



A collaboration between NHS Boards providing guidance in creating Single Equality Schemes

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يمكن أن يتوفر هذا الإعلان بلغات مختلفة، وطباعة بحجم أكبر، وطباعة برايل (باللغة الإنجليزية فقط). للحصول على معلومات حول ترجمة هذا الإعلان بلغتك المحلية، يرجى الاتصال بالرقم الوارد أدناه.

यह प्रकाशन विभिन्न भाषाओं, बड़े अक्षरों, ब्रेल लिपि (सिर्फ अंग्रेजी) में उपलब्ध कराया जा सकता है। आपके समुदाय की भाषा में इसे प्रकाशन के अनुवाद के बारे में जानकारी के लिए कृपया नीचे दिए हुए नम्बर पर टेलीफोन करें।

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ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਵੱਖ ਵੱਖ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਛਾਪੇ, ਬ੍ਰੇਲ (ਸਿਰਫ ਅੰਗਰੇਜ਼ੀ ਵਿਚ) ਉਪਲਬਧ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ। ਇਸ ਪ੍ਰਕਾਸ਼ਨ ਦੇ ਆਪਣੇ ਭਾਈਚਾਰੇ ਦੀ ਭਾਸ਼ਾ ਵਿਚ ਅਨੁਵਾਦ ਲਈ ਜਾਣਕਾਰੀ ਲਈ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠ ਲਿਖੇ ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ।

یہ طبع مختلف زبانوں اور بڑے چھاب میں دستیاب کی جاسکتی ہے، برائلی (صرف انگریزی میں)۔ اپنی کمیونٹی کے زبان میں اس طبع کے ترجمے کے بارے میں معلومات حاصل کرنے کے لئے، براہ کرم مندرجہ ذیل نمبر پر فون کیجئے۔

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Welcome

Having worked together over a long period, a number of NHS Boards decided that a consistent approach to developing a single equality scheme and action plan would be of use and that by working together we could maximise resources and gain synergies of ideas and activities, as well as helping to create a coherent national picture on equality.

We thought that this guidance would be useful as a prompt for staff to make sure that everything is covered, because in the day-to-day reality of doing our jobs with competing demands and pressures, we recognise that with the best will in the world issues can still get forgotten. We hope that this guidance will help highlight how all of our duties hang together and give clarity on the legal requirements and good practice.

This guidance is not just about getting the process right, as the scheme, action plan and annual report are only tools which can help us ensure that we are actively promoting equality for all. We want to ensure that we achieve equality of outcome, to ensure that people are treated equally, fairly, with dignity and respect; and that we address health inequalities as part of our core business. We believe that the shared understanding of and approach to these issues will help improve good practice and ultimately improve the service we deliver and the environment in which we all work.

As schemes and action plans are living documents so will this guidance need to be, therefore we will keep it under continual review, including accepting ongoing feedback on it, and will also have a formal annual review and updating process. The first formal review is due by 30 June 2010.

Looking to the future we intend to further incorporate human rights as well as equality into our work. That is why we have developed this guidance for a single equality scheme and action plan using a human rights based approach. This is not a single equality and human rights scheme and action plan which would be

a different entity, but it is step along the path to achieving this. This approach, in particular, we will keep under review with a view to considering moving towards a full human rights scheme, incorporating equality, in the future.

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March 2009

Introduction

This guidance is designed to support health boards to develop their own single equality scheme and action plan which will help them to achieve equality for all, both in terms of outcomes and opportunities. It provides information on what should be included in a single equality scheme and action plan. It is designed to be used along with the framework document on creating a single equality scheme and action plan. As equality and human rights law is a developing area, this guidance is a living document which we will review regularly, however health boards remain liable for ensuring the accuracy and currency of their own schemes and action plan. It should be noted that the responsibility for creating a legally compliant scheme or schemes and action plans rests with the health board and the authors and publishers of this guidance accept no liability for health boards using this guidance who do not produce a legally compliant scheme and action plan.

This guidance is not intended to be an all encompassing guide to equality practice, we have assumed that those developing an equality scheme and action plan will have some level of knowledge of equality law and practice, therefore have focused on the requirements of the public sector duties, rather than explaining equality law and practice more generally.

Whilst the guidance is generic it has always been our intention that it should be useful to both specialist and territorial boards. Boards should recognise the mutual support which we can gain from working together, for example sharing data whereby territorial boards can contribute to specialist boards to build up a nationwide picture which territorial boards can then draw upon to develop more appropriate and effective services.

We have tried to put this guidance together with a degree of realism, recognising that health boards are not just in the business of promoting equality but that our core function is the provision of health care and prevention of ill-health. This means that whilst every member of staff needs to be aware of equality and human rights issues, their own values and how this can impact on the service they deliver,

they do not need to be an expert in equality or human rights law. We need to ensure that people have the right level of knowledge to be able to do their job and meet our equality and human rights obligations, whilst treating people equally and fairly, and treating them with dignity and respect as autonomous individuals.

This guidance is not about reinventing the wheel but about supporting health boards to recognise existing good practice and to further develop their outcomes on equality. Within this there are a number of things which it is important to recognise.

Equality is about everyone, it is not just about minority groups or special treatment for people. Equality matters to us all because we all have multiple identities i.e. we all have a gender identity, an age, a sexual orientation etc. Equality means ensuring that the outcome is equal. In some situations this may require treating people differently to achieve the same outcome, for example it may require action to address systemic or historic inequality.

When we then add human rights to this, we again need to recognise that this is not about special treatment. We all have human rights by virtue of our humanity. Therefore when we talk about implementing human rights we need to think of the rights of everyone, not just patients, but staff as well, and carers and families and anyone else who may be affected by our actions.

In conclusion, we hope that this guidance will support those boards who choose to use it to develop a coherent, consistent and inclusive single equality scheme and action plan that enables them to deliver our shared equality goals.

How to use this document

Section A of this document provides contextual information such as the arguments relating to creating single or multiple equality scheme(s) and action plans and the legal context in which these operate. **Section B** provides the guidance for the scheme and action plan and **Section C** is the framework document for creating a scheme and action plan. **Section D** contains the appendices to this guidance.

As stated above this document is designed to be used along with the framework document and is laid out according to the sections in the framework so that the guidance on each section is clear. Section numbers are provided in brackets at the start of each section. Numbering starts from (i) and then from (1) at the start of the content of the framework i.e. the introduction.

This guidance and framework only provide an outline of the sections which might be expected in a single equality scheme and action plan, responsibility for creating the actual scheme and action plan, and populating it with relevant and correct information rests with the health board.

Throughout the document there are a number of tools to help you think about the issues, these are:

- **Notes:** These highlight interesting pieces of information, good practice, important points etc.
- **Points to consider:** These highlight particular questions which you may find it useful to consider
- **Examples:** These are illustrative examples of how the particular section could look or an action which might achieve the outcome described

Section A: Context to creating a Single Equality Scheme and Action Plan

Before embarking on creating a single equality scheme and action plan health boards may find it useful to read the following section of contextual information. This includes information on:

- the law relating to equality and human rights;
- explanation of what a single equality scheme and action plan is;
- the arguments regarding creating a single equality scheme and action plan or multiple strand specific schemes and plans;
- the different approaches which can be taken to writing any equality scheme and action plan, and other useful information; and
- contextual information in relation to health; including information on health inequalities, key policies etc.

What is a single equality scheme and action plan?

A single equality scheme is a scheme which incorporates all duties and commitments on different equality groups into one scheme. An action plan highlights the actions which will be taken to make the commitments in the scheme become a reality, and therefore to promote equality for all.

Currently the law requires the production of equality schemes and action plans in relation to disability, gender and race. However the law does not specify that these have to be separate schemes or plans, only that the information on how the duties are being met must be easily identifiable and that the scheme and action plan

meets the requirements of all three duties. A single equality scheme and action plan could cover disability, gender and race in one single scheme and action plan, rather than having separate disability, gender and race equality schemes and action plans.

However the scope of a single equality scheme and action plan is not limited, therefore it could include other equality groups such as age, gender identity, gender reassignment, parents or carers, remoteness, religion or belief, rurality, sexual orientation, or social origin.

The Equality Bill, put forward by the UK Government and announced in the Queen's Speech in December 2008, will create a single new Equality Duty on public bodies to:

- “ (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.”¹

The new duty will cover disability, gender and race as now, but will also include age, gender reassignment, marriage or civil partnership, religion or belief, pregnancy and maternity, and sexual orientation, replacing the three existing, separate duties with a single framework².

1 Equality Bill 2009 s143 as at 1 June 2009

2 Government Equalities Office (2008) The Equality Bill: Factsheet, London: UK Government Equalities Office. For further information see www.equalities.gov.uk.

A Single Equality Scheme and Action Plan: Positives and Negatives

Whether to create a single equality scheme and action plan or multiple equality schemes and action plans specific to particular strands is a decision which health boards must make. However in terms of future proofing, given the anticipated move to a single equality duty under the Equality Bill, it may be advisable to consider moving towards a single equality scheme and action plan.

The positive and negative considerations relating to each approach are laid out below and on the following pages.

