



SINGLE EQUALITY SCHEME

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Accessibility

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1. Foreword by Chairman and Chief Executive – Embracing Equality

Our Single Equality Scheme represents our longstanding commitment to ensuring that our services and employment practices are fair, accessible and appropriate for the diverse patients and communities we serve and the workforce we employ.

We aim high: to deliver excellence in all we do and recognise that the effective promotion and implementation of the Single Equality Scheme will play an essential part in helping to modernise the health services we provide.

Our Single Equality Scheme aims to:

- Work with diverse voluntary, patient and other NHS bodies and the local community in the development, implementation and review of the actions identified as necessary or helpful to continuously improve health care and services.
- Create a working environment where all staff are treated with professionalism, dignity and respect and are able to develop their skills and competencies aligned to the care and service they provide to the best of their ability and without having to face discrimination or harassment.
- Meet the legislative and policy requirements relevant to NHS Lanarkshire.
- Ensure that equality and fairness are embedded in all areas and aspects of service delivery, planning and employment.

The Single Equality Scheme explains how NHS Lanarkshire plans to meet its statutory duties to promote race, disability and gender equality. It will also act as a framework for compliance and good practice in relation to other legislation and policy guidance on age, belief or sexual orientation. Section 2 of the Scheme provides an easy to read guide on the detail of this in question and answer format.

In addition to legal compliance, it is our aspiration to continually benchmark ourselves against evolving standards of good practice.

We will continue to develop and implement policies and practice which are fully inclusive, eliminate discrimination, promote equality and embrace diversity in everything we do.

The principles of equality and fair treatment will therefore be at the heart of NHS Lanarkshire's business. Leadership and commitment at all levels are central to the success of the Single Equality Scheme.

As Chairman and Chief Executive of NHS Lanarkshire, it is our duty to ensure that NHS Lanarkshire implements this Single Equality Scheme successfully.

We see the Single Equality Scheme as a living document and we seek and welcome the views of interested stakeholders to influence its development over time.

Ken Corsar
CHAIRMAN
NHS Lanarkshire

Tim Davison
CHIEF EXECUTIVE
NHS Lanarkshire

2. Questions and Answers about NHS Lanarkshire's Single Equality

2.1 What is a Single Equality Scheme?

A single Equality Scheme (SES) is an integrated equality scheme that sets out our commitment that healthcare services will be accessible to all, are provided in a culturally sensitive manner and are free from discrimination.

2.2 What does equality and diversity mean?

By "equality" we mean treating people fairly- supported by legislation designed to address unfair discrimination.

By "diversity" we mean valuing the difference in people and communities. Diversity is about recognising and valuing differences in people in the broadest sense. This may mean responding differently to individuals or groups in order to meet their needs.

2.3 Why have we produced a Single Equality Scheme?

Although NHS Lanarkshire is currently not required to produce a SES we have taken the decision to produce a Scheme to embrace changes proposed in a forthcoming UK Government Equality Bill anticipated in 2011. For example, the Bill proposes to extend the existing duties of Race, Disability and Gender Equality to include age, religion or belief, sexual orientation and human rights. It is our intention to prepare for these anticipated changes through the production of this Single Equality Scheme.

Our current legislative requirements include production of equality schemes for Disability, Gender and Race and we have fully covered these requirements in our Scheme.

2.4 What the Law requires us to do

In developing our Scheme we have used the guidelines and framework of the three equality duties for disability, race and gender as set out below:

To eliminate unlawful discrimination and promote equality of opportunity, the government has introduced 'equality duties' for all public sector organisations.

The first of these was the race equality duty, introduced in 2001. This was followed by the introduction of the disability equality duty in 2006 and by the gender equality duty in April 2007.

Our Scheme will set out what we are doing to meet the above duties and how we can improve equality in other areas, including religion or belief, age and sexual orientation.

The equal opportunities legislation is divided into two sets of duties. There are **general duties** which apply to all public authorities and **specific duties** which apply to specific organisations.

A **general duty** outlines how we need to make sure equality is incorporated into all our processes and policies. This applies to public organisations which are legally required to have 'due regard' specifically to race, gender and disability equality.

We want to maintain good practice through the application of the general duty - not only in race, gender and disability equality but across all areas of equality.

Most public bodies are also covered by the **specific duty** and are required to:

- Publish Race, Disability and Gender Equality Schemes
- Involve stakeholders in producing the schemes and action plans
- Show what actions are taken in the schemes, and what appropriate outcomes are achieved
- Report on progress and revise the schemes

Public organisations have a legal duty to ensure that stakeholders are actively involved in development of schemes so that they clearly reflect the needs of the communities. It's recognised that working with representative groups of minority or potentially disadvantaged communities is key to improving services.

We should be able to continually measure our success against our equality schemes. We must ensure that we have action plans in place to reflect the progress we have made and the changes that have been implemented.

For a more detailed description of these equality duties, please see Appendix 3

2.5 Do we have any other responsibilities?

Under the Equality Act 2006 we also have responsibilities to address equality issues relating to age, religion or belief, sexual orientation and social deprivation. We have included these aspects of our approach to equality in our Scheme and Action Plan. Employment regulations also require elimination of discrimination in employment, training and promotion on the basis of religion or belief, sexual orientation and age.

2.6 What does the Scheme do?

Our Scheme provides a strategic policy framework for NHS Lanarkshire to ensure that we comply with and exceed our general duties such as elimination of discrimination and promoting equality of opportunity for all. The SES also affirms our commitments to:

- promote equality
- work with stakeholders, patients, staff and the local community in the development, implementation and review of the SES
- ensure that equality and fairness are embedded in service delivery, planning and employment
- create an environment where all staff and users are treated with dignity and respect
- raise staff awareness and understanding of these issues
- identify and address NHS policies and practices which may be discriminatory

2.7 Is this a new Scheme?

The NHS Lanarkshire Scheme combines all our existing equality schemes, policies, action plans and our legal obligations in the area of equality into a single document. This will help us to streamline our efforts to improve our quality of care.

2.8 What is an Action Plan?

The action plan sets out how we intend to meet our equality duties. It also states our priorities for action.

2.9 What are the key categories NHS Lanarkshire is addressing to achieve equality?

NHS Lanarkshire has divided the action plan into 9 key areas.

They are:

1. Leadership, Corporate Commitment, and Governance

2. Equality Impact Assessment
3. Partnership Working
4. Care Experience, Accessibility and Communications
5. Workforce and Workforce Development
6. Procurement
7. Monitoring Data, Reporting and Publishing
8. Complaints
9. Patient Focus, Public Involvement and Consultation

2.10 What is NHS Lanarkshire's commitment to equality and diversity?

Our aim is to ensure that all service users and staff are not subject to any form of unlawful discrimination, harassment or victimisation on the basis of their race, gender, age, disability, ethnic origin, religion or belief or sexual orientation. We are committed to promoting equality of opportunity and eliminating discriminatory practice.

2.11 What do we know about our local population and staff profile?

Lanarkshire has a population with people from a variety of backgrounds and needs of a diverse nature. Our local population presents us with both challenges and opportunities in the delivery of high quality, accessible health care.

Our staff profile reflects the diversity of the population in Lanarkshire and we are committed to maintain this through appropriate workforce policies and practices. A workforce that reflects our local population help us to understand the problems facing the local communities better and therefore are able provide solutions which work.

To help establish our disability, gender and race equality objectives information and views were sought from stakeholder engagement events, review of Legislative requirements, NHS Scotland priorities, local and national population demography (Census 2001) and our staff profile were used.

2.12 What are the current Legal & Best Practice Developments?

Equality legislation and best practice guidance has been significantly strengthened over the past ten years to ensure patients, the public and staff are protected from all forms of discrimination and that they have equal access to health services and employment opportunities. A number of pieces of legislation are of central importance to the Scheme.

These are;

- Race Relations (Amendment) Act 2000
- Disability Discrimination Act 2005
- Equality Act 2006 (for gender)
- Employment regulations cover sexual orientation, religion or belief and age.
- Scottish Government directives e.g. CEL on Spiritual Care, GBV etc...

The Scheme also supports the drive to address inequalities in health. The Scottish Government, through a variety of policies and methods, has promoted a focus on improvement in equality and diversity as a priority for the NHS in Scotland. Relevant Policies include Equally Well (2008) Better Health Better Care (2008), Patient Experience Programme (2009), the Patient Rights Bill (2009) and the Healthcare Quality Strategy for Scotland.

NHS Lanarkshire is committed to ensuring that people have equality of access to services, service delivery and employment opportunities.

Equality requirements and the legal framework are described in more detail in the Scheme.

3. Introduction

3.1 General Introduction

The law currently requires NHS Lanarkshire to publish equality schemes for Race, Disability and Gender, as a means for us to deliver our general duties which include eliminating discrimination and promoting equality of opportunity.

The Government is currently consulting on an Equality Bill which will create a single new Equality Duty on public organisations. It is anticipated that The Equality Bill will come into force by 2011.

NHS Lanarkshire, in anticipation of this new Bill, has decided to engage widely with relevant stakeholders to develop this Single Equality Scheme (SES) in advance of this legislation. The Scheme has drawn on the existing guidance available from the Statutory Codes of Practice published in connection with the three existing schemes.

The aim of the equality legislation is to ensure that public organisations properly discharge their obligations to all sections of society and to streamline all the current duties. The scope of a Single Equality Scheme (SES) and its associated action plan is not limited; therefore in the development of this Scheme we have sought to adopt an inclusive approach taking into account the needs of : people of different races, disabled and non-disabled people, men and women. We have extended the scope to include; sexual orientation, gender identity, religion, belief and no belief, socio-economic inequality, mental health, remoteness, rurality and age. In a number of these areas we await legislation and guidance from the Scottish Government and the Equality and Human Rights Commission. This is expected in late summer 2010 and will be incorporated in the review of the Scheme in April 2011.

The SES sets out how NHS Lanarkshire is meeting its obligations towards its own staff. This includes how staff are treated as employees and how they are developed and supported to contribute to meeting NHS Lanarkshire's equality goals.

The Scheme is structured to demonstrate our compliance with equality legislation.

The Action Plan contained within the Scheme sets out the practical work programme which we aim to deliver in the life of the Scheme. This will be reviewed, developed and renewed on an ongoing basis in response to continued engagement with stakeholders.

Production of the Scheme was informed by a full and extensive engagement exercise with the public, stakeholders and staff. This included holding a number of public and stakeholder engagement events, wide distribution of questionnaires to the public, patients, staff and partner organisations. Details on this can be found in appendix 4 of this Scheme.

We regard the Scheme as a living document. Progress and achievement will be subject to monitoring and review through the governance and performance management arrangements of NHS Lanarkshire.

There is also an ongoing commitment to continue to support and encourage engagement of key stakeholders in the ongoing focus and content of the Scheme and Action Plan.

4. Context

4.1 About NHS Lanarkshire

NHS Lanarkshire serves a population of 561,174. The NHS Board area is co-terminous with North and South Lanarkshire Councils. The legal entity is the Lanarkshire NHS Board. Within this, operational delivery is organised around an Acute Services Division and 2 Community Health Partnerships – one for North Lanarkshire and one for South Lanarkshire. Within the Community Health Partnerships, there are Localities, which largely correspond to the Local Authority Social Work local areas.

The Lanarkshire NHS Board has responsibility for the health and wellbeing of its resident population. This responsibility encompasses Health Improvement, Health Protection and tackling Health Inequalities. It also includes the provision of a range of Clinical Services designed to meet the assessed needs of the population.

NHS Lanarkshire is required to produce and deliver an annual Local Delivery Plan, constructed around the HEAT targets, issued to the service each year by the Scottish Government Health Departments. The HEAT targets encompass:

- **H** Health Improvement;
- **E** Efficiency; **A** Access; and
- **T** Treatment according to need.

The Local Delivery Plan informs the development of a set of Corporate Objectives, from which individual Executive Director's Personal Objectives are drawn, with this process cascaded down and across management layers, so ensuring that the Local Delivery Plan and Corporate Objective processes are embedded.

The Local Delivery Plan and the Corporate Objectives are formally approved by the NHS Board. The Board monitors progress on the delivery of key objectives through a monthly reporting mechanism.

NHS Lanarkshire, in partnership with key stakeholders, has developed a set of Organisational Values which will exert significant influence over strategy development and the Modernisation of Clinical Services. The values influence our priorities and performance and our continuous improvement as an Exemplar Employer. They emphasise that, in pursuit of improvement, we will value:

- Quality, Patient-Focussed Services
- Quality, Healthcare Environment
- Continuous Improvement
- Involvement
- Communications
- Respect
- Fairness and Consistency
- Competence and Continuous Learning

The Lanarkshire NHS Board places substantial importance on valuing Equality and Diversity in the delivery of its Objectives and also recognises the key importance of Spiritual Care. The extent to which the NHS Board values Equality, Diversity and Spiritual Care, is reflected in the existence of an Equality, Diversity and Spirituality Governance Committee. The Terms of Reference of the Committee are set out in Appendix 5.

The Equality, Diversity and Spirituality Committee are, generally, responsible for oversight of the arrangements for discharging the Board's responsibilities in these 3 key areas. The Committee Chair and Members are Non Executive Directors of Lanarkshire NHS Board, and the Committee is supported by an Executive Director (Director of Organisational Development), with other Senior Officer supports, including the Equality and Diversity Manager, and the Head of Spiritual Care. The NHS Board receives regular reports on the activities of the Equality, Diversity and Spirituality Committee, and also receives regular progress reports on the delivery of each strand of Equality, Diversity and Spirituality.

The Committee is supported in its work by an Equality, Diversity and Spirituality Steering Group. Membership of the Steering Group is drawn from Management and Staff Side Representatives. The Steering Group is responsible for operational oversight and monitoring of delivery against Action Plans. An Organisational Chart summarising the role and function of the committees and groups is attached as Appendix 6.

The Board's commitment to valuing Equality and Diversity, and providing Spiritual care, is also reflected in the personal commitment of individual Board Members, through their participation in structured Equality and Diversity training and development events, and by the explicit expectation that proposals for strategic development and service change, are subject to Equality and Diversity Impact Assessment.

NHS systems, historically, have been subject to financial pressures, typically resulting from: variation in levels of uplift; the annual Cash Releasing Efficiency Savings requirement; and cost pressures, e.g. pay, drug costs, cost of utilities. The combination of these pressures, at times, requires the Board to critically review a range of areas of expenditure in order to generate efficiency savings. The NHS Board approaches this challenge through establishing a set of fundamental principles / criteria, against which savings plans will be tested. These principles, typically, include: fairness; no compromise to access or patient safety; transparency; recognition of population impact and Health Inequalities; all savings proposals to be subject to a consequences / impact risk assessment.

4.2 Public Sector Equality Duties: the Legislative context

The legal requirements for public bodies to publish equality schemes are contained in:

- the Race Relations (Amendment) Act 2000;
- the Disability Discrimination Act 2005; and
- the Equality Act 2006.

The legislation contains specific equality duties, including a requirement for public sector organisations to publish equality schemes. There are clear similarities and differences in the three statutory duties.

Wherever appropriate, NHS Lanarkshire intends to apply the 'highest' standards from the Equalities legislation across the three separate duties. For example, a requirement of the Disability Discrimination Act 2005 is to 'involve' disabled people in the publication of the Scheme, whereas the Race Relations (Amendment) Act 2000 requires 'consultation'. In our work, NHS Lanarkshire is committed to involve, as well as consult in the production and review of all strands of the Scheme.

The three statutory duties have a common aim – to ensure that the public sector works to promote equality of opportunity and eliminate discrimination in all of its services and functions. Each piece of legislation contains a number of statutory duties which focuses on eliminating discrimination in the most appropriate manner for different ethnic groups, disabled people, and for men, women and transgender people - with the underpinning aim of ensuring real, measured and positive outcomes for all sections of the communities served.

Equality Bill

The UK Government is currently consulting on its Equality Bill which aims to streamline all existing equality legislations and to strengthen equality law. Following Royal Assent, expected in Autumn 2010, the Equality Bill will be phased in by Spring 2011. Some of the new considerations in the Bill include:

- a new public sector duty to consider reducing socio-economic inequalities
- using procurement to improve equality
- introducing gender based pay and equality reports
- protecting carers from discrimination
- protecting breastfeeding mothers from discrimination

NHS Lanarkshire will ensure that its Single Equality Scheme and associated Action Plan will embrace these new strengthened areas of legislation. This Scheme will be reviewed in 12 months time to monitor progress and ensure compliance with the new Equality Bill which is expected to become legislation by then.

4.3 Strategies – National and Local

A number of national and local strategies, policies and frameworks influence our Single Equality Scheme. These include :

- ***Better Health Better Care 2007***: which forms the blueprint for the direction of travel for all NHS Boards in Scotland. The document introduced the concept of a mutual NHS where patients see themselves as partners in care and not just receivers of services. It reflects that mutuality in healthcare requires developing in ways that add value and include frontline staff in service role redesign. It has particular emphasis on meeting the needs of equality groups and the diverse communities we serve.

- ***Equally Well Implementation Plan 2008***: which addresses the health challenges faced by the most deprived and vulnerable in our communities and the co-ordination of future activity and cross cutting initiatives required of the NHS, local authorities, third sector and other community planning partners. The plan emphasises the role of Community Planning Partnerships as the local leads.
- More recently, the Scottish Government produced its ***Efficiency and Productivity Programme Delivery Framework***. The Programme aims to improve consistency of care, create a culture to support the efficiency agenda from a quality improvement perspective and provide a structured framework to support NHS Boards deliver greater efficiency and productivity over the next three years.
- **Patient's Rights Bill** was introduced to the Scottish Parliament on 17 March 2010.

The key provisions in the Bill are:

1. Every patient has a right that the health care they receive:
 - is patient-focused, which means that it takes into account the patient's individual needs,
 - has regard to the importance of providing the optimum benefit to the patient's health and wellbeing,
 - allows for patient participation in decisions about their healthcare,
 - provides appropriate information and support to allow them to do so.
2. It introduces a guarantee that eligible patients will start to receive treatment within 12 weeks of their treatment being agreed.
3. It gives every patient the right to make a complaint or provide feedback about NHS care and services, and to have access to support to do so, if they require it.
4. It establishes a Patient Advice and Support Service (PASS) to replace and enhance the existing Independent Advice and Support Service (IASS). PASS will also support patients to make a complaint about their healthcare if they require help.
5. It creates Patient Rights Officers, who will staff the PASS and carry out its functions.

The Patient Rights (Scotland) Bill builds on and works in conjunction with existing strategies, such as the NHS Quality Strategy and the *Better Together* Patient Experience Programme. The NHS Quality Strategy aims to support the delivery of high quality person-centred, clinically effective and safe healthcare service that is world-leading in approach. The Patient Rights (Scotland) Bill will play an important part as a key legislative vehicle to achieve these aims, in particular as they relate to person-centredness. It is intended that they will work in conjunction with each other to reinforce and strengthen our commitment to put patients at the centre of the NHS in Scotland.

- The Scottish Government Health Department has launched a **Quality Strategy** with the intention that Scotland will be recognised as a world leader in healthcare quality. The Strategy is founded on the Institute of Medicine's six dimensions of quality and in particular will focus on driving quality through delivering a patient-centred, safe, and effective healthcare system, whilst ensuring efficiency, equity, and timeliness are embedded within joined-up actions taken forward locally and nationally.

The Strategy will provide an opportunity to build on the major national and local improvement programmes already underway and help strengthen partnership arrangements with local authority and third sector partners.

- A 3-year programme of work to improve the identification and management of gender-based violence across the NHS in Scotland with the issuing to Health Boards of **CEL 41 (2008)** on Gender-Based Violence.
- **Diversity Delivers - the Strategy (2008)** developed by the Commission for Public Appointments in Scotland as the first ever Diversity Strategy developed for Scotland's ministerial public appointments process. The strategy recognises the increasingly diverse population of Scotland and the importance of valuing different backgrounds and perspectives. The publication recommends a series of practical steps to encourage people from equality groups to see themselves as potential board members.

NHS Lanarkshire has developed Strategies and supporting plans to provide the local response to these documents and is confident that good progress is already being made in shifting the balance of care from reactive hospital based care to community based preventive and rehabilitative models.

Some of our supporting plans which detail how we will implement our Strategy include:

- The annual Local Delivery Plan and Corporate Objectives
- Service Modernisation Plans
- Primary Care Strategy
- Single Outcome Agreements and Community Health Partnership Development Plans
- Workforce Development Plan
- E-Health Strategy
- Corporate Financial Plan
- Communication Strategy

4.4 Working in Partnership

In all that we do, NHS Lanarkshire is committed to:

- **Support our staff**, and have belief in their abilities and expertise making it possible for them to deliver excellence;
- **Work in partnership**; with public, patients and local authorities as a means of improving health and healthcare and reduce health inequalities;
- **Improve patient safety**; improving consistency of care and safe and effective services within a safe environment protecting patients and staff from harm;
- **Modernise services**; promoting a climate of continual quality improvement through the development of new models of care improving **patients' experience**;
- Be as effective as possible, making the **best and most efficient use of resources**;
and
- Ensure fair and equal access to services in support of the **Equality and Diversity** agenda.

4.5 Aims of our Single Equality Scheme and Action Plan

The Single Equality Scheme outlines current activities and plans to ensure that we meet our obligations under existing legislation.

The Scheme sets out how we will use our Action Plan to focus on 9 key objectives and priorities and provide clear accountability for their delivery. These are :

1. Leadership, Corporate Commitment, and Governance

- To continue to develop and maintain commitment throughout NHS Lanarkshire of the importance of equality and diversity in all that we do. To eliminate discrimination in any form on the basis of age, disability, gender. Race/ethnicity, religion or belief or sexual orientation.
- To continue to involve and engage with stakeholders in the development of the Single Equality Scheme.
- To implement the priorities and actions of the Scheme.
- To ensure that NHS Lanarkshire is actively addressing the equality and diversity agenda and to embed this within our governance and performance monitoring arrangements.

2. Equality Impact Assessment

- To continue to impact assess our functions, policies and practices ensuring that we assess and respond to areas of relevance to the general equality duties and other equality strands.
- To commit to an ongoing process of quality improvement over the next three years - to increase our evidence base and to draw on best practice from external organisations.
- To develop systems of data recording, monitoring and quality assurance.

