

## 1. Foreword

NHS Forth Valley (NHSFV) has a strategic committed to both the principles and the practice of Equality and Diversity and Patient Focus Public Involvement and these are clearly identified within our Integrated Healthcare Strategy: Improving Health and Healthcare and our Workforce Modernisation Strategy.

Fair for All is the name given to NHS FV's overall approach to equality and diversity which we use to ensure that: patients, carers, staff, volunteers, independent contractors and members of the public are treated fairly, also that differences between people are recognised and valued. We strive to ensure that every individual has equal access to our services and employment opportunities regardless of race, age, gender, disability, religion or belief, sexual orientation or socio-economic factors. Our commitment to developing a culture of excellence in these areas demonstrates NHS FVs intention to be sensitive and responsive to the distinctive requirements of all groups in our community.

NHS Forth Valley is totally committed to the promotion of race equality and has demonstrated this by publishing our first Race Equality Scheme (RES) in November 2002, covering the period 2002-2005, our second in November 2005, covering the period 2005-2008 and this our third RES to cover the period 2008 -2011. We are planning to integrate this RES into a Single Equalities Scheme by June 2009 along with our Disability Equality Scheme and Gender Equality Scheme and their associated action plans.

Through the implementation of this RES, NHS FV will ensure that it continues to meet its legal and moral responsibilities, both as a service provider and employer, and ensure that race equality and an integrated equality and diversity approach informs all our practice.

This Race Equality Scheme (RES) demonstrates our engagement with the local community and reflects their priorities. We regard this as a living document and will report regularly on how we are delivering on the commitments we make.

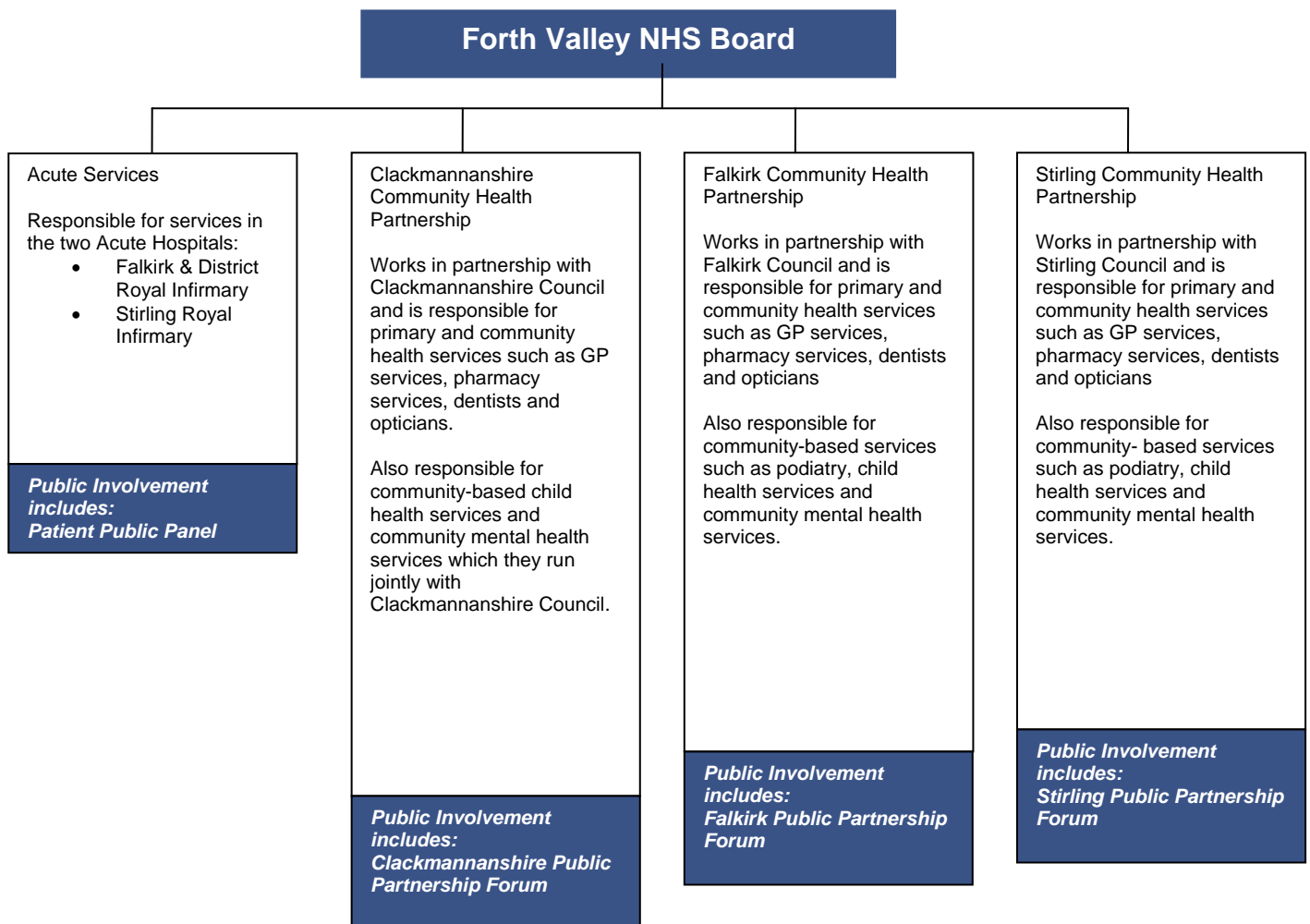
This scheme is a plan for action in NHS Forth Valley. It will be reviewed and developed annually. Comments and suggestions from members of the public, patients, carers, community groups, voluntary organisations, volunteers, NHS staff and any other interested parties will be welcome.