Positive		Negative	
Single Equality Scheme and Action Plan	Strand Specific Scheme and Action Plan	Single Equality Scheme and Action Plan	Strand Specific Scheme and Action Plan
Joined up approach	Focus on the issues for particular groups / strands, for example historical inequalities	May lose focus on issues particular to one group / strand	May not identify issues relating to multiple identity or where discrimination on one ground compounds or makes it more likely to suffer discrimination on another ground (intersectionality – for further explanation see Glossary)

Positive		Negative	
Single Equality Scheme and Action Plan	Strand Specific Scheme and Action Plan	Single Equality Scheme and Action Plan	Strand Specific Scheme and Action Plan
Focuses on the whole person and recognises how intersectionality can compound discrimination.	Focus on challenging specific discrimination, for example sexism, homophobia, religious intolerance and sectarianism etc.	May become diluted relating to challenging specific discriminations	Creates a sense that the norm is “white, middle class, middle aged, able-bodied, male, heterosexual”
Can address a wider range of equalities groups / strands (and will be required to following the Equality Bill)			Does not address specific types of disadvantage, for example social origin, poverty, caring responsibilities etc
Recognises the synergies of working together on equality to harmonise up practice and law	Allows for exploration of particular issues within particular groups, for example considering the different needs of people with different disabilities		Increases the sense that equality politics is about who shouts loudest

Positive		Negative	
Single Equality Scheme and Action Plan	Strand Specific Scheme and Action Plan	Single Equality Scheme and Action Plan	Strand Specific Scheme and Action Plan
Synergies of actions which address discrimination on more than one ground			Does not take account that many inequalities cut across a range of issues
Should meet the new public sector equality duty introduced by the Equality Bill	Clearly meets existing public sector equality duties if have separate schemes	Care needs to be taken to ensure that existing equality duties are met and easily identifiable	May not meet with new public sector equality duty to be introduced by the Equality Bill
Easier for staff, service users and stakeholders to engage with and easier for staff to implement			
Makes equality obligations more manageable and achievable by having in one place and gaining synergies across the groups			

Other issues which may be common to both approaches is a tendency to treat groups as homogenous rather than recognising the complexities and multiple identities within the group, and to define a group by a single aspect or characteristic.

In creating a single equality scheme and action plan, some of the concerns relating to separate strand issues being overlooked can be addressed by levelling up the protection i.e. implementing the highest standard of protection for all strands, for example the Disability Equality Duty requires involvement of disabled people rather than just consultation, but this could be extended to all groups.

Including human rights

Many public authorities are also considering the inclusion of human rights in their equality schemes and action plans. Whilst there is not a specific public sector duty on human rights, all public authorities have to ensure that everything they do is compliant with the Human Rights Act 1998.

Having a human rights scheme and action plan may be a way of ensuring this compliance, however given the range of rights protected by human rights law, and the complexities of these rights, it is unlikely that these can be effectively included in an equality scheme and action plan.

There are however means by which some cognisance of human rights can be incorporated into an equality scheme and action plan, without going to the extent of creating a human rights scheme and action plan. For example the scheme and action plan can be written using human rights principles (fairness, respect, dignity, equality and autonomy) to underpin it, or using a human rights based approach (focusing on using explicit human rights language, ensuring accountability, participation, empowerment, non-discrimination and focus on vulnerable groups).

Action plans

Action plans explain how the vision described in the scheme will be implemented and are essential to achieving equality for all and for meeting the legal duties. Whereas the scheme lays down the vision, the action plan translates that into actions targeted to achieve outcomes on equality. An action plan is a legal requirement under the public sector equality duties, however as with the schemes it is not specified whether this should be a separate action plan, or whether a single action plan where the actions on each strand are identifiable is acceptable.

Health boards will need to consider whether it is better to have a single action plan covering all the strands in their scheme / schemes or whether to have separate action plans. Some of the arguments identified above in relation to single or separate schemes also apply here.

When creating action plans (like any other form of strategic or corporate plan) it is important that they are outcome focused (the ultimate outcome being equality for everyone), and that they are SMART.

The action plan can be a means by which service users can be encouraged to participate and by which service users and staff, volunteers or board members can be empowered to address equality issues.

Note

The term SMART is often interpreted in different ways, for the purposes of this guidance SMART is defined as:

- Specific** – be clear on what is the **outcome** you want to achieve?
- Measurable** – how will you know that you have achieved it? What evidence will you have? How will you measure success?
- Achievable** – is it within your power and abilities to achieve the outcome?
- Realistic** – can the outcome be achieved within your resources, knowledge and time?
- Time related** – when do you want to achieve this? (You might need to set review dates or an interim timescale for long term outcomes.)

Points to consider

- Are the actions in your plan SMART?
- Is the overall plan SMART?
- Have you clearly defined the outcomes and impact and the inputs and actions needed to achieve these?

Key issues to bear in mind when creating a scheme and action plan

Aside from ensuring that any scheme and action plan meets the legal requirements outlined below, and the issues outlined above there are a few general issues to bear in mind when creating a scheme and action plan.

- The audience – the scheme and action plan are public documents and should be written as such, i.e. the documents should be written simply, in clear, understandable language, without jargon, acronyms etc. Consideration should also be given to what other formats are necessary to make the documents accessible to everyone, for example Easy Read, translated summaries etc.
- The requirements to consult and involve - ensuring that this takes place in a meaningful and effective manner, and follows good practice, for example the National Standards for Community Engagement and the Scottish Government Guidance on consulting with equality groups.
- Outcome focused – ensuring that the scheme is written with the outcome of the general equality duties in mind i.e. to promote equality for all, and good relations between groups; and that action plans are SMART and outcome focused, not just a collection of actions but actions which will help achieve the general equality duty outcomes.

Managing the transition to a single equality scheme and action plan

Having decided to move to a single equality scheme and action plan it is important to recognise that the health board is not starting from scratch and to build upon the existing work on equalities.

It is also important to recognise that this type of change will take time and energy to implement effectively. As such it is best approached like any other organisational change project, this might include taking a phased approach to implementation whereby the existing schemes and action plans are brought

together before adding further strands, or the existing schemes and action plans remain in operation whilst a single equality scheme and action plan covering new strands or all strands is developed and embedded.

In particular health boards should recognise, and plan for, the attitudinal change which may be necessary. Addressing attitudes, particularly on issues where people may feel more sensitive, for example religion or sexual orientation, is essential to the effective implementation and operation of the scheme and action plan, therefore health boards need to ensure that appropriate support and training has taken place prior to implementation and that ongoing support and training mechanisms are in place. This again presents an opportunity for participation of all stakeholders (service users, staff, volunteers and board members) and to empower them to lead the change, as well as to have ownership of the work.

Planning the development and implementation of any single equality scheme and action plan will ultimately assist in ensuring its effective implementation and therefore success.

Health boards can highlight to staff the benefits of having a single equality scheme and action plan, as well as the existing work which they do in this area, for example highlighting that a single equality scheme and action plan can make this work more manageable and achievable, and also easier to engage with and implement.

Points to consider

- What is the current awareness and understanding of the existing equality duties, schemes and action plans?
- What is the current effectiveness of implementation of the existing equality schemes and action plans?
- How receptive are staff to change? And what will be needed to manage this transition?
- When is the most appropriate and effective time to conduct the transition?

Law and policy relating to equality and human rights

There are a range of laws relating to equality and human rights, of which the key laws are listed below:

Equal Pay Act 1970

Sex Discrimination Act 1975

Race Relations Act 1976 (as amended 2000)

Disability Discrimination Act 1995 (as amended 2005)

Human Rights Act 1998

Sex Discrimination (Gender Reassignment) Regulations 1999

Employment Equality (Sexual Orientation) Regulations 2003

Employment Equality (Religion & Belief) Regulations 2003

Employment Equality (Age) Regulations 2006

Equality Act 2006

Equality Act (Sexual Orientation) Regulations 2007

There are also a many other laws which are relevant to equality or particular groups of people such as:

Equal Pay Act 1970

Scotland Act 1998

Criminal Justice (Scotland) Act 2003

Protection of Children (Scotland) Act 2003

Civil Partnerships Act 2004

Gender Recognition Act 2004

All of these should be borne in mind when creating any equality scheme and action plan. Further details about all of these laws can be found on the Equality and Human Rights Commission website at <http://www.equalityhumanrights.com/advice-and-guidance/information-for-advisers/codes-of-practice>.

Amendments were made to the Race Relations Act in 2000, the Disability Discrimination Act in 2005 and the Sex Discrimination Act in 2006. Each of these amendments created the respective public sector equality duties on disability, gender and race; and with those the requirements to create equality schemes and actions plans relating to those particular groups. Each duty has a general and specific duties, these are summarised in a joint publication by the previous equality commissions (the Commission for Racial Equality, the Disability Rights Commission and the Equal Opportunities Commission). The publication can be accessed at http://www.lawscot.org.uk/uploads/Equality_Diversity/bringing_equality_to_scotland.pdf.

A list of all public bodies covered by both the disability and gender equality specific duties was published by the Disability Rights Commission and the Equal Opportunities Commission can be obtained from the Equality and Human Rights Commission. Ask for “*The Disability Equality Duty, The Gender Equality Duty, Who is Covered by the specific duties on Public Authorities in Scotland*”.