3. Partnership Working

- To enhance current partnership arrangements to further develop a joined up approach to promoting equality, diversity and human rights through multi-agency working.
- To work in partnership with local communities and all relevant organisations to promote, protect and improve health and well being and reduce health inequalities within our diverse communities.
- To work in partnership with specific services and partners to enhance support within communities in relation to Gender Based Violence as per the Scottish Government Health Department guidance CEL 41 (2008) and implement recommendations.

4. Care Experience, Accessibility and Communications

- To deliver quality of care and service that is sensitive to the diverse needs of communities.

- To ensure that our information is accessible to all and to work with our partners to maintain and develop interpretation and translation services to meet the needs of our diverse population.
- To ensure that promotional activities and materials are fully accessible and meaningful for all communities.
- To ensure that the spiritual and belief needs of patients, carers and staff are met.

5. Workforce and Workforce Development

- To promote equality of opportunity in employment to create a workforce that is representative of our local community.
- To maintain a programme of review and Equality Impact Assessment of Human Resources Policies and practice.
- To maintain a learning environment for staff, independent contractors and volunteers that promotes equality of access to support for continuous professional and personal development.
- To support staff to develop and apply skills and competence on Core Dimension 6 (Equality and Diversity) at the level appropriate to their role.

6. Procurement

- To ensure that our procurement processes reflect and comply with all equality legislation.
- To ensure that equality and diversity considerations are embedded in procurement and tender specifications and contract processes.

7. Monitoring Data, Reporting and Publishing

- To establish and maintain contemporary knowledge and understanding of our service user & and staff demography. And use this data to develop and deliver appropriate intervention measure aiming to reduce & eliminate identified inequalities and health inequalities.
- To inform our EQIA process. Outcomes from Equality Impact Assessments will be made available on the NHS Lanarkshire web site or provided on request.
- To inform the production of our Equality and Diversity Annual Report.

8. Complaints

- To ensure that all complaints received by NHS Lanarkshire are managed in accordance with the National Health Service (Scotland) Act 1978 and the Scottish

Government Guidelines.

- To work with equality groups to enhance their understanding of the complaints procedure.
- To ensure that important action is taken following reflection and learning from complaints received.

9. Patient Focus, Public Involvement & Consultation

- To continue to develop meaningful engagement and involvement of patients, staff and local communities in identifying needs and sharing responsibility for improving health and prioritising service development.
- To implement new and innovative ways of delivering and enhancing services that offer choice and improve health and well being.

A detailed Action Plan for the period 2010 – 2011 has been produced and is included as Appendix 1 to the Scheme.

This provides a transparent and practical framework that sets out what needs to be done, when it will be done and who is responsible for each of the actions to be taken.

Progress against the Action Plan will be managed and monitored through the NHS Board, Equality, Diversity & Spirituality Governance Committee, Equality, Diversity & Spirituality Steering Group and through ongoing stakeholder engagement.

5. Equality Strands and Baseline Evidence

Lanarkshire population

The population of Lanarkshire was reported at 561,174 (2008). Table 1 sets out the projected changes to the Lanarkshire population in the period to 2031. Population in Lanarkshire will increase by 5.2% - with a slightly higher increase in South Lanarkshire (8.4%).

Table 1

	2008	2011	2016	2026	2031
North Lanarkshire	325,520	327,635	331,263	335,602	335,791 (3.2%)
South Lanarkshire	310,090	314,743	321,381	332,585	336,237 (8.4%)
Total	635,610	642,378	652,644	668,187	672,028 (5.7%)
NHS Lanarkshire area	561,174	567,399	575,848	587,853	590,204 (5.2%)

Understanding the demographic profile of the population of Lanarkshire within the equality strands helps us take into account the scale and scope of need and plan for known or predicted changes in such populations over time.

This section of the Single Equality Scheme sets out the known position on equalities and demography across Lanarkshire for the equality strands.

Appendix 4 sets out the demographic data in more detail.

5.1 Age Equality

What is it?

Age equality is concerned with assessment and response to the different experiences of people across all age groups and with avoiding preventable inequalities between people due to age.

We recognise that 'ageism' can have a profound affect on people - on the quality of their lives, access to services, in life choices and in relation to employment.

The Employment Equality (Age) Regulations 2006 makes age discrimination illegal in all aspects of employment.

Whilst the legislation does not currently cover the provision of goods, facilities and services or the exercise of public functions, it is likely that the new Equality Bill will include such matters. NHS Lanarkshire will establish early good practice to fully comply with this legislation.

The potential for difference on the basis of age could affect all of the Lanarkshire population. Our arrangements for equality impact assessment acknowledge and take account of this by including the assessment of any potential impact on the basis of age.

Lanarkshire Age Demographics

Age

The current largest population age group in Lanarkshire is in the 30 – 44 yrs group (Table 2). Population projections predict a trend towards an ageing population with the older age groups (50 yrs and over) likely to experience a significant increase (Table 3).

Table 2

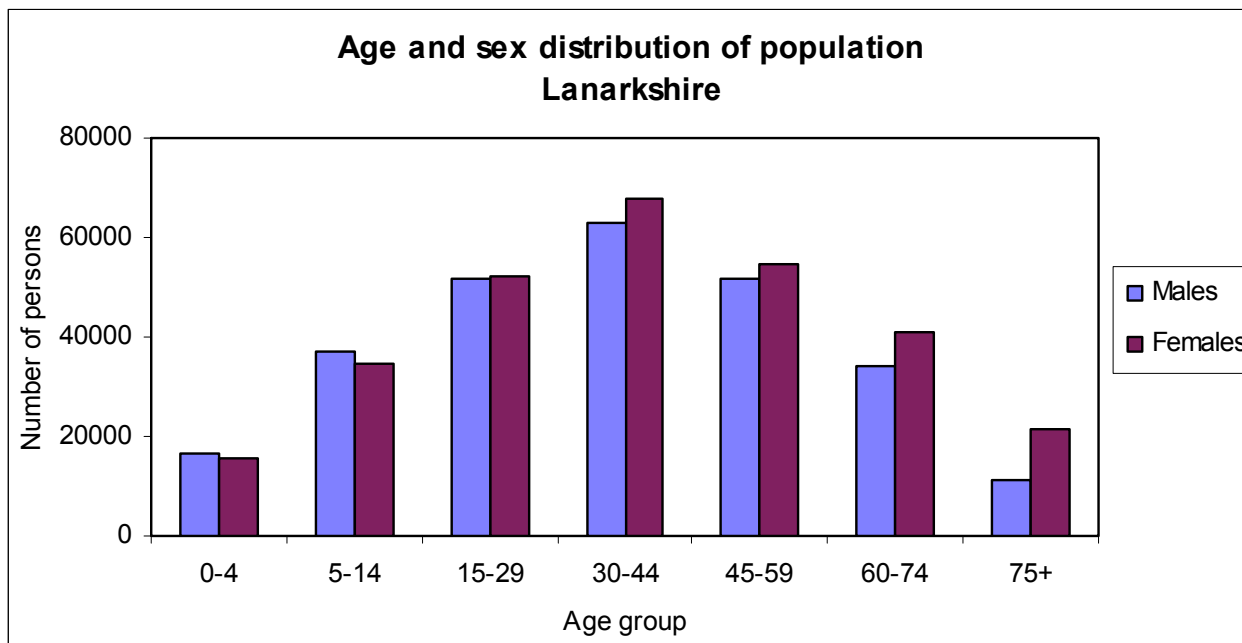
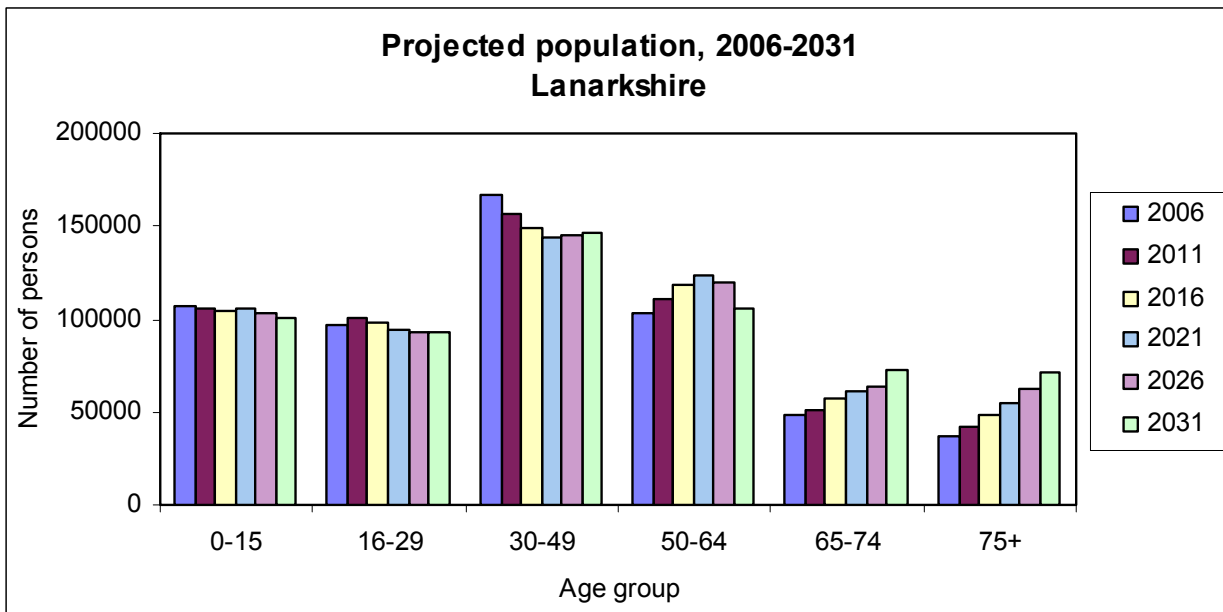


Table 3



Source: GRO Scotland, 2009.

What are we doing?

- We continuously monitor the age profile of our population and communities and use this information to inform plans for service change and development.
- We routinely engage with stakeholders who represent community age groups to ensure that their views and intelligence informs and influences plans and decision making.
- We monitor the information provided by applicants for employment, include this data in the workforce monthly monitoring reports and continuously review the data to promote equality of opportunity.
- We continue to monitor workforce equality data to inform action to promote an appropriate age profile across the workforce.
- We provide training for staff in relation to age equality in employment and in preparation for retirement.
- We have established 'person specifications' for roles to reflect knowledge and skills required for posts and avoid potentially age related criteria.
- We continuously raise awareness of age legislation with staff through our staff newsletter, briefings etc.
- We ensure that age equality is fully considered in completion of Equality Impact Assessments.
- Where possible, we encourage people to design age appropriate information on NHS services etc.
- We provide work experience placements to school pupils and are reviewing arrangements for other groups.

Key themes for future work generated from engagement on the Scheme:

Emerging Themes from involvement with stakeholders :	What we will do :
Greater involvement of young people in engagement processes	Outreach work in school and community based groups aligned to engagement processes
Enhanced knowledge of employment opportunities in the NHS (across all age ranges)	Extend careers information provision across all age groups in Lanarkshire communities
Increased awareness of age equality	Review of current provision to enhance the knowledge and skills of staff

5.2 Disability Equality

What is it?

The Disability Discrimination Act 1995 makes it unlawful to discriminate against disabled people in relation to employment, provision of goods, facilities and services.

In our work to promote fairer and better access to services, care and consideration of disabled people, NHS Lanarkshire has adopted the 'social' model and approach to disability, i.e. it is the physical and attitudinal barriers which society lays in the path of people with a form of disability which prevents them from living fuller lives, not their actual impairment.

Lanarkshire Disability Demographics

The 2001 Census demonstrated that 94,560 people (23.1% of the population) in Lanarkshire have a limiting long-term illness. For the purposes of the Census, limiting long-term illness covered any long-term illness, health problem or disability that limits daily activities or work.

The proportion of people with a limiting long-term illness was higher in North Lanarkshire (24.4%) than in South Lanarkshire (22.1%).

Table 4 shows the percentage of each age group (age groups from 16-74) with a limiting long-term illness in Lanarkshire (2001 Census).

Table 4**Limiting long-term illness, 2001
By age group**

	Total 16-74	16-34	35-49	50 to Pensionable age	Pensionable age to 74
People with limiting long-term illness					
North Lanarkshire	57994	7335	12942	18668	19049
South Lanarkshire	49242	6014	10940	15210	17078
Lanarkshire	94560	11664	21061	29963	31872
Percentage with limiting long-term illness					
North Lanarkshire	24.4	8.7	18.1	39.8	54.2
South Lanarkshire	22.1	8.2	15.8	33.2	48.9
Lanarkshire	23.1	8.3	16.9	36.4	51.6

Note: Pensionable age at the time of the Census (29 April 2001) was 65 yrs for men and 60 yrs for women.

Source: 2001 Census

As might be expected the age group with the highest proportion of people with a limiting long-term illness is 'pensionable age to 74' (51.6%), followed by the '50 to pensionable age' age group (36.4%). There is variation between North and South Lanarkshire populations with South Lanarkshire having consistently lower percentages of those in the '50 to pensionable age' and 'pensionable age to 74' age groups with a limiting long-term illness.

The high percentage of our population living life with a disability places significant challenges and responsibilities on NHS Lanarkshire.

What are we doing?

NHS Lanarkshire has an established Disability Engagement Group (DEG) with membership drawn from twenty local disability voluntary sector groups. The DEG is the key source of continuing engagement with stakeholders. The DEG supports and works with NHS Lanarkshire in the design and review of our services. It meets every two months and has an agreed work plan developed in partnership with NHS Lanarkshire.

In addition, NHS Lanarkshire’s two Public Partnership Forums (North and South) have actively encouraged membership from the learning disability community.

We have also made progress in:

- Replacing our original Disability Equality Scheme and Action Plan 2006-2009 with a refreshed and inclusive Single Equality Scheme & Action Plan 2010 – 2013.
- Actively developing the Disability Engagement Group (DEG) to continue to support the work of NHS Lanarkshire in this area
- Monitoring access to employment within NHS Lanarkshire for those with a disability. Review and response to workforce equality monitoring data on disability.
- Developing contemporary HR policies to promote enhanced employment practice in the area of equality of opportunity.
- Developing and implementing policy and practice to provide British Sign Language, Deafblind manual, Lipspeaking and Note taking integral to our interpretation services.
- Maintaining employment standards consistent with the National Double Tick Accreditation – Positive About Disabled People.
- DEG informing the work of the Communications Strategy Group
- Maintaining development of a range of HR policies aimed at supporting recruitment and retention of staff with disability, including areas such as Flexible Working, Job Share, Return to Work, Alternative Employment, Equality & Diversity, etc.
- Implementing a policy of Dignity and Respect in the Workplace - covering bullying and harassment across the spectrum of equality strands.
- Ensuring that the Equality & Diversity training for staff covers issues relating to disability
- Ensuring that the Equality Impact Assessment template/training includes issues relating to disability.
- Developing a Patient Experience Survey that will be used to assess the experience of service users and carers. The findings of the survey will influence future decisions on service delivery.
- Introducing Mincom / Type Talk services across NHS Lanarkshire’s facilities.

Key themes for future work identified from engagement on the Scheme:

Emerging Themes from involvement with stakeholders :	What we will do :
Poor signage in hospitals and health centres	Establish an on-going programme of work to ensure that signage is improved in hospitals and health centres.

Emerging Themes from involvement with stakeholders :	What we will do :
Access requirements to be addressed consistent with the requirements of the DDA	Phased implementation of the results of the DDA compliance audit for NHS Lanarkshire's estate through the capital investment programme and maintenance investment programme.
Better transport links to hospital sites	Discussions with local transport services and voluntary organisations commenced
Greater flexibility in Hospital appointments	Support Medical Records staff to develop greater flexibility in offering suitable appointments.
Actively encourage and involve members from disability groups to join NHS Lanarkshire public patient forums and other working groups at local and national level	South Lanarkshire CHP PPF already has two members with learning disabilities who actively participate with support from PPF members and NHS Lanarkshire. Seek to extend this approach to the North Lanarkshire PPF. DEG to participate in a national group on communication needs facilitated by NHS Education Scotland.
Communications and information in accessible English/format. Use of pictorial and other visual aids to communication to be applied to signage, written communication, menu's, etc.	On-going work on information and communication strategy to promote and ensure greater accessibility. Undertake research to identify best practice within this area of communication and apply this within NHS Lanarkshire.
Reception desk layouts to be improved in response to the access needs of the public or patients with disabilities.	Planned review of the location and layout of reception desks to identify improvements that can be made to existing arrangements and facilities.

5.3 Gender Equality

What is it?

The Equality Act 2006 amended the Sex Discrimination Act 1975 and placed a statutory duty on all public organisations to promote and deliver gender equality from 6 April 2006. The duty covers men, women and trans-gendered people.

Gender equality creates a responsibility to consider the needs and treat people in a consistent manner regardless of gender. NHS Lanarkshire recognises that, on occasion, men, women and transgender people have different needs in their contact with healthcare

provision. The challenge facing us is to achieve equal health and healthcare outcomes for men, women and transgender people through the design and delivery of accessible services.

NHS Lanarkshire undertook significant stakeholder engagement in production of our Gender Equality Scheme in late 2007. This informed the focus and content of the Gender Equality Scheme and Action Plan 2007-10.

Feedback from service users, the public and staff at that time remains fresh and relevant and the views and opinions have been incorporated into this Single Equality Scheme.

Lanarkshire Gender Demographics

The most recent population gender estimates from the General Register Office (GRO) for Scotland are as at 30 June 2008. Table 5 sets out the gender distribution of the populations of Scotland, Lanarkshire, North and South Lanarkshire Councils.

Table 5

**Mid-year population estimates, 2008
By gender**

	Number		%	
	Males	Females	Males	Females
North Lanarkshire	156516	169004	48.1	51.9
South Lanarkshire	148371	161719	47.8	52.2
Lanarkshire	152693	157207	49.3	50.7
Scotland	2500205	2668295	48.4	51.6

Source: GROS

Higher life expectancy for females (currently 78.8 yrs compared to 73.9 yrs for men) means that there is a higher proportion of females in the overall population.

What are we doing?

Key areas of work completed to date:

- Our Gender Equality Scheme and Action Plan 2007-2010 is being replaced by our Single Equality Scheme & Action Plan 2010 – 2011.
- We continue to undertake monitoring of the gender balance in the workforce and are committed to take positive action on gender balance issues when necessary.
- We conduct monitoring of gender equality in service delivery.
- We have developed and implemented an HR policy on Dignity & Respect in the Workplace, covering discrimination, bullying and harassment.
- Gender equality is included in our Equality & Diversity training and Equality Impact Assessment training.
- We have introduced a range of work / life balance HR policies including Flexible Working, Maternity Leave, Paternity Leave, Parental Leave, Flexible Retirement and the Career Break Scheme.
- All eligible posts were assessed under the national “Agenda for Change” process to promote equality in pay and conditions across the NHS regardless of gender. NHS Lanarkshire has also produced and published an Equal Pay Statement (see Section 6.3 for details).
- Continued support for a service which focuses on Ending Violence Against Women (EVA) in the North CHP.
- Creation of an action plan to ensure implementation of Routine Enquiry (RI) across NHS Lanarkshire (CEL 41) 2009.
- Ongoing work to enhance provision of Single sex accommodation in all new and refurbished in-patient areas.
- Ongoing work with the transgender community to identify and address issues relating to access to NHS Services.

Key themes for future work based on engagement on the Scheme

Emerging Theme from involvement with stakeholders :	What we will do :
Knowledge of Services available in NHS Lanarkshire	Develop innovative and modern techniques to ensure that information is readily available and accessible to all.
Implementation of the Routine Enquiry action plan across all NHS Lanarkshire services	Action Plan to be developed and implemented – initially in pilot clinical areas (Mental Health, Maternity Services and A&E)

Emerging Theme from involvement with stakeholders :	What we will do :
Single Sex Accommodation in hospitals	Progress achieved and further review currently ongoing
Development of an EVA service in South CHP	Roll out of the North Lanarkshire EVA Service into South Lanarkshire currently under consideration

5.4 Race Equality

What is it?

The Race Relations Act 1976 as amended by the Race Relations (Amendment) Act 2000 makes it unlawful to discriminate against anyone on the grounds of their race, nationality, ethnic origin or culture. This includes direct or indirect discrimination or victimisation when engaging with or carrying out any public services in the context of the general and specific duties in the Act.

It is our aim to ensure that NHS Lanarkshire meets the spirit and requirements of the general duty within in the Race Relations (Amendment) Act 2000. (Appendix 8)

The Single Equality Scheme makes a significant contribution in meeting the practical requirements of the duty.

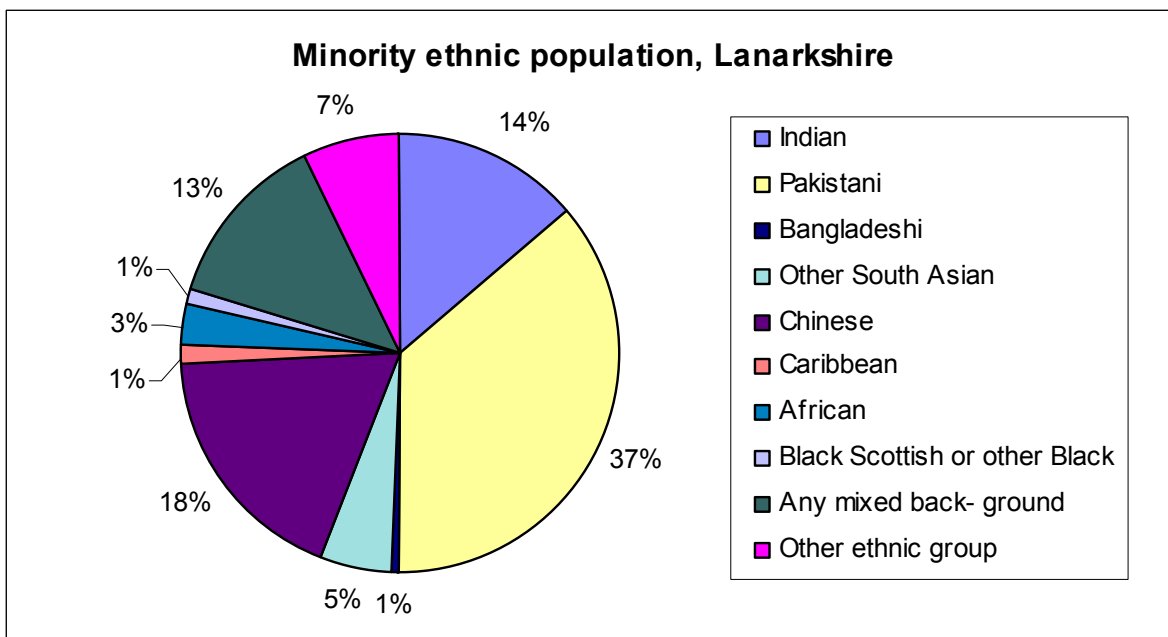
Lanarkshire's ethnicity demographics

The 2001 Census demonstrates that 6559 people in Lanarkshire belong to a minority ethnic group - making up 1.2% of the total population. This represents an increase from a population of 0.7% in 1991.