Fiona Mackenzie  
Chief Executive

## 2. Introduction and Structure

Forth Valley is located in Central Scotland; an area including both urban and rural communities and the three Local Authorities of Falkirk, Stirling and Clackmannanshire.

A comprehensive range of health care services for the population of this area is delivered by NHS Forth Valley and provided currently through Acute Hospitals Services and three Community Health partnerships. These are summarised in the following chart:



This Scheme sets our approach and proposals in the following sections:

- Section 3: The legislative and policy context
- Section 4: Our approach to race equality
- Section 5: NHS Forth Valley's demographic profile (Information on the ethnic profile of NHS Forth Valley's workforce is included in Section 7).
- Section 6: Ethnicity and Health - Inequalities sets out our approach to meeting the health needs of the community and tackling health inequalities
- Section 7: Our Duties as an Employer covers our employment duties to ensure fair recruitment and selection as well as the monitoring arrangements for employment to meet the specific duty set out in the Race Relations (Amendment Act) 2000. It also outlines the awareness, training and development requirements for staff in line with promoting race equality
- Section 8: Engagement and Consultation with local people in the production of the RES
- Section 9: Procurement NHS Forth Valley's arrangements for promoting race equality through NHS Forth Valley's policy for the procurement of goods and services
- Section 10: Impact Assessment, Monitoring and Publication outlines how race equality will be promoted and assessed in policy and service delivery by the process of impact assessment and prioritisation and monitoring of functions and policies relevant to legislative duty. It also describes how the results of these assessments will be published and consulted on and how the impact assessment process will provide an important mechanism for ensuring action that results in bringing about and sustaining positive change.
- Section 11: Keeping the Public and Staff Informed
- Section 12: RES Equality Action plan 2008-2009
- Appendices : 1 Improving Health and Healthcare in Forth Valley Integrated Health Care strategy
  - 2 NHS FV Clinical Governance Structures
  - 3 EQIAs to date November 2008

## Section 3: The Legislative and Policy Context

This scheme is underpinned by three key pieces of race equality legislation. These are the Race Relations Act (1976), the Race Relations (Amendment) Act 2000 and the Human Rights Act (1998).

### 3.1 The Race Relations Act 1976

The Race Relations Act is the primary legislation covering race discrimination in Great Britain. It replaced and expanded the coverage of the original 1968 Act and applies to all public and private premises, local authorities, the NHS, Police, governmental institutions, the voluntary sector and private providers of services, public houses, clubs and restaurants. The Act made it unlawful to discriminate on the basis of race in employment, training and related matters, education, and in the provision of goods, services and facilities. The Act makes it unlawful to treat a person less favourably than another on racial grounds. These cover grounds of race, colour, nationality (including citizenship), and national or ethnic origin. This Act also distinguished between direct and indirect forms of racial discrimination.

### 3.2 The Race Relations (Amendment) Act 2000

The Race Relations (Amendment) Act (RRAA) was introduced in the light of the findings of The Stephen Lawrence Report by Sir William Macpherson, published in February 1999. It concluded that: *"If racism is to be eliminated from our society there must be a co-ordinated effort to prevent its growth. This needs to go well beyond the police service."*

The report also stated that: *"It is incumbent upon every institution to examine their policies and practices to guard against disadvantaging any section of the community."*

It gave the definition of institutional racism as: *"The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people."*

*It persists because of the failure of the organisation openly and adequately to recognise and address its existence and causes by policy, example and leadership.*

*Without recognition and action to eliminate such racism it can prevail as part of the ethos or culture of the organisation.*

*It is a corrosive disease. "*

The RR(A)A expanded and strengthened the powers of the 1976 Act and placed requirements, collectively known as the General Duty, on all Public Bodies to consider their activities with regard to the:

- Elimination of unlawful discrimination;
- Promotion of equality of opportunity; and,
- Promotion of good race relations between people of different racial groups

Additionally, Public Bodies are required to comply with the Specific Duty by developing and publishing a Race Equality Scheme (RES). The RES must state in full what functions and policies it has assessed as being relevant to race equality and set out arrangements for:

- assessing, consulting on and monitoring its functions and policies for any adverse impact on promoting race equality
- publish the results of assessments, consultations and monitoring
- assessing and consulting on the likely impact of policy on race equality;
- monitoring its policies for adverse impact;
- publishing the results of its assessments, consultations and monitoring;
- ensuring public access to information and services;
- training its staff in the new Duty; and,
- reviewing its progress every 3 years.

