this Scheme once the consultation period has finished. We will be looking at impacts on staff, and also at impacts on patients, carers, families and communities.

Employing a diverse workforce in NHS Lothian – page 25

NHS Lothian employs nearly 30,000 people. This page says how we plan to become the best possible employer for this diverse workforce.

How much progress has already been made? – page 29

This is not the first equality scheme published by NHS Lothian. You can see what progress we have made with our earlier schemes and plans on this page.

Monitoring and developing this Equality & Human Rights Scheme – page 30

This page sets out how we will monitor the progress we make over the next 3 years. It also explains how we will report this progress.

The action plan – page 32

This page introduces the Equality & Human Rights action plan 2010-13.

Glossary of words and phrases used in this document

Acute services: these are health services that involve surgery or treatment in a hospital, such as an operation or treatment for cancer.

Anticipatory care: this is when a person receives a health assessment to reduce the risk of them developing a health problem, or to make it less severe if it happens.

Attitudinal: this means to do with people's attitudes.

Baseline: this means the starting point for a measurement.

Communication support: this means help to communicate. It can include having an interpreter of British Sign Language or another language, or getting someone to translate information for you. It can also mean having information in a different format or using computer software to read information.

Community Health Partnerships (CHPs): these co-ordinate the local planning, development and provision of better and more efficient health services. They include people from local authorities, the voluntary sector, and other organisations. They are Edinburgh CHP, East Lothian CHP, Midlothian CHP, West Lothian Community Health and Care Partnership (CHCP)

Disabled person: this includes people who are covered by the Disability Discrimination Act. It also includes disabled children and young people, as well as other people who are disabled due to society's barriers.

EQIA: EQIA stands for Equality Impact Assessment. This is where a group of people work out how a plan or a policy will affect certain groups of people. If any group is likely to be disadvantaged by the plan or policy, changes can be made to reduce or eliminate the negative impact.

Ethnic minority: a culturally distinct group which is smaller than the majority group. This includes people from different races or cultures who are not white Scottish. It does not just mean people who are Black or Asian.

Ethnicity: this is where a group of people share traditions or culture. It can mean people from a particular race but many races have a range of cultures.

Framework: this is like a strategy or a plan.

Gender: this is when people define themselves as either male or female.

GIRFEC: Getting It Right For Every Child, a national plan to improve the safety and health of children in Scotland. It puts the needs of children and young people first.

HEAT targets: these are targets set by the Scottish Government that the NHS has to meet. There are targets to improve the health of disadvantaged people, to improve efficiency, to improve access to services and to reduce waiting times.

Impact assessment: this is a way of working out what impact a policy or a plan will have on different people so that any adverse effects can be dealt with before they happen. Adverse means something that is not good.

Indicators: these are ways of measuring how well something is working.

Interpreting: an interpreter changes information from one language into another while you are listening and talking with another person. This might be because you do not speak the other person's language very well, or if one of you uses sign language.

ISD: the Information and Statistics Division is part of the NHS National Services Scotland. Health service activity, workforce and finance data are collected, interpreted and disseminated by the division.

ITS: City of Edinburgh Council's Interpreting & Translation Service, jointly funded by NHS Lothian. It is used to arrange interpreters in community languages and British Sign Language. It also translates documents into other languages, Braille or large print.

LGBT: this is short for Lesbian, Gay, Bisexual and Transgender.

MEHIS: NHS Lothian's Minority Ethnic Health Improvement Service.

Mentoring scheme: this is a way of supporting people so that they gain confidence and skills.

Minority ethnic: this is the same as ethnic minority.

NHS Lothian: this is the unified board of NHS Lothian consisting of the University Hospitals Division, the Community Health (and Care) Partnerships, Royal Edinburgh and Associated Hospitals (REAS) and the Board.

Optometry: this is a health service for people's eyes, for example giving sight tests and providing glasses.

Outcomes: these are end results.

Participation: this means taking part. For example it can mean being more visible in public or having your voice heard.

