



NHS Greater Glasgow and Clyde

Equality Scheme

2010 -13

Making the Difference Together



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Chief Executive's Foreword

A Vision for an Inequalities Sensitive NHS in Greater Glasgow and Clyde



*Robert Calderwood
Chief Executive of NHS
Greater Glasgow and Clyde*

NHS Greater Glasgow and Clyde is committed to promoting equality and addressing unlawful discrimination.

NHS Greater Glasgow and Clyde is the largest NHS organisation in Scotland. It is responsible for providing health care to more than 1.2 million people and employs 44,000 staff in community and hospital settings. The Equality Scheme outlines the steps NHS Greater Glasgow and Clyde will take to meet its legal duties and to ensure we are legally compliant in the way services are delivered across this complex operating structure. It sets the role of our staff in making this happen.

The Equality Scheme is an important legal document and all NHS Greater Glasgow and Clyde staff must comply with it. However, the Equality Scheme is one part of a much wider planned approach taken by the organisation to understand and tackle inequality in all its forms. We are committed to do much more than simply meet our legal obligations.

NHS Greater Glasgow and Clyde has set itself the ambitious goal of mainstreaming the promotion of equality and removing the potential for discrimination by integrating a comprehensive and consistent model of inequalities sensitive practice into the heart of our services. This approach will continue to shape the culture of our organisation and create a much wider understanding that addressing inequalities is at the heart of everything the organisation does.

Implementing the Equality Scheme in such a large and complex organisation presents unique challenges and requires support for all staff and parts of the system. Building the confidence and skills to address inequalities is a key priority and staff and managers will be supported to deliver health care that enriches the lives of people who use our services and reflects their own experiences as NHS Greater Glasgow and Clyde employees.

Three years on from NHS Greater Glasgow and Clyde's 2006-2009 Equality Scheme we are faced with new challenges to the way we provide health care services. The current recession will impact on all public bodies and will create particular pressures on NHS services.

We will be faced with making significant savings across our services but our commitment is to aim to ensure that where savings are made, they will be done in a way that will not adversely affect vulnerable people and those in inequality groups. All budget reviews will be undertaken with due regard to promoting equality and removing discrimination from our services.

The organisation has come a long way since it presented the first Equality Scheme in 2006 but there is still a considerable journey ahead if we are to ensure health care is accessible to all.

I would like to thank the staff of NHS Greater Glasgow and Clyde for their efforts so far and look forward to meeting our commitments to positive change over the life of this Scheme.

Robert Coombes

“NHSGGC is such a big healthcare system but personally, I’m very committed to playing my part in making sure that the services available to our staff and our patients/clients are as safe, effective and as fair as they can be – wherever those services are delivered. Staff Governance and the Equality agenda share a lot in common. One of the five Staff Governance standards advocates that staff should be treated fairly and consistently, meaning that there is no place for inequality. I can sign up to that and I know a lot of our managers and trade union stewards can too.”

Andy Carter - Head of Staff Governance



1 Aim of the document

The aim of this document is to present the 2010-13 NHS Greater Glasgow and Clyde Equality Scheme as required by equalities legislation.

It describes why an Equality Scheme is required, who is accountable for its delivery and the wider context in which legal requirements will be met.

It then considers what has happened as the result of the first 3 year Equality Scheme, what has been learned, where further action to achieve progress is essential and how this progress will be monitored.

Finally, an Action Plan sets out the actions that will be taken, the outcomes that will be achieved and where the accountability lies for the delivery of these actions.

NHS Greater Glasgow and Clyde's 2006-09 Equality Scheme can be seen at www.equality.scot.nhs.uk.



2 Purpose of the Equality Scheme

Equalities legislation has been enacted by Government to ensure that public organisations promote equality and remove discrimination in the delivery of all their functions. The purpose of the Equality Scheme is to specify the commitment of NHS Greater Glasgow and Clyde to meet its General and Specific Public Duties (see Appendix 1). Currently, these duties cover the following dimensions:

- » **Disability**
- » **Gender (and gender reassignment)**
- » **Race**

The forthcoming Single Equality Act will extend these public duties more widely and create a single law covering rights relating to:

- » **Sexual orientation**
- » **Age**
- » **Social class or socio-economic status**
- » **Faith**

This will be reflected in the 2010-2013 NHS Greater Glasgow and Clyde Equality Scheme.

The duty on socio-economic disadvantage applies to England, however a consultation has recently been carried out by the Scottish Government on introducing the duty in Scotland. The 2010-2013 NHS Greater Glasgow and Clyde Equality Scheme will cover socio-economic disadvantage whatever the outcome of the consultation because of the adverse consequences it has on people's health.

In line with the assessment criteria used by the Equality and Human Rights Commission, the Equality Scheme is required to demonstrate:

» **Proportionality and relevance**

The Equality Scheme and its Action Plan must demonstrate that greater consideration has been given to equality in relation to functions and policies that have the most effect, particularly on disadvantaged people.

Relevance will differ depending on the nature of the function. Similarly the criterion of proportionality refers to the weight given to a function in terms of its relevance to promoting equality.

» **Effectiveness**

The mechanisms that are in place or created must be effective in delivering the outcomes needed and be able to demonstrate an impact on equality.

» **Involvement**

The relevant people, both internal and external to the organisation, must be involved in the process to ensure that the organisation's understanding and expertise is adequate for the issues that are being addressed.

» **Transparency**

The way in which due regard has been paid and consequent decisions taken, must be clearly understandable and transparent.

The audience for the NHS Greater Glasgow and Clyde Equality Scheme 2010 -13 falls into 4 main groups, namely managers with responsibility for delivery of services, functions, policy and planning, all NHS Greater Glasgow and Clyde staff, service users and external stakeholders. The last group includes the Equality and Human Rights Commission, the Scottish Government Health and Wellbeing Directorate and the organisation's local partners. However, the primary aim of the NHS Greater Glasgow and Clyde Equality Scheme 2010-13 is to set out for the organisation what is required to meet legal and public expectations.



3 Accountability for the NHS Greater Glasgow and Clyde Equality Scheme 2010-13

The ultimate accountability for the Equality Scheme sits with the Chief Executive of NHS Greater Glasgow and Clyde. The Chief Executive delegates that accountability to each of the Directors of NHS Greater Glasgow and Clyde. Each Director is responsible for ensuring their part of the organisation is delivering on its commitments to promote equality and remove discrimination. Every member of NHS Greater Glasgow and Clyde staff is also accountable for not discriminating unlawfully in relation to patients, members of the public or other members of staff.

NHS Greater Glasgow and Clyde works in partnership to deliver health and social care services to its communities. The legal requirements of the Equality Scheme will be implemented within integrated services by NHS staff and will be at the heart of joint planning arrangements for health and social care services delivered in partnership. The Directors of the 10 Community Health (Care) Partnerships will be accountable for meeting the legal requirements of NHS Greater Glasgow and Clyde's Equality Scheme. Progress will be captured via CH(C)P Implementation Plans.

NHS Greater Glasgow and Clyde will implement the Equality Scheme and its Action Plan with an understanding that providing NHS care in an inequalities sensitive way is essential to our success in delivering effective services.

In the current financial environment cost savings and efficiency are essential but NHS Greater Glasgow and Clyde's Directors will be accountable for ensuring that budget reviews and cost savings do not have an unplanned and disproportionate impact on inequality groups or increase the risk of discrimination.