Additionally, NHS FV is also required to comply with specific employment duties. This requires NHS FV to monitor by racial group the number of:

- staff working for the organisation
- applicants for employment, training and promotion;
- staff who receive training;
- staff who benefit or suffer from performance appraisals;
- staff who are involved in grievance procedures;
- staff who are the subject of disciplinary actions; and
- staff who cease employment with the Board.

### **3.3 The Human Rights Act 1998**

The Human Rights Act 1998 made rights from the European Commission on Human Rights (the Convention Rights) enforceable in British courts. In particular, Article 14 of the Convention on the Prohibition of Discrimination states that 'The enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status'.

### **3.4 Fair for All: Working Together Towards Culturally Competent Services (HDL 51 2002)**

This key national policy from the (then) Scottish Executive Health Department stated that:

“A culturally competent service” is defined as a service, which recognises and meets the diverse needs of people of different cultural backgrounds. This applies to every individual with a healthcare need. It includes, but is not limited to, making provision for religious and cultural beliefs such as worship, diet, and hygiene requirements, catering for communication and language diversity, and involving users in service development. A key part of cultural competence is ensuring that discrimination on the basis of culture, belief, race, nationality or colour has no role in the delivery of services”.

Fair for All set out the responsibilities placed upon NHS organisations to deliver a culturally competent service. The outcomes reflect five major strands of policy necessary to achieve a culturally competent service and to meet the demands of the RR(A)A 2000.

- ❖ **Energising the Organisation:** to demonstrate the extent to which an organisation deals with the challenge of minority ethnic health issues positively and proactively (statement of organisational intent, executive leadership, action plan);
- ❖ **Demographic Profile:** to evidence the level of demographic intelligence held by an NHS organisation concerning their catchment status including geographic concentration and relative socio-economic positioning. NHS organisations must have adequate levels of intelligence to facilitate effective planning and commissioning of services. (Surveying the Local Population, Health Needs Assessments, Commitment to Research);
- ❖ **Access and Service Delivery:** the level to which NHS organisations are active in acknowledging and overcoming barriers to access by minority ethnic populations. (Access Audit, Personal Care, Food, Spiritual Care, Translation and Interpretation, Advocacy, Gender Issues, Bereavement);
- ❖ **Human Resources:** covering the extent to which NHS organisations have integrated ethnic minority issues into HR strategies relating to the recruitment, development, retention and promotion of staff. (Equal Opportunities, Improvement Policies, Bullying and Harassment)
- ❖ **Community Development:** the levels of engagement of NHS organisations in consultation, dialogue and support for minority ethnic communities. (Collaborative Mechanisms, Developing the Community).

For the purposes of Fair for All, NHS Scotland adopted a definition of minority ethnic groups which extends beyond the current legal framework to

encompass, for example, gypsy travellers, migrant workers and members of minority faith groups.

There is some overlap between the requirements from the RR (A) A and Fair for All as the two processes are in many senses complimentary. This RES primarily sets out to meet the duties defined in the RR(A)A but, in doing so, covers many of the FFA requirements.

A central component of the work of Fair for All and a key priority for the Scottish Government is the promotion of a culture change within NHS Scotland that results in awareness of, and responsiveness to, the needs of individuals regardless of their ethnicity. Improving health and access of services for minority ethnic health service users will also lead to improvements for the whole population.

### **3.5 Fair Enough? (2004)**

Fair Enough? was commissioned jointly by the National Resource Centre for Ethnic Minority Health and the Commission for Racial Equality. It reported on progress across Scotland as a whole and in individual NHS boards by means of a desk-based analysis of Race Equality Schemes and Fair for All action plans produced by all Scottish Health Boards and Trusts in response to their responsibilities under the Race Relations (Amendment) Act.

### **3.6 Better Together: Scotland's Patient Experience Programme (2008)**

The Better Together: Scotland's Patient Experience Programme will coordinate feedback on patients' experience of treatment within the NHS in Scotland. Feedback from 250,000 patients annually will be disaggregated by age, disability, gender, race, sexual orientation and religion or belief and will be used to develop national improvements in services.