PEAT: the Patient Experience Action Team in NHS Lothian assesses the hospital wards (e.g. for dignity and respect, healthcare infection, confidentiality). Reports are sent to the ward, which then must produce an action plan to make improvements.

Peer support network: this is a group of people supporting each other.

POVA: Protection of Vulnerable Adults.

Primary care: these are the health services you receive in your community, such as your family doctor or GP, or a District Nurse.

Public sector: this is the Government, the National Health Service, councils, the police, schools, universities and other organisations that deliver public services.

Quality Improvement Teams (QITs): QITs and their programmes (QIPs) are key to delivering and monitoring all aspects of quality throughout NHS Lothian services to ensure person-centred, safe and effective care.

REAS: Royal Edinburgh Hospital and Associated Services.

SMART: South East Mobility and Rehabilitation Technology Services located at Astley Ainslie Hospital (includes services for wheelchairs and special seating, prosthetics, and bioengineering services (artificial limbs and special equipment)).

Sectarianism: this is when people of one religion are discriminated against by people from another religion.

Sex: people are given a sex at birth depending on what genitals they have.

Sexual orientation: everyone has a sexual orientation. You might be lesbian, gay, straight or bisexual.

Staff side organisations: for example, trade unions.

Translation: this is when the contents of a document are changed into another language.

Transgender: this word is used to describe all people who do not conform to common ideas of gender roles, including transsexuals.

Transsexual: this word is used to describe people who are born into the wrong physical sex – they do not need to have had an operation, or be planning to have an operation, to be this.

Transition age: this is the age at which young people move from children's services to adult services. It is often agreed to be between the ages of 13 and 19.

UHD: stands for University Hospitals Division. This includes the Royal Infirmary of Edinburgh, St John's Hospital, Western General Hospital, Royal Hospital for Sick Children, Liberton Hospital and Royal Victoria Hospital.

Workforce: people employed by an organisation.

Equality and Human Rights – an introduction

What is equality?

“An equal society protects and promotes equal, real freedom and substantive opportunity to live in the ways people value and would choose, so that everyone can flourish.

An equal society recognises people’s different needs, situations and goals and removes the barriers that limit what people can do and can be.”

This definition is taken from the UK Equalities Review 2007, which can be found at <http://archive.cabinetoffice.gov.uk/equalitiesreview/>.

What is diversity?

The Scottish Government defines diversity as:

“Recognising and valuing that society is made up of many different groups with different interests, skills, talents and needs.”

This definition is taken from the Scottish Government’s Equality Strategy 2007, which can be found at <http://www.scotland.gov.uk/library3/social/wtem-10.asp>.

Equality & diversity laws and duties

For more information about equality & diversity, as well as about the equality duties and what organisations must do to meet them, contact the Equality & Human Rights Commission:

Scotland helpline: 0845 604 5510

Website: www.equalityhumanrights.com

You can also read about the equality duties in our previous Race, Disability and Gender Equality Schemes, which you can find here on the NHS Lothian website:

http://www.nhslothian.scot.nhs.uk/your_rights/equalityanddiversity/keydocuments.asp.

Alternatively you can contact us for a paper copy of any of the documents, or any other format.

Human Rights

Human Rights are the basic rights and freedoms that belong to every person in the world¹. The Human Rights Act 1998 made some of these rights² easier to enforce in

¹ Equality & Human Rights Commission 2009

² The Human Rights Act 1998 made the rights included in the European Convention of Human Rights directly enforceable in courts in the UK.

the UK. NHS Lothian must respect these rights for all people who use its services, people who it employs, and people who otherwise come into contact with NHS Lothian.

The principles of Human Rights are that people should be treated with:

- Dignity
- Equality
- Autonomy
- Respect
- Fairness

The Human Rights include the following:

- Life
- Freedom from torture
- Freedom from slavery
- Liberty
- Fair hearing
- Privacy
- Family life
- Social life
- Freedom of thought
- Freedom of expression
- Freedom of association
- Marry & found a family

- Property
- Education
- Voting
- Freedom from discrimination

In this Equality & Human Rights Scheme we have addressed Human Rights by including actions to ensure we meet these in our plan. You can see which actions in the plan relate to each Human Right.