The most common minority ethnic community in Lanarkshire is Pakistani (0.43% of the population), followed by Chinese (0.22%) and Indian (0.16%). This follows the Scottish national pattern.

Table 6 shows the distribution of different ethnic groups within the minority ethnic population in Lanarkshire.

Table 6



Source: 2001 Census

Migrant Populations

Within Lanarkshire the number and origin of overseas migrants has increased in recent years. This is in part due to the creation of new European Union Member states. North and South Lanarkshire Councils monitor the ethnicity population mix to ensure that appropriate support services are available.

NHS Lanarkshire continues to work closely with the Councils to share such important data and to use the data to inform the design and delivery of services. This work is formalised as an integral part of the annual Single Outcome Agreements with the two Councils.

What we are currently doing?

NHS Lanarkshire supports and funds the work of Lanarkshire Ethnic Minority Action Group (LEMAG) which is a local co-ordinating group with links into over thirty ethnic minority community based groups in Lanarkshire. In our work with LEMAG and other ethnic minority groups we are committed to achieving real and measurable improvements for communities in relation to health, health outcomes, access to care and treatment and employment within NHS Lanarkshire.

NHS Lanarkshire has published a current and active Race Equality Scheme covering the period 2008-09. Significant engagement took place in the formulation of this Scheme to ensure that the focus and content met the needs and aspirations of stakeholders in our communities. Key themes from previous and current discussions have been reflected in this Scheme.

NHS Lanarkshire continues to promote and support the highest professional standards and practice in relation to equality of opportunity in employment and employment practice. This is supported and informed by increasingly meaningful and robust workforce equality monitoring data.

Key areas of work completed to date:

- Our original Race Equality Scheme and Action Plan 2008-2009 is being refreshed and replaced by this Single Equality Scheme & Action Plan 2010 – 2013.
- Effective arrangements are in place for extensive workforce equality monitoring to meet statutory and good practice requirements. This includes monitoring of ethnicity in workforce activity and in recruitment arrangements.
- Excellent progress in the capture of ethnicity data from inpatients and outpatients. Plans are currently being developed to constructively use this data for patient benefit.
- Active encouragement of staff and service users to report racial and other hate incidents, harassment and attacks using the internal DATIX incident report system. This enables the meaningful capture, analysis and reporting of such incidents to inform action.
- Involvement in local equality groups, communities and local mosques.
- We have established an Asian women's health promotional group with a focus on a range of health improvement and health care needs for families.
- Continued support for two part-time community health educator practitioners to raise awareness on cervical and breast cancer in black and ethnic minority communities.
- Continued funding of a part-time BME carers support worker.
- Developed arrangements to ensure that we increasingly meet the dietary needs of patients, staff and service users consistent with the diversity of cultural needs and backgrounds.
- Our Equality & Diversity training for staff includes issues relating to race and ethnicity.
- Our Equality Impact Assessment template includes issues relating to race and ethnicity.

Key themes for future work based on engagement on the Scheme:

Emerging Themes from involvement with stakeholders :	What we will do :
Cultural and religious awareness in staff	Continue our ongoing commitment to equality and diversity training for staff
Language Plan	Current work under development to be accelerated
Information available in different languages	Work currently being planned in conjunction with Communications Dept to address particular community language needs
Understanding and response to dietary needs of minority communities	Continue to raise awareness and promote implementation of the NHS Lanarkshire Food, Fluid and Nutrition Policy
Continued health promotional work to be targeted towards high risk groups	Continue to target high risk groups with positive health messages and resources
Awareness raising within community groups on services	Maintain connections with minority ethnic groups and communities to ensure that health messages are targeted in an inclusive and culturally sensitive manner
Ensure communities are supported to contribute to the design and delivery of services	Empower communities to participate in decision making processes through existing and new partnership groups

5.5 Religion, Belief and Life Stance

What is it?

The Employment Equality (Religion or Belief) Regulations (2003) prohibit discrimination in employment on the grounds of faith, religion or belief. The Equality Act 2006 identifies religion and belief as:

- “religion” means any religion and a reference to religion includes a reference to lack of religion
- “belief” means any religious or philosophical belief. A reference to belief includes a reference to lack of belief

What are we doing?

- Our generic Chaplains promote equality by ensuring that support is available to all patients, visitors, staff and volunteers irrespective of circumstances, belief or life stance.
- Diversity in faith, religion and belief is respected and supported through the establishment of links to faith and belief group representatives from local communities - who can be called in for specific support if requested by an individual or family. Protocols have been established for nursing staff and within admission procedures which encourage patients to identify any specific needs or contacts.
- The Spiritual Care Team acts as a resource to staff to support delivery against the specific religious/cultural needs of patients, visitors, staff and volunteers. Appropriate educational publications have also been disseminated to Wards and Departments across NHS Lanarkshire.
- Hospital sanctuaries are open to the public, patients, carers, relatives and staff as places of quiet, prayer and reflection and are neutral in appearance. Provision is made for the storing of religious artefacts which can be accessed by different groups for religious ceremonies or worship as appropriate. Ablution facilities and prayer areas are in place or being established in the acute care hospitals.
- A Spiritual Care Committee has been established to ensure meaningful engagement and influence for stakeholders in the planning of spiritual care arrangements. The Committee membership includes representation from the major faith and belief groups.

Lanarkshire religion and belief demographics

Table 7 shows the percentage of people in Lanarkshire and Scotland across the established faith groups from the 2001 census.

Table 7

Faith Groups

	Percentage			
	North Lanarkshire	South Lanarkshire	Lanarkshire	Scotland
All people	100.0	100.0	100.0	100.0
Church of Scotland	37.5	43.7	40.9	42.4
Roman Catholic	34.5	22.1	28.2	15.9
Other Christian	4.1	4.6	4.5	6.8
Buddhist	0.1	0.1	0.1	0.1
Hindu	0.1	0.1	0.1	0.1
Jewish	0.0	0.1	0.0	0.1
Muslim	0.6	0.4	0.5	0.8
Sikh	0.1	0.1	0.1	0.1
Another religion	0.2	0.3	0.3	0.5
None	16.7	22.5	19.4	27.5
Not answered	6.1	6.1	6.0	5.5

Source: 2001 Census

As can be seen, the most common faith group in Lanarkshire is the Church of Scotland. This is consistent with the overall Scotland position. This is followed by Roman Catholic in Lanarkshire (By comparison with “no religion” for the rest of Scotland). Whilst the percentages of people in other religious groups are low it remains important that NHS Lanarkshire takes into account the needs of communities and individuals in all these faith groups.

Table 8 shows the known percentage of each age group in Lanarkshire in each faith group.

Table 8**Current Faith Group in Lanarkshire
by age group**

	Percentage					
	0-15	16-24	25-34	35-59	60-74	75+
All people	100.0	100.0	100.0	100.0	100.0	100.0
Church of Scotland	32.4	33.8	34.3	42.8	53.9	57.6
Roman Catholic	28.7	30.7	29.6	28.6	26.3	20.8
Other Christian	3.5	3.6	3.9	4.8	5.4	7.2
Buddhist	0.0	0.1	0.1	0.1	0.0	0.0
Hindu	0.1	0.1	0.1	0.1	0.1	0.0
Jewish	0.0	0.0	0.0	0.0	0.1	0.1
Muslim	0.8	0.6	0.7	0.4	0.2	0.0
Sikh	0.1	0.1	0.1	0.1	0.0	0.0
Another religion	0.2	0.5	0.5	0.2	0.1	0.1
None	23.3	24.9	25.5	18.7	9.9	7.0
Not answered	11.0	5.7	5.1	4.2	4.0	7.3

Source: 2001 Census

Differences in religious beliefs are evident between the different age groups. Most noticeable are differences in the proportions of younger and older age groups identifying themselves as members of the Church of Scotland and as having no religion. This suggests a shift in religious beliefs over generations.

Key areas of work completed to date:

- Equality & Diversity training for staff includes a focus on religion and beliefs.
- Equality Impact Assessment template also includes issues relating to faith and religion.
- A multi-faith resources guide has been developed and issued widely to staff to inform practice and provide support in in-patient areas.
- The NHS Lanarkshire Spiritual Care Policy is currently at an advanced stage of refreshment.
- A Head of Spiritual Care and four full time generic Chaplains have been appointed to provide dedicated spiritual care to patients, carers, relatives and staff.

- Arrangements for the provision of food and nutrition which meets religious and cultural needs is in place and the food and nutrition guidelines issued to each ward include a section on religious and cultural requirements.
- In concert with the establishment of the generic chaplaincy team a system of specific religious support for patients, carers, staff and volunteers is being developed through engagement and partnership working with local community faith and belief groups.
- Comprehensive and modern spiritual care facilities are in place in two of the acute hospitals which comply with guidelines issued in CEL (2008)49, including facilities for ablution and prayer. Plans for the upgrading of the third acute hospital facilities are in place.
- A programme of training and support for pastoral volunteers has been developed to support existing volunteers and attract new volunteers. This will enable the further development of the roles of volunteers.

Key Themes for Future Work based on Engagement on the Scheme

Emerging Themes from involvement with stakeholders :	What we will do :
On-going development of spiritual care services	Rationalise reliance on sessional Chaplains in favour of an employed workforce. Establish a 24 hour, seven day on call service.
Provide specialist religious care	Continue to develop liaison and partnerships with local community faith groups and further develop the role of honorary chaplaincy in support of spiritual care provision.
Develop spiritual care support for staff	Continue to provide and promote access to the spiritual care service to all staff

5.6 Sexual Orientation

What is it?

The Employment Equality (Sexual Orientation) Regulations (2003) prohibits discrimination, harassment or victimisation on the grounds of an employee's sexual orientation. The Sexual Orientation Regulations (2007) extend the rights of lesbian, gay and bisexual (LGB) people and through this prohibits discrimination, harassment or victimisation on the grounds of sexual orientation. At present there are no general or specific duties within legislation.

What are we doing?

NHS Lanarkshire has established arrangements to ensure that whilst carrying out equality impact assessments we will assess any potential negative impact on the grounds of sexual orientation. Research evidence suggests that homophobia and discrimination may exist in parts of the NHS ('Being the Gay one' Stonewall and the Department of Health, 2007) and this is likely to be reflected in the Lanarkshire population.

Lanarkshire sexual orientation demographics

There is little information available on the proportion of gay, lesbian and bisexual people in the Lanarkshire population. The 2001 Census did not record sexual orientation but did gather data on the number of same-sex couples living together. Table 9 sets out the percentage of individuals who are cohabiting with a same-sex partner out of all those living as a couple in Lanarkshire.

Table 9

Cohabiting with a same-sex partner Percentage of all couples

	Number of individuals cohabiting with same- sex partner	% of all individuals living together as couples
North Lanarkshire	180	0.12
South Lanarkshire	184	0.13
Scotland	6110	0.26

Source: www.gaydemographics.org using data from the 2001 Census

Table 10 shows the percentage of the adult population in Lanarkshire, Scotland and in the UK who are cohabiting with a same-sex partner.

Table 10

**Cohabiting with a same-sex partner
Percentage of population**

	Number of individuals cohabiting with same-sex partner	Total adult population aged 16+	% of adult population aged 16+
North Lanarkshire	180	255464	0.07
South Lanarkshire	184	242589	0.08
Scotland	6110	4089946	0.15
UK	78522	40667546	0.19

Source: www.gaydemographics.org using data from the 2001 Census; populations from 2001 Census

The figures suggest that there is a lower proportion of the population cohabiting with a same-sex partner in Lanarkshire than in Scotland and in the UK.

What we are currently doing?

NHS Lanarkshire currently funds a full-time worker based in the Terence Higgins Trust.

The Support Worker works with the Lesbian, Gay and Bisexual community with a focus on promoting good health and well-being.

NHS Lanarkshire also works with North and South Lanarkshire Councils, Strathclyde Police and Stonewall to reduce homophobic incidents and crimes.

Key areas of work completed to date:

- Equality & Diversity training for staff includes issues relating to sexual orientation
- The Equality Impact Assessment template also includes issues relating to sexual orientation.

Key Themes for Future Work based on Engagement on the Scheme

Emerging Themes from involvement with stakeholders :	What we will do :
Review and enhance data monitoring mechanisms	Work with Stonewall and NHS Health Scotland Equality and Planning Directorate to develop guidance and ensure training is available for staff in relation to data collection
Ensure that information about services promotes inclusivity of diverse communities	Work ongoing to ensure that communications/public relations activity supports equality - in both internal and external communications.
Reducing homophobic incidents in the community and workplace	Continue work with local authority and police partners

6. Engagement, Involvement and Participation

6.1 General Mechanisms

NHS Lanarkshire is committed to working in partnership with communities and staff in the planning and decision making for services.

Our vision is one where communities and stakeholders begin to feel more personal ownership in their relationship with the NHS and begin to accept rights and responsibilities focused on improving the health and wellbeing of themselves, their families and the wider community.

NHS Lanarkshire has established several mechanisms that support engagement and involvement at various levels and in a variety of ways. This includes the active involvement of patients, carers, community groups and the public in on-going decisions on the shaping, planning and delivery of health services - with an important focus on maintaining a partnership approach.

Established mechanisms for engagement include:

- Public Partnership Forums (PPFs), giving individuals, communities and voluntary groups the opportunity to shape local services
- Managed Clinical networks providing opportunities for patients to shape patient pathways, care and treatment for specific conditions
- All strategic plans and service redesign programmes actively encourage lay involvement to ensure patient experience is at the centre of any development.

In line with the Staff Governance Standard NHS Lanarkshire is committed to being and exemplar employer, ensuring legal obligations are met and that policies and agreements are implemented. The Standard requires that all NHS Boards must demonstrate that staff are:

- well informed;
- appropriately trained;
- involved in decisions which affect them;
- treated fairly and consistently; and
- provided with an improved and safe working environment

Established mechanisms ensure that staff are actively involved in decisions that affect them. These include:

- Formal partnership structures firmly embedded in organisational activity e.g. Area Partnership forums and Locality Partnership Forums
- Staff side involvement in all change and development activity
- Staff side involvement in HR policy development and implementation

Feedback Mechanisms

As part of our commitment to continuous improvement, NHS Lanarkshire actively provides a range of opportunities for patients, carers and the wider public to provide feedback on current services and future plans. The Patient Focus and Public Involvement Strategic plan and the Communications Strategy support this process.

Such mechanisms include:

- Formal complaints process and patient surveys that are well communicated and offer a variety of ways to provide feedback e.g. in person, email, free phone
- Community feedback is also received via formal partnerships including Community Planning Partnerships, Access Panels etc
- Public Partnership Forums provide opportunities for feedback.
- The public are actively encouraged to get involved in development and capital projects giving on going feedback.
- As part of the Patient Focus Public Involvement Strategic Plan NHS Lanarkshire is capturing patient experience in a number of ways as a basis for improvement. This includes patient stories, focus groups.

6.2 Engagement on creation of the Single Equality Scheme

Under the NHS Reform Act 2004, NHS Lanarkshire has a statutory duty to involve patients and communities in decisions that affect them. This duty is likely to be further strengthened in the new Equality Bill. When developing the Single Equality Scheme NHS Lanarkshire therefore established several mechanisms through which real and meaningful engagement with stakeholders took place.

The Single Equality Scheme adopts a whole population approach and this therefore featured in our engagement approach - as well as targeting specific stakeholders in the seven strands of inequalities, namely:

- Age
- Disability
- Gender,
- Race/Ethnicity
- Religion and Belief
- Socio-economic inequality and
- Sexual Orientation.

During the engagement process consideration and comment was sought from the different stakeholders in their roles as;

- Communities
- Service users
- Staff
- Partners – voluntary and statutory

NHS Lanarkshire commenced the engagement process on 1st July 2009 with a range of community engagement / stakeholder engagement meetings. These were followed up with use of a questionnaire which was distributed widely amongst stakeholders.

The engagement process included service users, stakeholders, partners and NHS Lanarkshire staff. The questionnaires used were similar for all stakeholders although they were produced in different colours to identify public or staff completion.

Four key questions were asked in the engagement events and in the questionnaires, namely:

1. Comment sought on the plan to progress from three equality schemes to one single equality scheme?
2. Comment sought on whether our plans were sufficiently inclusive and diverse?
3. What are the main challenges faced when in contact with the NHS in Lanarkshire?
4. General comments about equality and diversity and the NHS?

The questionnaires were available in different formats, fonts and languages on request and replies were anonymous.

A range of bespoke activities were also designed to achieve optimum engagement with majority and minority communities, e.g.:

6.3 Stakeholders / Service User Involvement

- Questionnaires were distributed to 60 frontline services to distribute and optimise completion
- Voluntary sector groups were sent questionnaire packs
- NHS Lanarkshire staff presented and discussed the work they were doing on the Single Equality Scheme to a range of stakeholder groups
- The current network of engagement groups were included for support and participation
- Additional community groups were encouraged to participate in the engagement process through specific workshops
- An online version of the Questionnaire was made available and advertised widely

6.4 Staff Involvement

- A copy of the questionnaire was attached to the August 2009 pay slip of every member of staff
- The questionnaire was made available on the intranet for completion
- Weekly reminders were included in the staff bulletin
- Presentations were made to staff team meetings
- The Diversity Champions were used locally to promote and support staff completion of the questionnaires

6.5 Partners

- Equality focus groups linked to NHS Lanarkshire's equalities agenda were involved e.g. Disability Engagement Group, Spiritual Care Group and Lanarkshire Ethnic Minority Action Group
- Partners were asked to promote the electronic link to questionnaires to all their staff
- NHS Lanarkshire funded voluntary and community groups were sent questionnaire packs
- Presentation and promotion of aims of the exercise were made in a range of public and community settings

In summary, 12 stakeholder engagement events took place and 382 public responses and 406 staff responses were received through completed questionnaires. The valuable information, views and opinions have and will continue to be used to focus the spirit and content of the Scheme.

6.6 Summary of Findings

The majority of those with whom we engaged and responses through the questionnaires agreed that moving to a Single Equality Scheme was the right way forward. The common rationale for this was integration and consistency in approach.

Concern was expressed about the importance of equal focus on all 7 strands of the equality agenda. Staff were concerned that full engagement should continue to take place with parents and carers.

The main areas of challenge identified by service users were: waiting times, access to emergency care and staff attitudes

Staff identified: managing demanding workloads, the need for more training on understanding and meeting the diverse needs for the population and bullying / harassment in the workplace.

Responses generally indicated that people felt they were being treated equally and that where necessary individual needs were being identified and met in the delivery of services and as an employer.

Detailed information on the analysis of the questionnaires is included as Appendix 4.

7. Equality Impact Assessment

7.1 Equality and Diversity Impact Assessment

NHS Lanarkshire has established arrangements in place to assess the impact of the organisation's strategies, policies, procedures and functions, as required by the legislation. This is known as a process of Equality and Diversity Impact Assessment (EDIA).

EDIA is a formal approach that enables us to assess the degree to which a strategy, function or policy has the potential to disadvantage groups of people and in so doing encourages creation of solutions to this in the formulation of plans. The ongoing comprehensive completion of valid EDIA is vital in the promotion of equity in care and treatment for patients and staff. They will also inform maintenance of the focus and content of the Single Equality Scheme to keep it responsive and meaningful.

NHS Lanarkshire has embedded EDIA in routine practice and in the governance arrangements of the NHS Board. Through this we ensure that rigorous processes are in place to equality impact assess all strategies, plans, functions and policies

7.2 Our Approach to Equality and Diversity Impact Assessment

All Policies, Strategic Plans and other decisions that may impact on patients, staff, carers and the wider communities of Lanarkshire require to be impact assessed in accordance with Board Policy. To ensure consistency and quality NHS Lanarkshire has trained a large cohort of senior managers in the use of the EDIA framework – which includes guidance on how to conduct comprehensive and meaningful impact assessment and how to incorporate response to this in the work.

The NHS Board will not endorse or support a strategy, policy or plan which does not demonstrate that a full EDIA has informed the work.

Evaluation, information and evidence on equality and diversity are also generated to inform the EDIA process. This includes national and local research across the entire equality strand groups and this is used to inform the design and shaping of services.

A range of evidence may be used, including:

- surveys and questionnaires;
- census and data from National Statistics;
- employment monitoring data and workforce plans;
- service evaluations and audits;
- academic and clinical research;
- the NHS Information Centre
- NHS data returns to the Scottish Government Health Department

Service or policy-specific evidence is however usually of most relevance. As a consequence specialists within NHS Lanarkshire are normally best placed to identify the most appropriate source of data to inform EDIA's.

7.3 Equality and Diversity Impact Assessment Training

NHS Lanarkshire remains committed to continue to provide EDIA training to all relevant staff. Such training will continue to be evaluated to ensure it meets the stated aims and objectives.

NHS Lanarkshire has developed a cohort of 200 senior managers and staff on our approach to successful and meaningful EDIA.

EDIA's are published on the NHS Lanarkshire intranet and are available more widely on request. (Please refer to contact details on page 2 of this Scheme)

8. Workforce Modernisation of NHS Lanarkshire as an Employer

8.1 NHS Lanarkshire as an Employer

NHS Lanarkshire recognises the importance of embedding equality and diversity within the everyday practice and culture of the organisation.

NHS Lanarkshire also recognises the value of employing a diverse workforce and, in particular, one which represents and can relate to the diverse nature of the local population.

NHS Lanarkshire is committed to the development and maintenance of a culture of respect, understanding and fairness throughout its workforce and in support of this will continue to create and implement an associated range of modern Human Resources policies.

The Human Resources Directorate will gather and publish workforce equality monitoring data and this will be analysed and reported to the NHS Board, Staff Governance Committee, Operating Management Committees, Corporate Management Team, Area Partnership Forum, Human Resources Forum and widely as management information throughout NHS Lanarkshire. The data will also be published annually in the form of a Workforce Equality Monitoring Report.