Implementation and monitoring of the Scheme will be supported by NHS Greater Glasgow and Clyde's Corporate Inequalities Team (CIT). The team is accountable to the Director of Policy and Planning who is the lead director for inequalities. There is also a range of Equality and Diversity specialists who provide advice and support to services to assist with compliance and meet the expectations of the Equality Scheme.

As part of the accountability of the CIT, a programme of road shows will be delivered to raise awareness of the Scheme amongst staff groups. A summary document for staff entitled '*The NHS Greater Glasgow and Clyde Equality Scheme 2010 - 13 - What it Means for Me*' will also be provided as a quick and easy guide. The CIT will also ensure that all quality assured Equality Impact Assessments (EQIAs) will be published on the NHS Greater Glasgow and Clyde equalities internet site www.equality.scot.nhs.uk and will make copies available in other formats upon request.

The new approach to planning includes the production of corporate planning and policy frameworks which detail a number of actions which are required to promote equality and remove discrimination.

“Our organisation is both large and complex. These two considerations can often hamper progress when we are hoping to achieve system wide change. However, through our new policy and planning frameworks, we will simplify the way we plan the work of this organisation and ensure that inequalities are at the heart of our planning functions.”

Catriona Renfrew - Director Corporate Planning



4 Context for the delivery of the Equality Scheme - NHS Greater Glasgow and Clyde approach to inequalities

Understanding, identifying and addressing inequalities is at the heart of the organisation's approach to providing effective health care. It is the goal of NHS Greater Glasgow and Clyde to embed inequalities sensitive practice into all its functions - providing health services, delivering health improvement, procuring of goods and services, as a partner with other organisations and as an employer. This approach includes, but is not restricted to, our compliance with legal requirements.

To help the organisation achieve its aspirations, 'The 10 Goals for an Inequalities Sensitive Health Service' has been developed. The 10 Goals provide an overarching framework within which inequalities sensitive health care can be effectively planned and delivered. The Goals form the framework for the Equality Scheme's Action Plan.

The 10 Goals are split into three sections:

- 1. Engaging with Populations & Patients** (goals 1 - 6)
- 2. Developing the Workforce** (goals 7 & 8)
- 3. The Health Service's Role in Society** (goals 9 & 10)

GOALS

Engaging with populations & patients

The Health Service:

1. knows and understands the inequalities & discrimination faced by its patients and population
2. engages with those experiencing inequality & discrimination
3. knows that people's experience of inequality affects the health choices they make
4. removes obstacles to services and health information caused by inequality
5. uses an understanding of inequality and discrimination when devising treatment and care
6. uses its core budget and staff resources differently to tackle inequality

Developing the workforce

The Health Service:

7. has a workforce which represents our diverse population
8. creates a non-discriminatory working environment and a workforce which has the skills to tackle inequality

Health Service's role in society

The Health Service:

9. spends the money being invested in buildings, goods and services in a way which tackles poverty
10. works with partners to reduce health inequality by addressing issues such as income inequality, social class inequality, gender inequality, racism, disability discrimination and homophobia

“To challenge inequality our employees need to feel confident, skilled and supported. Our Learning and Education Plan will work to meet those needs and develop new ways of empowering our staff to challenge inequalities in the work they do.”

Lyndsay Lauder - Head of Workforce Planning and Development



5 Organisational Progress 2006 - 9

Since the start of the 2006-2009 Equality Scheme, NHS Greater Glasgow and Clyde has made significant progress in promoting equality and removing discrimination.

This section describes key areas of work undertaken by the organisation during the life of the 2006-2009 Equality Scheme. These have been grouped under two headings - Service Focused Changes and Staff Focused Changes.

Service Focused Changes

• Equality Impact Assessment

NHS Greater Glasgow and Clyde developed a range of Equality Impact Assessment (EQIA) tools as a means of identifying gaps in provision and evidencing appropriate solutions. The EQIA tools were designed for use with frontline services, policies and training programmes. By October 2009, more than 60 EQIAs had been undertaken across the system.

Completed EQIAs have provided valuable information about the way NHS Greater Glasgow and Clyde services understand and respond to inequalities. Evidence from EQIAs allows effective analysis of measures taken to meet legal duties in relation to promotion of equality

and removal of discrimination. Analysis of EQIAs has helped identify recurring themes across the system and provided evidence to inform changes.

Key emerging themes include the need for:

- » Increased accessible information
- » Additional loops for people with hearing impairment
- » Improved support for interpreting
- » Increased data collection and analysis
- » Increased staff training and development
- » Improvements in accessibility to, and within, NHS premises
- » Improved patient experience and customer care

The emerging themes from the EQIA process have informed actions for the 2010-2013 Equality Scheme Action Plan.

• **Gender Based Violence Action Plan**

NHS Greater Glasgow and Clyde has invested significant resources in strengthening effective responses to gender based violence. The NHS Greater Glasgow and Clyde Gender Based Violence Action Plan was completed in 2008 and a tool developed to support the introduction of sensitive enquiry as part of routine practice in key service settings.

• **Communication Support & Language Plan**

NHS Greater Glasgow and Clyde implemented its Communication Support and Language Plan in 2009. The Plan describes activities and resources developed to remove barriers for people who have communication needs. The plan includes guidance on use of interpreters for people who use our services and do not have English as a first language. NHS Greater Glasgow and Clyde spends £1.9 million per year to meet the diverse interpreting needs of our communities.

• **Disability Network**

A Disability Network had been established to involve disabled people in the prioritisation and planning of making NHS Greater Glasgow and Clyde buildings more accessible.

• **Transgender Policy**

The organisation's Transgender Policy has been developed in full consultation with transgender groups and NHS Greater Glasgow and Clyde staff. The policy sets out organisational and personal responsibilities in accordance with the Gender Equality Duty and the Gender Recognition Act. It also provides information relating to transgender issues

to help staff understand why it is important to promote equality and remove discrimination for transgender people. The policy will become operational early in 2010.

Staff Focused Changes

• Workforce Data

NHS Greater Glasgow and Clyde made significant efforts to promote the completion of staff surveys to enhance knowledge of diversity in the workforce. Recent data shows an increase of 25% in reporting of ethnicity, a 12% increase in reporting of faith and a 35% increase in reporting of sexual orientation. Data captured suggests that staff either perceive barriers to reporting disability or the organisation is under-represented in terms of disabled people in its workforce. This will be further investigated to better understand measures required to improve performance in this area as stated in the Equality Scheme's Action Plan.

• Communicating with Staff

The **'Treating People Fairly'** guide has been developed and circulated to every member of the workforce and explains the expectations of staff with regard to upholding the law in the delivery of duties. The guide uses case studies from services to highlight how discrimination can manifest itself.

Every member of staff received a **'Discrimination Ends Here'** card, re-enforcing organisational commitment to promoting equality and removing discrimination. The card promotes the NHS Greater Glasgow and Clyde Equalities in Health website where staff can access information to assist them in the delivery of inequalities sensitive practice.

NHS Greater Glasgow and Clyde's Communication Team worked in partnership with the Corporate Inequalities Team to co-host the **'Our Health Event'** in the Glasgow Royal Concert Hall. The day focused on providing accessible health services and attracted more than 180 members of staff from a diverse range of disciplines. The day was chaired by NHS Greater Glasgow and Clyde's Chief Executive and featured workshops co-facilitated by people who have experienced communication barriers to accessing appropriate health care.

NHS Greater Glasgow and Clyde has developed the Equalities in Health website www.equality.scot.nhs.uk. The fully accessible site has been designed to give staff additional support to tackling discrimination and promoting equality. The website holds a range of resources including background information about how inequalities and discrimination can happen. The website receives upwards of 12,000 'hits' per month.