For more information about Human Rights in Scotland, contact the Scottish Commissioner for Human Rights:

Telephone: 0141 243 2721

Website: www.scottishhumanrights.com [LINK]

A Scheme based on results

Organisations in the public sector have had to publish equality schemes for a number of years now. There have been criticisms that these schemes did not produce enough real benefits for the people they were intended to help. Some people have said that they cannot understand equality schemes and that it is hard to measure progress.

This Equality & Human Rights Scheme is different. We have tried to base it on end results – what we call outcomes. This means that you will see what end result we are aiming towards for each action in our plan.

We have used the UK Equalities Measurement Framework to set out our Scheme and the actions we intend to take. The Framework is a way of setting out what we intend to do in a way that makes it easier to see what difference our actions have made. This is called focusing on outcomes.

To be able to show that we are making progress towards equality, we have to know how to measure our work. For many actions we want to carry out there are currently no measures. Much of the first year will be spent working out what these measures are.

For more information about the UK Equalities Measurement Framework, get in touch with us or contact the Equality & Human Rights Commission as above.

Children and Young People

This Scheme is intended to cover all people who work for or receive services from NHS Lothian. However it is recognised that there are specific needs for children and young people not fully contained within the UK Equalities Measurement Framework upon which this Scheme is based. Children and young people are treated differently in legislation and some equality legislation does not apply to children or is applied differently according to their age. The rights of children (people aged from birth to 16

years) and young people (people aged 16 – 18 years) are set out in an international treaty the [United Nations Convention on the Rights of the Child](#).

The rights set out in the Convention are legally enforceable, and the Scottish Government is committed to incorporating the principles of the Convention into policy and legislation wherever possible. NHS Lothian shares this commitment and as our action plans develop we will be involving children and young people to ensure we meet their particular needs and rights.

Children and young people in the UK have their own Commissioners whose role is to promote and safeguard their rights. You can find more information about Scotland's Commissioner for Children and Young People at www.sccyp.org.uk

The social model of disability

“People are disabled by society’s reaction to impairment which prevents their participation as equal citizens” (Inclusion Scotland, 2004).

A model is a way of understanding a situation. The social model of disability says that people with impairments are disabled by the fact that barriers exist in mainstream society. These barriers can be physical, environmental or attitudinal, and prevent people from gaining access to education, employment, health, information, housing, transport and so on.

The social model of disability is generally accepted as being in opposition to the medical model of disability. The medical model says that the difficulties that people with impairments face are caused by the ways that their bodies are shaped or experienced.³

This Equality & Human Rights Scheme is built on the social model of disability. It aims to address the barriers that disable people and prevent them from accessing effective health care and information about their health, and from gaining fulfilling employment with NHS Lothian.

You can find out more about the social and medical models of disability on the LCIL website: <http://www.lothiancil.org.uk/fileuploads/disability-factsheet-1-3913.doc>.

³ Lothian Centre for Integrated Living factsheet 5 2008

How we involved people in developing this Scheme

The law requires us to involve disabled people in developing this Equality & Human Rights Scheme. We went further than this and involved people with a wide range of characteristics in developing the Scheme. This section explains how we did this.

Because this Scheme builds upon our recent [Disability Equality Scheme](#), published in December 2009, we have also included some references to involvement activities which took place earlier in 2009. You can find out details about this by looking at the Disability Equality Scheme or by getting in touch with one of the equality leads.

Priorities identified from involvement activities

These are the top priorities people said we should focus on in our Scheme:

1. Staff should have more positive attitudes to equality, diversity and Human Rights.
2. Barriers that stop people from accessing, benefiting from, or giving their views to health services should be tackled. This includes physical, attitudinal and communication barriers.
3. NHS Lothian should be an equal opportunities employer whose workforce reflects the diversity of the community it serves, and all staff can meet their potential.
4. NHS Lothian enables all parts of the community to live healthier lives, and works with partner organisations to build more cohesive communities.