NHS Lanarkshire accepts a duty to make sure that policies and practices that affect staff are fair and promote equality of opportunity. Our commitment is :

- To create opportunities for staff to be fully involved in the planning and decision making of NHS Lanarkshire and to be engaged in the work that we do with other statutory bodies and voluntary agencies
- To protect staff from unfair treatment,
- To provide meaningful job descriptions, work plans, personal development planning and review and related performance and monitoring systems
- To give staff support and training / development opportunities

The workforce equality monitoring data will continue to be used to inform priorities and plans for positive action to improve and sustain NHS Lanarkshire's performance as an employer.

8.2 Monitoring

NHS Lanarkshire currently monitors its workforce activity by Race, Disability and Gender (in accordance with current statutory duties). Data is also gathered and reported on age, religion or belief and sexual orientation. Data reporting and monitoring takes place across the following employment activity:

- staff in post;
- applicants for employment, training and promotion;
- performance appraisal ratings;
- staff involved in grievance and disciplinary procedures;
- analysis of staff on termination of employment;
- access to support for training and development.

An annual Staff Survey also monitors staff views on a wide range of topics associated with employment in the NHS and in NHS Lanarkshire.

NHS Lanarkshire recognises the importance of capturing and using meaningful workforce data in decision making on policy and planning for the future of the workforce, It is recognised that this data is equally important in decision making to promote and sustain genuine equality and diversity in the workforce.

8.3 Workforce Demography

Under legislative requirements and since Staff Governance became a statutory requirement in 2004, a focused effort has been directed at improving the monitoring arrangements of all aspects of Equality and Diversity in NHS Lanarkshire. However, due to sensitivity of the mechanisms previously utilised to collect, record and present this data, only information at the high organisational level is provided within this report.

A formal Workforce Equality Monitoring Report has been compiled and this report breaks down the Equality & Diversity fields by organisational structure and job families.

Ethnicity

In 2001, 2% of the Scottish population were from a Minority Ethnic group. In NHS Lanarkshire 1% were from a Minority Ethnic group. Pakistanis were the largest minority group representing just under one third (31%) in Scotland, and in NHS Lanarkshire a slightly higher rate (36%) of the ethnic minority population.

For all Ethnic groups, Scotland is either the most common or the second most common country of birth, In NHS Lanarkshire 98% of the population were from a “White” Ethnic group (SCRO, 2001).

Ethnic Group – Lanarkshire Health Board	Population
All People	552,819
White Scottish	521,765
Other White British	15,636
White Irish	4,982
Other White	3,877
Indian	911
Pakistani	2,375
Bangladeshi	39
Other South Asian	342
Chinese	1,202
Caribbean	89
African	196
Black Scottish or Other Black	80
Other Ethnic Group	477
Any Mixed Background	848

Source: GRO for Scotland 2001 Census of Population

Ethnic Origin

The current statistics known for NHS Lanarkshire staff with regard to Ethnic Origin classification are summarised in the following table.

Not Known	Declined to Comment	Asian, Asian Scottish, Asian British	Black, Black Scottish, Black British	Mixed	Other	White
36.47%	3.50%	1.22%	0.23%	0.12%	0.21%	58.26%

Source: Empower September 2008

Religion

The current statistics known for NHS Lanarkshire staff with regard to religion status are summarised in the following table.

Not Known	Declined to Comment	Buddhist	Church of Scotland	Hindu	Jewish	Muslim	Roman Catholic	Sikh	Christian - Other	Other	No Religion
60.90%	6.99%	0.08%	13.11%	0.37%	0.05%	0.31%	9.04%	0.05%	2.75%	0.34%	6.00%

Source: Empower September 2008

Sexual Orientation

The current statistics known for NHS Lanarkshire staff with regard to sexual orientation classification are summarised in the following table.

Not Known	Declined to Comment	Bisexual	Gay	Heterosexual	Lesbian	Other
64.35%	6.85%	0.13%	0.09%	28.45%	0.02%	0.11%

Source: Empower September 2008

Disability

The current statistics known for NHS Lanarkshire staff with regard to disability classification are summarised in the following table.

Not Known	Declined to Comment	Not Disabled	Disabled
8.62%	1.15%	89.88%	0.35%

Source: Empower September 2008

Transgender

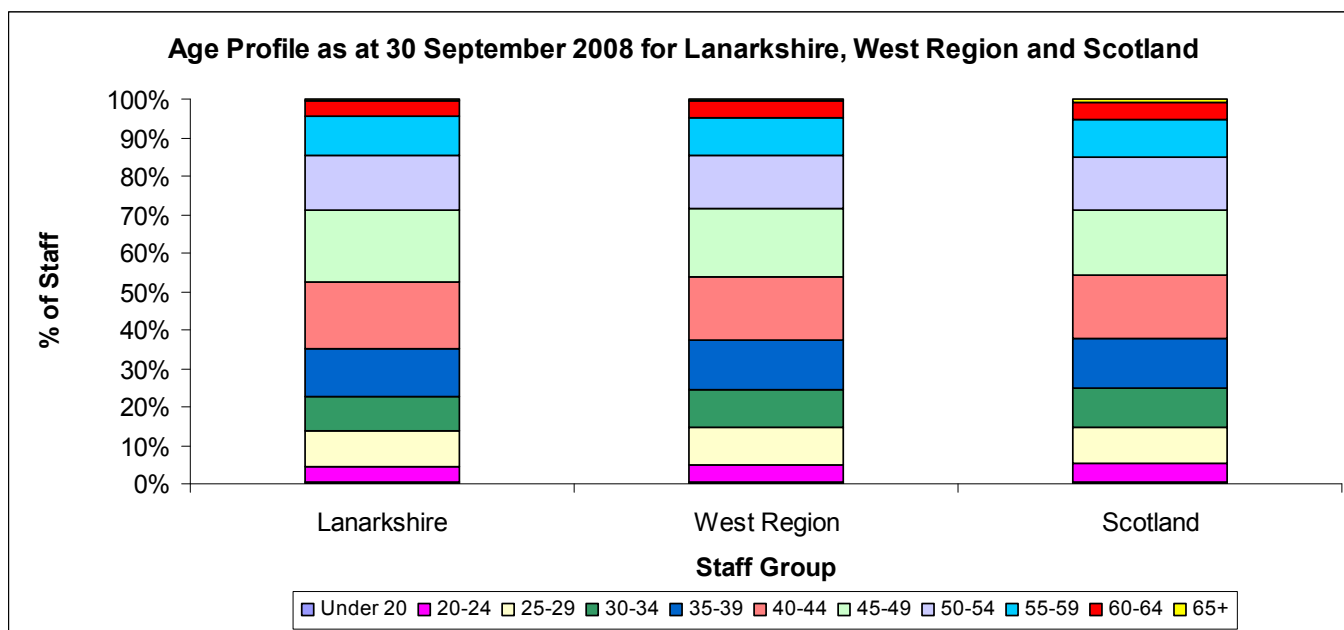
The current statistics known for NHS Lanarkshire staff with regard to transgender status are summarised in the following table.

Not Known	Declined to Comment	Not Transgender	Transgender
54.23%	0.97%	44.78%	0.02%

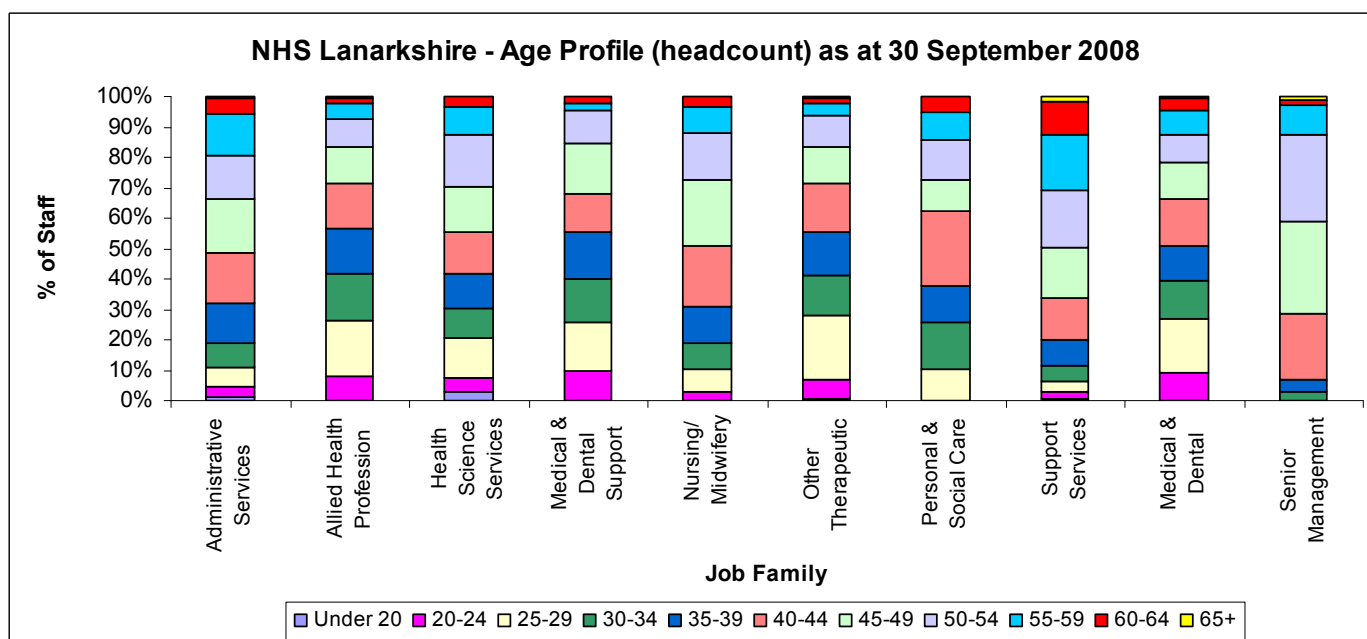
Source: Empower September 2008

Age Profile

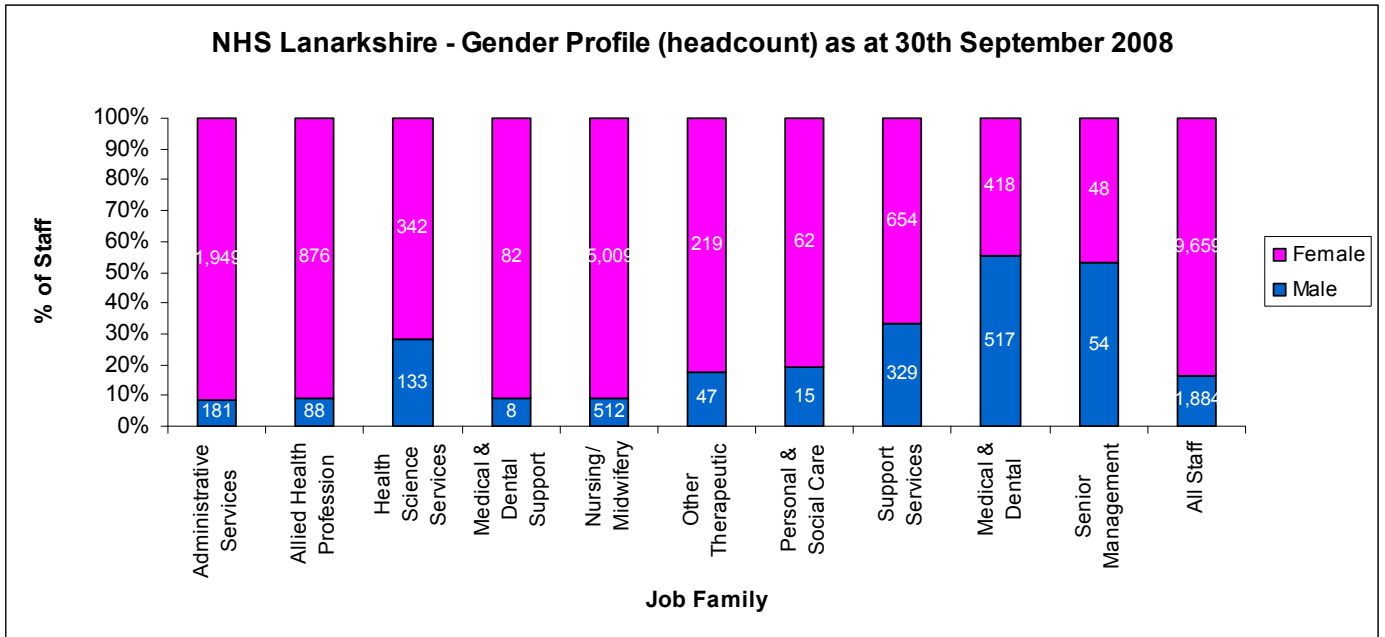
Age Profile % of Headcount as at 30 September 2008			
Age Group	Lanarkshire	West Region	Scotland
Under 20	0.37%	0.46%	0.66%
20-24	4.03%	4.60%	4.70%
25-29	9.33%	9.59%	9.42%
30-34	9.00%	9.74%	10.11%
35-39	12.22%	12.82%	12.91%
40-44	17.52%	16.74%	16.40%
45-49	18.49%	17.46%	17.05%
50-54	14.42%	13.73%	13.76%
55-59	10.08%	9.77%	9.80%
60-64	4.10%	4.43%	4.45%
65+	0.44%	0.65%	0.74%



The chart below continues the age profile of NHS Lanarkshire by Job Family.



Gender



8.4 Equal Pay Statement

This statement has been agreed in partnership and will be reviewed on a regular basis by NHS Lanarkshire.

NHS Lanarkshire supports the principle of equal opportunities in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their gender, race, colour, nationality, ethnic and national origin, sexual orientation, age, marital status, religion or belief, or whether or not they have a disability.

NHS Lanarkshire understands that the right to equal pay between women and men is a legal right under both domestic and European law, and that other legislation is in place in the UK, concerning race, colour, nationality, ethnic and national origin, disability, sexual orientation, religion or belief, age, and part time and fixed term employees. This legislation includes provisions relating to pay.

It is good practice and reflects the values of NHS Lanarkshire that pay is awarded fairly and equitably.

NHS Lanarkshire recognises that in order to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent, or work of equal value, it should operate pay systems, which are transparent, based on objective criteria and free from unlawful bias.

Our objectives are to:

Eliminate unfair, unjust or unlawful practices that impact on pay equality

We will:

- Review this policy, statement and action points with trade unions and professional organisations as appropriate, on an annual basis.
- Inform employees as to how pay practices work and how their own pay is determined.
- Provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions.
- Examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave.
- Undertake regular monitoring of the impact of our practices in line with NHS Lanarkshire's Diversity and Equality policy.
- Consider, and where appropriate, undertake a planned programme of equal pay reviews in line with EOC guidance to be developed in partnership with the workforce.

Responsibility for implementing this policy is held by (NHS Lanarkshire's Chief Executive)
If a member of staff wishes to raise a concern at a formal level within NHS Lanarkshire relating to equal pay, the Resolution of Disputes & Grievances (Employee Dissatisfaction) is available for their use.

8.5 Learning and Development

Education, training and development for staff on equality and diversity is essential in support of continuous improvement in the delivery of culturally competent and sensitive care and service. It is also important in enhancing our performance and reputation as an employer which celebrates diversity and challenges discrimination.

NHS Lanarkshire is committed to providing fair and equitable education, training and development opportunities for all staff throughout their careers.

We are committed to offering learning and development opportunities which support staff in reaching their optimum potential, are consistent with KSF based PDP's and support national and local priorities for delivery of care and service.

Through application of Core Dimension 6 of the KSF competency framework we will also support staff in understanding the importance of equality and diversity, the impact on service delivery and how NHS Lanarkshire's policies and practices support staff in delivering effective healthcare.

NHS Lanarkshire's priorities for equality and diversity training are to:

- Discharge our legal obligations in relation to training in equality and diversity
- Support employees to perform at the required level of competence in their post - with reference to the equality and diversity core dimension within the Knowledge and Skills Framework (KSF)
- Offer additional specific training which may be required to support staff to do their job
- Support the delivery of culturally competent care and service
- Support fair recruitment, selection and employment practice

Induction Training Programme

All staff need to be able to demonstrate knowledge, competence and behaviour at a minimum of Level 1 of the KSF Core Dimension 6. In support of this, equality and diversity is therefore a key element in our General Staff Induction Programme - which ensures that new staff to the organisation are provided with an understanding of the importance of equality and diversity in the NHS and the expectations placed on them as members of staff in this context. Information is also provided on where to go for advice and support within the organisation.

Additional Equality Training

In addition to Induction training specific staff groups will undertake additional training relevant to their role. This again will be linked to the expectations of the Level set for their role in KSF Core Dimension 6. This could include specific and/or advanced training in relation to Health and Safety at work, Domestic Abuse, Equality Impact Assessment, Management /Supervisory skills or Diversity Champions.

Reference to the importance of understanding the impact of equality and diversity is also mainstreamed in all in-house training delivered within NHS Lanarkshire to ensure that the specific, diverse and varied needs of patients, carers, the public and staff are fully considered.

8.6 Training for Stakeholder and Partners

NHS Lanarkshire delivers bespoke training programmes for local Patient Public Forums, local community and voluntary sector groups, partner organisations within the NHS and to Local Authorities.

The training is designed to support stakeholders and partners to ensure they have an understanding of the statutory context, how the equalities agenda is actively promoted and managed within NHS Lanarkshire and what our priorities and plans are. The sharing and development of knowledge creates greater stakeholder and partner awareness of this agenda and supports informed engagement and decision making.

9. Procurement

9.1 Procurement

As a Scottish public authority NHS Lanarkshire operates as part of the National Health Service in Scotland. We are not only committed to discharging functions in a manner that demonstrates value for money, but to the principle that all goods and services are procured fairly and ethically taking full account of the human rights and equalities duties encompassed in the relevant legislation (equalities legislation).

As a significant procurer of goods and services, NHS Lanarkshire seeks to ensure that our contractors do not compromise this commitment to human rights and equalities.

In this, particular reference is made to discrimination on the basis of race, colour, ethnicity or national origin, disability, sex or sexual orientation, religion or belief, age, and the positive duty to promote equal treatment and eradicate discrimination.

Accordingly, failure to demonstrate an ability to comply with equalities legislation may render a contractor ineligible to be invited to tender for the supply of goods or provision of services.

Furthermore, NHS Lanarkshire requires that contractors will not discriminate within the spirit of equalities legislation and that all steps will be taken to ensure that staff or sub-contractors working on the contract comply appropriately.

Any contract issued on procurement will fully reflect this requirement and the successful Contractor's performance and compliance with relevant contractual provisions will be monitored by NHS Lanarkshire.

In this respect, contractors are directed to guidance in:

- the Commission for Racial Equality entitled Race Equality and Public Procurement: 'A Guide for Public Authorities and Contractors', which is available on the web-site of the Equality and Human Rights Commission Scotland,
- The Sex Discrimination Act 1975,
- The Race Relations Act 1976 and the Race Relations (Amendment) Act 2000,
- The Equal Pay Act 1970,

- The Disability Discrimination Act 1995,
- The Employment Equality (Religion or Belief) Regulations 2003,
- The Employment Equality (Age) Regulations 2006,
- The Equality Act 2006,
- The Equality Act (Sexual Orientation) Regulations 2007,
- The Human Rights Act 1998
- And/or other relevant or equivalent legislation, or any statutory modification or re-enactment thereof.

9.2 Ethical Sourcing Policies

NHS Lanarkshire appreciates that contractors operate in a global environment where separate elements of the overall supply of goods or services may be manufactured in countries with legislative frameworks different from those applicable in the United Kingdom. Notwithstanding this, NHS Lanarkshire is committed to contract with organisations which take positive steps to operate ethically and demonstrate respect for equality and diversity in all of their activities.

The General Manager, Procurement holds delegated responsibility for compliance with equalities legislation and good practice in relation to the procurement and commissioning of goods and services across NHS Lanarkshire.

10. Reporting, Reviewing and Revising

NHS Lanarkshire's Director of Organisational Development holds overall executive and lead responsibility on behalf of the Board for creating, publishing and delivering the Single Equality Scheme and associated action plan.

The action plan however identifies relevant senior staff who hold delegated individual responsibility for implementing and reporting progress on specific work.

Discharge of these responsibilities and progress against the Scheme and Action Plan will be regularly monitored and reviewed through the standing governance and performance management arrangements of NHS Lanarkshire. This will include regular reports to the NHS Lanarkshire Board, Equality, Diversity and Spirituality Committee, the associated Management Steering Group and to the Spiritual Care Committee.

Work is ongoing to mainstream acceptance of responsibility for leadership and delivery against the Equality and Diversity agenda within the Corporate and Operational Directorates of NHS Lanarkshire.

Work is also ongoing with key stakeholders seeking to further enhance the arrangements for engagement and involvement in monitoring the commitments made by NHS Lanarkshire within the Scheme.

A number of national organisations support and monitor the work that NHS Boards do in relation to equality and diversity. These include :

- Scottish Health Council;
- Quality Improvement Scotland;
- NHS Health Scotland Equality and Planning Directorate.

Reports from NHS Lanarkshire on progress with the Scheme will feature in the discharge of networking, benchmarking and performance monitoring responsibilities of such organisations.

It is the intention that the Single Equality Scheme will be regularly reviewed and strengthened. In particular, the Scheme will be reviewed in the context of emerging legislation, including the Equality Bill, and we will publish annual updates of progress (in meeting a statutory requirement).

The annual progress report will include summaries of:

- What we have done to deliver the Action Plan and whether the objectives remain appropriate;
- Progress against targets;
- Actions to eliminate harassment and discrimination and promote equality of opportunity;
- How we have used service user and workforce data to inform and influence priorities for action;

11. Contacts, Publications and Distribution

11.1 Contact

Contact details are included on page 2 of this Scheme.

11.2 Publication and Distribution

NHS Lanarkshire will feedback to all those who participated in the production of this Scheme through a range of mediums. To do this we will:

- Publish the Scheme on NHS Lanarkshire's website: <http://www.nhslanarkshire.org.uk>
- Distribute hard copies and a Summary of the Scheme and Action Plan to departments across our hospital sites, GP surgeries, in and out-patients clinics and libraries, etc.
- Promote through internal communications to all staff.
- Pro-actively promote access to the Scheme in contact with stakeholders and partners.