The **Race Equality Duty** (RED) provides that all public bodies listed in Schedule 1 of the Race Relations Act must take steps to promote race equality. This is split into the general duty and specific duties. The general duty applies to all public authorities listed in Schedule 1A of the Act, including universities and colleges. It requires them:

- to eliminate unlawful racial discrimination;
- to promote equality of opportunity between persons of different racial groups, and;
- to promote good relations between persons of different racial groups.

The specific duties were introduced to help public authorities to meet the general duty. It is obligatory for all public authorities listed in Schedule 1 of the Act to meet the specific duties by publishing a race equality scheme which includes:

- *“those of its functions and policies, or proposed policies, which that body or person has assessed as relevant to its performance of the duty imposed by section 71(1) of the Race Relations Act; and*
- *(b) that body or person’s arrangements for –*
 - (i) assessing and consulting on the likely impact of its proposed policies on the promotion of race equality;*
 - (ii) monitoring its policies for any adverse impact on the promotion of race equality;*
 - (iii) publishing the results of such assessments and consultation as are mentioned in sub-paragraph (i) and of such monitoring as is mentioned in sub-paragraph (ii);*
 - (iv) ensuring public access to information and services which it provides; and*
 - (v) training staff in connection with the duties imposed by section 71(1) of the Race Relations Act and this Order.*

*Such a body or person shall, by no later than 30th November 2005 and at three yearly intervals thereafter, review the assessment referred to above.”*³

3 CRE Code of Practice on the duty to promote race equality in Scotland - can be found on the Equality and Human Rights Commission website at <http://www.equalityhumanrights.com/advice-and-guidance/information-for-advisers/codes-of-practice>.

Certain bodies, including health boards are subject to further requirements in relation to employment as follows:

- “monitor by reference to racial groups to which they belong, monitor the numbers of –
 - (i) staff in post, and*
 - (ii) applicants for employment, training and promotion, from each such group, and*

Where that body or person has 150 or more full-time staff, the numbers of staff from each such group who -

- (i) receive training;*
 - (ii) benefit or suffer detriment as a result of its performance assessment procedures;*
 - (iii) are involved in grievance procedures;*
 - (iv) are the subject of disciplinary procedures; or*
 - (v) cease employment with that person or other body.”⁴*
- The body must also publish the results of this monitoring annually

The Race Equality Duty specified that a Race Equality Statement had to be put in place by no later than 30 November 2002. It also specified that the public bodies in Scotland covered by the duty produce a three-yearly review of their functions, policies and proposed policies by 30 November 2005 and every 3 years thereafter.

4 CRE Code of Practice on the duty to promote race equality in Scotland - can be found on the Equality and Human Rights Commission website at <http://www.equalityhumanrights.com/advice-and-guidance/information-for-advisers/codes-of-practice>.

Further information on the race equality duty can be obtained from the Equality and Human Rights Commission website at the Equality and Human Rights Commission website at <http://www.equalityhumanrights.com/advice-and-guidance/information-for-advisers/codes-of-practice>.

The Code of Practice on the Duty to Promote Race Equality in Scotland and other useful information can be found at the Equality and Human Rights Commission website at <http://www.equalityhumanrights.com/advice-and-guidance/information-for-advisers/codes-of-practice>.

The **Disability Equality Duty** (DED) provides that all public bodies (defined as “*any person who has functions of a public nature*”) must comply with the general duty to promote disability equality, this would include health boards. The specific duties apply to any public bodies listed as being covered, including health boards.

The general duty requires that every public authority shall in carrying out its functions, have due regard to the need to:

- promote equality of opportunity between disabled persons and other persons
- eliminate discrimination that is unlawful under the Act
- eliminate harassment of disabled persons that is related to their disabilities
- promote positive attitudes towards disabled persons
- encourage participation by disabled persons in public life; and
- take steps to take account of disabled persons’ disabilities, even where that involves treating disabled persons more favourably than other persons.

The specific duties require that each public body should:

- publish a Disability Equality Scheme demonstrating how it intends to fulfil its general and specific duties
- involve disabled people in the development of the Scheme

- ensure the Scheme includes specific information listed in the Act (including impact assessment, an action plan, monitoring arrangements and an annual report).

The Disability Discrimination Act requires that all public bodies in Scotland report on progress towards disability equality by no later than 4 December 2007 and annually thereafter.

Further information on the disability equality duty can be obtained from the Equality and Human Rights Commission website at <http://www.equalityhumanrights.com/advice-and-guidance/information-for-advisers/codes-of-practice>.

The Code of Practice for Scotland on the Disability Equality Duty and other useful information can be found at the Equality and Human Rights Commission website at <http://www.equalityhumanrights.com/advice-and-guidance/information-for-advisers/codes-of-practice>.

Further information on implementing the disability duty in practice can be found at <http://www.dotheduty.org/putting-the-duty-into-practice.asp>.

The **Gender Equality Duty** (GED) provides that all public authorities (defined as “any person who has functions of a public nature”) must comply with the Gender Equality Duty, this includes health boards. The general duty is to eliminate discrimination and harassment and to promote equality in relation to gender. Under the duty, authorities also have an obligation to eliminate discrimination and harassment towards current and potential transsexual staff.

The specific Scottish duties require listed bodies to achieve the following by 29 June 2007:

- gather information on how their work affects women and men.
- consult employees, service users, trade unions and other stakeholders.

- assess the different impact of policies and practices on both sexes and use this information to inform their work
- identify priorities and set gender equality objectives.
- plan and take action to achieve gender equality objectives.
- publish a gender equality scheme, report annually and review progress every three years.

And

- (for listed bodies with 150+ staff) publish an equal pay policy statement by 28 September 2007 and report on progress every three years.

Further information on the gender equality duty can be obtained from the Equality and Human Rights Commission website at <http://www.equalityhumanrights.com/advice-and-guidance/information-for-advisers/codes-of-practice>.

The Gender Equality Duty Code of Practice for Scotland and other useful information can be found at the Equality and Human Rights Commission website at <http://www.equalityhumanrights.com/advice-and-guidance/information-for-advisers/codes-of-practice>.

Future legal developments

The law is complex and ever changing therefore it is important to keep up to date. Developments occur not just in legislation but also in how the law is interpreted in courts i.e. through case law, so health boards should ensure that they keep up to date with developments in legislation, policy, case law and practice to ensure that they are fulfilling their legal obligations. When considering these developments it is useful to be aware of developments at the European Union, as well as in the UK, as many of our laws have been developed due to requirements of the EU.

The key development currently being discussed in the UK Parliament is the Equality Bill. This was announced in the Queen's Speech in December 2008. The aim of this bill is to fight discrimination in all its forms and to help to make equality

a reality for everyone. It will simplify equality law to make it easier to implement and enforce and to strengthen it, for example by introducing a single equality duty on public bodies. Further information on this can be found at <http://www.equalities.gov.uk> and the progress of this bill can be followed at <http://services.parliament.uk/bills/2008-09/equality.html>.

Other relevant policies and issues

There are many different issues, policies and initiatives within and affecting health boards which may be relevant to the promotion of equality. The general promotion of equality and the pursuit of addressing health inequalities can be achieved in parallel and in some situations there will be mutual benefits to addressing these issues together.

- Some of the key policies, initiatives, and publications are listed below: Better Health Better Care – The Scottish Government Strategy for a healthier Scotland <http://www.scotland.gov.uk/Publications/2007/12/11103453/0>.
- Patients Rights Bill – the proposals on this bill have been consulted on by the Scottish Government <http://www.scotland.gov.uk/Publications/2008/09/22091148/0>.
- Equally Well – report of the Ministerial Taskforce on Health Inequalities. <http://www.scotland.gov.uk/Publications/2008/06/09160103/0>.
- Better together – a national initiative, aimed at improving the experience of NHS patients and carers <http://www.bettertogetherscotland.com/bettertogetherscotland/20.html>.
- Checking for Change – race equality audit <http://www.healthscotland.com/understanding/publications/index.aspx?title=&type=&topic=0&page=66>.
- Mutuality, Equality and Human Rights Board – this is the advisory group for the mutuality and equality workstream of the Scottish Government Health Department. The workstream is tasked with delivering many of the outcomes in Better Health Better Care.