• Learning and education for the workforce

NHS Greater Glasgow and Clyde has invested in learning and education opportunities for staff. By September 2009, over 1600 employees had attended the organisation's Diversity training course. The online diversity e-learning module has been completed by more than 1000 employees.

NHS Greater Glasgow and Clyde commissioned a pilot experiential learning programme designed to challenge personal conceptions about inequalities that affect service delivery. The pilot evaluation showed raised awareness and positive feedback from all attendees. Further development of this approach will be undertaken with a view to delivering an enhanced learning and education programme for prioritised staff groups.

Inverclyde CHP have developed an Equalities Champions Programme, supported via bespoke training and capacity building at local level. This model will be evaluated to determine potential for roll out to other parts of NHS Greater Glasgow and Clyde.

NHS Greater Glasgow and Clyde has produced a range of tools based on evidence captured from the nationally funded Inequalities Sensitive Practice Initiative that worked across the system. The initiative was based in Maternity Services, Addiction Services, Mental Health Services and worked with the integrated Parents and Children Together (PACT) teams. Tools include a Sensitive Inquiry DVD, Financial Inclusion Toolkit and a range of evaluation reports that include **'How To'** guides.

“When a deaf person cannot communicate their symptoms to their GP because there is no sign language interpreter available, this is a form of discrimination. It is entirely preventable and NHSGGC has a responsibility to seek out and remove discrimination from our services. Not only does the law make it clear that we should do this but because its what delivering quality health care should be all about.”

Sue Laughlin - Head of Inequalities and Health Improvement



6 Review of the NHS Greater Glasgow and Clyde Equality Scheme

Purpose of the Review

NHS Greater Glasgow and Clyde conducted a comprehensive review of the process and outcomes from the 2006-2009 Equality Scheme. This was done to identify potential weaknesses of the 2006-2009 Equality Action Plan, highlight priority areas still requiring attention and inform the future actions for the 2010-2013 Equality Scheme Action Plan.

The review of the 2006-2009 Equality Scheme gathered evidence from a range of internal system reports and interviews with staff. It was complemented by a stakeholder engagement and consultation exercise that captured information about the 2006-2009 Equality Scheme and helpful suggestions for the development of the 2010-2013 Equality Scheme. All review documents are available at www.equality.scot.nhs.uk The rest of this section describes the findings of the review.

Findings of the Review

System Analysis

Gathering evidence from system reports showed the following:

- » Work relating to equality groups varied in terms of demonstrated activity and prioritisation. While general equality work has helped improve services for all across the lifespan of the Scheme, there were gaps in evidence of specific activities to promote equality and remove discrimination for lesbian, gay and bi-sexual people, faith groups and in relation to age.
- » There were shortfalls in the way data was collected on all equality groups accessing services. This hampered local activity reliant upon systems being in place to progress service reviews.
- » There was a need to increase learning and education provision to support staff to promote equality and remove discrimination. Capacity issues meant numbers of staff accessing training were relatively low in comparison to the size of the workforce.
- » Despite progress in capturing staff data there were still shortfalls in the amount and quality of information returned.

Staff Feedback

A qualitative insight into the effectiveness of the 2006-2009 Equality Scheme was provided through staff engagement. A sample group of staff were invited to complete questionnaires and participate in structured interviews. Feedback highlighted that staff felt the following:

- » There had been considerable improvements in communicating responsibilities in terms of promoting equality and identifying and removing potential and actual discrimination.
- » There was a perceived gap between the theory of delivering inequality sensitive services and tangible outputs and actions at practice level.
- » The language used to describe inequalities was complex and required a high degree of knowledge and skill to make connections to everyday activities.
- » There were appropriate supports (e.g. interpreting support) to improve access to services but were less aware of the law and associated organisational responsibilities.
- » They wanted simple tools to help deliver an inequalities sensitive approach in practice.
- » A degree of frustration that work to promote equality and remove discrimination was still perceived as an additional task. There was expressed need to integrate this work into planning functions that would lead to its adoption as core 'everyday business'.
- » A need for increased learning and education opportunities.

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- » The Equality Impact Assessment Tool had helped make work to promote equality and remove discrimination 'real'. Some aspects of the tool were still complex but this was an area that required continued focus and investment.
 - » There needs to be greater clarity of the roles/functions provided by the Corporate Inequalities Team and the Equality and Diversity Team.

Stakeholder Feedback

Consultation is a legal requirement of the Gender Equality Duty while involvement is a legal requirement of the Disability Equality Duty. Consulting means people are asked what they think about proposed plans, whereas involvement means the ongoing participation of people in developing plans. NHS Greater Glasgow and Clyde have taken the populist slogan 'nothing about us without us' as the benchmark for engaging equalities groups. Engagement and involvement with relevant groups and individuals will continue throughout the life of the Equality Scheme to ensure its aims and objectives are making positive changes.

To help NHS Greater Glasgow and Clyde's 2010-2013 Equality Scheme 'speak' for the people using its services, a wide range of individuals and groups were asked to contribute thoughts and suggestions. Much of this related to experience of services provided under the direction of the 2006-2009 Equality Scheme.

- » Awareness of the 2006-2009 Equality Scheme was relatively low. However, they thought it was an important formal commitment to make things better for people and wanted to see more promotion of the document and its aims to the public.
- » Staff training that raised awareness of all equality issues was a priority. This training should build on an understanding that people have very specific needs that require patient and skilled practitioners to identify relevant support.
- » NHS Greater Glasgow and Clyde needs to do more to let people know what they can expect from services and provide this in an accessible and relevant way.
- » The Equality Scheme should make a commitment to promoting equality amongst staff and greater diversity within the workforce is desirable.
- » The language used should be understandable and there should be an ongoing commitment to develop accessible information for patients and identify and address other communication barriers.
- » Services should not only work for people but with them. There should be robust monitoring mechanisms in place to show what success looks like and that efforts being made to ensure success are clear to see.
- » People were unsure about the inclusion of socio-economic status and social class in the Equality Scheme. The two issues impact on equality groups

and shape the way people both used services and are treated but how will services take account of social class which is fluid and hard to identify?

- » Engagement with communities is a core responsibility of NHS Greater Glasgow and Clyde. This is already strong and improved the way people relate to the organisation.

“Think it is a great idea. Hopefully, it would be about providing increased services to those in disadvantaged areas and ensuring that funding is directed towards increasing the life chances of those in the lower social classes as we know that their life expectancy is shorter because of the pressure of living in poor housing, poverty etc.”

- » Engagement is often at arms length to actual services used. More needs to be done to bring services and the people that use them closer together.

In addition to reflection on the 2006-2009 Equality Scheme and suggestions for the 2010-2013 Scheme, the engagement highlighted specific equality group issues which are detailed below.

Disability

- » Improve access to NHS buildings and interpreting services for sensory impaired people.
- » Provide transport to and from health services for disabled people.
- » Practitioners should make sure they take time to explain procedures and that patients understand fully.
- » In the focus group conducted with The Happy Club members, it was recommended that practitioners involved patients with learning disabilities in conversations about their health, rather than talking directly to their carers - this issue has been repeated in other group discussions when carers are in attendance.
- » Improve understanding by clinicians about mental health issues and of the availability of support services.
- » Provide training in awareness of the range of disability issues, also patience and empathy of staff when working with disabled service users needs to be improved.