Copies of all NHS Lanarkshire's documents are available, by request, for people in the language and format of their choice. The document can also be electronically enlarged by altering the percentage tab at the top of a computer monitor. We intend to continue to be proactive in setting up appropriate communication services, utilising the translation protocol to reduce language barriers and improve access to services.

12. Appendices

Appendices

1. Equality Scheme Action Plan 2010 - 2011
2. Equality Legislation
3. Race, Disability & Gender Equality Legislation – General and Specific Duties
4. Engagement results on the creation of the Single Equality Scheme: Public and Staff engagement data
5. Terms of Reference, Equality, Diversity and Spirituality Governance Committee
6. Equality, Diversity & Spirituality Organisational Chart
7. Glossary

Single Equality Scheme Action Plan 2010 – 2011

The Action Plan sets out what the NHS Lanarkshire (NHSL) will do in the period 2010-2011 to deliver continuous improvement across the entire equality and diversity agenda.

The Action Plan is presented in tabular format to outline:

- The focus of work being undertaken
- A timeline for completion of the work
- Responsibility for completing the individual tasks and overall work
- The broad strategy that the work is supporting.

As outlined in the NHS Lanarkshire's Single Equality Scheme (SES) we are taking a strategic approach to this work and as a consequence much of the content of this Action Plan describes an ongoing direction of travel which is planned to take us beyond the period of 2010-2011.

The Action Plan does however set clear priorities, plans and work to create milestones on our journey. It will be renewed and refreshed on an annual basis.

Area 1: Leadership, Corporate Commitment, and Governance

Objectives	Action	Lead	Timescale
<p>1.1 NHSL Board approves the SES and makes a public commitment to Equality and Diversity</p>	<ul style="list-style-type: none"> • NHSL board makes a public commitment by approving and supporting the publication of the Single Equality Scheme. (March 2010) • E&D supported and regularly reported to the Board. (Bi-Annual Report) • Individual Executive and non-executive members aware of individual and corporate responsibilities. • Ensure all outstanding actions from Previous Equality Schemes are reviewed and carried forward where appropriate. 	<ul style="list-style-type: none"> • Director of Organisational Development • Director of Organisational Development • Director of Organisational Development • Director of Organisational Development 	<p>March 2010</p> <p>Ongoing to March 2011</p> <p>Ongoing to March 2011</p> <p>April 2010</p>

Area 2: Equality and Diversity Impact Assessments (EDIA)

Objectives	Action	Lead	Timescale
<p>2.1 To develop and implement a comprehensive process for implementation of EDIA</p>	<ul style="list-style-type: none"> • Review policy writing guidance and ensure EDIA is embedded within the process • Ensure that all NHS Board Policies, Strategies and Plans are equality impact assessed as standard practice • Continue to build capacity across the organisation and ensure relevant staff are trained and provided with guidance and support to undertake proper EDIA. • Develop EDIA databank & publish existing EDIAs 	<ul style="list-style-type: none"> • Equality and Diversity Manager and Risk Management team • Board Secretary & Corporate Affairs Manager/ Executive Directors • Equality and Diversity Manager • Equality and Diversity Manager 	<p>June 2010</p> <p>March 2010 and ongoing</p> <p>Ongoing to March 2011</p> <p>June 2010</p>

Area 3: Partnership Working

Objectives	Action	Lead	Timescale
<p>3.1 To empower all partners to participate in the planning and development of services.</p>	<ul style="list-style-type: none"> • Develop and Maintain effective arrangements to work in partnership with all stakeholders, including: <ol style="list-style-type: none"> 1. patients/service users 2. carers 3. staff 4. community groups 5. partner agencies • Engage / Involve / consult local minority and potentially disadvantaged communities on service design, reviews or changes. 	<ul style="list-style-type: none"> • PFPI Leads • PPF • Equality and Diversity Manager • Heads of Planning 	<p>Ongoing with an annual update March 2011</p> <p>April 2010 and ongoing to March 2011</p>
<p>3.2 Ensure that the needs of gender-based violence (GBV) survivors are identified and addressed working in partnership with Local Authorities and Third Sector partners.</p>	<ul style="list-style-type: none"> • Ensure the development of a Routine Enquiry (gender based violence) action plan that prioritises Mental Health, Maternity, Primary Care and Addictions services. • Ensure the approach to GBV explicitly addresses the needs of ethnic, disabled and lesbian women. • Deliver identified priorities within GBV plan. 	<ul style="list-style-type: none"> • Directors of CHPs 	<p>April 2010 and ongoing to March 2011</p>

Area 4: Care Experience, Accessibility and Communications

Objectives	Action	Lead	Timescale
4.1 Ensure that the care and services provided meet cultural, social, religious and spiritual care needs and are person and needs led.	<ul style="list-style-type: none"> • Raise awareness of the diverse range of religious and cultural/lifestyle dietary requirements within the population we serve. • Staff awareness of and implementation of NHSL's Food, Fluid and Nutritional policy. • Enhanced flexibility in the offer of times for hospital appointments. • Promotion of the Spiritual Care service to all NHSL service users (patients, carers and families) and staff. 	<ul style="list-style-type: none"> • Organisational Development Directorate • General Manager, PSSD • Medical Records Manager • Head of Spiritual Care 	Ongoing with an annual update March 2011
4.2 Enhance the provision of single sex accommodation in Hospitals.	<ul style="list-style-type: none"> • Continue to develop provision of single sex accommodation within all NHS Lanarkshire inpatient accommodation through capital and minor capital investment programmes. 	<ul style="list-style-type: none"> • Director of Acute Services and Directors of CHPs • General Manager – Property & Support Services (PSSD) 	Ongoing to March 2011
4.3 Introduce a support service for Violence against Women in South Lanarkshire.	<ul style="list-style-type: none"> • Extend the current North Lanarkshire EVA Service into South Lanarkshire. 	<ul style="list-style-type: none"> • Director of CHPs 	August 2010
4.4 Health Improvement Initiatives delivered consistent with the needs of Communities.	<ul style="list-style-type: none"> • Design and deliver bespoke health improvement initiatives to meet HEAT Targets and other NHS Lanarkshire priorities in accordance with cultural and specific needs of minority and other potentially disadvantaged communities. 	<ul style="list-style-type: none"> • Directors of CHPs • Director of Public Health 	Ongoing to March 2011

Objectives	Action	Lead	Timescale
4.5 Deliver appropriate Spiritual Care to patients and staff	<ul style="list-style-type: none"> • Review and refresh the NHS Lanarkshire Spiritual Care Policy in conjunction with the Spiritual Care Committee. • Design and implement a Spiritual Care Development Plan for 2010/11. • Introduce a 24 hour on-call Spiritual Care service within the Acute Hospitals. • Extend liaison and partnership with local community faith groups and further develop the role of Honorary Chaplaincy across NHS Lanarkshire. 	<ul style="list-style-type: none"> • Head of Spiritual Care • Head of Spiritual Care • Head of Spiritual Care • Head of Spiritual Care 	<p>May 2010</p> <p>May 2010</p> <p>April 2010</p> <p>Ongoing to March 2011</p>
4.6 Continue to deliver effective changes in the provision of accessible information and communication to people with sensory or other impairments who require communication support or for whom English may not be a first language.	<ul style="list-style-type: none"> • Develop a co-ordinated and comprehensive Communication policy to ensure accessibility of information and services. • Establish systems of audit to identify need, existing capacity and gaps in provision. • Develop guidance on the application of new materials, information. 	<ul style="list-style-type: none"> • Head of Communications • Equality and Diversity Manager • Head of Patient Affairs 	<p>Ongoing with an annual update March 2011</p>
4.7 Ensure that service users make informed choices on the treatment or services being offered.	<ul style="list-style-type: none"> • All NHS Lanarkshire patient information to be appropriate and available in different formats upon request. • Further develop access to translation, interpreter and sign language services. 	<ul style="list-style-type: none"> • Head of Patient Affairs • Head of Patient Affairs 	<p>Ongoing with an annual update March 2011</p>

Objectives	Action	Lead	Timescale
4.8 Equality of access for all to NHSL premises	<ul style="list-style-type: none"> • Develop a phased approach to ensure all Disability Discrimination Act (DDA) audits of NHS Lanarkshire buildings are carried out. Establish clearly defined priorities and funding for implementation of changes to existing facilities in compliance with DDA requirements. • Ensure that developments of all new builds and adaptations to existing facilities are fully compliant with DDA requirements. • Ensure NHSL buildings have external and internal signage that is clear and accessible. • Ensure fire alert systems are fully accessible to people with disabilities. • Enhance transport links to hospital sites 	<ul style="list-style-type: none"> • General Manager – (PSSD) • General Manager – (PSSD) • General Manager – (PSSD) • General Manager – (PSSD) • Director of Planning 	<ul style="list-style-type: none"> Audit complete March 2009 Ongoing to March 2011 December 2010 December 2010 Ongoing to March 2011

Area 5: Workforce and Workforce Development

Objectives	Action	Lead	Timescale
<p>5.1 Ensure NHS Lanarkshire demonstrates equality of opportunity in its, recruitment, retention and employment practices</p>	<ul style="list-style-type: none"> • Ongoing review of new and existing policies to ensure that they are equitable, free from discrimination and accessible to all. • HR policies to continue to be subject to the EDIA process. • Identify and respond to any trends of inequalities ascertained from related data of staff in post and applications for jobs, promotion, disciplinary, grievance procedures and staff leaving. Take steps to promote employment of under-represented groups. • Monitor cases and outcomes from complaints of bullying and harassment and proactively apply organisational learning. • Continued commitment towards the double tick symbol criteria and the development of good practices on the employment of disabled people will be strengthened. • Conduct an Annual Gender audit and Equal Pay audit. Review and refresh the Equal Pay Statement as required. 	<ul style="list-style-type: none"> • HR Directorate • HR Directorate • HR Directorate • HR Directorate • HR Directorate • HR Directorate 	<p>Ongoing with an annual update in March 2011</p> <p>Ongoing with an annual update in March 2011</p> <p>Ongoing with an annual update in March 2011</p> <p>Ongoing with an annual update in March 2011</p> <p>Ongoing with an annual update in March 2011</p> <p>Ongoing with an annual update in March 2011</p>

Objectives	Action	Lead	Timescale
<p>5.2 Build capacity to develop skills and knowledge in staff groups to recognise, understand and address any forms of discrimination and inequalities</p> <p>Staff aware of the importance of E&D and embed this into all new and existing NHSL staff practice in line with KSF competences.</p>	<ul style="list-style-type: none"> • Ensure all new staff are aware of NHSL commitment to Equality and Diversity through effective Induction Training. • Continue to role out delivery of Equality & Diversity training to all NHS Lanarkshire staff. • Continue to develop and support the NHS Lanarkshire Diversity Champions programme. • Develop and deliver an equalities training programme for medical staff 	<ul style="list-style-type: none"> • Organisational Development Directorate • Equality and Diversity Manager • Equality and Diversity Manager • Director of Medical Education 	<p>Ongoing with an annual update in March 2011</p> <p>Ongoing with an annual update in March 2011</p> <p>Ongoing with an annual update in March 2011</p> <p>Ongoing with an annual update in March 2011</p>

Area 6: Procurement

Objectives	Action	Lead	Timescale
6.1 Ensure contracted services are fully aware of their duties and responsibilities for Equality and Diversity performance.	<ul style="list-style-type: none"> All contracts to contain clauses and performance measures on duties and responsibilities under Equality and Diversity legislation. 	<ul style="list-style-type: none"> General Manager, Procurement 	Ongoing with an annual update in March 2011
6.2 Contracted services to demonstrate compliance with Equality and Diversity legislation.	<ul style="list-style-type: none"> Contract monitoring processes to take into account equality and diversity issues to monitor and ensure compliance with Equality & Diversity legislation. 	<ul style="list-style-type: none"> General Manager, Procurement 	Ongoing with an annual update in March 2011
6.3 Ensures all commissioned services embed equality diversity and human rights in policies and practice.	<ul style="list-style-type: none"> Ensure that equality, diversity and human rights are embedded in Commissioned services. 	<ul style="list-style-type: none"> General Manager, Procurement 	Ongoing with an annual update in March 2011

Area 7: Monitoring Data Reporting and Publishing

Objectives	Action	Lead	Timescale
<p>7.1 Improve the collection and analysis of data in relation to ethnicity, disability, gender and sexual orientation in order to provide a sound basis for planning and service delivery in the context of local and national developments.</p>	<ul style="list-style-type: none"> • Review existing arrangements for collection of inequalities data and design a work plan to address shortfall. • Establish routine collection and use of equalities data in relation to clinical and organisational priorities. • Ensure staff are supported to understand the need to collect this data, in an appropriate, sensitive and informative way. 	<ul style="list-style-type: none"> • Medical Records Manager/ Equality and Diversity Manager • Medical Records Manager/ Equality and Diversity Manager • Medical Records Manager/ Equality and diversity Manager 	<p>January 2010 and ongoing to March 2011</p> <p>Ongoing to March 2011</p> <p>Ongoing to March 2011</p>
<p>7.2 Continue the compilation of comprehensive workforce reports providing regular information and analyses of Workforce demography and activity.</p>	<ul style="list-style-type: none"> • Continue to monitor inequalities related data for staff in post, in recruitment, promotion, disciplinary, grievance procedures, in training activity and in staff leaving the employment of NHS Lanarkshire. 	<ul style="list-style-type: none"> • Director of Human Resources 	<p>April 2010 and monthly to March 2011</p>

Area 8: Complaints

Objectives	Action	Lead	Timescale
<p>8.1 Ensure that all complaints received by NHS Lanarkshire are managed in accordance with the National Health Service (Scotland) Act 1978 and the Scottish Government Guidelines.</p>	<ul style="list-style-type: none"> • Continue promoting access NHSL complaints policy and procedures to all communities. • Work with equality and hard to reach groups to enhance their understanding of the complaints procedure. • Ensure that important action is taken following reflection and learning from complaints received. 	<ul style="list-style-type: none"> • Head of Patient Affairs/ Equality & Diversity Manager 	<p>April 2010 and ongoing to March 2011</p>

Area 9: Patient Focus, Public Involvement & Consultation

Objectives	Action	Lead	Timescale
<p>9.1 Continue to support and develop the skills, knowledge and membership of existing consultation forums working with NHSL</p>	<ul style="list-style-type: none"> • Continue to develop meaningful engagement and involvement of patients, staff and local communities in identifying needs and sharing responsibility for improving health and prioritising service development – this to include active participation by minority and potentially disadvantaged communities. • Implement new and innovative ways of delivering and enhancing services that offer choice and improve health and well being. • Support hard to reach groups in our communities to participate in the structures of PFPI and PPFs. 	<ul style="list-style-type: none"> • PFPI Leads • PPFs • Equality and Diversity Manager 	<p>Ongoing to March 2011</p>

Equality Legislation

Current “equality” legislation

The Gender Recognition Act 2004

The purpose of this Act is to provide transsexual people with legal recognition in their acquired gender. Legal recognition will follow from the issue of a full gender recognition certificate by a Gender Recognition Panel. In practical terms, legal recognition will have the effect that, for example, a male-to-female transsexual person will be legally recognized as a woman in Law. On the issue of a full gender recognition certificate, the person will be entitled to a new birth certificate reflecting the acquired gender and will be able to marry someone of the opposite gender to his or her acquired gender.

The Civil Partnership Act 2004

This Act creates a new legal relationship of civil partnership, which two people of the same-sex can form a civil partnership by signing a registration document. It also provides same-sex couples who form a civil partnership with parity of treatment in a wide range of legal matters with those opposite-sex couples who enter into a civil marriage.

The Community Care & Health (Scotland) Act 2002

The Community Care & Health (Scotland) Act 2002 was implemented from September 2002, and legislated for a number of improvements in care services including new provisions to support carers, as follows:-

- substantial and regular adult carers, including parent/guardian carers of disabled children, are entitled to an assessment of their ability to care (“carer’s assessment”), independent of any assessment of the person they care for
- young carers under 16 have the same right to an assessment
- local authorities have a duty to inform eligible carers of their right to an assessment
- local authorities have a duty to take account of the care provided by a carer, and the views of the person in need and their carer before deciding what services to provide

Employment Equality (Religion or Belief) Regulations 2003

These regulations outlaw discrimination (direct discrimination, indirect discrimination, harassment and victimisation) in employment and vocational training on the grounds of

religion or belief. The regulations apply to discrimination on grounds of religion, religious belief or similar philosophical belief.

Employment Equality (Sexual Orientation) Regulations 2003

These regulations outlaw discrimination (direct discrimination, indirect discrimination, harassment and victimisation) in employment and vocational training on the grounds of sexual orientation. The regulations apply to discrimination on grounds of orientation towards persons of the same sex (lesbians and gay men) and the same and opposite sex (bisexuals).

Sex Discrimination (Gender Reassignment) Regulations 1999

These regulations are a measure to prevent discrimination against transsexual people on the grounds of sex in pay and treatment in employment and vocational training. They effectively insert into the Sex Discrimination Act a provision to extend the Act, insofar as it refers to employment and vocational training, to include discrimination on gender reassignment grounds.

Race Relations 1976 and (Amendment) Act 2000

The 1976 Act outlawed discrimination in employment and training, the provision of goods, facilities and services, education, housing and other specific activities.

The Race Relations (Amendment) Act 2000 was a direct result of the Home Secretary's response to the Stephen Lawrence Inquiry, the Act outlawed race discrimination in those public authority functions not already covered by the 1976 Act and placed public authorities under a general duty to promote race equality. This general duty applies to all public authorities, including the National Health Service.

Under the general duty, we must pay "due regard" for the need to:

- Eliminate unlawful racial discrimination
- Promote equality of opportunity
- Promote good race relations between people of different racial groups

It also introduced a specific duty to publish a Race Equality Scheme. Our Single Equality Scheme incorporates these requirements and highlights our ongoing commitment to meeting the general and specific duties.

The Sex Discrimination Act (as amended) 1975

This Act (which applies to women and men of any age, including children) prohibits sex discrimination against individuals in the areas of employment, education and in the provision of goods, facilities and services and in the disposal or management of premises.

The Equal Pay Act (as amended) 1970

This Act gives an individual a right to the same contractual pay and benefits as a person of the opposite sex in the same employment, where the man and the woman are doing : like work; or work related as equivalent under an analytical job evaluation study: or work that is proved to be of equal value.

The Disability Discrimination Act 1995

This Act prohibits discrimination against disabled people in the areas of employment, the provision of goods, facilities, services and premises and education and provides for regulations to improve access to public transport to be made.

Disability Discrimination Act 1995 and 2005

The Disability Discrimination Act was introduced in November 1995. Sections of the Act have been gradually introduced and amended.

Definition of a disabled person - Section (1) sets out the definition of a disabled person. *“A disabled person is a person that has or has had a physical or mental impairment which has a substantial and long term adverse effect on his ability to carry out normal day to day activities”.*

The Disability Discrimination Act 2005 makes substantial amendments to the Disability Discrimination Act 1995. The main element places a General Duty on all public authorities to promote disability equality. This duty requires public authorities to have due regard to:

- The need to eliminate discrimination that is unlawful under the Act
- The need to eliminate harassment that is unlawful under the Act
- The need to promote equality of opportunity between disabled persons and other persons
- The need to take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons

- Promote positive attitudes towards disabled persons
- Encourage participation by disabled people in public life

The General Duty brings the Disability Discrimination Act 2005 in line with the Race Relations (Amendment) Act 2000. The main element of this is the requirement to produce a Disability Equality Scheme. We have chosen to produce this Single Equality Scheme, which includes actions required to comply with the general and specific duties.

Human Rights Act (1998)

The Human Rights Act came fully into force on 2 October 2000. It gives further effect in the UK to rights contained in the European Convention of Human Rights. The Act :

- makes it unlawful for a public authority to breach Convention rights, unless an Act of Parliament meant it could not have acted differently ;
- means that cases can be dealt with in a UK court or tribunal ; and
- says that all UK legislation must be given a meaning that fits with the Convention rights, if that is possible;
- Includes the provision for service users that ensures that their human rights are fully taken into account when decisions regarding access to treatment and services are taken.

The Act also covers the right to life or quality of life by providing a mechanism for demanding life saving treatment and for non-life saving treatment where denial would have a severe impact upon the quality of that individual's life. Failure to facilitate equal access to health care can also breach The Human Rights Act.

The Equality Bill

The Equality Bill was re-introduced in Parliament on 19 May 2005. The Bill's main provisions include:

- the creation of the commission for Equality and Human Rights (CEHR) which would give individuals suffering from discrimination easier access to support and provide employers and service providers with improved advice and information in a one-stop-shop. The purpose and functions of the CEHR will be defined in the Bill;
- to make unlawful discrimination on the grounds of religion and belief in the provision of goods, facilities and services, education, the use and disposal of premises and the exercise of public functions; and

- to create a duty on public authorities to promote equality of opportunity between women and men (“the gender duty”) and prohibit sex discrimination in the exercise of public functions. This also includes specific duty on public bodies to produce a gender Equality Scheme.

Equality Act 2006

The Equality Act 2006 includes a mandatory Gender Equality Duty for all public authorities (including NHS Boards), as well as prohibiting discrimination on the grounds of religion or belief and sexual orientation.

The Equality Act 2006 is in four main parts:

- To establish a single Commission for Equality and Human Rights and define its purpose and functions
- To make unlawful (subject to exemptions set out in the Act) discrimination on the grounds of religion or belief in the provision of goods, facilities and services, the disposal and management of premises, education, and the exercise of public functions
- To make unlawful (subject to exemptions set out in the Act) discrimination on the grounds of sexual orientation in the provision of goods, facilities and services, the disposal and management of premises, education, and the exercise of public functions.
- To create a duty on public authorities to promote equality of opportunity between women and men, and to prohibit sex discrimination in the exercise of public functions.

The Equality Act (Sexual Orientation) Regulations 2007

These regulations outlawed discrimination (direct and indirect) and victimisation on the grounds of sexual orientation in the provision of goods, facilities and services.

Discrimination was also outlawed in education, the use and disposal of premises and in the exercise of public functions;

Employment Equality (Age) Regulations 2006

The Regulations give employees protection against discrimination, victimisation and harassment on age grounds. Employers who discriminate on this basis are likely to exclude a group of people whose talents and skills may be necessary to the future success of the organization.

Public Sector Duty on Gender Equality (Gender Duty)

A public sector duty on gender equality was introduced in the Equality Act 2006. The duty has been modelled along the lines of the existing race and disability duties, with a clear focus on outcomes.