- NHS QIS governance and risk management standards <http://www.nhshealthquality.org/nhsqis/2762.html>.
- Single Outcome Agreements – these are agreements between central and local governments set out how each will work in the future towards improving national outcomes for local people in a way which reflects local circumstances

There are also a number of CELs and HDLs which are relevant as follows:

- NHS HDL(2002)51 Fair for All: Working together towards culturally competent services http://www.sehd.scot.nhs.uk/mels/HDL2002_51.pdf.
- NHS HDL (2005) 9 Equality and Diversity Impact Assessment Toolkit: Interim Guidance http://www.sehd.scot.nhs.uk/mels/HDL2005_09.pdf.
- NHS HDL (2005) 27 Disability Discrimination Compliance: Access to Mainstream and Specialist Services for those with sensory loss and a mental health problem http://www.sehd.scot.nhs.uk/mels/HDL2005_27.pdf.
- NHS CEL (2008) 19 Multiagency Public Protection Arrangements Extension of Management of Offenders etc (Scotland) Act 2005 to Restricted Patients http://www.sehd.scot.nhs.uk/mels/CEL2008_19.pdf.
- NHS CEL (2008) 41 Gender Based Violence Action Plan http://www.sehd.scot.nhs.uk/mels/CEL2008_41.pdf.
- NHS CEL (2008) 42 NHSScotland Workforce Monitoring Guidance on Conducting Equality Data Collection Surveys http://www.sehd.scot.nhs.uk/mels/CEL2008_42.pdf.
- NHS CEL (2008) 49 Spiritual Care http://www.nes.scot.nhs.uk/documents/publications/classa/211108CEL_2008_49_Spiritual_Care.pdf.
- National Domestic Abuse Delivery Plan for Children and Young People <http://www.scotland.gov.uk/Resource/Doc/228073/0061720.pdf>.

Section B: Guidance on creating a Single Equality Scheme and Action Plan

i. Cover page

The cover page should be clear and use a font size and style appropriate for titles.

The cover page should include the name of the health board; statement of accessibility; the date of publication and date of next review; and a statement of where and how to get more copies of the scheme and action plan. The statement of accessibility should state what formats the scheme and publication is available in and how to access these, for example who to contact and how, or where it is available online etc.

Example

We aim to ensure that all of our information is accessible. This information is available in large print, Braille, on tape, Easy read (with pictures), and in the following languages:

If you would like this information in any of these formats please contact: Jo Bloggs at Jo.Bloggs@healthboard.nhs.uk or phone 01000 123 456

If there is another format which you would find easier to understand this information in, or if you would like to talk to someone about this information please contact: Jo Bloggs at Jo.Bloggs@healthboard.nhs.uk or phone 01000 123 456

You can also get this information in lots of different formats on our website at www.healthboard.nhs.uk.

ii. Contents

The contents page should clearly list the different sections, and perhaps also subsections, and appendices in the scheme and action plan. It is useful to provide section or page numbers so that readers can easily find the section they are interested in. It is also useful to keep the section heading simple. The framework in section C suggests some headings which might be used.

Note

When laying out the contents page ensure that it is accessible, bearing in mind that some tables cannot be read by text readers. You can get more information about this from the Scottish Accessible Information Forum www.saifscotland.org.uk or from RNIB www.rnib.org.uk.

iii. Executive Summary

Long documents often have an executive summary covering the key details of the document. If the scheme and action plan is written in an accessible and clear manner an executive summary may not be necessary, however health boards should consider whether this is appropriate or not. Health boards may wish to particularly consider the purpose of an executive summary and whether this is useful, and whether provision of the information in other formats may be more useful, for example an easy read version, or provision of summaries for different audiences, for example clinicians, patients etc, which could include links to the full document.

1. Introduction

The introduction can be divided into 3 sub-sections, the welcome statement, the general introduction and the statement on accountability. The introduction can be used to highlight the health board's commitment to equality and human rights and to orientate this at the heart of the health board's policy and operations.

1.1 Welcome / introductory statement by Chair / CEO

There should be a welcome or introductory statement by the Chair / CEO or both jointly. The statement should be written by them (with appropriate support) after they have read the scheme and action plan. This means that the statement is a genuine endorsement of the scheme and action plan rather than a political or PR gesture.

Note

In all aspects of delivering equality, leadership is essential therefore the Chair's statement and their support of the scheme and action plan sends a clear message that the health board takes equality seriously, is committed to it at the most senior level and demonstrates leadership on the issue.

It can also be useful to include a picture of the chair and for the statement to be signed by the Chair.

1.2 General introduction

The general introduction should be used to outline why the organisation has chosen to have a single equality scheme and action plan, for example rather than individual equality schemes and action plan. It is an opportunity to lay out briefly the benefits of a single equality scheme and to demonstrate that the organisation is considering multiple identities and intersectionality and taking appropriate action

to address the additional issues which this may present. It is also an opportunity to outline the health board's position in relation to human rights, for example whether it has used human rights principles or a human rights based approach in developing and implementing the scheme and action plan.

The general introduction should also be used to outline what equality groups / communities / individuals it covers, for example does it cover just disability, gender and race, as required by current law, or does it go further and consider other groups protected by equality law, for example age, gender identity, gender re-assignment, religion or belief, and sexual orientation; or even further to consider other groups protected by constitutional or human rights law, for example social origin, parental or carers status, political opinion etc as outlined in the Scotland Act 1998 and the Human Rights Act 1998.

The general introduction should outline how the scheme and action plan has been developed, including providing a brief overview of the involvement and consultation activities which have informed its development. This can be linked for further information to section 4 on consultation, involvement and participation.

1.3 Accountability and resources

The general introduction should also outline who is accountable for the scheme and action plan, for example ultimate responsibility i.e. the Board; responsibility for monitoring and updating, for example a Senior Staff member could have strategic responsibility and a policy officer(s) operational responsibility; addressing positive and negative feedback, what happens if the scheme and action plan is not upheld etc.

This information is an important element of demonstrating the commitment to equality and showing that it is taken seriously at the most senior levels. It is also a key means by which to demonstrate that equality is mainstreamed within the organisation rather than sidelined in human resources or another department.

The general introduction should also outline the resources which are committed to the development and implementation of the scheme and action plan. This can be a useful means of ensuring that appropriate resources are attached to the scheme, particularly to the action plan.

Points to consider

- How are the board, senior management and staff held publicly accountable for equality and human rights outcomes?
- What are the arrangements for monitoring and reporting progress towards these outcomes? For example report to stakeholders, the board, senior management etc.
- How are service users / stakeholders and staff made aware of these reports and how are they encouraged and supported to use the accountability mechanisms?

2. Context

The context section is the health board's opportunity to put the scheme and action plan, and their work in context so that the reader can understand the circumstances in which they operate and any major constraints or challenges they may face.

Note

The idea of this section is to briefly put the health board in context and to enable the reader to better understand this without having to do further reading or research. It is not, for example, to replicate everything which the health board knows about equality and human rights law or policy; or to give a history of the health board.

2.1 About us

This section should put the health board in context which then helps to set the scheme and action plan in context. It should include information about the health board such as its vision and mission; why it exists and what function it serves, for example is it a territorial or specialist health board. It is useful to outline organisational structures, for example provide an organisational structure chart. It can also be used to highlight where the health board has achieved any awards, for example Investors in People, or accreditation, for example Job Centre Plus Two Ticks scheme.

It can be used to highlight the health board's commitment to equality and human rights, for example any policies or practices on this. It should also highlight how the scheme and action plan links to other strategies and policies, for example how it fits with the corporate plan, what key policies are relevant, for example data protection, child and vulnerable adult protection, freedom of information, dignity at work, bullying and harassment policies, equal pay statement. This is also an opportunity to highlight how equality is mainstreamed across the health board.

Note

It may be useful to provide information about financial activities both in the “About us” section and in other relevant sections, for example:

NHS Boards routinely make financial decisions that impact on the delivery of services i.e. by allocating or removing funding from services provided directly by the board, public sector partners, third sector bodies or the private sector. These decisions must be underpinned by a process of impact assessment whether it is incorporated into the business planning process or applied to the financial decisions. This is particularly important when deciding to remove funding from external providers, especially if they are linked to any of the equalities groups.

Similarly, many boards have managed Endowment Funds, usually invested money that has been donated to the organisation, sometimes over many years. Decisions on the allocation of these funds are usually undertaken by an internal committee and should be subject to impact assessment.

The scheme should contain details of the process by which the Board will ensure that both of these financial activities will be subject to impact assessment and transparent decision-making.

2.2 Equality and human rights within the health board

This section can be provided as part of 2.1 “About us”; however it can be useful to specifically draw out the information relating to equality and human rights within the health board.

Whilst everyone has a responsibility to promote and protect equality and human rights, it is useful to specifically explain the roles and responsibilities of staff within the health board in relation to equality and human rights,, for example the Board, directors, senior management, staff, service users, stakeholders, contractors /

service providers etc. It is also useful to explain any mechanisms for monitoring and implementing this, for example equality and human rights committee, equality forum etc.

Example

All staff, board members and contractors are expected to abide by the health board's equality policy and to take steps to further the promotion of equality on any grounds. In particular they are expected to be vigilant for signs of prejudice or discrimination and to take appropriate action to tackle or report this. Each person is responsible for ensuring that their own knowledge and understanding is up to date as part of ensuring that they are fit for work and should make sure that they take all available opportunities to enhance their knowledge, skills and understanding of these issues. Everyone with this health board is expected to work together to the elimination of unlawful discrimination and promotion of equality for all.

It is useful to highlight the resources which are allocated specifically to equality and human rights work, for example to implementing the action plan, but also more generally how these issues are taken account of when setting budgets or allocating resources.

It is also useful to make links with any previous equality schemes and action plans, and to explain the relationship to them.

This section can be used to highlight the key functions which have been identified as being relevant to promoting and protecting equality and human rights or where such issues may arise.

Note

For larger health boards it may be more practical to put this information in an appendix.