Our [action plan](#) contains commitments to help us achieve these priorities.

Equality & Human Rights Workshop

We ran a one-day workshop on 13 October to set out our initial plans for a single equality scheme which also included actions to promote Human Rights. This was attended by individuals and representatives with a wide range of diversity characteristics from across Lothian. The workshop broadly supported the proposal that a single equality scheme be developed and suggested some key elements that should be contained in the document. A report is available from this event, setting out the issues raised and recommendations made.

Diversity monitoring: There was a good age range, with participants in their 20s to their 60s. A number of participants indicated that they were disabled. Participants were largely White Scottish but two people were from ethnic minority backgrounds. The gender split was approximately even with around 60% female. Religious belief and sexual orientation were indicated but are not described here for confidentiality reasons.

Evaluation: The venue, papers and programme for the workshop were rated highly by most respondents, and most gave high ratings for their ability to contribute to the discussions. One respondent felt that more real-life examples could have been used. The pace of the workshop was felt by most to be about right and most respondents rated the food and refreshments highly, although there was one comment that these could have been healthier. All respondents felt that the workshop was useful, with most

scoring the event fairly highly (average rating 7.6 out of 9). One person felt that more time was needed explaining the purpose of the event.

Equality & Human Rights Steering Group

This group oversaw the work to develop the Equality & Human Rights Scheme. There were four meetings of the group between 16 November 2009 and 6 May 2010. Ten members were drawn from participants in the workshop above and included representatives of every equality strand. You can ask us for copies of the minutes from the meetings of this group. This group also carried out an equality impact assessment of the Scheme.

Diversity monitoring: The gender split of the group was approximately even. Several members indicated that they were disabled and this included sensory impairments. There was a reasonable mix of ethnic backgrounds and the age distribution ranged from 21-30 to 61-70 years of age. Religious belief and sexual orientation were indicated but are not described here for confidentiality reasons.

Evaluation: We are currently awaiting the results of an evaluation exercise.

Involvement event

This all-day event took place on 14 December 2009. Over 30 people took part. It aimed to involve a wide range of people with an interest in NHS Lothian including patients, patient representatives and community members in deciding key priorities for the 3 year action plan. You can ask us for a copy of the report from this event.

Diversity monitoring: The age range for this event was older than for other activities, with most participants aged over 50 and several over 70. About one third of respondents indicated a disability, and there were a small number of non-White ethnic groups represented. A wide range of religious beliefs were noted. The gender split was around 60% female. Sexual orientation results were obtained but are not described here for confidentiality reasons.

Evaluation: The venue, pre-event arrangements and refreshments were all rated highly although a number would have preferred a more central location. There were also high ratings for the programme on the day, the pace of the event and the opportunities for people to contribute to the discussions, and overall a high rating of 7.9 out of 9 was achieved for the event.

Staff workshop

This event took place on 30 March 2010. Twenty six employees of NHS Lothian took part. These were drawn from across NHS Lothian services and departments and included many different professions. The aim of the event was to identify the priorities for NHS Lothian to address to improve equality, diversity and Human Rights policy and practice as an employer. The event was supported by the Trade Unions who work with NHS Lothian. A report is available from the day.

Diversity monitoring: the age range of participants was broad, from 20s to 50s, but by far the majority were aged over 40. The gender and ethnicity range was very narrow, as all but one of the participants were female and White, although a very wide range of roles and grades was represented and a number of participants were disabled. Religious belief and sexual orientation were indicated but are not described here for confidentiality reasons.

Evaluation: the content and pace of the session were highly rated, but many participants felt that more time was needed to do justice to the issues. Overall participants rated the event at 7.9 out of 9. The gender and ethnicity imbalance were noted, and it is planned that further work to engage with lower-grade staff will take place during 2010-11.