The Equality Act sets out the framework for the gender duty by legislating for a general duty (the equivalent of an overarching obligation), which requires public bodies to:

- To eliminate unlawful discrimination and harassment on the grounds of gender
- To promote equality of opportunity between women and men.
- This duty was extended to trans-gender service users in December 2007

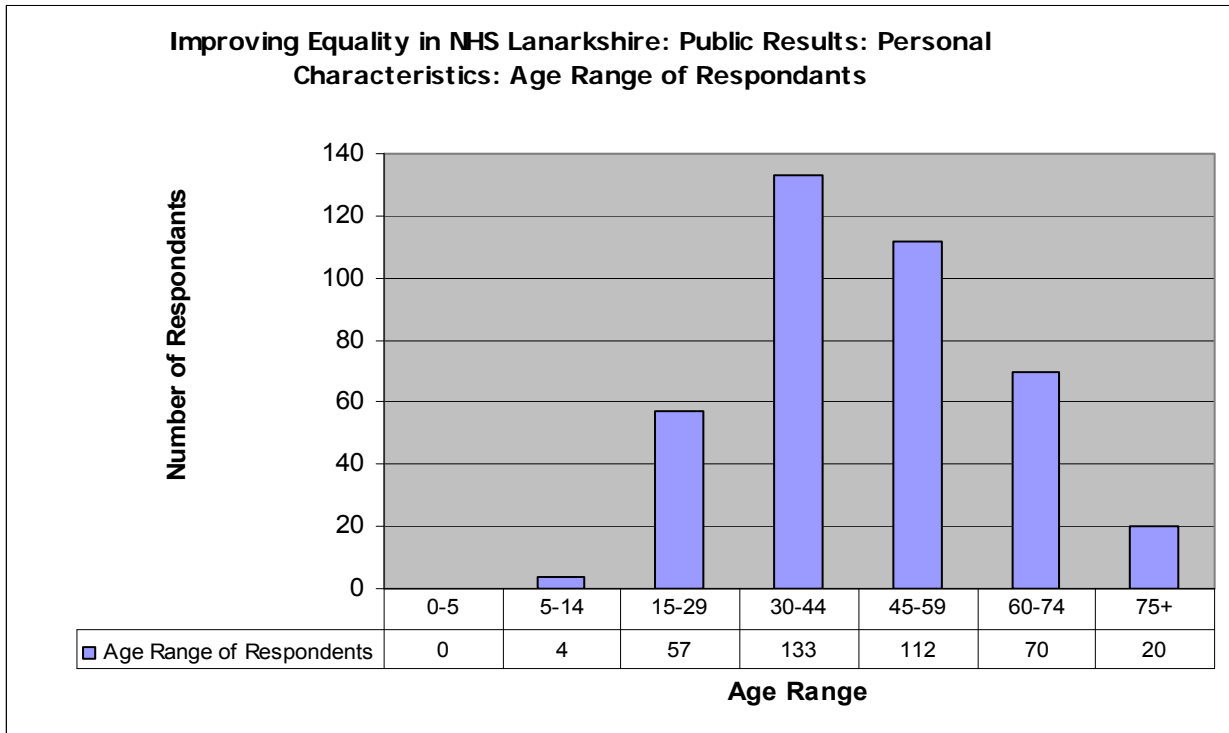
Race, Disability & Gender Equality Legislation - General and Specific Duties

	Race -2000	Disability 2005	Gender 2006
General Duty	<ul style="list-style-type: none"> ■ Eliminate Unlawful Racial discrimination ■ Promote equality of opportunity ■ Promote good relations between persons of different racial groups 	<ul style="list-style-type: none"> ■ Eliminate unlawful discrimination ■ Promote equality of opportunity for disabled persons and other persons ■ Eliminate harassment of disabled persons due to their disability ■ Promote positive attitudes towards disabled people ■ Take account of disabled person's disabilities, even where that means treating disabled persons more favourably than other persons ■ Encourage participation by disabled people in public life 	<ul style="list-style-type: none"> ■ Eliminate unlawful discrimination and harassment ■ Promote equality of opportunity between men and women
Specific Duties	<ul style="list-style-type: none"> ■ Race Equality Scheme (RES) and action plan by April 2002 ■ Race Equality Impact Assessments ■ Clear and evidenced based race equality goals ■ Consultation with stakeholders ■ Employment monitoring ■ Staff training ■ Publication of information ■ Review and revise RES every three years 	<ul style="list-style-type: none"> ■ Disability Equality Scheme (DES) and Action plan by December 2006 ■ Disability Equality Impact Assessments ■ Clear and evidence based disability equality goals ■ Involvement of disabled people in development of DES ■ Report against DES annually ■ Review and revise DES every three years 	<ul style="list-style-type: none"> ■ Gender Equality Scheme and action plan by April 2007 ■ Gender Equality Impact Assessment ■ Clear and evidence based gender equality goals ■ Consultation with stakeholders ■ Equal Pay policy statement ■ Report against GES annually ■ Review and Revise GES every three years

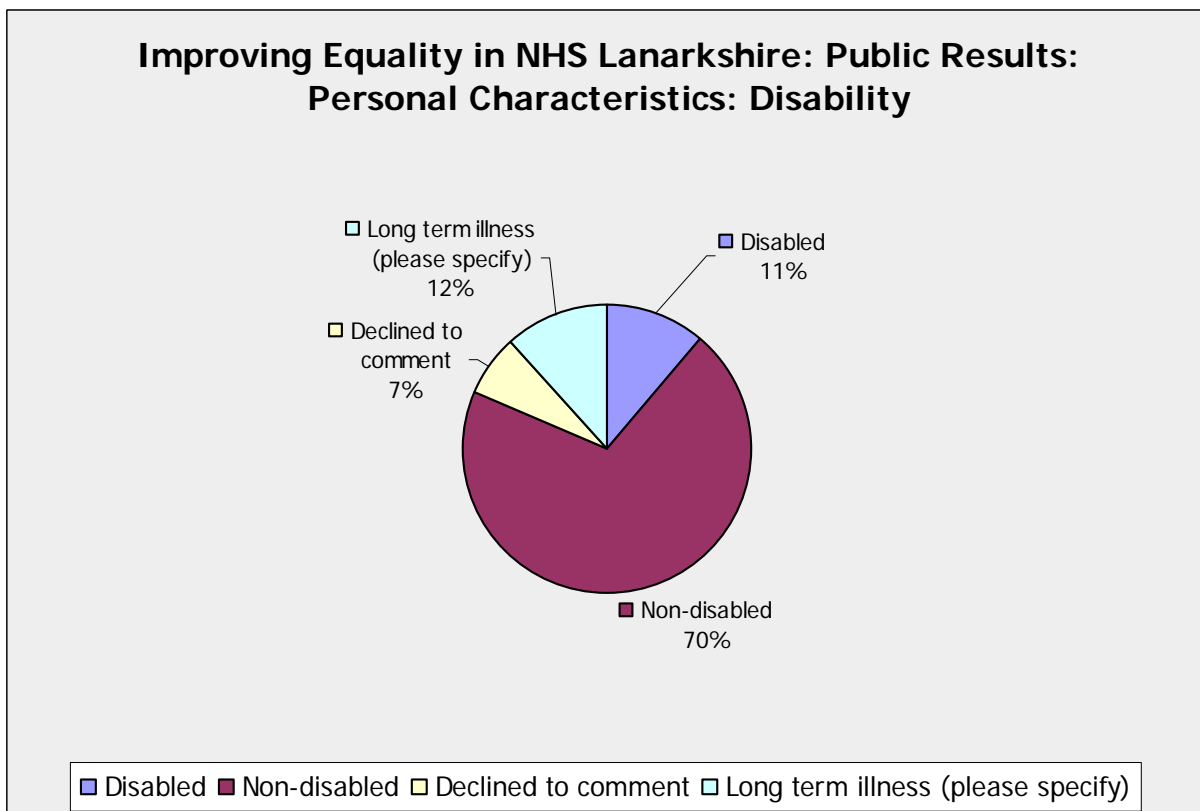
Engagement results on the creation of the Single Equality Scheme:

Public Engagement Data

Age

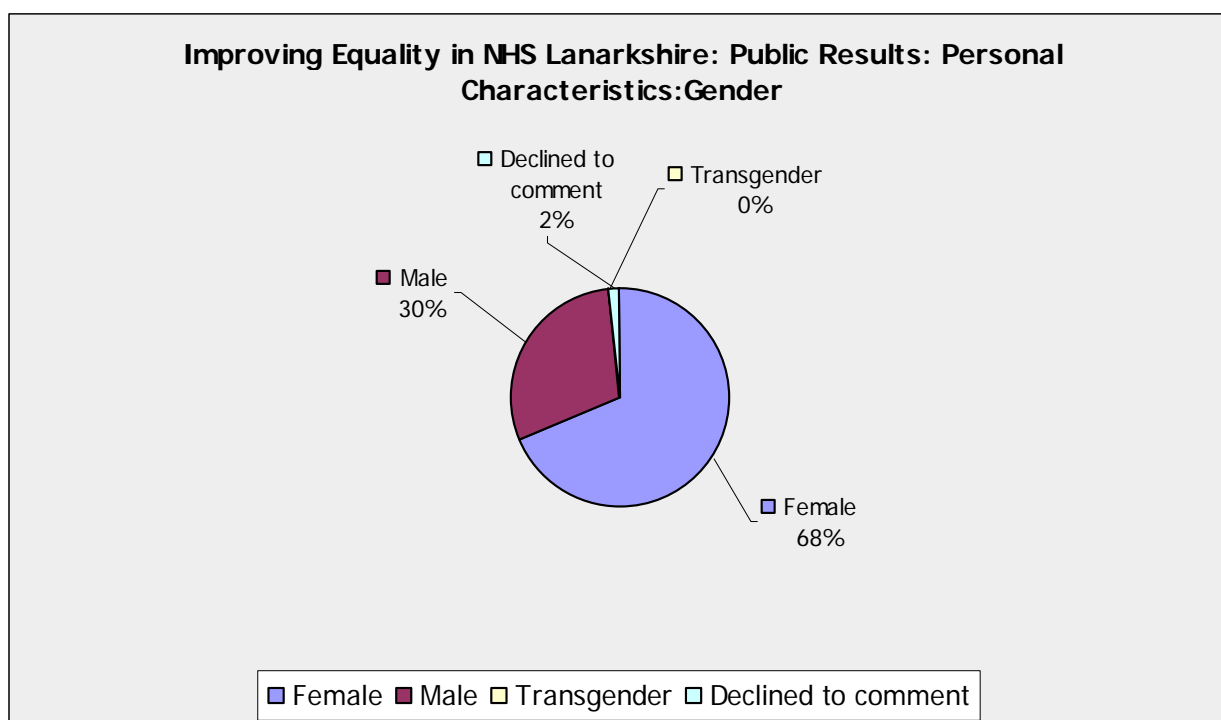


Disability



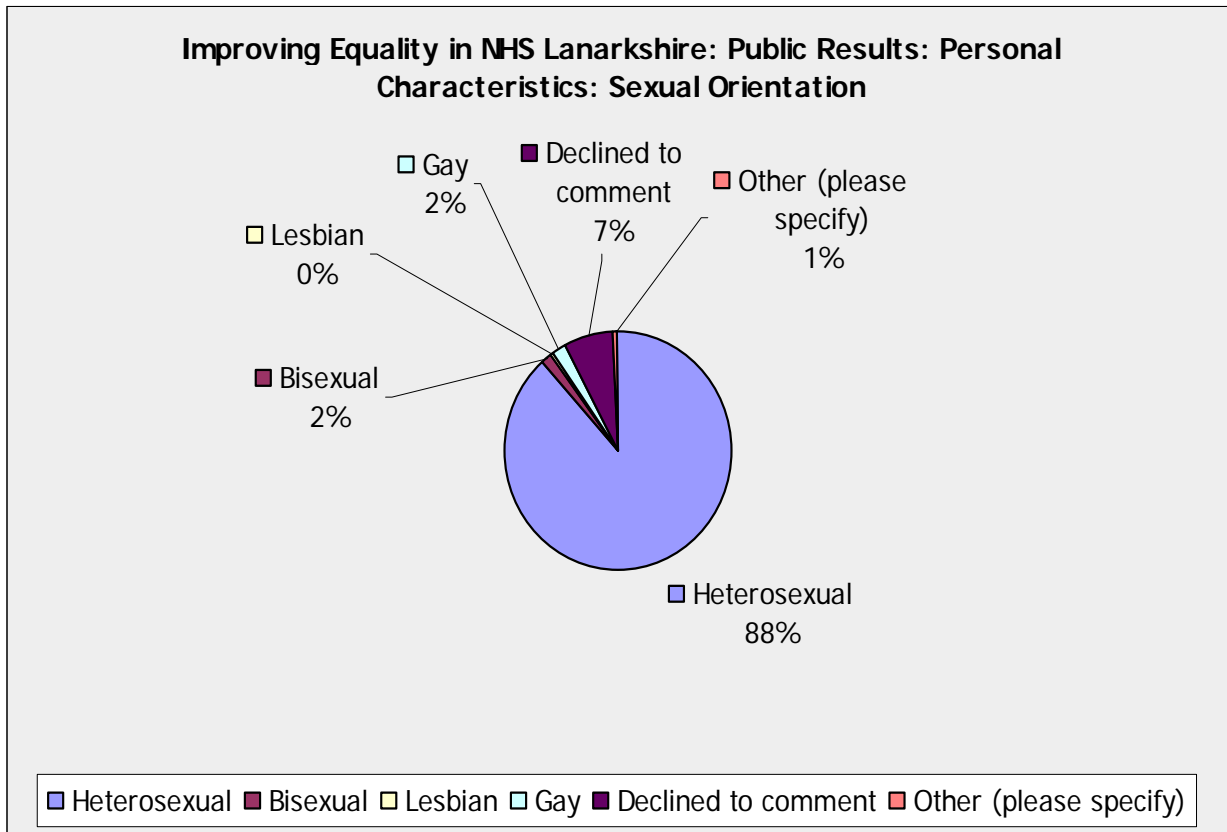
Answer Options	Response Percent	Response Count
Disabled	11.0%	42
Non-disabled	70.5%	270
Declined to comment	6.8%	26
Long term illness (please specify)	11.7%	45

Gender



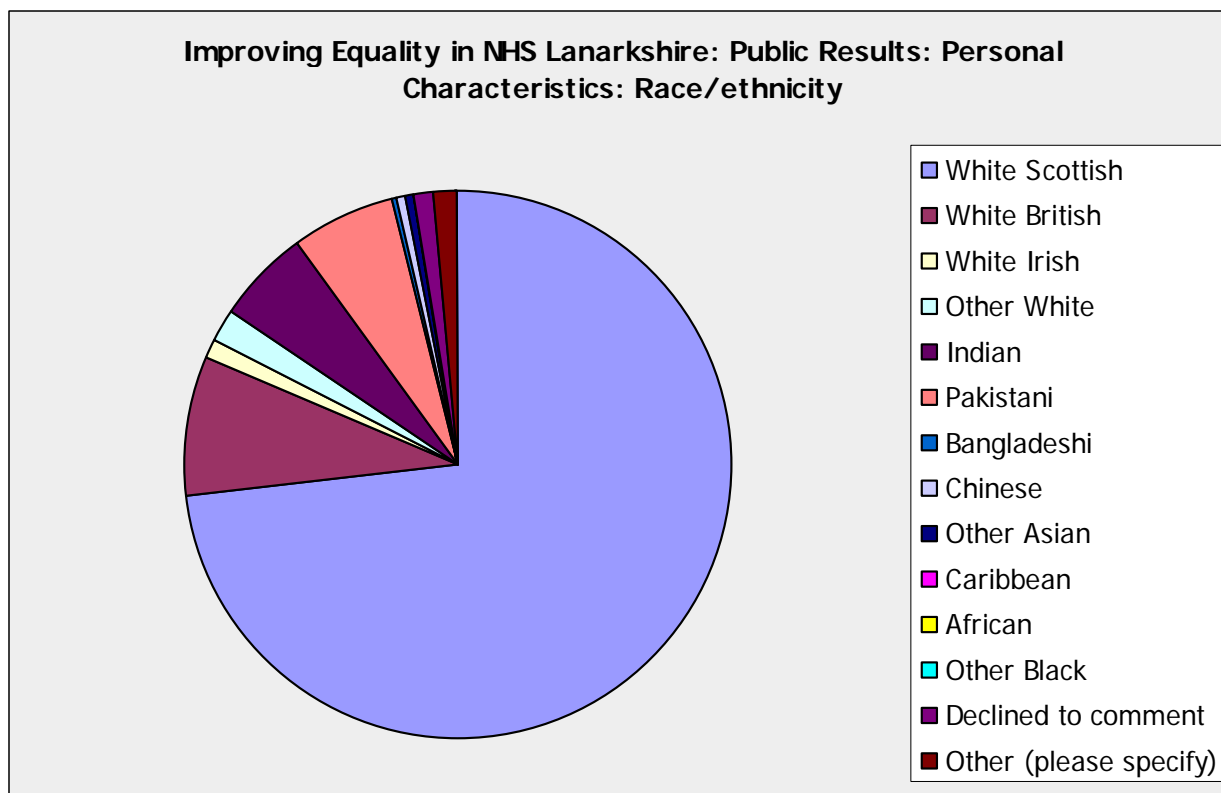
Gender		
Answer Options	Response Percent	Response Count
Female	68.4%	275
Male	29.9%	120
Transgender	0.0%	0
Declined to comment	1.7%	7
<i>answered question</i>		402
<i>skipped question</i>		4

Sexual Orientation



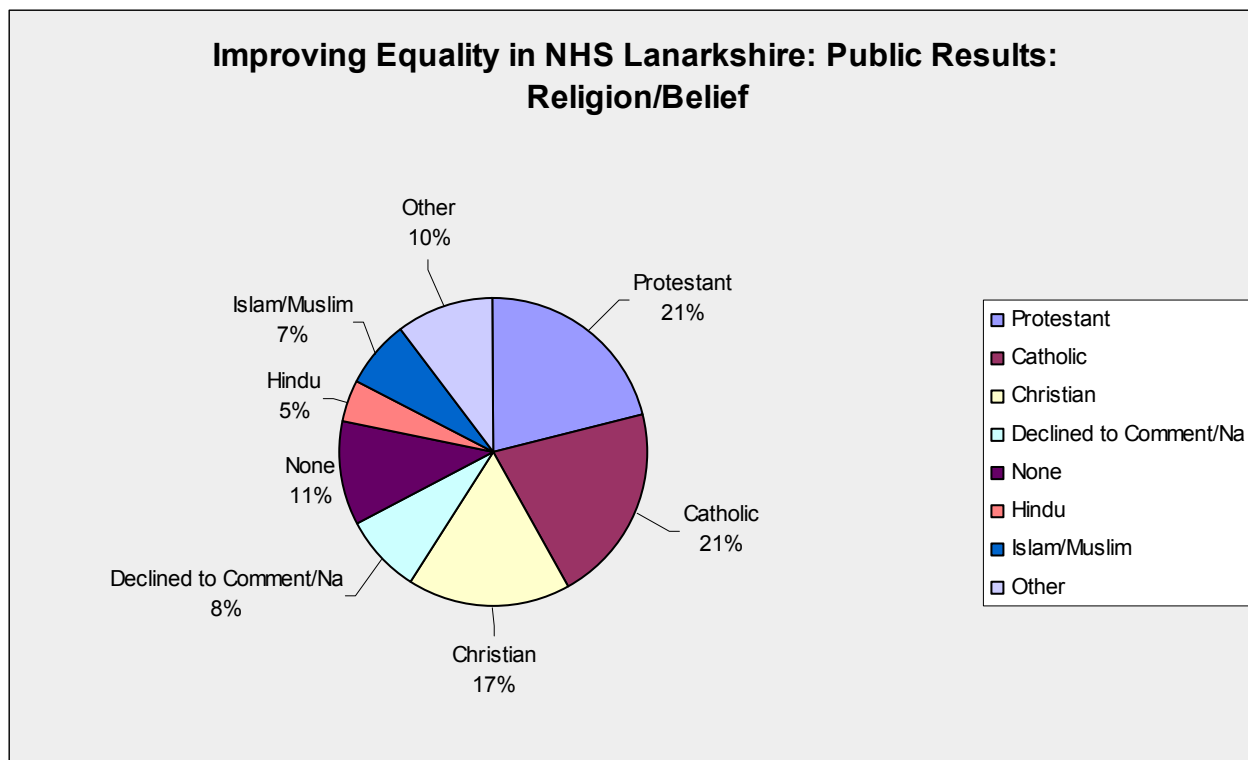
Sexual Orientation		
Answer Options	Response Percent	Response Count
Heterosexual	88.3%	339
Bisexual	1.8%	7
Lesbian	0.3%	1
Gay	1.8%	7
Declined to comment	7.3%	28
Other (please specify)	0.5%	2
<i>answered question</i>		384
<i>skipped question</i>		22