2.3 The local, national and international contexts, and the legal, social, political and economic contexts

This section puts the health board in context locally, nationally and internationally as well as to outline the legal, social, political and economic context in which it operates. This enables the reader to understand some of the drivers and constraints which the health board may be operating under.

It can be useful to highlight partners operating locally, nationally or internationally in relation to delivery of health and social care or in relation to equality and human rights specifically,, for example Community Health Partnerships, Equality and Diversity Lead Network, Mutuality, Equality and Human Rights Board, Single Outcome Agreements etc.

It can also be useful to highlight the local, national and international aspects of the legal, social, political and economic context i.e. to highlight anything which has a major influence on the health board's ability to deliver its equality and human rights obligations, for example NHS Scotland commitment to equality; relevant policies, for example CEL's, HDL's; or relevant legislation which the health board operates under or must comply with, for example the Patient's Rights Bill.

It could also include some information on the population served by the health board, for example social and economic indicators, however this may be covered further in section 3: baseline evidence.

3. Baseline evidence

This section should build upon the contextual information provided in section 2 to provide the reader with a picture of the current situation regarding equality and human rights. This could include information about the make-up of the population served by the health board as well as information on key activities completed or in progress by the health board in relation to equality and human rights (including links to previous equality schemes, policies, action plans or annual reports).

3.1 Current baseline

This should outline the current baseline in terms of staff and service users, for example total numbers; make-up of population in terms of equality groups including disaggregated information such as types of disability (e.g. physical, mental impairments including hidden disabilities) or different gender identities or sexual orientations; complaints; staff recruitment, retention, grievance and disciplinary actions; access to and take-up of services (service users) and access to and take-up of professional development and promotion opportunities (staff) etc. It should provide as much detail as possible and take account where possible of multiple identities. It should include the sources of the information and explanation of how the current baseline has been formulated, for example where national data has been used it should explain how this has been analysed to extrapolate data relevant to the local context. Given the extent of this data it may be useful to present it in two parts: staff and service users (and where relevant stakeholders).

Note

Current baseline data can be gained from equality impact assessments and any data gathering activity can be used to inform future equality impact assessments.

It should also identify any gaps in the current baseline evidence and link to the action plan for how these gaps will be addressed.

Note

Where there is a gap in data at local level, it may be possible to use national data provided any analysis, for example how it has been applied to the local context, is explained.

3.2 Data gathering

This should outline what the health board will gather and monitor in terms of data and how this has been and will be done i.e. gathering data from external sources such as Census, Scottish Health Council etc; and internal sources such as patient and staff surveys; as well as data from any equalities monitoring, for example patient or staff profiling data. It is also useful to explain why data is gathered or monitored and what the data will be used for. This could include any regular health board activities such as patient and staff satisfaction surveys, patient and staff monitoring etc. It should also highlight any plans to gather new data in the future, for example to address existing gaps in the evidence base through primary research or monitoring activities.

Note

Partnerships and other local groups or bodies, for example other public authorities or NGOs, can be key sources of data or means by which data can easily be gathered.

In relation to monitoring is important to define the categories which will be monitored and also how those categories are defined. It is useful to outline how confidentiality and privacy will be protected and how the data will be stored, for example links with the data protection policy.

Note

Monitoring on equality is not an outcome itself; it is a useful tool to check whether we are achieving our outcomes.

When gathering data it is important to remember that there are already many sources of data available which can often be used directly or reinterpreted to provide information useful to promoting equality and human rights, for example Scottish Social Attitudes Survey, Scottish Household Survey, census, voluntary organisation's research and surveys etc.

Note

When monitoring data it is important to treat the data subjects with dignity, equality, respect and fairness and to recognise them as autonomous individuals with the right to refuse consent to monitoring or use of data.

3.3 Analysis of data

It should outline how the data have been analysed and interpreted, including highlighting any gaps in the data (this can be linked to the action plan as a future action to address these gaps). It should explain how any data has been interpreted and the value put upon the data, for example depending on the source and process of analysis and interpretation the data may not be deemed to be robust but may nevertheless be informative as an indicator in the absence of any robust data.

Note

Health Boards may wish to give consideration to weighting any data, taking into consideration issues such as reliability and validity of data.

3.4 How the data will be used

This should outline how the data has been used to inform the development of the scheme and action plan. It should highlight how ongoing data collection will be used to keep the scheme and action plan under review and to inform its development / amendment. It should also outline how the data will be used to inform any monitoring of the implementation and assessment of the effectiveness of the scheme and action plan.

Note

It is important to ensure that any data gathered is treated as confidential, sensitive data and is treated in keeping with the Data Protection Act 1998.

Points to consider

- What existing data can you draw on? for example:
 - public consultation surveys
 - monitoring complaints and concerns
 - Patient Experience Surveys and
 - Staff surveys.
- How are key themes, issues and trends identified?
- How is data from monitoring and gathering analysed and shared with relevant staff / departments to inform progress on equality outcomes and revision of the scheme and action plan?

4. Consultation, involvement and participation

Note

As noted in section A the different current public sector equality duties have different requirements in relation to consultation, involvement and participation in developing and implementing the relevant schemes.

The Race Equality Duty makes no specific requirements in relation to engaging with stakeholders.

The Disability Equality Duty requires that disabled people are involved in the development of the disability equality scheme.

The Gender Equality Duty requires that people of different genders are consulted in relation to the development of the gender equality scheme and that Trade Unions are specifically consulted.

In creating a single equality scheme the health board must ensure that it still meets the individual specific duties, therefore it must be able to show that these duties have been met i.e. that disabled people have been involved, and others consulted. However it would be good practice to involve rather than consult all relevant groups in developing and implementing the scheme.

It can be useful to explain why the health board consults, involves or engage with people, for example, the benefits to the organisation and the benefits to those involved.

Note

However people are participating, being consulted with or involved it is important to not just treat people as coming from homogenous groups, for example women, disabled people etc, but to remember and take note of people's multiple identities, for example ensuring that the health board engages with minority ethnic disabled people, lesbian and gay religious people, older and young men and women etc.

It is also important to remember that people may have interests in a particular issue or group even if they are not affected by that issue or members of that particular group, for example you don't have to be female to support feminism. It can be useful to consult / involve groups which may not be specifically about equality or human rights but who may still have particular interests in these issues, for example Shelter, the Poverty Alliance, local co-operatives or credit unions etc.

It is also essential to take account of the diverse needs of all stakeholders and to utilise appropriate engagements tools and methods.

It is also important to give consideration to the changing nature of Scotland's communities when engaging in consultation and involvement work.

4.1 Feedback mechanisms

It should highlight the mechanisms by which staff, service users and stakeholders can provide feedback to the health board on any issues, for example via the health board's feedback and complaints process, staff, service user and stakeholder fora etc (this could include providing a link to the relevant feedback and complaints policy). It should detail any groups which the health board uses to collect feedback, for example Trade Unions, patient support or lobby groups etc. It should also outline how the health board deals with any feedback or complaints which it receives, and in particular, where appropriate, how this is used to inform

and develop the scheme and action plan. The feedback mechanisms should take account of the diverse needs of stakeholders and should provide a range of methods by which stakeholders can feed back.

4.2 Participation policy

Where the health board has a participation policy, for example a Patient Focus Public Involvement strategy or consultation policy, brief details can be included here along with a link to the policy or details of how and where it can be accessed.

Note

Participation is a key element of a human rights based approach. Participation is where all stakeholders are engaged and share ownership for the decisions and actions.

4.3 Consultation, involvement and participation in development of scheme and action plan

This section should provide details of the consultation, involvement and participation activities which the health board has undertaken in developing the scheme and action plan. It should provide details of who has been consulted or involved and how (including the range of engagement tools and methods used) and when this has taken place. It should also provide details of any changes which were made to the scheme or action plan as a result of the consultation and involvement work, and of how this has been fed back to those consulted or involved; this could include providing a link to the reports of any consultation or involvement activities.

Note

It is important to show how the feedback gained from any consultation, involvement or engagement activities has been taken into account in shaping actions or in developing the scheme. This should include noting where suggestions have been made but not acted upon and the reasons for this, as well as where suggestions have been taken up.

Note

Where there has been extensive consultation, involvement and participation details can be provided in an appendix, for example lists of events and participants, with a brief overview being provided in this section along with links to more information or details of where and how it can be accessed.

Remember: It is a requirement of the Gender Equality Duty that Trade Unions are consulted.

This section can also be used to provide details of measures which the health board has taken to ensure that accessibility of any consultation and involvement activities, for example capacity building work, provision of crèche facilities or personal support for attendance at events, outreach work with community groups etc.

This section can be used to highlight existing consultation and involvement mechanisms or activities as well as those specific to equality and human rights, for example regular surveys, committees, working groups etc which might touch on issues relevant to equality and human rights, and whose information could be drawn upon or whose members could be consulted or involved.

Note

The Code of Practice on the Disability Equality Duty states that the specific involvement of disabled people of the development of a disability scheme would include:

- Identifying the barriers faced, and unsatisfactory outcomes
- Setting priorities for action plans
- Assisting planning activity – how this will be completed.

This methodology can be used for all groups.