Consultation activities

The consultation period for the Equality & Human Rights Scheme ran from 31 March until 10 May 2010. Consultation versions of the Scheme were posted on the intranet and external websites, and were distributed via email and post to individuals and through networks. In total five responses were received, two using the supplied consultation form. Both formal responses were from representatives of different disability organisations. All suggested amendments to the Scheme which have been completed where appropriate; the action plan makes clear where changes have been made.

Other events and activities to seek views from people in developing the Scheme included:

- A presentation and discussion at the Lothian Maternity Services Liaison Committee on 11 February 2010
- Two meetings with groups of people with a Learning Disability, in Midlothian (on 17 February 2010) and in Edinburgh (on 29 March 2010).
- A meeting with the West Lothian Public Partnership Forum, on 8 April 2010.
- A presentation and discussion at the NHS Lothian Involving People Group on 15 April 2010.

- A presentation and discussion with the Patient Public Participation Network at the Royal Infirmary on 27 April 2010.
- A meeting with the West Lothian Disability Equality Forum on 26 April 2010.

The consultation draft was approved by the NHS Lothian Equality & Diversity Steering Group at its meeting on 30 March 2010.

How we collect information about equality & diversity

What kind of information do we collect?

NHS Lothian needs to know as much as possible about the diversity of patients, carers, family members, staff and the wider community to make sure that it can develop its services and policies effectively.

The information we collect about diversity includes:

- Information about diversity in the wider community across Lothian. If we know about the needs people have, we can shape our services to meet them. For example, we needed to know how many Deaf people lived in Lothian before we could set up a Community Mental Health Service for them.
- Information about the diversity of people who use our services. This information is very important as it tells us whether or not our services are meeting the needs of everyone who should be using them.
- Information about diversity in our workforce. This helps us understand the needs of our staff, so that we can be as effective an employer as possible and make sure that we can give our staff the support that they need. For example, we are setting

up staff support networks because we know from staff surveys that some disabled employees are not confident about disclosing their impairment at work.

We get our data from a range of sources:

- Census data, although this is now very out of date (the next census will be in 2011).
- Data from the Equality & Human Rights Commission.
- Information from partner organisations: we share anonymous information about our communities with local Councils, the police and other organisations to get a clearer picture of diversity in Lothian.
- We carry out studies of particular groups of people to get a clearer idea of their health needs. For example, we have carried out studies of the needs of South Asian people with diabetes across Lothian.
- We monitor the diversity of people who use our services. We do not currently do this uniformly, so this will form one of the actions in this Scheme (see Outcome 3.5).
- We monitor the number and types of complaints we receive from patients and their families and carers. We use this to improve services. For example, in January 2010 Edinburgh Community Health Partnership removed an age barrier for the

Lanfane Unit, which had stopped people receiving care for neurological conditions such as Multiple Sclerosis when they reached 65 years of age. This was in response to complaints received about the policy.

- We monitor the amount of interpreting and communications support we provide, for example the number of hours of Polish interpreting for Polish patients and their families. We use the City of Edinburgh Council's Interpreting & Translation Service to arrange our interpreting and communications support. This shows that demand for interpreting and communications support is increasing at about 60% year on year:
- We use monitoring information from primary care, such as that collected by GPs. This is also not consistent and we will continue to work with GPs to improve the way they gather information about diversity among their patients (see Outcome 3.5).
- We carry out a staff survey every two years, in which we ask employees to record diversity information, as well as information about bullying and harassment, satisfaction and other issues in the workplace. This information is anonymous. Return rates are under 30% and work is planned to improve the return rate next time (in 2010). See Outcome 6.1.
- We ask all applicants to NHS Lothian jobs about their diversity. We also monitor people who are promoted internally and who undergo training. This means that we

have a gradually increasing amount of information on NHS Lothian staff as more and more people change or start jobs with us. From March 2008 to March 2009, for example, the number of disabled employees increased from 126 to 154. This is an increase of 22% in one year. However this still only represents 0.5% of the total NHS Lothian workforce of nearly 30,000.