Ethnicity



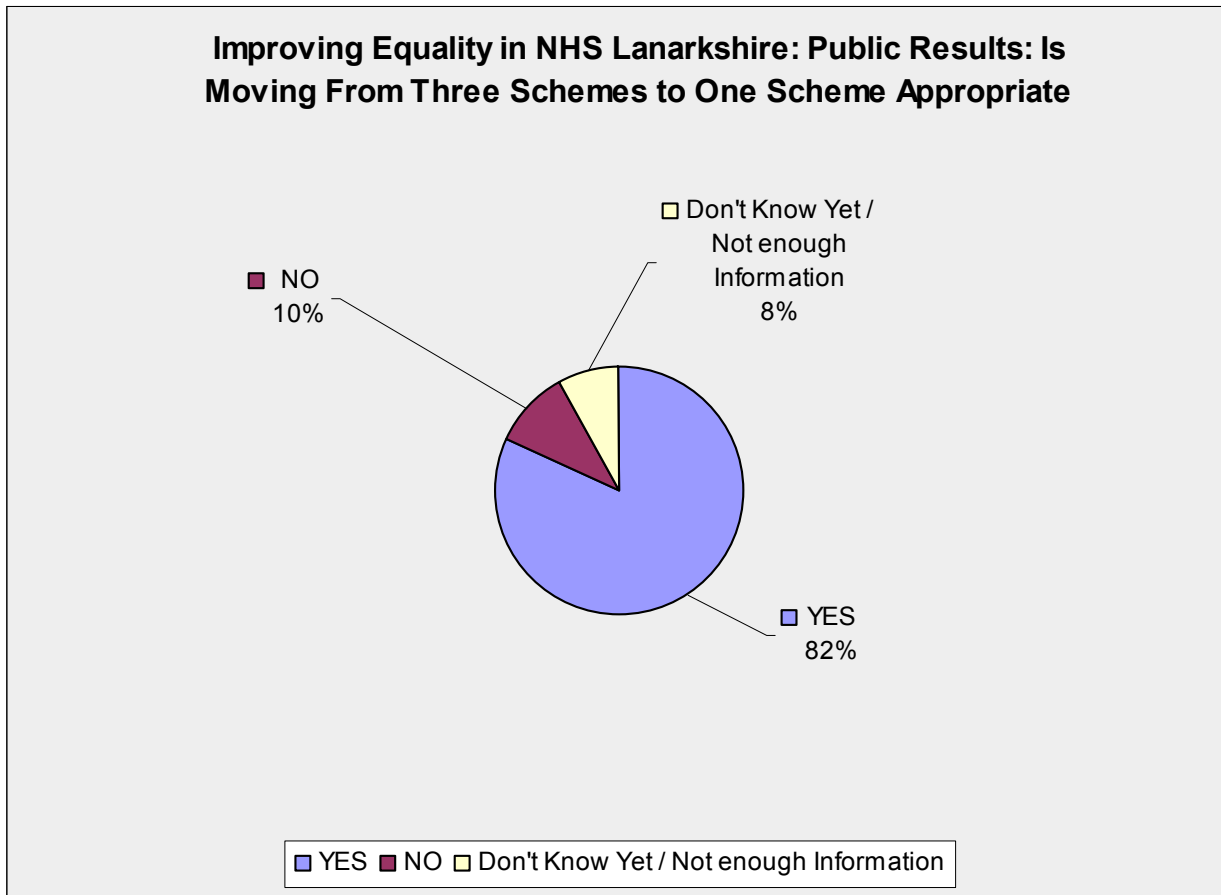
Race/ethnicity		
Answer Options	Response Percent	Response Count
White Scottish	73.1%	291
White British	8.5%	34
White Irish	1.0%	4
Other White	1.8%	7
Indian	5.8%	23
Pakistani	6.0%	24
Bangladeshi	0.3%	1
Chinese	0.5%	2
Other Asian	0.5%	2
Caribbean	0.0%	0
African	0.0%	0
Other Black	0.0%	0
Declined to comment	1.3%	5
Other (please specify)	1.3%	5
<i>answered question</i>		398
<i>skipped question</i>		8

Religion and Belief

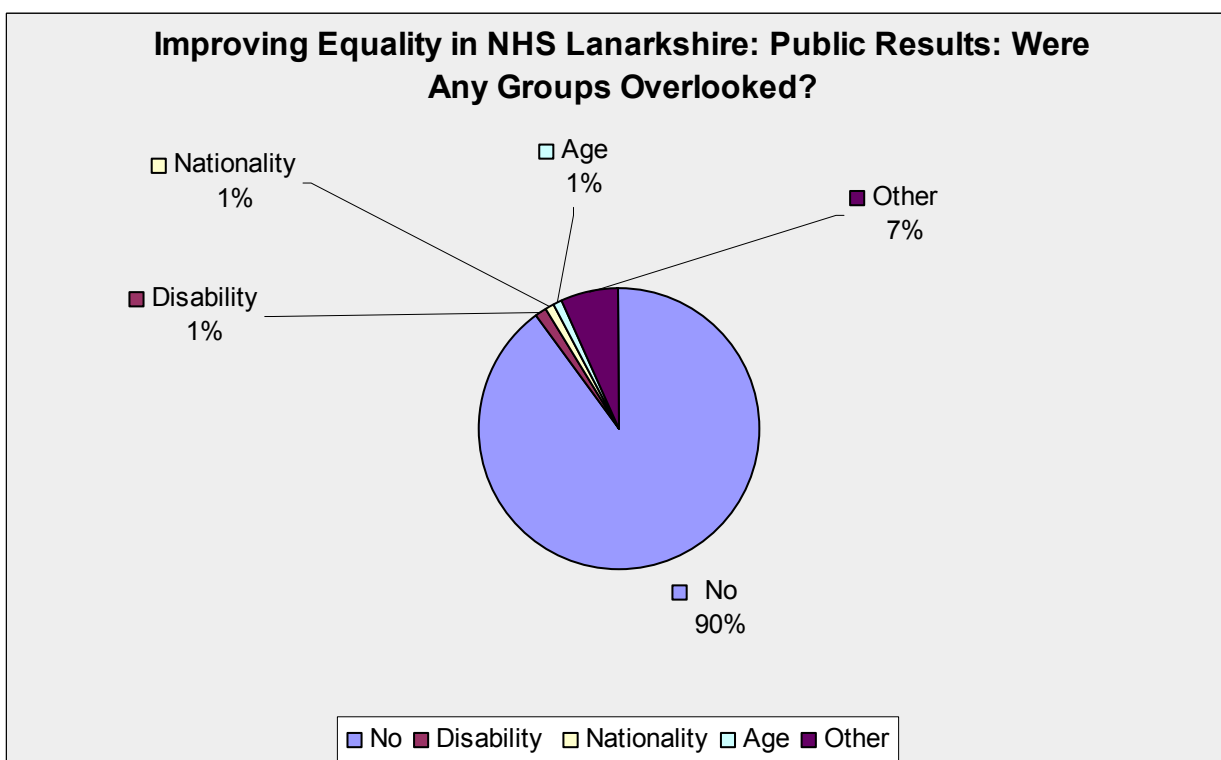


Religion/Belief	
Answer Options	Response Count
	350
<i>answered question</i>	350
<i>skipped question</i>	56

Do you think going from three schemes to one single equality scheme is appropriate?



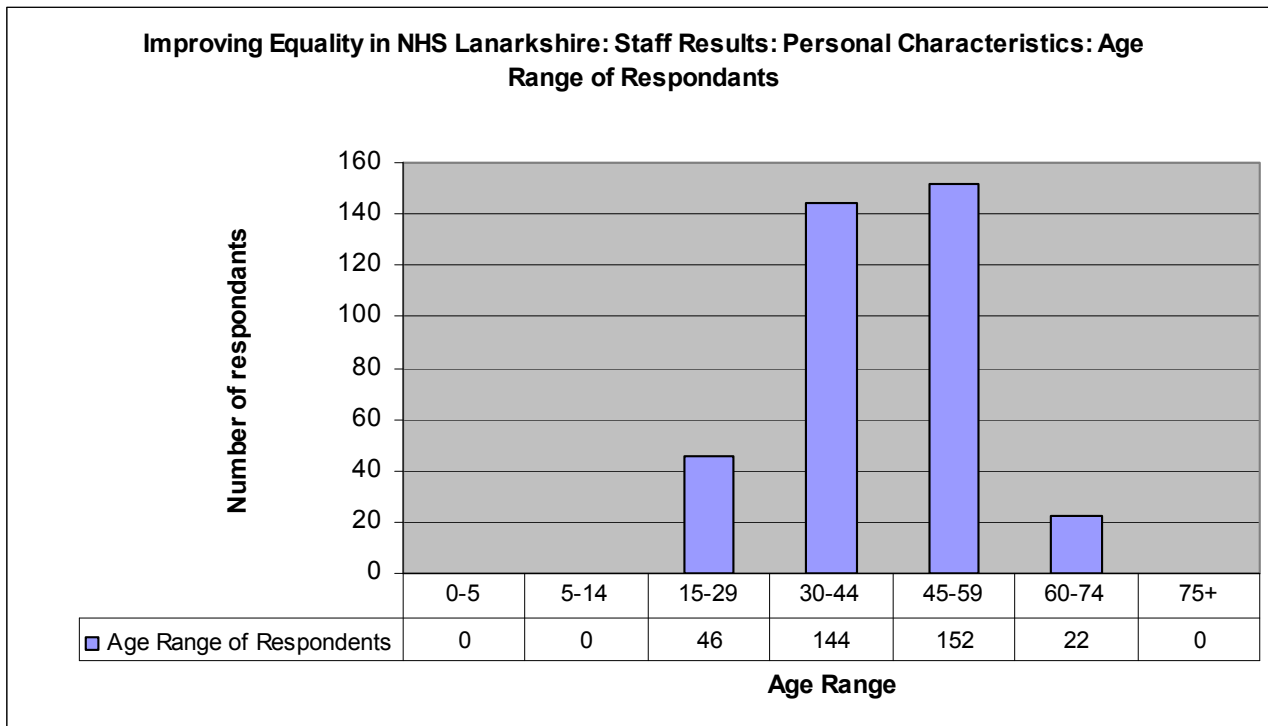
Is there any group we have overlooked on the previous page?



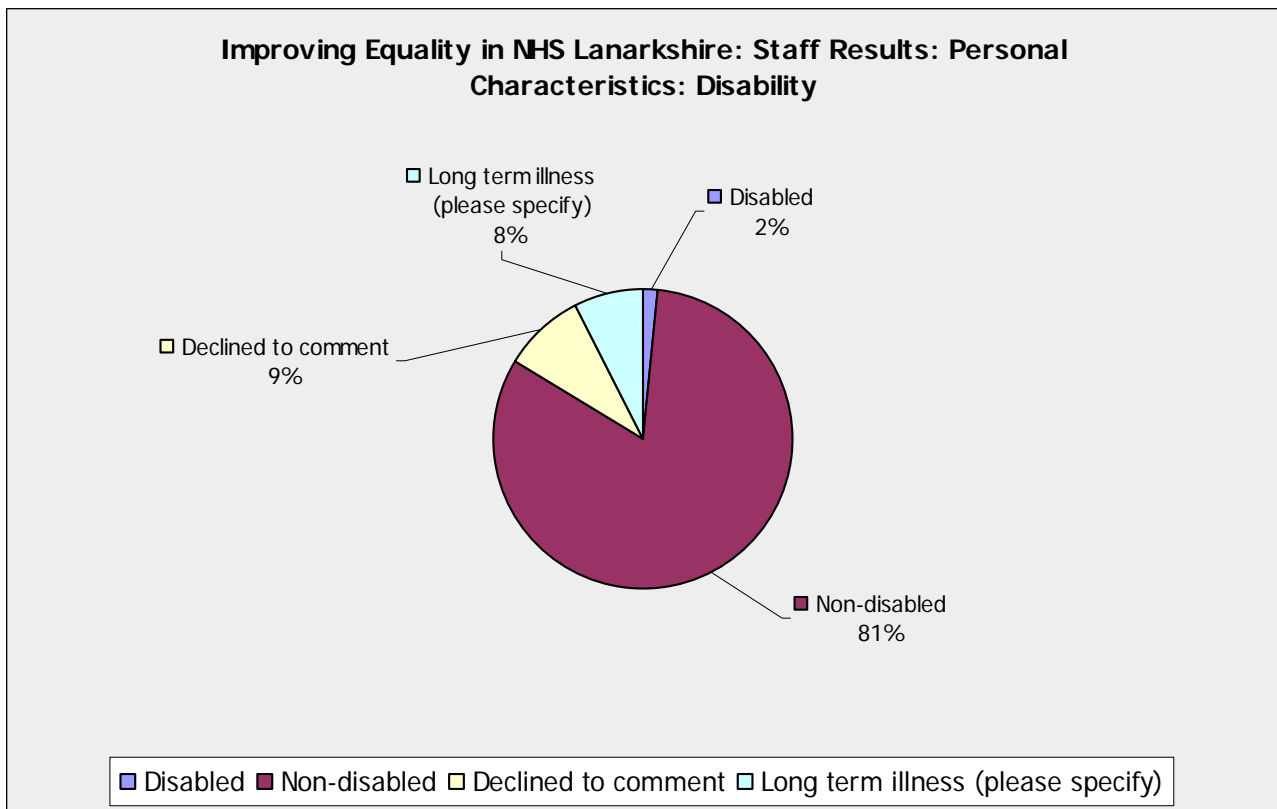
Engagement results on the creation of the Single Equality Scheme:

Staff engagement data

Age

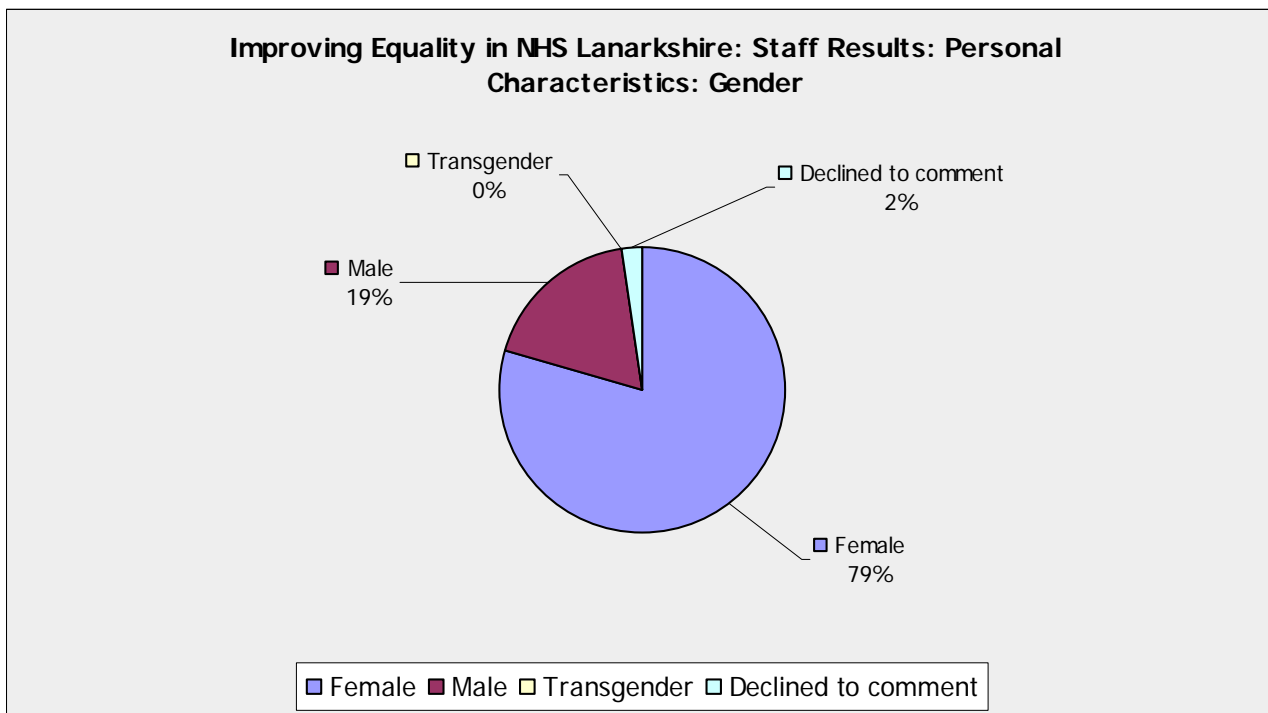


Disability



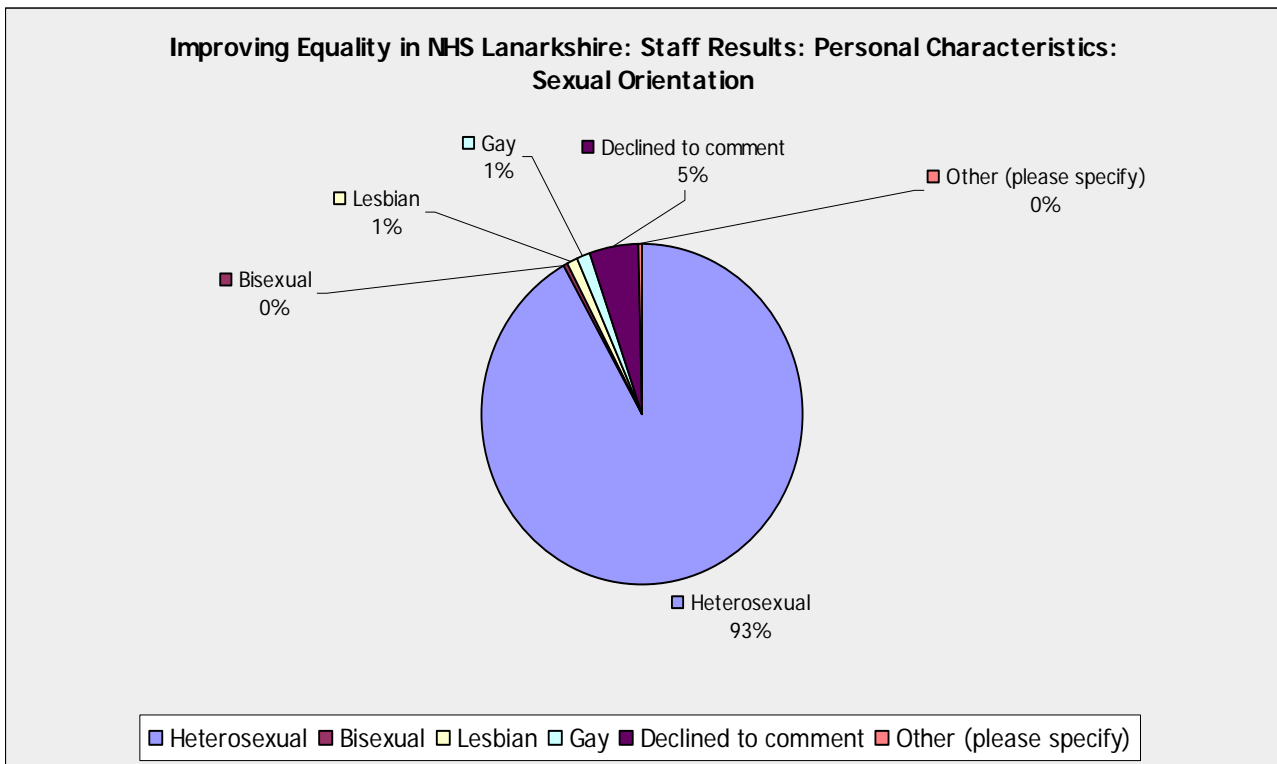
Disability		
Answer Options	Response Percent	Response Count
Disabled	1.6%	6
Non-disabled	82.0%	306
Declined to comment	8.8%	33
Long term illness (please specify)	7.5%	28
<i>answered question</i>		373
<i>skipped question</i>		9

Gender



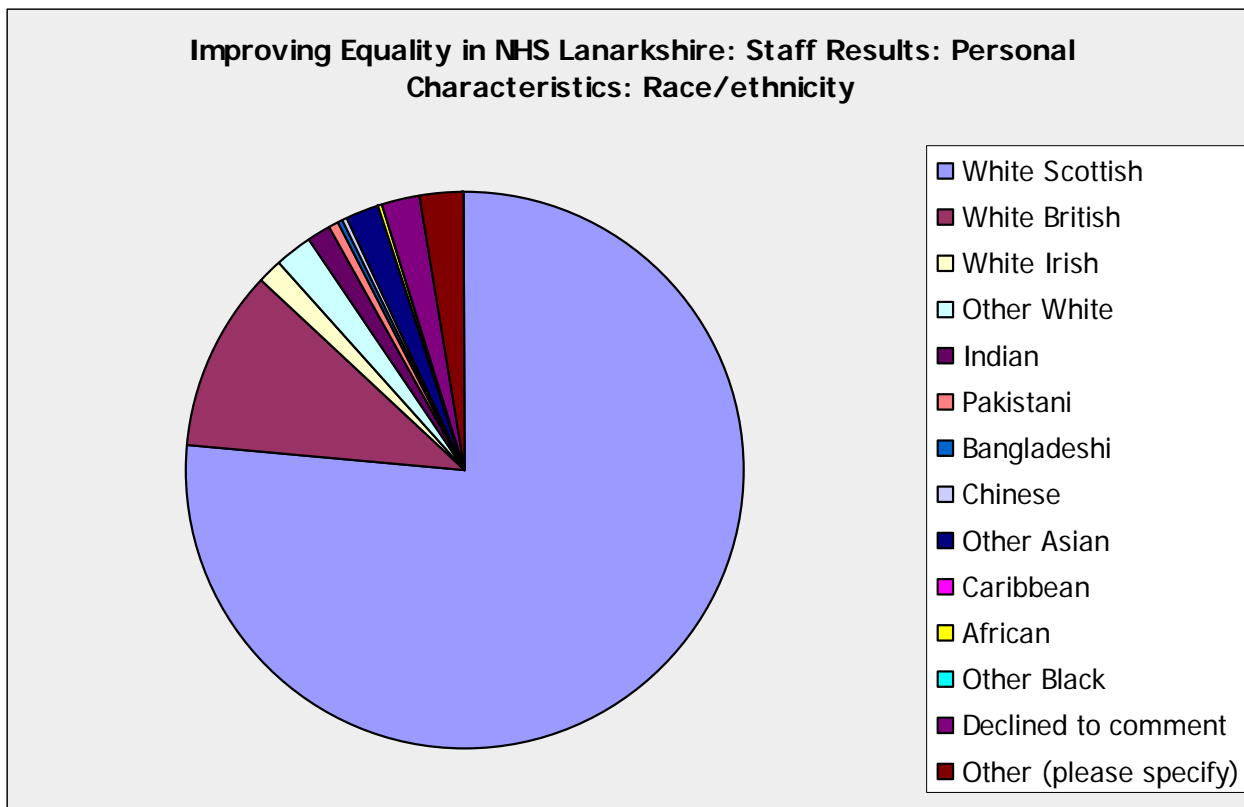
Gender		
Answer Options	Response Percent	Response Count
Female	79.4%	300
Male	18.5%	70
Transgender	0.0%	0
Declined to comment	2.1%	8
<i>answered question</i>		378
<i>skipped question</i>		4