Gender

- » Promote information/awareness about women’s health services.
- » Improve engagement and promotion of screening services for women.
- » Adequate support is needed to help fathers caring for children

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- » Target information for men in a range of community settings.
 - » Provide options for seeing male or female practitioner
- across a range of service provision.

Race

There were common issues that arose from various black and ethnic minority groups, which centre on the patient experience, interpreting services and awareness of services available.

- » Lack of assurance that interpreters are accurately and fully translating what is being said by both parties - should provide more in depth explanations during appointments.
- » Practitioners should respect cultural difference.
- » Need more involvement from community groups in designing and planning of healthcare services.
- » Promote awareness on how to register with a GP.
- » Increase information and health improvement services in the community and written information in other languages.

Sexual Orientation

- » Staff should not make assumptions about a patient's sexual orientation.
- » Improve awareness of LGBT health services amongst NHS Staff.
- » LGBT information needs to be more sensitive.
- » Further develop partnerships with LGBT support organisations.

Age

- » Improved services for patients who are not mobile, which includes improved transportation to healthcare settings.
- » Concerns about the availability of services out-of-hours.
- » Many felt that receptionists should not ask patients to divulge information about their health.
- » Older people were unsure about making complaints and unconvinced that their feedback would make a difference - often no follow through of complaint or not being informed of outcome.
- » Health issues are often put down to age.



7 NHS Greater Glasgow and Clyde Commitment to Further Progress

Staff and stakeholder feedback from the 2006-2009 Equality Scheme Review has informed the way work to promote equality and remove discrimination will be mainstreamed across NHS Greater Glasgow and Clyde. The outcomes from this engagement and involvement have helped inform the detail of the 2010-2013 Equality Scheme's Action Plan. They have also highlighted the need to develop activities that support the promotion and removal of discrimination for key Equality Groups. The rest of this section describes the action we have derived from that feedback.

Actions derived from staff engagement

- » The organisation's Public Duties will be integrated into the new approach to planning to embed equality and discrimination considerations in service provision.
- » There will be a review of current learning and education provision leading to revised Equality and Diversity Training Plans for each part of the system to increase opportunities for staff.
- » A range of resources will be developed for the system to enhance confidence

of staff through clear and simple instruction and relevant case studies.

- » The 2010-2013 Equality Scheme has been streamlined with easier to understand language. The ways in which the Scheme meets the criteria of the Equality and Human Rights Commission are highlighted and should be clearly identifiable within the body of the Equality Scheme's text.

Actions derived from stakeholder engagement

- » NHS Greater Glasgow and Clyde will repeat efforts to remove potential barriers to accessing and understanding the Equality Scheme by providing it in a range of translated languages and other formats.
- » A description of the Equality Scheme and its aims will feature in a copy of Health News, NHS Greater Glasgow and Clyde's publication for its communities. The organisation will ensure health settings have copies of the summary document available for people to take away or read while they wait for treatment or to request it in an alternative format.
- » NHS Greater Glasgow will increase the capacity and relevance of its learning and education provision for staff and wherever appropriate use experiences of service users as a basis for learning about experience of inequalities and discrimination.
- » NHS Greater Glasgow and Clyde will hold open sessions between staff from service departments and patients and members of the public to discuss the way services are delivered. Some departments have mechanisms in place for speaking with patients and this will be extended to create opportunities for everyone to get to know services better and have their questions answered.
- » NHS Greater Glasgow and Clyde will continue to monitor the effectiveness of the Communication Support and Language Plan to ensure people's communication needs are being routinely and sensitively met. Part of the Communication Support and Language Plan includes a specific guide for staff required to provide information in other languages and formats and this will be closely monitored for effectiveness through discussions with staff and patients.
- » NHS Greater Glasgow and Clyde has made a commitment to improve equalities data about staff and will set improvement targets where gaps in knowledge exist.
- » NHS Greater Glasgow and Clyde will use the forthcoming Patients Rights Act to develop accessible information for everyone in relation to their rights to fair and equal service access.

Specific Equality Group Activities

The review of the 2006-2009 Equality Scheme showed significant progress in raising the standards of inequalities sensitive practice across the organisation. However, some gaps

remain in terms of identifying specific actions to promote equality and remove discrimination for equality groups.

This Equality Scheme and its Action Plan will give greater visibility to work with specific equality groups and will detail actions required to ensure priority is placed on demonstrating the promotion of equality and removal of discrimination based on disability, gender/gender re-assignment, race, sexual orientation, age, social class/socio-economic status and faith.

NHS Greater Glasgow and Clyde will put in place a programme of activities that support the ongoing inclusive approach of the Equality Scheme while focusing on specific groups to bring added learning to our system.

Disability

- » NHS Greater Glasgow and Clyde will ensure that disabled people are enabled by the services we provide not further disabled. There is a formal commitment to ensure all public information is accessible, from appointment letters to leaflets and booklets.
- » NHS Greater Glasgow and Clyde will continue to implement improvements where gaps have been highlighted by the recent accessibility audit of services.
- » The ongoing implementation of the Communication Support and Language Plan will ensure members of staff understand their responsibility to assess communication needs within services rather than expect this information to be provided by users of our services.
- » NHS Greater Glasgow and Clyde will ensure, wherever possible, the provision of consistent signage across all services so people know where they are and how to get to where they are going. Wherever possible we will change the 'names' of buildings to better describe the services they deliver.
- » NHS Greater Glasgow and Clyde will continue to invest in innovative solutions to challenges faced by disabled people using our services. The current pilot to assess the performance of hand buzzer alert systems in patient waiting areas will develop ways of creating greater confidence in patient call systems.
- » NHS Greater Glasgow and Clyde will review its complaints process to identify disability-related issues and determine possible trends or gaps in reporting.

Gender

- » NHS Greater Glasgow and Clyde gender audit will include 'Did Not Attend' (DNA) figures for key services to identify gendered trends and pilot ways improving attendance rates.
- » The caring nature of NHS work may still be subject to social stereotypes that impact on the gender balance of the workforce. NHS Greater Glasgow and Clyde will continue to promote equality of employment opportunities and work with partner organisations to ensure that careers within our

organisation are seen as appropriate for both men and women.

- » NHS Greater Glasgow and Clyde will continue to roll out the Gender Based Violence Plan and put in place supported learning and training for staff in key areas to ensure victims of violence are given the support they need.
- » Current activity to review a Single Shared Assessment Protocol for use across public sector functions in NHS Greater Glasgow and Clyde will develop an integrated approach to identify and respond to symptoms and causes of violence and abuse.
- » NHS Greater Glasgow and Clyde's Transgender Policy will be launched early in 2010. Associated learning and education will be prioritised for relevant front line staff groups. This will be informed by an audit of the services most used by transgender people supported by an understanding that every service will need to be compliant with the policy and the relevant laws and standards of care it details.
- » NHS Greater Glasgow and Clyde will review uptake of paternity care opportunities for fathers and male carers and promote rights to supported leave.
- » NHS Greater Glasgow and Clyde will review its complaints process to identify gender-related issues and determine possible trends or gaps in reporting.

Race

NHS Greater Glasgow and Clyde will improve its current data collection in relation to ethnicity across our patient service functions.

- » NHS Greater Glasgow and Clyde will continue the positive promotion of staff data capture to better understand and respond to the needs of BME employees and determine approaches to increase employment opportunities for BME people.
- » The Equality Impact Assessment Programme will identify race issues in service, policy and planning areas and put in place specific race related actions where required.
- » NHS Greater Glasgow and Clyde will review its complaints process to identify race-related issues and determine possible trends or gaps in reporting.
- » NHS Greater Glasgow and Clyde will continue to act in partnership with Glasgow City Council's Hate Crime Officer and will promote reporting mechanisms for incidents of race related hate crime that occur within services.