- The work placement and Healthcare Academy programmes that we run monitor the diversity of people who pass through them. In 2009-10 a total of 85 people passed through the programme, but this number will increase. This is included in the action plan (see Outcome 6.2).
- We plan to monitor the results of impact assessments by including the actions from these in Quality Improvement Programmes. These programmes cover every service in NHS Lothian and are a useful way to collect information about how changes are happening in a particular service or department. This is included in the action plan for this Equality & Human Rights Scheme (see Outcome 3.6).

Actions to improve information gathering and the provision of information in more accessible ways are included in the action plan (e.g. Outcomes 3.2 and 3.5). The plan lists a number of NHS Lothian strategies that show how the information we gather about diversity will be used. Please get in touch with an equality contact for more information about any of these.

How we assess the impact of what we do on equality & diversity

NHS Lothian has been carrying out impact assessments since 2002, to try to make sure that it does not discriminate against people in its day to day work. We have set out the approach we use on our website, and you can see a wide range of documents there including guidance setting out our approach, and past equality impact assessments (EQIAs). You can find this information at:

http://www.nhslothian.scot.nhs.uk/your_rights/equalityanddiversity/default.asp

Alternatively you can contact us to ask for any of these documents on paper or in another format.

We are publishing more and more EQIAs as our services get better at carrying them out. In 2009 we completed 65 EQIAs. This was more than in all previous years put together.

Employing a diverse workforce in NHS Lothian

A major employer

NHS Lothian is a major employer in the region, with nearly 30,000 staff across a huge variety of roles and professions. We are committed to becoming the best possible employer for our diverse workforce. The Human Resources & Organisational Development Strategy (2008-11) sets out the values of the organisation and lists a wide range of commitments to help make these a reality for all staff. You can find it on the NHS Lothian website or ask one of the equality contacts.

We are making progress but there is much still to do. The rate of disclosure among disabled staff is low at just 0.5%. It is believed that there are many disabled staff who do not feel confident about informing the organisation that they are disabled. There is a strong gender imbalance in the workforce, with men totalling just 21% of staff and concentrated in lower grades and the highest grades.

On first glance ethnicity in the workforce seems appropriate with 4.7% of those staff who declared their ethnic origin being from non-white backgrounds. This overall figure is not likely to be too different to the figure for Lothian as a whole. However the workforce still does not reflect the community that NHS Lothian serves. The predominant non-white population in Lothian is Pakistani, whereas the largest non-white staff groups are African and Indian.

Dignity at work is a concern for NHS Lothian as we know from the anonymous bi-annual staff survey that disabled employees report comparatively high levels of bullying and harassment. Staff from ethnic minorities also report higher than average levels. See Outcome 6.1 in the action plan for more details about how we will address this issue.

You can find detailed information about our employees in our quarterly workforce reports. Look on our website to see our previous workforce reports: http://www.nhslotian.scot.nhs.uk/news/keydocuments/workforce_planning/, or get in touch with one of the equality contacts to see these.

Improving workforce information

In the year to March 2009, 48% of staff had responded to requests for their ethnic origin. There was no data on sexual orientation or religious belief (or non-belief) in the workforce. NHS Lothian will gather more information about diversity in its workforce in the following ways:

- Improving response rates to the anonymous staff survey carried out every two years, by running a promotional campaign in 2010 (see Outcome 6.1).
- Raising the profile of disability and lesbian, gay, bisexual and transgender staff in the workforce by establishing peer support networks for disabled staff and lesbian, gay, bisexual and transgender staff. Through these networks we will promote

positive images of diversity in internal and external communications about employment in NHS Lothian (see Outcome 6.3).

- Developing the way we record the reasonable adjustments we make for staff through our Occupational Health Service (see Outcome 6.3).
- Working with staff side organisations to improve confidence in diversity monitoring across the workforce (see Outcome 6.2).

