NHS Lothian
Equality and Rights Outcomes 2013-17

18-point large print version

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Welcome to the NHS Lothian Equality and Rights Outcomes

This document sets out how NHS Lothian will work towards equality, diversity and Human & Children’s Rights from 2013 to 2017. The equality and rights outcomes we are aiming for will improve services for patients and carers, and the way we employ staff and work with volunteers. They will influence our work with community planning partners and the voluntary sector.

These outcomes require to be embedded in the day to day practice of all NHS Lothian services and functions.

We acknowledge the help of our Steering Group in particular and the many people who have contributed their ideas and thoughts through their involvement in a wide range of events in NHS Lothian.

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You can find an online copy of this document on the NHS Lothian website at:
http://www.nhslothian.scot.nhs.uk/YourRights/EqualityDiversity/Pages/default.aspx

You can also find copies of our earlier equality plans and documents here.

Versions of this document in alternative formats, such as Easy Read or large font, can be obtained from us at the address and telephone number above.
Glossary of words and phrases used in this document

**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.

**Cultural bridging:** this is where staff called Link Workers provide language and cultural support to enable minority ethnic people, and those who are Deaf, to access health and health promoting services and information. They provide a cultural bridge for the individual and their families into services and at the same time build the skills of staff in the services to support people in a culturally sensitive way (see MEHIS).

**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.

**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 how people define themselves as male, female or other including intersex.

**Health literacy:** this is the ability to read, understand and use healthcare information to make decisions and follow instructions for treatment.

**Health Services:** This term describes a wide range of services provided by GPs, Dentists, community Pharmacists, hospitals as out, in and day-patient services and includes physiotherapy, dietetics, occupational therapy, health visiting, district nursing and midwifery. Health services provided by the voluntary sector include the wide range of health promoting services including community health initiatives, community cafes and specialist services who all contribute to improving and promoting health in local communities.

**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.

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

**Mainstreaming:** this means building equality into the day-to-day work of the organisation. For example, including equality monitoring in the standard reports for a service so that the information is not presented separately.

**MEHIS:** NHS Lothian's Minority Ethnic Health Inclusion Service. The service employs link workers from minority ethnic communities in Lothian. Its purpose is to help NHS services to provide more culturally sensitive care as well as
supporting individual members of minority ethnic communities to access health care (see Cultural Bridging).

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

**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.

**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.

**Primary care:** these are the health services you receive in your community, such as your family doctor or GP, or a District Nurse, Health Visitor, Community Pharmacist, Physiotherapist or Occupational Therapist.

**Sex:** people are given a sex at birth depending on what genitals they have. This is in contrast to gender, which an individual chooses her or himself.

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

**Staff side organisations:** for example, trade unions.

**Transgender:** An umbrella term for people whose gender identity and/or gender expression differs from their birth sex. They may or may not seek to undergo gender reassignment hormonal treatment/surgery. Transgender people (sometimes called transsexuals) should be addressed in the gender in which they present themselves.

**Workforce:** people employed by an organisation.
Our equality & rights outcomes

Each outcome has a number, which corresponds to actions in the action plan in Appendix 1.

Outcomes relating to the way NHS Lothian develops its policies and strategies, and the way it employs its workforce.

1.1 All healthcare developments, policies and plans take account of the diversity of needs and characteristics of patients and the community

1.2 The NHS Lothian workforce better reflects the diversity of the population it serves, and staff with protected characteristics are represented more appropriately at all levels of the organisation

1.3 The pay gap between staff of different genders, ethnicity and for disabled staff is reduced

1.4 There is improved dignity at work for all staff and volunteers

Outcomes relating to access to NHS Lothian’s healthcare services.

2.1 Access to health services is more equitable for people with protected characteristics

2.2 NHS Lothian has minimised architectural, environmental and geographical barriers to its services

2.3 Health promotion and public health campaigns are inclusive, reach all intended audiences and address stigma in the community
Outcomes relating to equitable quality of care for all patients.

3.1 Patients with a protected characteristic have a more personalised, individualised service where they are better able to exercise their independence, control and autonomy with an advocate if needed, and where their Human Rights or Children’s Rights are protected

3.2 People in Lothian are more assured that health services will respect their dignity and identity

3.3 Staff are better equipped to deliver health care that takes into account patients’ protected characteristics, health literacy needs and dignity

Outcomes relating to the way NHS Lothian involves and consults with people when developing services or policies.

4.1 NHS Lothian involves with people in a more inclusive and equitable way, including people with all protected characteristics and from across the socio-economic spectrum

4.2 NHS Lothian ensures that any individual can provide feedback or make a complaint and this is addressed equitably and transparently

Outcomes relating to the way NHS Lothian promotes equality and diversity in its work with partners, in its contracts and in its procurement of goods and services.