Sexual Orientation

- » NHS Greater Glasgow and Clyde will work to become a member of Stonewall Scotland's Diversity Champions Network and will participate in relevant programmes of work to promote equality and remove discrimination for lesbian, gay, bi-sexual and transgender patients and staff.

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- » NHS Greater Glasgow and Clyde will develop a LGBT staff forum to bring staff together to share experiences and help inform key activities of the board.
 - » NHS Greater Glasgow and Clyde will continue the positive promotion of staff data capture to better understand and respond to the needs of lesbian, gay, bi-sexual and transgender employees.
 - » NHS Greater Glasgow and Clyde's Equality Impact Assessment Programme will promote the investigation of potential and actual barriers to service access experienced by lesbian, gay, bi-sexual and transgender.
 - » NHS Greater Glasgow and Clyde's Learning and Education provision will ensure sexual orientation is integrated into current Equality and Diversity courses and has a visible profile in related training and development programmes.
 - » NHS Greater Glasgow and Clyde will review its complaints process to identify sexual orientation-related issues and determine possible trends or gaps in reporting.

Age

- » NHS Greater Glasgow and Clyde will audit services to identify those with age-related treatment criteria.
- » NHS Greater Glasgow and Clyde will raise awareness of the issue of age discrimination and how it impacts on health and acts as a barrier to health and social care. The organisation will ensure specific services for young people and old people are not based on stereotypes about the lifestyles and circumstances.
- » NHS Greater Glasgow and Clyde will review its complaints process to identify age-related issues and determine possible trends or gaps in reporting.

Social Class/ Socio-economic Status

- » NHS Greater Glasgow and Clyde will work to ensure patients are empowered to take decisions about health care options and are given opportunities to challenge class based barriers that may present in services.
- » NHS Greater Glasgow and Clyde will not accept differences in life expectancy and quality of life as inevitable and will work to address poverty-based health differences through evidence based approaches to reducing the health gap.
- » NHS Greater Glasgow and Clyde has invested significant resources in the last 3 years to support employability and financial inclusion. The organisation will ensure people accessing services will be supported to make the most of financial supports available to them including employment opportunities and financial inclusion support.

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- » NHS Greater Glasgow and Clyde will review its complaints process to identify social class/socio-economic related issues and determine possible trends or gaps in reporting.

Faith

- » NHS Greater Glasgow and Clyde will ensure its role in delivering services that are sensitive to diverse faith needs are clear. During the life of the Scheme NHS Greater Glasgow and Clyde will provide improved guidance for spiritual care via the Spiritual Care Policy.
- » NHS Greater Glasgow and Clyde will ensure the Equality Impact Assessment Programme identifies any areas where a sensitive and inclusive approach to faith is required and develop solutions to gaps in current delivery.
- » NHS Greater Glasgow and Clyde will review its complaints process to identify faith-related issues and determine possible trends or gaps in reporting.

“Every day at work and in their personal lives, lesbian, gay and bisexual people are forced to choose between being open and honest about their sexuality, avoiding the issue or lying to their colleagues or friends. This can cause a huge amount of stress to the individual, both at work and in their personal lives. This is evidenced in the health inequalities suffered by many LGBT individuals.”

Neil Hunter - West CHCP Director



8 Monitoring Performance

Over the course of the first Equality Scheme, NHS Greater Glasgow and Clyde has been aligning performance management of the Scheme to the organisation's performance management and governance arrangements. In light of this, the requirement of each part of the system to nominate Equality Leads (as detailed in the 2006-2009 Equality Scheme) has been removed as part of a planned progression towards mainstreaming inequalities activity and accountability.

The table overleaf summarises the organisational arrangements for performance management of the Equality Scheme that are in place in 2009 and which will be continued over the life of the Equality Scheme 2010 -13.

Performance outputs and outcomes	Organisational arrangement	Lead
Annual Monitoring Report	December meeting of NHS Greater Glasgow and Clyde Board	Director of Corporate Policy and Planning as lead Director for inequalities
Director's individual performance	Review of mandatory inequalities related personal objectives and annual appraisal	Chief Executive
General Progress on partnership and Acute local implementation/outcomes	CH(C)P Committee Meetings, Mental Health Partnership Committee Meetings and Acute Senior Management Team	CH(C)P Directors, Director MHP, Chief Operating Officer
General progress on outcomes identified in Action Plan	Organisational Performance Review process	CEO and Director of Corporate Policy and Planning
Specific Action Plan indicators	Quarterly, Bi-annual and Annual Performance Reports as appropriate	CEO and Director of Corporate Policy and Planning
Workforce information	Staff Governance Committee	Director of HR
Staff Survey Report	Area Partnership Forum and local Partnership Fora	Director HR
Patient experience of discrimination	Clinical Governance Committee	Medical Director
Equality Impact Assessment	EQIA Quality assurance process	Director of Corporate Policy and Planning as lead Director for inequalities

Over the course of 2010, performance management arrangements will be put in place for engagement with equality groups of both public and staff.



9 NHS Greater Glasgow and Clyde Equality Scheme Action Plan 2010-2013

The Equality Scheme Action Plan:-

Sets out what NHS Greater Glasgow and Clyde is going to do and what success will look like to support the promotion of equality and remove discrimination.

It is a formal commitment against which the organisation will be measured in terms of success in achieving the outcomes.

It demonstrates how the outcomes will meet the organisation's Public Duties in Relation to Race, Gender (Gender Re-assignment) and Disability and the forthcoming Duties in relation to Age, Sexual Orientation and Faith. Social Class/ Socio-economic status is also included. These are listed in the column '**Equality Groups Covered**'.

The Action Plan has been developed using NHS Greater Glasgow and Clyde's '10 Goals' framework to show how the Equality Scheme contributes to a planned approach taken by the organisation to understand and tackle inequality in all its forms.

The Equality Scheme Action Plan

The Action Plan reflects priorities captured in the review of the 2006-2009 Equality Scheme together with actions that wider system learning has informed.

It sets out, at Director level, who in the organisation will be responsible for meeting expected outcomes over the lifetime of the Equality Scheme. This has been split between corporate and system accountability in recognition of their interdependence in achieving outcomes.

The Action Plan will be subject to annual review to assess progress and make recommendations for improvement.

The Action Plan will be supported by a system wide reporting structure that will show progress in respect of each outcome and will evidence the organisation's compliance with the Public Duties across all services.

“Tackling inequalities in health care provision won’t happen by itself. NHS Greater Glasgow & Clyde must demonstrate strong and effective leadership to drive the growth of our caring culture and ensure the organisation understands this is everyone’s business.”