Making changes

The information we gather will be put to good use and will allow us to develop targeted action plans to address equality, diversity and Human Rights in the workforce. The NHS Lothian Human Resources & Organisational Development Strategy 2008-11 includes commitments to:

- Improve dignity at work and reduce bullying and harassment of staff.
- Increase the number of people from diverse backgrounds employed by NHS Lothian, with clear targets (e.g. work and training placements for 50 people with a learning disability).
- Increase the number of disabled people in middle and senior management positions by developing the existing Black & Minority Ethnic mentoring scheme to include disabled staff.

Delivering the strategy is included as a commitment in the action plan (see Outcomes 6.1, 6.2, 6.3).

Support for disabled staff

During involvement for this Scheme and the preceding Disability Equality Scheme (December 2009), staff said that they were concerned about how they were supported in the workplace. They wanted more effective support from services like Occupational Health and Employee Relations. This was felt to be particularly important when considering staff performance, capability proceedings, retirement on health grounds or redeployment. The action plan includes commitments to address this (see Outcome 6.3).

Training

Training of staff is an important way to improve knowledge about and attitudes to age, disability, gender, race, religious belief and sexual orientation.

A wide range of training programmes addressing disability equality already exist. These include:

- Equality & diversity awareness training delivered to all new employees (approximately 2,500 every year) as part of the corporate induction programme.

- A new disability equality training course has been developed which focuses on promotion of the social model of disability.
- Training in specific disability issues for certain groups of staff, e.g. mental health, dementia.
- Training in equal opportunities in recruitment and selection for managers, including recruiting disabled staff.
- Refresher training in disability equality as part of the Knowledge & Skills Framework that all staff, with the exception of doctors and some managers, must complete.

People involved in developing the Scheme suggested that NHS Lothian develop its approach to training on equality and Human Rights issues. The training courses that NHS Lothian already delivers should contain more references to equality and Human Rights. Where necessary new courses should be developed specifically relating to equality and Human Rights issues. This should be called an equality training framework.

The equality training framework will include actions to develop existing equality training, while also developing mainstream training programmes so that they include equality elements. This is one of the actions in the action plan in this Scheme (see Outcome 3.1).

Partnership with trade unions

NHS Lothian is fortunate to have excellent relationships with trade unions. The Lothian Partnership Forum, and the local Forums that support it, oversees and provides help with workforce-related developments.

The Partnership also oversees work to improve equality and diversity in the workforce. This Scheme includes actions to support the development taking place within unions so that they can continue to provide support to employees of all backgrounds and act as advocates for equality in the workplace. See Outcome 6.1 for more details.

How much progress has been made?

This is not the first Equality Scheme published by NHS Lothian. You can ask for copies of our previous Equality Schemes for race, disability and gender by getting in touch with one of our equality contacts. You can also ask us for a copy of our Equality & Diversity Strategy 2007-10.

These Schemes, the strategy and all annual reports are also available at http://www.nhslotthian.scot.nhs.uk/your_rights/equalityanddiversity/keydocuments.asp

Each of these plans set out a range of commitments. We have pulled these together into one document to show what progress we have made. You can find this document here:

http://www.nhslotthian.scot.nhs.uk/your_rights/equalityanddiversity/keydocuments.asp, or get in touch with one of the equality contacts listed on the contacts page.

Monitoring and developing this Equality & Human Rights Scheme

How we will monitor progress

People who were involved in developing this told us that we needed to show that we are making progress against the commitments listed in this Scheme.

The Mutuality and Equality Governance Committee is made up of members of the Board and senior managers from different parts of NHS Lothian. There are also members of the public on this committee. This committee has the main responsibility for making sure that NHS Lothian does what the Scheme sets out. You can ask us for copies of the minutes of this committee, or ask one of the equality contacts here:

http://www.nhslothian.scot.nhs.uk/your_rights/equalityanddiversity/consultations.asp.