The DRC Guidance on involvement can be accessed at:

http://www.dotheduty.org/files/Involving_disabled_people.pdf

The Scottish Government Guidance on Consulting with Equalities Groups can be accessed at:

<http://www.scotland.gov.uk/Publications/2002/06/14850/5330>

Points to consider

- You must ensure that the statutory involvement/consultation requirement is met in the development of this scheme and action plan, not simply use information from the previous schemes and action plans. It is still possible to use information from previous consultation and involvement and partnership work provided that you also conduct the new involvement / consultation work specific to this scheme and action plan as well.
- Who will you involve / consult, how will you ensure that this is accessible, and how will you ensure that this is reflective of the whole community?
- How will you ensure that everyone's views are considered and reflected in the reports?
- How will you address issues where you've consulted or involved and taken decisions which are different to those suggested by stakeholders in the process?

5. Equality impact assessment

5.1 Equality impact assessment

This should highlight the health board's equality impact assessment process, for example provide a link to the policy and process or details of how and where a copy can be obtained, and a brief summary of it and how it is used. It can be useful to provide a short comment on why equality impact assessments are conducted, including a note that these are legal requirements.

Example

We utilise equality impact assessment as a tool to ensure that all equality groups' needs are considered. Our equality impact assessment process is available on our website at www.healthboard.nhs.uk or by asking any of our staff.

It can be useful to highlight which decisions, policies, practices and functions within the health board have been subjected to equality impact assessment, however this may be a substantial quantity of information so it may be more effective to provide a link or details of where this information can be found or to provide a list of these decisions, policies, practices and functions in an appendix. It is also useful to provide information on how and where copies of the EQIA reports can be found or accessed.

Note

Equality Impact Assessment is a process which can help identify the issues which need to be addressed to achieve equality outcomes; however it is not an end in itself.

Information from equality impact assessment should be used to inform decision making and policy and practice development. The information can also be used to highlight where progress is being made towards achieving equality outcomes.

5.2 Equality proofing and mainstreaming

This section should outline the health board's equality proofing and mainstreaming processes, for example how staff are made aware of equality issues and then ensure that these are taken account of.

Points to consider

- Does the health board have an equality impact assessment (EQIA) process which reflects the legal requirements?
- Are all staff aware of this and able to use it appropriately?
- Is it implemented and monitored effectively?
- Is it clear how the process will be applied to joint work, for example partnerships, contracted out services, joint projects etc?
- Are the reports and results of the EQIA process made publicly available in accessible format?
- How is the EQIA process used to inform the development of policy and practice?

6. Empowerment

This section can be used to highlight how staff, service users and stakeholders are empowered. Empowering people means recognising them as autonomous individuals with control over their lives and responsibilities for their actions. It means ensuring that people have sufficient knowledge, information and understanding to make informed decisions and providing support for them to do so.

This section can highlight how service users, staff and stakeholders are made aware of their own rights and responsibilities and those of others relating to equality and human rights. This might include how service users, staff and other stakeholders are made aware of the scheme and action plan, how staff members commitment to it is ensured and enforced, and how they are trained and supported on equality and human rights issues etc. Awareness raising activities are an important tool in empowering service users and staff to have greater knowledge and understanding of the issues and of their rights and responsibilities.

This section might also be used to highlight any capacity building activity, for example with voluntary organisations and service users, but also with staff and how this links with KSF / post outlines.

It can also include how service users and stakeholders are made aware of the scheme and action plan and how their behaviours towards staff and other service users and stakeholders is monitored and enforced, for example zero tolerance of violence policy.

This section should also detail any activities, policies or practices which empower staff, service users and stakeholders, for example, activities which raise awareness of rights or encourage and support autonomy for staff, service users and stakeholders, such as expert patient schemes.

Note

This section on empowerment is not a legal requirement under the existing public sector equality duties, it is included as an example of part of a human rights based approach.

Example

One health board published a leaflet and distributed it to all staff along with their payslips. The leaflet explains what discrimination is and what expected behaviours on this in the workplace are.

Points to consider

- How are staff trained on equality and human rights issues appropriate to their role, how is the impact of this monitored and how is this knowledge kept up to date?
- How do the Knowledge Skills Framework Personal Development Plans (and other performance management tools) reflect the obligation to promote equality and human rights?
- How are staff encouraged and supported to meet Core Competency 6 of the Knowledge Skills Framework?
- How are staff training needs identified? For example complaints and Patient Experience surveys, as well as tools such as training needs analysis, can be used to identify staff training needs.

7. Procurement and partnerships

Note

Procurement and partnerships provide key opportunities to contribute to the outcome of promoting of equality for all. Care should be taken to ensure that those organisations selected through procurement or for partnership working will contribute to the achievement of the Health Board's equality outcomes and also that the organisations maintain good practice on equality.

7.1 Procurement and service level agreements

This section should outline how the health board will ensure that its equality and human rights obligations are upheld by any contractors or others delivering services on its behalf, for example under service level agreements (SLA) etc.

Note

Consideration should be given to the range of services and functions which are contracted out, so that all have equality and human rights obligations built into the contract or Service Level Agreement (SLA), for example small contracts such as research, temporary staff etc, as well as large contracts such as construction and maintenance.

It should outline how the health board will ensure that respect for and promotion of equality and human rights is built into any tenders or contracts, for example how these duties are built into the tender specification and document, the selection criteria and interviews, the decision making process and contracts. It should outline where responsibility lies for delivery of any equality and human rights

outcomes, and accountability for any issues and how these will be resolved. It should outline liability and dispute resolution mechanisms for any failure by contractors or other external providers to uphold the health board's equality and human rights obligations.

This section could include a link to a sample contract or details of whether this can be accessed or found, for example in an appendix.

This section can also be used to highlight any sustainability and ethical procurement activities such as "fair trade", "shopping locally" etc.

7.2 Partnerships

This section should outline how the health board will ensure that any partnership working will maintain their equality and human rights obligations and how these contribute to delivery of these obligations, for example promotion of equality and human rights. Any existing partnerships may have been outlined in the context section and can be referred to here, or if they have not previously been detailed could be referred to here or in an appendix.

In particular the Community Planning Partnership arrangements as outlined in the Single Outcome Agreement should be referred to here. Boards should ensure that this section contains information on the number, scope and equalities content of the Single Outcome Agreements they are party to.

This section should outline which of the partners' equality schemes and action plans are being followed, for example whether it is the health board or another partner's equality scheme(s) and action plan(s) which is being followed. However the health board should make clear that the minimum requirement is compliance with their own scheme(s) and achieving the actions laid down in their own plan, but that they may choose to use another partner's scheme and action plan or policies if these go further than their own towards promoting equality and human rights. Outlining which scheme and action plan is followed ensures that all partner's equality and human rights responsibilities are met and that in the event of a query or issue it is clear how this should be addressed.

It should outline where responsibility lies for delivery of any equality and human rights outcomes, and accountability for any issues and how these will be resolved. It should outline liability and dispute resolution mechanisms for any failure by partners to uphold the health board's equality and human rights obligations.

This section could include a link to any partnership documents or details of whether copies can be accessed or found.

8. Action plan

Note

Consideration should be given to the range of services and functions which are contracted out, so that all have equality and human rights obligations built into the contract or Service Level Agreement (SLA), for example small contracts such as research, temporary staff etc, as well as large contracts such as construction and maintenance.

8.1 The role of the action plan

The action plan is a fundamental part of the scheme, detailing how the health board will deliver on its duties to promote equality and human rights. It can be useful to have the action plan as a standalone document, for example in an appendix which can be extracted or as a completely separate document, however it is essential to make the link between the scheme and the action plan. This section can be used to highlight this link and to detail how and where the action plan can be accessed.

8.2 Evidencing the action plan

When creating the action plan is important that it is evidence based, relates to the scheme, and is outcome focused. The information collated during any consultation and involvement work and through equality impact assessment activities provides a strong evidence base from which to develop the outcomes and associated actions necessary to achieve those outcomes. The scheme should have outlined the inequalities which the action plan will be addressing, thus showing the evidence base and relationship between the plan and the scheme.

Note

EQIA reports and any consultation and involvement activities in relation can help provide evidence for creating the action plan e.g. highlighting issues which need to be addressed or suggesting actions which can be taken to address those issues.

8.3 Creating a SMART, outcome focused action plan

The equality duties are outcome focused in that they look at progress towards equality between particular groups. The action plan should be based around outcomes on equality. These outcomes may require many actions or outputs to achieve them. Each output / action should be specific, measurable, achievable, realistic and time limited (**SMART – see p8 for further details**) and should contribute to making an overall plan which is also SMART.

Note

There is no point in having an action plan with an unrealistic number of outcomes or actions towards those outcomes. We can't make the world perfect overnight! However the outcomes and actions should stretch the organisation.

Measurement of progress towards the outcomes is essential. Having clear baseline evidence in the scheme makes the measurement of progress under the action plan more straightforward. This is also why any lack of baseline evidence is a key issue to be addressed by the action plan.

In developing the action plan it can be useful to refer back to the scheme and to consider the individual functions of the health board to ensure that issues have not been overlooked. The buy-in of all staff, board members and contractors will make the delivery of the action plan more effective and efficient as it is a shared obligation rather than one which is sidelined in an equalities unit somewhere within the health board.