5.1 NHS Lothian’s partner organisations and suppliers operate in a way that is consistent with its approach to the promotion of equality

5.2 Individuals and communities who are vulnerable to, or victims of hate crime feel safer and more secure.
How we engaged with people in developing these outcomes

The law requires us to involve and consult with people in developing our equality outcomes. These people should have a wide range of backgrounds and characteristics and should be drawn from our patients, staff and from communities across Lothian. This section explains how we involved and consulted with people in developing these outcomes.

Equality outcomes steering group

The steering group met five times between June 2012 and March 2013. Its role was to identify the key equality and diversity issues which NHS Lothian needs to address in its outcomes. The group prioritised the draft outcomes and helped to make them as clear as possible.

The following organisations were represented on the steering group:

- Lothian Centre for Inclusive Living
- Edinburgh & Lothians Regional Equality Council
- Edinburgh Partnership Equalities Representative
- LGBT Youth Scotland
- LGBT Centre for Health & Wellbeing
- Community Care Providers Scotland
- Royal Hospital for Sick Children Family Council
- NHS Lothian

A broad range of protected characteristics were represented
by the steering group although for privacy reasons these are not detailed here.

NHS Lothian staff
As well as through the steering group, NHS Lothian staff were involved in developing the outcomes in the following ways:

- Through the LGBT Staff Network
- Corporate & Support Services Partnership Forum

People with a Learning Disability
The NHS Lothian Learning Disability Service User Forum helped to review the outcomes in the previous NHS Lothian Equality & Human Rights Scheme, and contributed to identification of the proposed outcomes in this document. The draft outcomes were then discussed with service users in a range of settings across Lothian during the consultation period.

Consultation on the outcomes
The consultation period ran from 19 November 2012 to 11 February 2013. The draft outcomes were circulated widely both within NHS Lothian and through external networks. These included the following:

- Edinburgh Equalities Network
- East & Midlothian Equality Forum
- Disability West Lothian
- Internal NHS Lothian services and committees
• NHS Lothian intranet and external website
• NHS Lothian bulletins and issues of team brief

A total of 12 formal responses were received to the consultation although there were significantly more informal responses received during presentations and discussions about the equality outcomes. A separate evaluation of the involvement and participation activities which contributed to the equality outcomes is available separately.

**Equality impact assessment of the Equality & Rights Outcomes**
The EQIA of the Equality & Rights Outcomes took place on 4 March 2013, with members of the steering group participating. The report from this is available separately.
Gathering and using information about equality & diversity

This section gives a summary about how we gather and use information about patients, the wider population and the workforce.

Our equality & diversity evidence comes from the following sources:

- Information about patients’ age, ethnicity, religion and gender from the computer systems we use to manage our services. This information is collected in different ways, e.g. from patients arriving at appointments, or from the GP health record.

- Workforce information from our Human Resources management system, which includes data about the age, gender, ethnicity, religion, sexual orientation and disability of staff. For some of these characteristics the data is not complete.

- Evidence from the Datix computer system which is used by staff to record incidents where there is harm (or the potential for harm) to any member of staff, patient or other individual. This includes violent incidents, abuse, harassment and health and safety.

- Monitoring reports from commissioned services in Primary Care.

- Quarterly reports from the City of Edinburgh Council Interpreting & Translation Service, on interpreting use by patients and family members using NHS Lothian services; this includes British Sign Language
interpreting.

- Gender based violence routine enquiry data, from patients in certain key services (e.g. Mental Health, Substance Misuse, Maternity, Sexual Health).

- 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, and the African community in terms of accessing primary care services.

- Employee Relations reports, which show information about the numbers and characteristics of staff who are subject to disciplinary, capability, ill-health, redeployment and other employment procedures.

- Training monitoring reports.

- Monitoring processes used for equality impact assessments, including the quality and number of impact assessments and the number of actions in them which have been completed.

- Data from Scottish Morbidity Records (SMR), which record the activity of health services and include categories such as outpatient appointments, inpatient admissions and admissions to mental health services.

- Population data from the UK Census.

- Language use data from the local authorities in Lothian.

- Anecdotal evidence from services.

- Complaints Service quarterly reports.

- Transgender stakeholder engagement activities for the Lothian Gender Reassignment Protocol.

- Public Involvement activities
• Mid and East Lothian Community Planning Equality Forum
• Consultations with the voluntary sector.

We also used a wide range of evidence from published research reports. Some of these are from research projects which we have carried out ourselves. A list of these is available on request.