In addition to this, NHS Lothian has a number of other committees that will look at different aspects of this Scheme. For example the Human Resources Equality & Diversity Sub Group looks at the employment parts of the Scheme. The Impact Assessment Steering Group oversees how NHS Lothian is improving its impact assessment practice.

Each year we will produce a report showing what progress has been made. We will also say what issues still need work. We have agreed with the people who steered the development of this Scheme that we will run an annual involvement event. At this

event, people from communities across Lothian will be asked to scrutinise our progress and hold NHS Lothian to account.

We will then publish the final version of this annual report in June of each year. This will be available on the NHS Lothian website:

http://www.nhslothian.scot.nhs.uk/your_rights/equalityanddiversity/keydocuments.asp.

Alternatively you can get in touch with us for a paper copy or a version in another format or language.

A new equality law

Equality law has changed a lot in the last few decades. The law is going to change again in 2010 with a new Equality Act that will bring together all the current separate equality laws. For more information about the new Equality Act, see the UK Government Equalities Office website at:

www.equalities.gov.uk/equality_bill.aspx

You can also contact the Equality & Human Rights Commission:

Scotland helpline: 0845 604 5510

Website: www.equalityhumanrights.com

The new Act will include a new equality duty that puts different requirements on the public sector to the duties we currently have. We do not yet know what these new responsibilities will be. The law will change during the lifetime of this Scheme and we will keep it up to date.

Equality & Human Rights action plan for 2010-13

This section outlines the action plan for the NHS Lothian Equality & Human Rights Scheme. Note that the Scheme is a living document and is being continually updated, so the action plan will change over the course of the next 3 years.

Outcomes not processes

An outcome is an end result, for example having staff who are all aware of equality and Human Rights issues and who can treat all people with dignity and respect. A process is how to get there, for example a training plan or revising the contents of the training course.

We have tried to focus the actions in this plan on outcomes as much as possible. Sometimes it is difficult to measure outcomes, but during the life of this Equality & Human Rights Scheme we will develop ways of doing this.

What is in the plan

This plan is based on the ten Capabilities or “rights” in the [UK Equalities Measurement Framework](#). In many cases NHS Lothian needs to make improvements to the way it provides its services, and the way it employs people, to ensure that everyone can

achieve these rights. These are shown in the form of actions that NHS Lothian must take.

We have tried to make sure that the actions recognise the fact that people do not just have one characteristic, such as a gender or an ethnicity. People are individual with many different characteristics that define them. As a result we have written the actions in a way that puts people at the centre of what we do.

You will see references to NHS Lothian strategies and policies in this action plan. For more information about these, contact us or follow the appropriate link.

You will also see references to involvement events in this action plan. We have included these so that it is possible to see how we have taken account of comments from people who have helped to develop the Scheme. Not every action has a link to involvement, because some of them are actions that we have identified ourselves. Some of the involvement work took place to develop the Disability Equality Scheme published in December 2009. We have included this because the findings are recent and because they are still very relevant to this Equality & Human Rights Scheme.

1. Actions to support the right to be alive
2. Actions to support the right to live in physical security
3. Actions to support the right to be healthy
4. Actions to support the right to be knowledgeable, to understand and reason, and to have the skills to participate in society
5. Actions to support the right to enjoy a comfortable standard of living, with independence and security
6. Actions to support the right to engage in productive and valued activities, including employment
7. Actions to support the right to enjoy individual, family and social life
8. Actions to support the right to participate in decision-making, have a voice and influence
9. Actions to support the right of being and expressing yourself, being heard, and having self-respect
10. Actions to support the right of knowing you will be protected and treated fairly by the law

The full action plan can be seen on the website at:

www.nhslothian.scot.nhs.uk/your_rights/equalityanddiversity/humanrights/default.asp

We are also developing shorter versions of the action plan as follows:

Actions relating to primary care services

Actions relating to the workforce

Actions relating to acute services

Strategic actions and actions relating to the Board

Other formats and languages

You can also contact us for a paper copy of the action plan or any other format or language. Write to: NHS Lothian, Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG

Telephone: 0131 465 5400