Deciding on priorities for action can be a challenge when developing the action plan. Health boards may wish to include some information in their action plan demonstrating why particular outcomes and actions were chosen over others. This should be linked to the evidence presented. It may also be useful to note where outcomes are intended to be addressed in the short, medium and longer term.

Suggested headings for the action plan include:

- The outcome desired e.g. decrease in hate crime, increased participation in society, improved good relations between groups etc.
- Indicators of success – how will you know that you've achieved the outcome?
- The actions – how will you achieve the outcome? Who is responsible for this – consider who is responsible at strategic and operational levels e.g. who holds the budget, will allocate the actions and who will actually deliver the actions.

- When the actions will take place and when the outcome should be achieved – this should include key milestones towards achieving the outcome as this allows for progress updates
- What resources are needed – both in terms of financial resources, but also other resources (this may require to be specific e.g. equipment needed etc)
- Progress – it is important to keep progress under review so that any slippage can be address and any change in circumstances can be noted and adapted to as required
- Elements of duty fulfilled – it may be useful to note which specific parts of each equality duty is fulfilled by the particular actions or outcomes

Example

Outcome: Board members reflect the diversity of the community which the health board serves

Indicator of Success: Monitoring data showing the diversity of board members compared to statistical data relating to the diversity of the community served

Actions: Review the diversity of people currently on the board and how this compares to the community served, review current operation of board to identify any barriers to participation e.g. timing of meetings etc, review the recruitment process and publicity materials to ensure that they are accessible and reflect the community served, review the recruitment criteria to ensure non-discriminatory, review the recruitment materials (application forms etc) to ensure that they are accessible to everyone, provide for any reasonable adjustments required by current and potential board members who are disabled, provide induction for new members and ongoing support and training for all members, consider what further actions are necessary etc.

Who's responsible: Overall responsibility rests with Chief Executive as lead member for the Board, responsibility for the human resources activities rests with the Human Resources Director and team, publicity rests with Communications Director and team etc.

Timescale: By next AGM in May 2010 (11 months time)

Resources: Time, staff, finance – expenditure to be allocated from human resources and communications budgets

Progress: To be reported at monthly meetings, so far survey of board members is under way including review of board operation and ways of working.

Elements of duty fulfilled: Includes promoting equality of opportunity between men and women, promoting good relations between races and participation of disabled people in society etc.

Points to consider

- Can you justify why have you selected certain outcomes for action? What evidence do you have to support this?
- Will your actions help to achieve your outcomes?
- Can you justify why have you identified the specific actions as those best suited to contribute to achieving the outcome? What evidence do you have to support this?
- Is what you are proposing proportionate? Have you balanced the identified needs considering everyone who may be affected, with what's within your power, remit and resources to achieve?
- Is there anyone who is better placed to achieve or already working to achieve these outcomes and can you work with them? Or should you work on something else?

9. Reporting, reviewing and revising

9.1 Reporting

This section should outline how the health board will report on progress towards the public sector equality duties based upon the scheme and action plan.

9.2 The Annual Report

The health board must report annually in relation to the gender and disability duties and every 3 years in relation to the race duty. This section should outline how and when they will do this, for example as part of the main annual report, in a specific equality annual report, in specific annual reports for each duty etc. A link can be provided to the annual report(s) or these can be included as appendices.

Note

The annual report is an opportunity to laud successes in relation to promoting equality in all guises. Even if an activity has not been part of the action plan or linked directly to the scheme it should still be noted. In the same vein where an action has not occurred it is better to explain the reasons and whether this will be remedied, than to ignore it all together.

Reporting dates are as follows:

Gender: 29 June (annually)

Disability: 4 December (annually)

Race: 30 November (every 3 years from 2002), although it is good practice to report annually

9.3 Other reporting mechanisms

This section can also provide links to other reporting mechanisms, for example EQIA reports, monitoring reports, consultation and involvement reports, research etc.

It is also useful to explain how the health board will report on progress towards equality on a more frequent basis, for example reports to the board, to regulators, to the Scottish Government Health Department etc. This is an opportunity to highlight any other reporting requirements which might relate to equality, for example provision of statistics to Information Services Division, performance monitoring, QIS etc.

Note

Regular reporting will help keep the action plan on track, rather than leaving actions to drift and finding at annual report time that no progress has been made.

9.4 Reviewing

This section should outline the mechanisms by which the effectiveness and appropriateness of the scheme and the action plan are monitored. The scheme and action plan should be regularly reviewed and updated, for example as part of monthly reporting to the board; and any actions or mechanisms by which occurs should be detailed.

The scheme and action plan should also be subjected to a formal review on at least a triennial, but ideally annual basis. Whatever date is set for the review this should be detailed in this section as well as on the cover page and the mechanism for this should be detailed in this section, for example who conducts the review, how it is conducted, etc.

Note

Some outcomes or actions may be long term so may not fall within the annual or even triennial reporting cycle, however progress towards these should still be noted, and the outcomes and actions carried over into the action plan each year until achieved.

9.5 Revising

This section should explain how the scheme and action plan are revised as a result of the informal and formal reviews, for example who makes the revisions and how these are decided upon, who is responsible for signing off the updated scheme and action plan, what processes will be used in relation to consultation and involvement, etc.

Note

The scheme and action plan are living documents, not set in stone, so can be revised at any time to respond effectively to the context and challenges.

10. Contacts and publication details

10.1 Contacts

This section should detail the health board's contacts on equality and human rights and should link to section 2 "About us" where those with responsibilities on equality and human rights are listed.

It should include details of how to complain or give other feedback in relation to scheme and action plan, for example who to contact and how.

10.2 Publication and distribution

Note

The scheme and action plan are intended as public documents and should be written and published with this in mind, for example use of appropriate, clear language which is free of jargon and “insider” comments and which does not make assumptions about the knowledge of the reader.

This section should provide details of how the scheme and action plan will be published, for example in hard copy, on the internet, as well as how it will be publicised, for example through newsletters, newspapers, journals, notices / posters etc.

Note

When thinking about publication, it is worth thinking about how the publication and the publication methods can be made accessible , for example remembering that not everyone has access to the Internet or uses it, or that not everyone is literate in English or their spoken language.

This section should also explain how copies of the scheme and action plan will be distributed, for example through hospitals, GP surgeries, libraries, community groups etc. This is a key part of making the scheme and action plan publicly accessible and is also a good means of further enhancing links with the local community and stakeholders, for example by asking them to hold or share out copies of it.

This section could also provide a link to the health board’s freedom of information and publication policy, and may also include a link to its data protection policy, highlighting both its commitment to transparent and accountable operation but also its commitment to respecting confidentiality where appropriate.

10.3 Accessibility

This section should include information on the different formats it is available in and how these can be accessed, for example, for example who to contact for copies in any format. It should include information on how to ask for the scheme and action plan in other formats not currently available and how the health board will address these requests.

Points to consider

- Does the health board have a clear communications and publication strategy?
- What is the policy on accessibility and removing barriers and how is this implemented? For example in relation to information, events, services etc.
- How does the health board ensure that it is transparent and open in all its operations and functions?

11. Appendices

The appendices should be used to provide supporting information which may be of interest or relevance to the reader but which is not directly needed in the body of the scheme or action plan.

The appendices should include:

- The action plan (if not included elsewhere)
- Equal pay statement (required by the Gender Equality Duty)
- References, sources and links
- Glossary of terms and abbreviations

The appendices may also include other relevant information or links including:

- References, sources and links
- Glossary of terms and abbreviations
- Additional contextual info / data, for example statistics or monitoring data on staff and patients etc
- Monitoring categories
- List of functions related to equality or human rights
- EQIA reports / policies or policy list, link to EQIA template and process
- Report of consultation and involvement activities, including who was consulted or involved, what was learned and action taken, for example a table outlining “What you told us” and “What we will do”.
- Annual report(s)
- Partnerships

Section C: Framework

Introduction

This framework is designed to support health boards to develop their own single equality scheme and action plan. It provides a framework of what should be included in a single equality scheme and action plan. It is designed to be used along with the guidance document on creating a single equality scheme and action plan. It should be noted that the responsibility for creating a legally compliant scheme or schemes and action plan(s) rests with the health board and the authors and publishers of this framework accept no liability for health boards using this guidance but not producing a legally compliant scheme.

This framework is only an outline of the sections which might be expected in a single equality scheme and action plan; responsibility for creating the actual scheme and action plan and populating it with relevant and correct information rests with the health board.

The framework is outlined from the next page.

Single Equality Scheme and Action Plan Framework

Section number	Title	Content
i.	Cover page	Title of scheme and action plan, name of health board, statement of accessibility including who to contact to get the scheme and action plan in a different format, date of publication and date of next review.
ii.	Contents	This should clearly list all of the sections in the scheme and action plan so that readers can find these easily. You may wish to include page or section numbers.
iii.	Executive Summary	If included this should provide a brief summary of the whole document, highlight key points raised.
1.	Introduction	This should provide a welcome / introductory statement from the Chair/CEO and a general introduction to the scheme and action plan e.g. why have a single equality scheme and action plan, what and who it covers and how it's been developed, as well as the accountability for the scheme and action plan, and resources allocated to it.