Anne Hawkins - Director Mental Health Partnership

Goal 1: Knows and understands the inequalities and discrimination faced by its patients and populations				
What we are going to do	What success will look like	Corporate Accountability	System Accountability	Equality Groups Covered
Develop and implement a plan to improve the collection and analysis of disaggregated patient data on disability, gender, race, sexual orientation, age, social class/socio-economic status and religion and belief	All systems are capable of recording patient information by equality groups	Health Information & Technology		All
	There is a 50% increase in collection of ethnicity equality data over 3 years. There is a plan for increasing the collection of disability, sexual orientation, religion and belief and SIMD data from 2010 onwards	Health Information & Technology		All
	No more than 10% of returns are 'unknowns' across equalities monitoring data collection	Health Information & Technology		All
	All targeted staff are aware of the importance of collecting data and feel confident to do so through appropriate provision of learning and education	Human Resources		All
	All patients have been made aware when coming into contact with NHSGGC services as to why we collect data by equalities group	Health Information & Technology		All
Analyse the disaggregated data to identify demographic /health patterns for use in planning processes	Regular reports highlighting the different way equalities groups use services are produced.	Public Health/ Health Information & Technology	Acute/ Partnership Directors	All
	All planning processes explicitly utilise disaggregated data	Public Health	Corporate/ Partnership/ Acute Directors	All
Ensure that health and wellbeing information is collected for equalities groups, as well as people's experience of discrimination and harassment	The Health and Wellbeing Survey captures information by equality groups, as well as people's experience of discrimination and harassment		Public Health	All

Goal 2: Engages with those experiencing inequality and discrimination

What we are going to do	What success will look like	Corporate Accountability	System Accountability	Equality Groups Covered
Increase the level of engagement with individuals and groups who can identify with the issue of discrimination associated with race, disability, gender, sexual orientation, faith and social class/ socio-economic, age	Corporate activity is monitored to ensure engagement of equality groups	Corporate Planning & Policy		All
	The PFPI Framework makes it explicit when and how equality groups should be involved	Human Resources/ Communications		All
	Each part of NHS GG demonstrates that equality groups are part of all public and patient involvement activity	Corporate Planning & Policy, Human Resources, Public Health	Corporate/ Partnership/ Acute Directors	All
	The implications of patient experience and complaints by equality group will be addressed in relation to clinical governance	Medical Director		All

Goal 3: Knows that people's experience of inequality affects the health choices they make

What we are going to do	What success will look like	Corporate Accountability	System Accountability	Equality Groups Covered
Ensure Health Improvement delivery takes account of the needs of equality groups	The Health Improvement Framework makes explicit how health improvement activity addresses inequality and discrimination	Public Health		All
	Each part of NHS GGC can demonstrate how health improvement framework priorities are tailored to meet the needs of equality groups		Partnership/ Acute Directors	All

Goal 4: Removes obstacles to services and health information caused by inequality

What we are going to do	What success will look like	Corporate Accountability	System Accountability	Equality Groups Covered
Continue to address unlawful discrimination	NHSGGC has a comprehensive assessment of high risk areas in relation to unlawful discrimination.	Corporate Planning & Policy		All
	Each directorate/ partnership has risk management systems that prevent unlawful discrimination		Acute/ Partnership Directors	All
	The Stonewall Champions Network on sexual orientation is introduced	Human Resources		Sexual Orientation
	Evidence from DNAs by equality groups is used to improve access to targeted services		Acute/ Partnership Directors	All
	There is evidence of innovative solutions to address the challenges faced by disabled people in services		Acute/ Partnership Directors	Disability
Meet the communication support and language needs of our service users	The Communication Support and Language Plan is reviewed and revised annually	Corporate Planning & Policy		Disability, Race, Social Class
	Each part of NHSGGC demonstrates compliance with interpreting protocols and how demand will be met on an annual basis		Acute/ Partnership Directors	Disability, Race
	Non-interpreting protocol is monitored and implemented within primary care and utilised in secondary care	Corporate Planning & Policy	Acute/ Partnership Directors	Disability, Age, Social Class
Make public and patient information accessible to all	Targets for accessible information are established and monitored in line with the previously agreed Accessible Information Policy.	Corporate Planning & Policy		Disability, Race, Age Social Class
	There is evidence of an increase in information produced in accessible formats		Acute/ Partnership Directors	Disability, Race, Age Social Class

Continued...

Continued.

Goal 4: Removes obstacles to services and health information caused by inequality				
What we are going to do	What success will look like	Corporate Accountability	System Accountability	Equality Groups Covered
Deliver a programme for further improving disabled access across NHSGGC facilities	There is an annual programme of DDA audits		Chief Operating Officer/Facilities	Disability
	The progress of DDA audits are communicated to each part of NHSGGC		Chief Operating Officer/Facilities	Disability
	There is a 25% increase in loop systems across receptions and other patient areas		Chief Operating Officer/Facilities	Disability
	A disabled people's network is established as part of the Design Action Plan	Acute Strategic Planning		Disability
Identify more explicitly the differential needs of women and men	Gender audits have identified the different needs of men and women	Corporate Planning & Policy		Gender (Gender Re-assignment)
Identify more explicitly the differential needs across the lifespan	Age audits have identified the different needs across the lifespan	Corporate Planning & Policy		Age
Identify more explicitly discrimination associated with social class and its impact on health	Social class audits have identified discrimination associated with social class	Corporate Planning & Policy		Social Class

Goal 5: Uses an understanding of inequality and discrimination when devising and delivering treatment and care

What we are going to do	What success will look like	Corporate Accountability	System Accountability	Equality Groups Covered
Ensure policy and planning frameworks are developed that take account of inequalities	A guide to developing inequalities sensitive planning frameworks has been developed	Corporate Planning & Policy		All
	All Planning Frameworks are in line with inequalities guidance and are subject to EQIA		Corporate/ Acute/Partnership Directors	All
	NHSGGC can demonstrate EQIAs of all new policies		Corporate/ Acute/Partnership Directors	All
	Any Policies relating to faith including the Spiritual Care Policy are subject to EQIA		Chief Operating Officer	Faith
Services will assess and manage patients experiences of inequality and discrimination in line with priorities for service development	Service Plans resulting from the new planning and policy arrangements clearly demonstrate how they promote equality and remove discrimination, using EQIA where appropriate		Acute/Partnership Directors	All
	The EQIA process is reviewed and revised annually	Corporate Planning & Policy		All
The GBV Action Plan will be implemented	Each part of the NSHGGC can demonstrate an increase in the number of services using sensitive enquiry		Acute/ Partnership Directors	Gender (Gender Re-assignment)
The Transgender Policy will be implemented	Staff are aware of the Transgender Policy and who to contact for further information	Corporate Planning & Policy, Human Resources, Communication Team, Public Health		Gender (Gender Re-assignment)
	An audit of the most frequently used services by transgender people has been undertaken and a training programme implemented for staff in these services	Corporate Planning & Policy	Chief Operating Officer	Gender (Gender Re-assignment)
Review of single sex accommodation	An audit of mixed sex accommodation and consequent action plans have been produced		Chief Operating Officer and Director Mental Health Partnership	Gender (Gender Re-assignment)

Goal 6: Uses its core budget and staff resources differently to tackle inequality

What we are going to do	What success will look like	Corporate Accountability	System Accountability	Equality Groups Covered
Ensure that there is no disproportionate effects on different inequality groups as the result of financial decisions	A pilot approach to the EQIA of financial plans has taken place and an approved model applied to future financial planning processes	Finance/Corporate Planning & Policy		All
	All cost saving financial planning decisions are subject to EQIA		Corporate/ Acute/Partnership Directors	All

Goal 7: Has a workforce which represents our diverse population and addresses their needs