Sexual Orientation



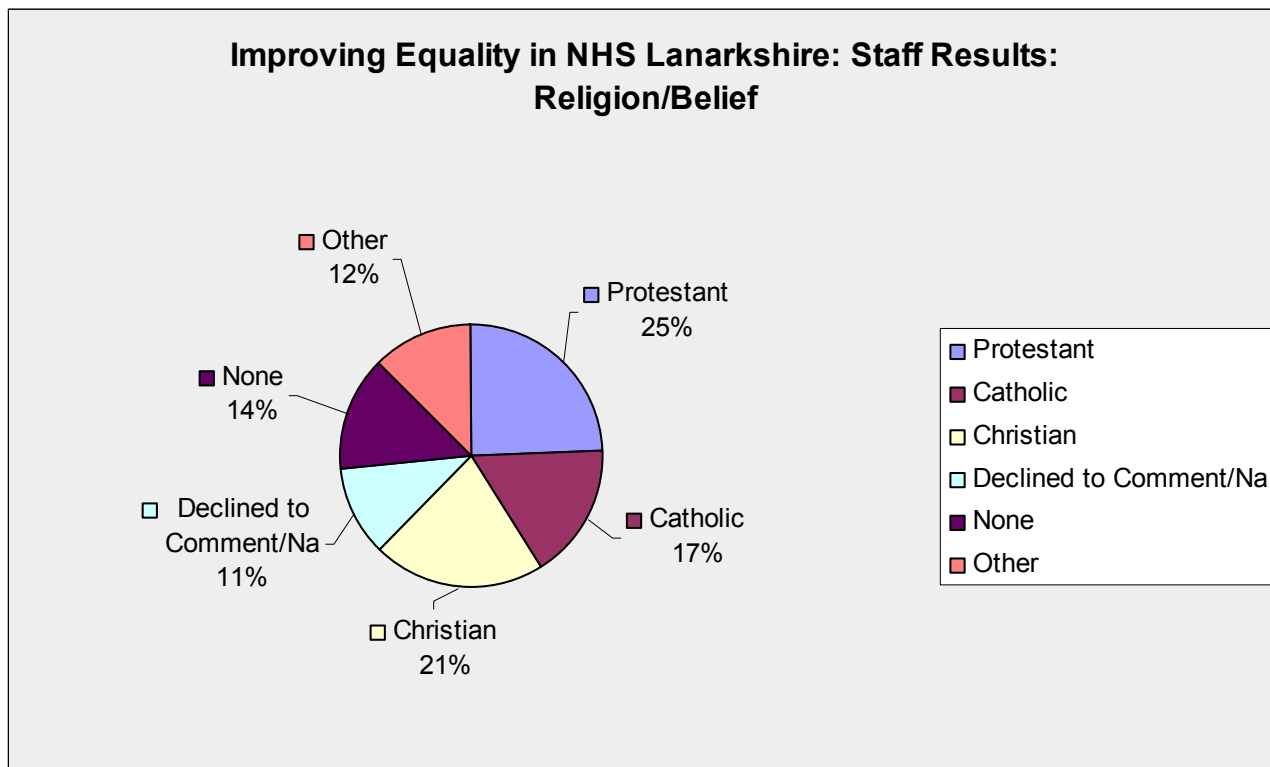
Sexual Orientation		
Answer Options	Response Percent	Response Count
Heterosexual	92.0%	346
Bisexual	0.3%	1
Lesbian	1.1%	4
Gay	1.3%	5
Declined to comment	5.1%	19
Other (please specify)	0.3%	1
<i>answered question</i>		376
<i>skipped question</i>		6

Race/ethnicity



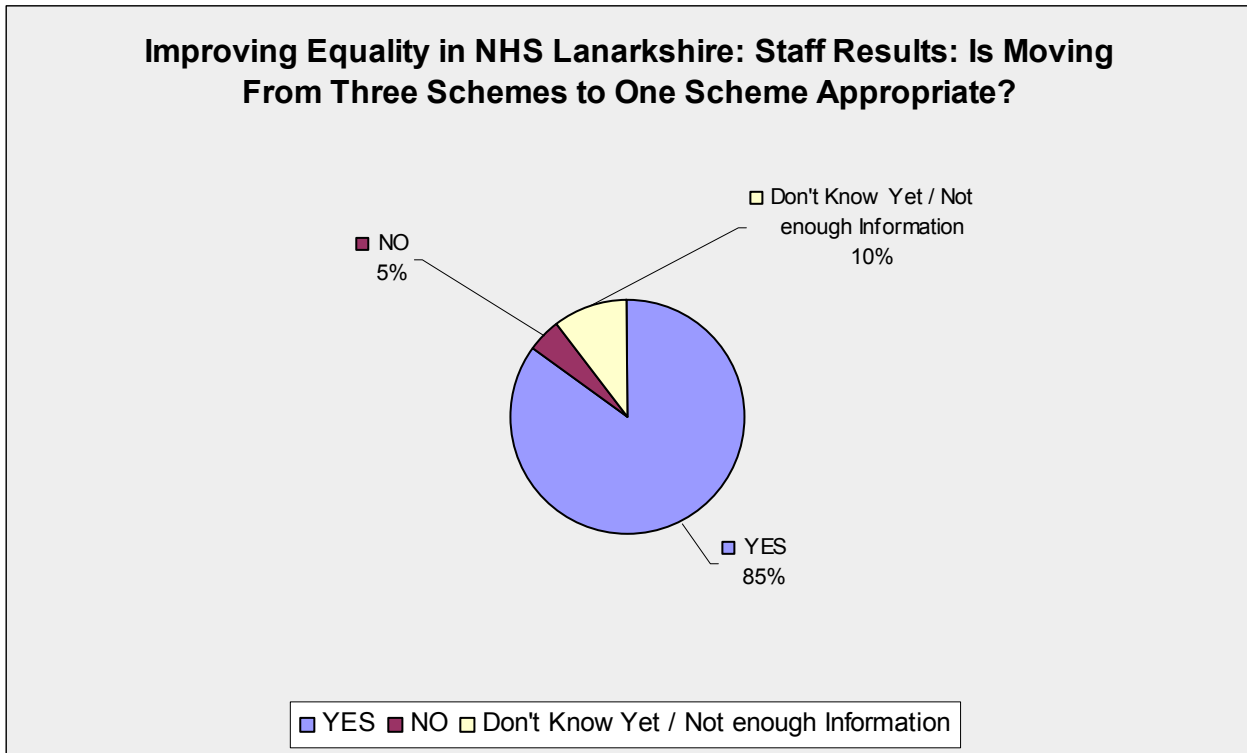
Race/ethnicity		
Answer Options	Response Percent	Response Count
White Scottish	76.3%	287
White British	10.6%	40
White Irish	1.3%	5
Other White	2.4%	9
Indian	1.3%	5
Pakistani	0.5%	2
Bangladeshi	0.3%	1
Chinese	0.3%	1
Other Asian	1.9%	7
Caribbean	0.0%	0
African	0.3%	1
Other Black	0.0%	0
Declined to comment	2.4%	9
Other (please specify)	2.4%	9
answered question		376
skipped question		6

Religion/belief



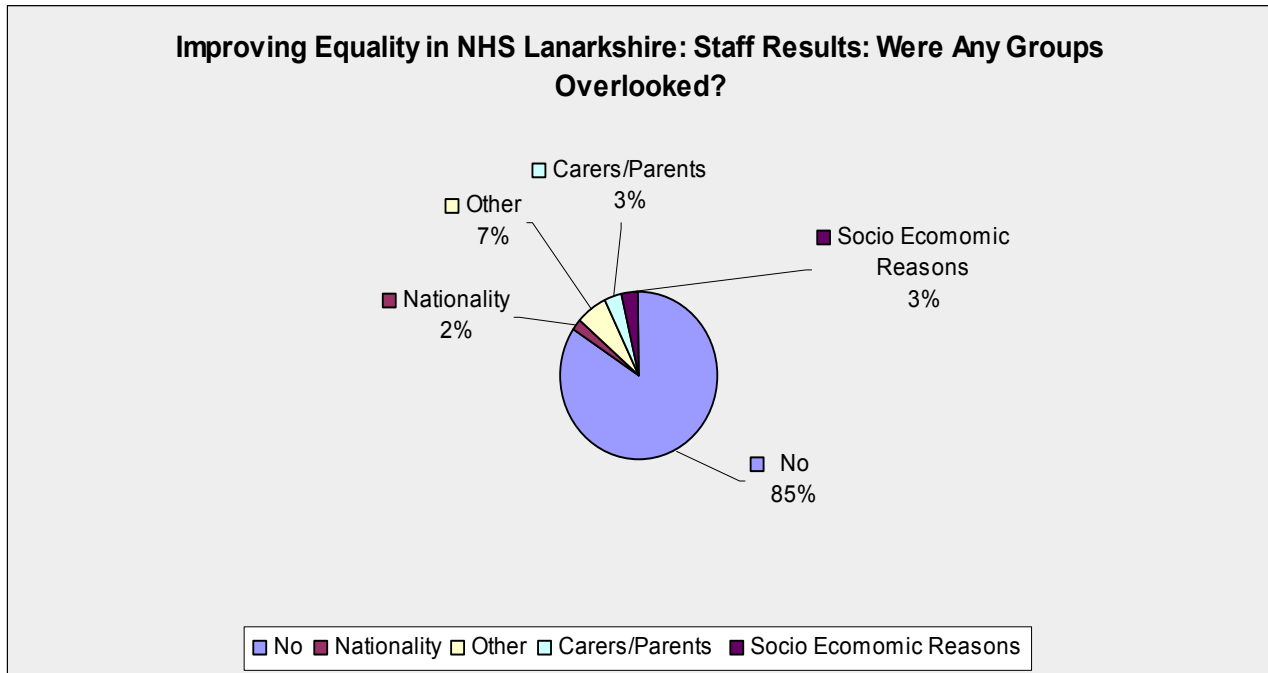
Religion/Belief	
Answer Options	Response Count
	354
<i>answered question</i>	354
<i>skipped question</i>	28

Do you think going from three schemes to one single equality scheme is appropriate?



Categories	Number of Responses
YES	298
NO	17
Don't Know Yet / Not enough Information	36
Total	351

Improving Equality in NHS Lanarkshire: Staff Results: Were Any Groups Overlooked?



Addictions	3
Carers/Parents	11
Weight Issues	3
Socio Economic Reasons	11

NHS LANARKSHIRE
EQUALITY, DIVERSITY AND SPIRITUALITY GOVERNANCE
COMMITTEE

TERMS OF REFERENCE

Role of the Committee

To provide strategic leadership and ensure the effective discharge of Corporate Governance by NHS Lanarkshire in the areas of Equality, Diversity and Spirituality.

This will be achieved by mainstreaming the equality, diversity and spirituality agenda throughout all areas of health improvement, healthcare and employment practice activity.

The Committee will promote the effective development and implementation of Policy on behalf of the Board of NHS Lanarkshire to :

- ❖ Eliminate discrimination, value diversity and ensure equality of care, treatment and access to services which are appropriate and sensitive to individuals needs.
- ❖ Recognise and promote the importance of spiritual care in the overall health, treatment and well-being of patients and staff.
- ❖ Support the Board of NHS Lanarkshire in maintaining contemporary knowledge and understanding of equality, diversity and spirituality matters, and to ensure that such matters are of influence in the strategic / operational thinking and decision-making of the Board.
- ❖ Establish an effective system of performance management / monitoring to ensure progress against statutory requirements, agreed policies and action plans.

Key Areas of Activity for the Committee will include Monitoring of Progress :

- ❖ Energising the Board and staff of NHS Lanarkshire, strategic partners and the people of Lanarkshire to create the widest possible understanding and impact on equality, diversity and spirituality issues.
- ❖ Developing effective and inclusive methods of communications, improving access to and availability of advocacy where needed to engage with and reflect the views of staff and the communities of Lanarkshire.
- ❖ Policy development and implementation of good practice to promote the enhanced performance of NHS Lanarkshire consistent with national statutory requirements and with close regard to the demographic and health status of the communities of Lanarkshire.

- ❖ Community relations / development and the achievement of Patient Focus and Public Involvement working in Partnership with Local Authorities, Voluntary Sector, Community Groups etc. to create open and influential relations with communities.
- ❖ Development of methods to identify and continuously monitor the diverse health and healthcare needs of the different communities of Lanarkshire. Ensure that such needs assessment is of influence in planning and decision-making.
- ❖ Development of Human Resource Policies and practice to promote the performance of NHS Lanarkshire as an exemplar employer, to deliver equality, fairness and consistency in management decision-making and to eliminate discrimination across all areas of employment practice.
- ❖ Introduction of staff development and training programmes to create continuous improvement in the skills, knowledge and confidence of staff recognising and valuing the positive impact of equality, diversity and spirituality as features of a high quality, progressive, caring, public / patient focussed NHS.
- ❖ Review and develop systems of data collection to support and inform effective performance management, reporting and decision-making.

TITLE

NHS Lanarkshire Equality, Diversity and Spirituality Governance Committee. This Committee is a formal sub-committee of the NHS Lanarkshire Board.

CHAIRPERSON

The Chairperson will be a Non-Executive Director appointed by the NHS Lanarkshire Board, currently Sandra Smith.

MEMBERS

One or more Non-Executive Directors in addition to the Chairperson of the Committee will be appointed by the NHS Lanarkshire Board to serve as members.

Current members :

Bill Sutherland – Vice Chairman & Non-Executive Director
Neena Mahal – Non-Executive Director
Eddie McAvoy – Non-Executive Director
Jim McCabe – Non-Executive Director

The NHS Lanarkshire Board in partnership with other appropriate agencies will identify public / patient representation to serve on the Committee.

IN ATTENDANCE

The following members of staff are invited to attend each meeting.

Tim Davison – Chief Executive
Alison Graham – Medical Director
Paul Wilson – Director of Nursing
Kenneth Small – Director of Organisational Development
Shona Welton – Head of Patient Affairs
Hina Sheikh – Diversity and Equality Co-ordinator
Bob Devenny – Head of Spiritual Care
Representative – Public Health

RIGHT OF ATTENDANCE

The NHS Lanarkshire Board Chairman and other Non-Executive Directors will have a right of attendance at any meeting

QUORUM

To be quorate, meetings will require the attendance of two non-executive Directors of NHS Lanarkshire Board.

FREQUENCY OF MEETINGS

Meetings will be held quarterly. Additional meetings will be held as required with the agreement of the Chairperson and two members of the Committee.

MINUTES

A formal Minute of all meetings and decisions taken will be recorded and circulated.

REPORTING

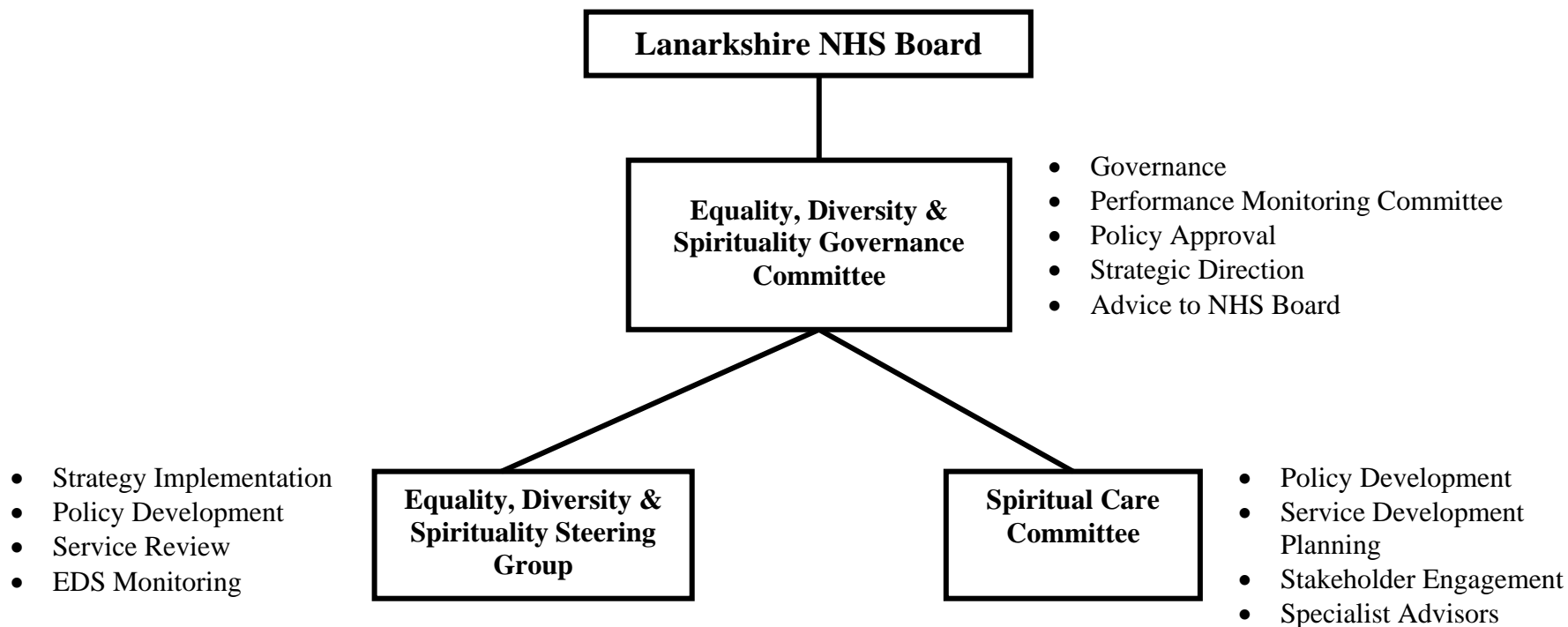
The Equality, Diversity and Spirituality Governance Committee will report directly to the NHS Lanarkshire Board.

Minutes of each meeting of the Committee will be submitted to the NHS Lanarkshire Board, and will be made freely available to staff and the public.

Other reports will be provided at the request of the NHS Lanarkshire Board, or as deemed appropriate by the Committee.

The Committee will produce an Annual submission to Report for NHS Lanarkshire Board.

EDS Organisational Chart



Glossary

Black and Minority Ethnic (BME)

The term currently used to describe the range of minority ethnic communities and groups in the UK. It can be used to mean the main Black and Asian and Mixed racial minority communities or it can be used to include all minority communities, including white minority communities.

Bullying

Bullying the tormenting of others through verbal harassment, physical assault or other more subtle methods of coercion, such as manipulation.

CEL

Scottish Government Chief Executive Letter.

Consultation

Asking for views on services or policies from service-users, staff, decision-making groups or the general public. Consultation can include a range of different ways of consulting, e.g. focus groups, surveys and questionnaires or public meetings.

Disability

The legal definition for the purposes of the DDA 1995 is “physical or mental impairment which has a substantial and long term effect on an individual’s ability to undertake normal day to day activities”. However, this definition sees people under what is known as the “Medical Model of Disability”. By contrast the “Social Model of Disability”, used by NHS Forth Valley views disability as the way in which society fails to meet the needs of disabled people.

Discrimination

To make an unjust distinction in the treatment of different categories of people (can be positive or negative discrimination).

Direct Discrimination

Treating a person less favourably than others are, or would be, because of their race, ethnic origin, gender, disability, age, religious or other belief, or their sexual orientation.

Diversity

Diversity is about recognising and valuing difference in its broadest sense. It is about creating a culture and practices that recognise, respect, value and harness differences for the benefit of all.

Equality

Equality is about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential.

Note: Equality and diversity are independent. There is no equality of opportunity or outcome if difference is not recognised and valued.

Equality Groups

This is a collective reference to people who identify with or are identified by a particular personal characteristic e.g. age, disability, gender, gender identity, gender re-assignment, race, religion and belief, parental or carer status, pregnancy and **Equality Impact Assessment (EIA)**.

Equality Impact Assessment - is a way to make sure individuals and teams think carefully about the likely impact of policies or procedures, strategies, functions and services, to identify any unmet needs, and to provide a basis for action to improve services where appropriate.

It systematically assesses and records the actual, potential or likely impact of a service, policy or project – or a significant change in a service, policy or project - on different groups of people. The consequences of policies and projects on particular groups are analysed and anticipated so that, as far as possible, any negative consequences can be eliminated or minimised and opportunities for ensuring equality can be maximised.

Harassment

Harassment can take a variety of forms, but in general, a person subjects another to harassment where s/he engages in unwanted conduct which has the purpose or effect of violating that other person's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for her/him.

HDL

Scottish Executive Health Department Letter.

Human Rights

The term “human rights” refers to those fundamental rights and freedoms essential for human survival. These have been recognised by the global community and are protected by international legislation.

Indirect Discrimination

This occurs where the effect of certain requirements, conditions or practices imposed by an employer has an adverse impact disproportional on one group or other.

Multiple Discrimination

This is discrimination which affects a person or group on more than one level, for example a woman who is black and gay experiencing homophobia from some parts of the black community, racism from some parts of the gay community and racism and homophobia from others.

Multiple Identities

Describes the fact that every person has more than one personal characteristic which they may identify with, for example everyone has an age, disability or non-disability, gender, gender identity, race, religion or belief or none, parental or carer status, sexual orientation etc.

Positive Action

Action which is taken to address historic or systemic inequality or discrimination through supporting those people to be able to compete or interact at the same level as others.

Prejudice

An opinion that is formed before knowing the facts of a situation or is not based on reason or experience.

Racism

A prejudice that is founded on the basis of race, nationality or ethnic group, in which groups different to one’s own are seen as inferior. Also used to describe discriminatory behaviour on the grounds of race.

Reasonable Adjustments

Employers have a duty of making reasonable adjustments in respect of disabled candidates or staff and those delivering services must consider adjustments to meet special needs of disabled customers and clients.

Sexism

A prejudice based on a person's gender in which one gender is seen as inferior.

Also may be used to describe discrimination on grounds of gender.

Social Model

A model created and endorsed by disabled people internationally, this emphasises the barriers and structures which exclude disabled people, rather than their disabilities.

Sexual Orientation

A term describing a person's attraction to members of the same or different sex. Usually defined as lesbian, gay, bisexual, or heterosexual.

Single Outcome Agreements (SOA)

Single Outcome Agreements are the documents where local Community Planning Partnerships set out their priorities for action and agree them with the government. NHS boards are key partners in Community Planning Partnerships and have specific responsibility for ensuring that health improvement and reducing health inequalities outcomes is core to the agreement. Whilst the Single Outcome Agreements themselves may not have specific mention of equality and diversity issues, the action plans that underpin each agreement must be impact assessed and will need to show engagement with equalities issues.

Social Origin

This describes where you have come from in terms of society. It could include your social class or status, but could also describe your geographical origin or the origin of your family.

Transgender

An umbrella term for people whose gender identity, expression or behaviour is different from those typically associated with their assigned sex at birth, including but not limited to transsexuals, cross dressers.

Transsexual

A term for people whose gender identify is different from their assigned sex at birth.

Victimisation

Treating an individual less favourably than another because they have brought or supported a complaint of discrimination.