Section number	Title	Content
2.	Context	<p>This should provide contextual information about the Health Board e.g. vision, mission, aims, objectives, structures etc.</p> <p>It should also provide information locating the scheme and action plan with other strategies e.g. the corporate plan, policies, partnerships etc, and how these interact e.g. how the commitment to equality and human rights is mainstreamed in the corporate plan.</p> <p>It can include information on the health board's commitment to equality and human rights and what resources are allocated to this.</p> <p>The key functions of the health board which relate to equality and / or human rights should also be noted.</p> <p>This should also provide information about the local, national and international contexts as well as the legal, social, political and economic contexts in which the Health Board operates.</p>

Section number	Title	Content
3.	Baseline evidence	<p>This should outline the current baseline evidence which exists e.g. numbers and make-up of staff, numbers and make-up of stakeholders and service users etc.</p> <p>It should detail how the health board gathers evidence e.g. research, monitoring etc and what other sources it gets evidence from e.g. Census, information from local organisations etc. Where necessary it should explain how national data has been interpreted to be relevant to the local context. It should also explain how any data gathered is used and stored; this could include a link to the health board's data protection policy.</p> <p>It should analyse the existing baseline data, including highlighting any gaps in the data. It should also outline how these gaps will be addressed.</p> <p>It should explain how the data will be used to inform the scheme and action plan.</p>

Section number	Title	Content
4.	Consultation, involvement and participation mechanisms	<p>This should provide information on how the health board ensures that staff, service users and stakeholders can participate effectively in the operation and activities of the health board e.g. joint decisions on care and treatment etc.</p> <p>It should provide information on feedback mechanisms e.g. linking to any feedback and complaints policy.</p> <p>It should detail how the health board consults and involves staff, service users and stakeholders in its decision making processes e.g. patient and staff focus groups, consultation events etc; and the resources allocated for this.</p> <p>It should also note who has been involved or consulted and in what form.</p> <p>It should also detail how staff, service users and stakeholders were involved and consulted in the development of the scheme and action plan.</p>
5.	Equality impact assessment	<p>This should provide a link to the health board's equality policy and equality impact assessment and equality proofing processes. It could explain why and how you impact assess in relation to equality. It could include a list of policies which have been EQIA'd, or a note of where this information can be found (including the EQIA reports for these policies) and also a note of how you report on progress.</p> <p>There should also be a link to the EQIA of the scheme and action plan.</p>

Section number	Title	Content
6.	Empowerment	<p>This should include information on staff awareness raising, training and development e.g. ensuring understanding of and commitment to the scheme and action plan (including to delivery of the action plan); how and when these activities take place e.g. induction; and whether they are mandatory or voluntary.</p> <p>This should also detail any activities to empower service users and stakeholders e.g. activities with patients to raise awareness of their rights (e.g. expert patient scheme).</p>
7.	Procurement and partnerships	<p>This should outline how compliance with equality and human rights obligations are built into tenders, contracts and partnership agreements / Service Level Agreements.</p> <p>It should detail the monitoring mechanisms for ensuring that these obligations are met by contractors and service providers.</p> <p>It could also link to the partnerships described in the context section and highlight how it will be ensured that your equality and human rights obligations are upheld and how these partnerships help promote equality and human rights.</p>

Section number	Title	Content
8.	Action plan	<p>As the action plan is essential to delivering the outcome of equality for all and meeting the duties, is it important that it is easily identifiable and in a format which is accessible to all who have duties to deliver the actions and to those whom these may affect. The action plan can be a separate document or as an appendix however it should be highlighted as the source of information on how the health board will deliver the vision outlined in the scheme, and therefore the outcome of equality for all.</p>
9.	Reporting, reviewing and revising	<p>It should outline how the effectiveness, impact and outcomes of the scheme and action plan will be monitored and how this will be reported on e.g. in the annual report.</p> <p>It should outline when the scheme and action plan are to be reviewed, how this will take place, who is responsible for this and how this will be reported. It should also outline how the scheme and action will be revised (if necessary) following the review.</p>

Section number	Title	Content
10.	Contacts, publication and distribution	<p>This should outline how the scheme and action plan will be published, the formats in which it is available, and how these can be accessed e.g. contacts for copies, website etc.</p> <p>It should also outline how the scheme and action plan will be made accessible, including if it is requested in a format in which it is not currently available.</p> <p>It should outline how the scheme and action plan will be publicised and disseminated to ensure that it is widely available and accessible to all staff, service users and stakeholders.</p> <p>It could include a link to the health board's freedom of information policy and data protection policy.</p>

Section number	Title	Content
11.	Appendices	<p>This should include:</p> <ul style="list-style-type: none"> ● Action plan (if not included elsewhere) ● Equal Pay Statement <p>This may include:</p> <ul style="list-style-type: none"> ● References, sources and links ● Glossary of terms and abbreviations ● Additional contextual info / Data, for example statistics or monitoring data on staff and patients etc ● Monitoring categories ● List of functions related to equality or human rights ● EQIA reports / policies or policy list, link to EQIA template and process ● Report of consultation and involvement activities, including who was consulted or involved, what was learned and action taken, for example a table outlining “What you told us” and “What we will do”. ● Annual report(s) ● Partnerships

Section D: Appendices to guidance

Appendix 1: Glossary

CEL	Scottish Government Chief Executive Letter
Discrimination	To make an unjust distinction in the treatment of different categories of people (can be positive or negative discrimination)
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 maternity, and sexual orientation.
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

Intersectionality	Is a theory which seeks to examine the ways in which various socially and culturally constructed categories interact on multiple levels to manifest themselves as inequality in society. Intersectionality holds that the classical models of oppression within society, such as those based on class, disability, gender, nationality, race/ethnicity, religion, or sexual orientation do not act independently of one another; instead, these forms of oppression interrelate, creating a system of oppression that reflects the “intersection” of multiple forms of discrimination.
Multiple Identity	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

Single Outcome Agreements	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 are core to the agreement. Each territorial board will be involved in developing Single Outcome Agreements with each Community Planning Partnership in their geographical area, so the numbers each has to contribute to will vary from one to nine. 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.

Appendix 2: Project steering group

NHS Ayrshire & Arran: Linda Semple & Elaine Savoury

NHS Education: Kristi Long

NHS Forth Valley: Lynn Waddell

NHS Greater Glasgow and Clyde: Jac Ross

NHS Highland: Natalie Morrell

NHS Information Services: Joan Jamieson & Peter MacIntyre

NHS Lanarkshire: Hina Sheikh

NHS Lothian: Lesley Boyd

Appendix 3: Sources of information

This is by no means designed to be an exhaustive list of sources, as health boards should use sources appropriate to their role and location. It is however a note of some useful sources.

Equality and Human Rights Commission www.equalityhumanrights.com

Equality in Health <http://www.equalityinhealth.scot.nhs.uk/home.aspx>

Health Scotland www.healthscotland.com and specifically <http://www.healthscotland.com/about/equalities/index.aspx>

Information Services Division <http://www.isdscotland.org/>

Scottish Council for Voluntary Organisations www.workwithus.org.uk

Scottish Government Health Department <http://www.scotland.gov.uk/Topics/Health>

Scottish Government Equalities Unit <http://www.scotland.gov.uk/Topics/People/Equality>

Scottish Human Rights Commission www.scottishhumanrights.com

Scottish Trade Union Congress www.stuc.org.uk

UK Government Department of Health <http://www.dh.gov.uk/en/index.htm> in particular see their human rights work <http://www.dh.gov.uk/en/Managingyourorganisation/Equalityandhumanrights/Humanrights/index.htm>

Appendix 4: Human rights principles and a human rights based approach

Human Rights Principles

- Fairness
- Respect
- Equality
- Dignity
- Autonomy

A human rights based approach encompasses:

- Using explicit human rights language / viewing issues through a human rights lens
- Empowerment
- Participation
- Accountability
- Non-discrimination
- Focus on vulnerable groups

More information about a human rights based approach in healthcare can be found at <http://www.dh.gov.uk/en/Managingyourorganisation/Equalityandhumanrights/Humanrights/index.htm>.

Appendix 5: Who was consulted

The consultation draft of this guidance was disseminated by each of the health boards involved in the project to their networks and contacts. For full details of these please contact each individual health board.

The consultation ran from 2nd April 2009 until 22 May 2009. Following this the responses were analysed and the guidance amended.

The project would like to thank the following organisations who took the time to respond to the consultation and to share with us the benefit of their knowledge and expertise.

BEMIS

Children in Scotland

Epilepsy Scotland

Gender Trust

Headway Glasgow

Inclusion Scotland

NHS Forth Valley

NHS Highland

NHS Lothian



**Equality & Diversity Information Programme
Information Services Division
National Services Scotland**

**For further information about the Single Equality Scheme
please contact:**

**Hina Sheikh
Diversity and Equality Manager
14 Beckford St Hamilton
ML3 0TA**

**Tel: 01698 206386
Email: hina.sheikh@lanarkshire.scot.nhs.uk**