What we are going to do	What success will look like	Corporate Accountability	System Accountability	Equality Groups Covered
Improve the availability of disaggregated staff information	The collection of Equality Monitoring HR data has been improved by 5% annually	Human Resources	Acute/ Partnership Directors	All
Address remaining barriers to recruitment and retention	A plan to increase BME and disabled representation across all levels of staff is in place	Human Resources		Race, Disability
	The potential barriers to employment on the basis of faith have been assessed	Human Resources		Faith
	A plan for addressing gender issues in the workforce including part-time staff and gendered portrayal of health care jobs is in place	Human Resources		Gender (Gender Re-assignment)
Enhance the ability of staff policies to meet the needs of equality groups	The benefits of introducing Disability Leave have been assessed	Human Resources		Disability
	All HR policies are subject to EQIA	Human Resources		All
	There is an assessment of parental leave by male and female staff	Human Resources		Gender (Gender Re-assignment)
Meet any existing pay gap between women and men	Audit of gender pay gap has been used to develop an action plan tackling the issues identified, to make sure NHSGGC is legally compliant. This includes implications for the Careers Framework	Human Resources		Gender (Gender Re-assignment)
Enable staff from equality groups to feed back their views to the organisation	A network of staff equality forums is established	Human Resources	Acute/ Partnership Directors	All

Goal 8: Creates a workforce which has the skills to tackle inequality and create a non-discriminatory working environment

What we are going to do	What success will look like	Corporate Accountability	System Accountability	Equality Groups Covered
All staff will be aware of their legal responsibilities	A Learning and Education plan is in place including annual targets to increase the numbers of staff trained on equality issues	Human Resources		All
	Evidence is provided of how the system is meeting the Learning and Education plan and targets		Acute/ Partnership Directors	All
Promotion of positive attitudes for all equalities groups	Organisational Development can demonstrate how it contributes to the organisation's ability to deliver on equality legislation		Corporate/ Acute/ Partnership Directors	All
	A plan to promote positive attitudes for all equality groups has been devised and implemented.	Corporate Planning & Policy/ Human Resources		All
	Each part of the system can demonstrate implementation of a plan to promote positive attitudes to equality groups		Acute/ Partnership Directors	All
	Recommendations from a scoping exercise on the role of an equality champions network are implemented	Corporate Policy Planning/ Human Resources		All

Goal 9: Spends the money being invested in buildings, goods and services in a way which tackles poverty and discrimination

What we are going to do	What success will look like	Corporate Accountability	System Accountability	Equality Groups Covered
Align Corporate Social Responsibility activity to the Equality Scheme aims	Action to support engagement with the social economy sector has increased local employment and training opportunities for inequality groups	Chief Operating Officer/Facilities	Acute/Partnership Directors	All
	Social benefits clauses in capital contracts is supported	Acute Strategic Planning	Acute/Partnership Directors	All

Goal 10: Works with partners to reduce inequality caused by income, social class, gender, race, disability, age and sexual orientation in order to reduce health inequality

What we are going to do	What success will look like	Corporate Accountability	System Accountability	Equality Groups Covered
Align Equality Scheme activity with Community Planning partners.	Partnership activity on equality groups is increased	Corporate Planning & Policy	Acute/Partnership Directors	All
Contribute to SOA activity on the Solidarity Golden Rule - To Improve Social Equity- which aims to increase overall income and the proportion of income earned by the three lowest income deciles as a group by 2017.	Partnership activity with income inequality e.g. referral pathways on financial inclusion and employability is increased	Corporate Planning & Policy	Acute/Partnership Directors	All



10 Glossary of Terms

This is a guide to commonly used terms in relation to Equality and Diversity, many of which have been used in NHS Greater Glasgow and Clyde's Equality Scheme.

Access The extent to which people are able to receive the information, services or care they need and are not discouraged from seeking help (e.g. premises suitable for wheelchairs; information in Braille/large print and other formats and languages; and the provision of culturally appropriate services).

BME Term currently used to describe a range of communities and groups in the UK - can be used to mean the main Black and Asian and Mixed racial minority communities or it can be used to include all minority communities, including white minority communities.

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

Glossary

Culture Relates to a way of life. All societies have a culture, or common way of life, which includes:

- » **Language - the spoken word and other communication methods**
- » **Customs - rites, rituals, religion and lifestyle**
- » **Shared system of values - beliefs and morals**
- » **Social norms - patterns of behaviour that are accepted as normal and right (these can include dress and diet).**

Direct Discrimination Treating one person less favourably than another on the grounds of race / disability / gender / age / religion or belief / sexual orientation or other grounds.

Disability The Disability Discrimination Act 1995 defines disability as 'a physical or mental impairment that has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities'.

Discrimination Unfair treatment based on prejudice. In health and social care, discrimination may relate to a conscious decision to treat a person or group differently and to deny them access to relevant treatment or care.

Diversity Appreciating diversity goes beyond the mere recognition that everyone is different; it is about valuing and celebrating difference and recognising that everyone through their unique mixture of skills, experience and talent has their own valuable contribution to make.

Duty Under equalities legislation public authorities have gender duties and specific duties. These are things that have to be done by the authority in order to meet with the requirements of the law.

Equal Opportunities This is a term used for identifying ways of being disadvantaged either because of, for example, race, disability, gender, age, religion/belief or sexuality. 'Equal Opportunities' is an attempt to provide concrete ways to take action on the inequalities revealed by analysis of the differences and barriers that exist for people in the above groups.

Glossary

- Equalities** This is a short hand term for all work carried out by an organisation to promote equal opportunities and challenge discrimination, both in employment and in carry out functions and delivering services.
- Equality** Equality is about making sure people are treated fairly and given fair chances. Equality is not about treating everyone in the same way, but it recognises that their needs are met in different ways.
- Ethnicity** Is a term which represents social groups with a shared history, sense of identity, geography and cultural roots which may occur despite racial difference.
- Gender** Gender is the term used to describe key characteristics of male and female behaviour. Our gender is learned behaviour.
- Homophobia** An irrational fear of, aversion to, or discrimination against people who are gay and homosexuality.
- Indirect Discrimination** Setting rules or conditions that apply to all, but which make it difficult for a group to comply with on the grounds of race, disability, gender, age, religion or belief, or sexual orientation.
- Inequality** Refers to the experience of discrimination and oppression. It is concerned with differentials in terms of allocation of power, wealth, status, access to resources and equality of opportunity.
- Interpreting** The conversion of one spoken language into another, enabling communication between people who do not share a common language.
- Monitoring** The process of collecting and analysing information about people's gender/racial or ethnic origins/disability status / sexual orientation / religion or belief / age to see whether all groups are fairly represented.
- Multicultural** Of, or relating to many cultures; including people who have many different customs and beliefs. For example, Britain is increasingly a multicultural society.
- Prejudice** Is a negative assumption or judgement about a person - or a group of people - that we do not know.
- Procurement** Procurement can be defined as the responsibility for obtaining (whether by purchasing, lease, hire or other legal means) the services, equipment, materials or supplies required by an organisation so it can effectively meet its business objectives.

Glossary

Race A human population considered distinct based on physical characteristics such as skin colour. This term is often interchanged with ethnicity.

Religion The term religion - sometimes used interchangeably with faith or belief system - is commonly defined as belief concerning the supernatural, sacred, or divine, and the moral codes, practices and institutions associated with such belief.

Sexism A prejudice based on a person's gender in which one gender is seen as inferior. Also may be used to describe discrimination on grounds of gender.

Sexuality In its broadest sense sexuality describes the whole way a person goes about expressing themselves as a sexual being. It describes how important sexual expression is in a person's life; how they choose to express that sexuality and any preference they may have towards the type of sexual partner they choose.

Sexual Orientation Within the sexual orientation regulations, sexual orientation is defined as:

- An orientation towards persons of the same sex (lesbians and gay men)
- An orientation towards persons of the opposite sex (heterosexual)
- An orientation towards persons of the same sex and opposite sex (bisexual)

Social Class Social Class refers to the hierarchical arrangements of people in society based on occupation, wealth and income. Higher social classes have more power and status. In Britain class is also determined by values and behaviours such as accent, education and family background rather than purely money. The difference in status between social classes leads to inequalities of resources, including income, education, work, housing and health.