We have included actions to improve information gathering and the provision of information in more accessible ways in our outcomes. Some of our actions are about establishing the current level of data we have for a particular area. This is called a baseline. Please get in touch with an equality contact for more information about this.
Taking equality & diversity into account in decisions

This section explains how we make sure that equality & diversity are taken into account in decisions, and in new or revised policies and plans.

**Equality impact assessment**

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


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

We carry out about 100 impact assessments each year, and we monitor them closely to make sure that the actions they recommend are carried out. We also check the quality of our impact assessments to make sure that they are effective. During the lifetime of these equality outcomes we will be involving people from outside the organisation in improving the quality of these impact assessments.

Our impact assessment process requires services to set out the equality and diversity evidence that has informed their impact assessment.

All committee papers for decision must say how they have considered their impact on equality. You can ask us for
copies of our impact assessment performance reports.

**Patient and public participation**

NHS Lothian is required by law to engage with patients and the public. There are many ways in which services engage with patients and the public. All service developments should include the views of a diverse range of patients. You can find out more on the NHS Lothian website at:

http://www.nhslothian.scot.nhs.uk/WorkingWithUs/GetInvolved/Pages/default.aspx

You can also find out by contacting us using the details at the front of this document.
Monitoring and reporting progress

This section sets out how NHS Lothian will monitor the progress made towards its equality outcomes. It also says how we report our progress.

All of the outcomes include indicators which will allow measurement of progress. You can see details of these in the action plan in Appendix 1. Some of the actions relate to improving the quality of the data available, or aim to establish a baseline from which progress can be measured in future years.

During the lifetime of this document we will be mainstreaming as much as possible of the monitoring of these indicators. For example, equality indicators relating to staff will be monitored by the Staff Governance Committee. Equality indicators relating to patients will be monitored by the Health Care Governance Committee.

Many more of the mainstream reports published by NHS Lothian will include equality data as a result of this work. You can find out more about how we mainstream equality in our separate NHS Lothian Equality Mainstreaming Report, published separately to this document.

We will publish a full report on our progress with our Equality & Rights Outcomes every two years. This will include how we are getting better at mainstreaming. We will publish these reports on our website and we will make them available to anyone who requests one. However we report more frequently than this on many equality & rights performance indicators. Please get in touch with an equality contact if you would like to know more.
How this document helps NHS Lothian meet its legal duties

This section says how these Equality & Rights Outcomes help NHS Lothian meet its duties under the Equality Act 2010 and other legislation. It also explains about how the outcomes will help promote the social model of disability.

Contribution to the general duties of the Equalities Act 2010

The general duties require public authorities such as NHS Lothian to have due regard when carrying out their functions, to the need to:

- Eliminate unlawful discrimination, harassment or victimisation;
- To advance equality of opportunity; and
- To foster good relations in relation to each of the protected characteristics.

The action plan shows which parts of the general duty will be promoted for each of the equality outcomes. See Appendix 1 for this information.

Contribution to the specific duties of the Equalities Act 2010

Under the Equality Act Scottish Ministers have set specific duties for the better performance of the general duties which require NHS Lothian to:
• Publish equality outcomes and information about the progress towards achieving these reported through existing public performance systems.

• Mainstream equalities in relation to protected characteristics

• Consider the impact on equality of all proposed policies and practices including changes to and redesign of services and in procurement of services through Equality/Rapid Impact Assessment

• Publish employment data to provide information in relation to sex/gender, disability and ethnicity of staff; the gender pay gap; occupational segregation, and every two years an Equal Pay statement.

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 telephone number: 0141 228 5510
Website: www.equalityhumanrights.com

Human Rights Act 1998
The outcomes in this document have been chosen to help NHS Lothian develop a Human Rights approach to delivering health services and employing staff. Reference is made to specific articles of the Human Rights Act for each outcome in the action plan.

You can find out more information about Human Rights in Scotland by contacting the Scottish Commissioner for Human Rights:
United Nations Convention on the Rights of the Child
In addition to Human Rights for adults, you can see references to articles in the United Nations Convention on the Rights of the Child for the outcomes in the action plan. You can find out more information about the Convention here:


Patients Rights Act 2012
The outcomes help NHS Lothian in its work to meet the requirements of the Patients Rights Act, particularly in relation to involving patients in their care and ensuring that people are able to access advocacy, interpreting and other support where necessary.
You can find out more information about the Patients Rights Act here:

http://www.scotland.gov.uk/Topics/Health/Policy/Patients-Rights

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.¹

These Equality & Rights Outcomes are built on the social model of disability. They aim 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.

¹ Lothian Centre for Integrated Living factsheet 5 2008