Workforce Profile What our workforce looks like. Make up of the people who work for an organisation. Analysing the workforce profile allows us to see how many people from different groups work for the organisation, how many men, how many women, how many disabled people, how many people from different ethnic groups, how many lesbian and gay people. It also allows us to see what kind of jobs people do, how much they are paid and at what grades to see if there are any patterns.

Appendix 1

What the law says

The key areas of legislation NHS Greater Glasgow and Clyde must comply with are:

- » The Race Relations (Amendment) Act 2000 (RRAA) which has strengthened the Race Relations Act, 1976
- » The Disability Discrimination Act 2005, which strengthened the DDA 1995, through the inclusion of a Disability Equality Duty (DED)
- » The Equality Act 2006 which amended the Sex Discrimination Act 1975 through the requirement of a Gender Equality Duty (GED). The Gender Equality Duty covers men, women and transgender people. The Equality Act also made it unlawful to discriminate or treat people unfairly because of their sexual orientation or faith.
- » The Employment Equality (Age) Regulations 2006

To simplify current legal provision and extend compliance, the Government will bring together all equality laws into the Single Equality Act. This will create a single law to protect rights relating to Age, Faith, Sexual Orientation, Gender, Disability, Race and Socio-economic disadvantage. The duty on socio-economic disadvantage applies to England, however a consultation has recently been carried out by the Scottish Government on introducing the duty in Scotland. The 2010-2013 NHS Greater Glasgow and Clyde Equality Scheme will cover socio-economic disadvantage whatever the outcome of the consultation because of the adverse consequences it has on people's health.

In advance of the Single Equality Act and in recognition of the impact experience of poverty has, NHS Greater Glasgow and Clyde's Scheme has made provision for the promotion of equality and removal of discrimination in regard to social class and socio economic status within it's Scheme.

The current legislation protecting Race, Disability and Gender has made both General and Specific Duties that the organisation must meet.

The General Duties for all three state that that public organisations must have 'due regard' to the need to eliminate unlawful discrimination and harassment and promote equality of opportunity. The Race Relations (Amendment) Act also includes a duty to 'promote good relations between people of different racial groups'. The Disability Equality Duty states public organisations must 'promote equality of opportunity between disabled people and other people'.

The Disability Equality Duty also states the need to:

- » Promote positive attitudes towards disabled people.
- » Encourage participation by disabled people in public life.
- » Take steps to meet disabled peoples' needs, even if this requires more favorable treatment.

The Specific Duties are designed to set out the steps required in meeting the General Duty, the key requirements of which are:

- » The development of a specific Equality Scheme in relation to each aspect of inequality. Whilst the Race Relations (Amendment) Act focuses on the process in pursuit of its aims, disability and gender legislation have a greater emphasis on outcomes and require specific goals to be identified.
- » Organisations must have consultation with stakeholders and employees when creating their Equality Schemes for race and gender. For disability, the legislation states that public organisations actively involve disabled people.
- » The publication of Equality Schemes and associated action plans.
- » The publication of how the organisation will assess the impact of its policies and practices for equality across the three areas and the outcomes of these.
- » Monitoring of progress and production of annual reports.
- » Review of Schemes every three years.
- » Monitoring of employment procedures and practices.

NHS Greater Glasgow and Clyde will be held to account for its actions to promote equality and remove discrimination by the Equality and Human Rights Commission. The Commission has significant statutory powers to enforce change where it is required and may support legal actions taken against public bodies where there is evidence that due regard to promoting equality and removing discrimination has not been taken. The Commission expects public bodies to provide evidence demonstrating responsibilities in relation to:

- » Decisions made on the adoption of new programmes, services, functions and policies.
- » The ways in which we deliver these currently.
- » All aspects of employment practice.

This publication has been produced in line with NHS Greater Glasgow and Clyde's Accessible Information Guidelines.

This publication is available in large print, Braille and easy to read versions, or on audio-CD. We can also provide this in other languages as translated written text.

Please contact the Corporate Inequalities Team on 0141 201 4560 or e-mail

CITAdminTeam@ggc.scot.nhs.uk

The Equality Scheme is available in hard copy, as a fully accessible document on the website and in a range of other formats to allow everyone to understand the steps taken by the organisation to promote equality and remove discrimination.

NHS Greater Glasgow and Clyde

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Arabic

تتوفر هذه النشرة بطباعة من القطع الكبير أو بطباعة برايل أو في إصدارات يسهل قراءتها، أو على أقراص مضغوطة صوتية. ويمكننا أيضاً تزويدكم بهذه النشرة بلغات أخرى كنص مترجم مكتوب. الرجاء الاتصال بجاكي راسل (Jacky Russell) على رقم الهاتف: 0141 201 4560 أو مراسلتها بالبريد الإلكتروني على العنوان CITAdminTeam@ggc.scot.nhs.uk للحصول على المزيد من المعلومات.

Mandarin

此册子可用于大批量印刷，盲字印刷和其他易于阅读的印刷形式或者音频 CD。我们也提供其他语言的翻译文本。更多信息，请联系 Jacky Russell，电话：0141 201 4560 或电子邮件：CITAdminTeam@ggc.scot.nhs.uk

Polish

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Punjabi

ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਵੱਡੇ ਅੱਖਰਾਂ ਦੀ ਛਪਾਈ, ਬ੍ਰੇਲ ਅਤੇ ਪੜ੍ਹਨ ਲਈ ਅਸਾਨ ਰੂਪਾਂ ਵਿਚ ਜਾਂ ਆਡੀਓ ਸੀਡੀ 'ਤੇ ਉਪਲਬਧ ਹੈ। ਅਸੀਂ ਦੂਜੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਮੂਲ ਮਤਨ ਦੇ ਰੂਪ ਵਿਚ ਵੀ ਤਰਜਮਾ ਦੇ ਸਕਦੇ ਹਾਂ। ਵਧੇਰੇ ਜਾਣਕਾਰੀ ਲਈ ਕਿਰਪਾ ਕਰਕੇ Jacky Russell ਨਾਲ 0141 201 4560 'ਤੇ ਫੋਨ ਕਰਕੇ ਜਾਂ ਇਸ ਪਤੇ 'ਤੇ ਈਮੇਲ ਰਾਹੀਂ ਸੰਪਰਕ ਕਰੋ CITAdminTeam@ggc.scot.nhs.uk

Turkish

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Urdu

یہ اشاعت بڑے حروف، ابھرے حروف اور آسانی سے پڑھی جانے والی صورتوں، یا آڈیو ڈی پروڈیوٹیو ہے۔ ہم اس کا دوسری زبانوں میں تحریری ترجمہ بھی مہیا کر سکتے ہیں۔ مزید معلومات کے لئے جیکی رسل (Jacky Russell) سے فون نمبر 0141 201 4560 یا ای میل CITAdminTeam@ggc.scot.nhs.uk پر رابطہ کریں۔

Farsi

این جزوه با چاپ بزرگ و یا بریل و یا نسخه ای ساده برای خواندن و یا سی دی نیز قابل دست رس میباشد. همچنین ما میتوانیم ترجمه این را به زبانهای دیگر در دسترس قرار دهیم. برای اطلاعات بیشتر لطفاً با جکی راسل با تلفن 01412014560 و یا CITAdminTeam@ggc.scot.nhs.uk تماس بگیرید.







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