### **3.7 Equally Well - Report of the Ministerial Task Force on Health Inequalities, May 2008, Scottish Government**

Equally Well contains a number of key recommendations with particular relevance to race equality:

- NHS Boards should take opportunities to play a leadership role in promoting good relations within communities recognising the impact of discrimination and disadvantage on health (recommendation 62);
- All contractors and providers commissioned by the NHS should be explicitly required to monitor their services in accordance with public sector equality duties, ensuring that their analysis uses qualitative and quantitative data to monitor the needs of different groups (recommendation 63); and,
- NHS Health Scotland should deliver an accessible communication, translation and interpreting strategy and action plan, with clear outcome measures (recommendation 64).

In particular, in recommendation 2, the report stated ‘that those responsible for implementing task force recommendations should carry out equality impact assessments on the action they are taking to ensure this is legally compliant; systematically consider the needs of the diversity of the population; ensure action does not adversely affect any part of the population; and consider how they can promote equality’.

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## 4. Our Approach to Race Equality

The NHS FV Board and each of its Executive Directors are committed to achieving equality, including race equality. The Board has a governance role and the Executive Directors have individual performance objectives relating to equality and diversity.

The Human Resources Director holds the Executive Lead role on behalf of the Chief Executive and chairs both the Fair for All Development Group and the Fair for All Operational Group tasked with leading on the equality and diversity agenda for NHSFV.

NHSFV has demonstrated its leadership and commitment to race equality through its representation on both the National Resource Centre for Ethnic Minority Health from 2002 to 2008 and the Equalities and Planning Directorate established in 2008. Also in 2008, Central Scotland Racial Equality Council invited NHS FV’s Race Lead to become a member of their Board.

### 4.1 NHSFV Strategic Objectives

Equality and Diversity feature within NHSFV’s strategic objectives in relation to delivery of all Health, Efficiency, Access and Treatment (HEAT) targets and the Local Delivery and Health Plans. The Improving Health and Healthcare in Forth Valley – Integrated Healthcare Strategy map is appended to this document to illustrate this strategic commitment. (Appendix 1)

### 4.2 Mainstreaming

This revised RES sets a challenging agenda and also provides further impetus to continue to embed race equality into all of NHS FVs activities. It is our aspiration and we will strive to ensure that patients, carers, volunteers, contractors and our workforce experience NHS FV as an organisation that actively promotes race equality, is free from discrimination and is anti-racist.

### 4.3 Accountability

The Chief Executive of NHS Forth Valley is accountable for ensuring that the organisation’s legislative and moral responsibilities are met and for ensuring that the RES is implemented. The NHS Board is responsible for approving the RES and monitoring its implementation and receives reports on race equality twice a year.



All Directors will use their leadership position to develop and implement this RES and Action Plan alongside senior clinical and managerial staff.

#### **4.4 Collaborative Mechanisms and Partnerships**

NHS Forth Valley works in partnership with a wide range of statutory, voluntary sector and community organisations. We will continue to engage with key organisations and groups involved in race equality work at both a national and local level.

##### **4.4.1. Fair for All Development Group**

In October 2002, NHS Forth Valley established the Fair For All Development Group to look at all aspects of the RR (A)A and the Fair for All guidance. This group reports to the Patient Focus Public Involvement Steering Group, a sub committee of the Clinical Governance Committee and is therefore embedded within NHS FVs Clinical Governance Structure. (Appendix 2).

The role of the Fair for All Development Group continues to develop and has broadened its remit to cover the wider equality mandates of disability, gender, age, sexual orientation and religion and belief. The group receives reports on the delivery of NHS FV's key race equality targets and effectively ensures partnership with local people from ethnic minority backgrounds. This group ensures cross agency working and the integration of race equality issues and plans into strategic policy and planning processes.

The Group, co-chaired by the Human Resources Director for NHS Forth Valley and a Volunteer Adviser, meets quarterly to review progress on both the Race Equality Scheme and its associated action plan. The remit for the Fair For All Development Group includes:

- ❖ prioritising NHS Forth Valley's functions and policies for race impact assessments
- ❖ advising the NHS Board on race equality matters
- ❖ developing consultative approaches with local communities
- ❖ considering complaints and agreeing monitoring requirements.

The group includes representatives from NHS Forth Valley including Area Partnership Forum, Scottish Ambulance Service, the three Local Authorities, Central Scotland Police and Central Scotland Racial Equality Council. In addition, there is an increased number of Volunteer Advisers on the group who have well-developed links with local minority ethnic communities and other equality target groups.

##### **4.4.2 Racist Attacks and Harassment Multi-Agency Strategy Partnership (RAHMAS)**

NHS Forth Valley continues as an active member of the Central Scotland Racial Attacks and Harassment Multi-Agency Strategy Group (RAHMAS).

This Group was established in 1993 involving representatives from ethnic minority communities, each Council, Central Scotland Police, Central Scotland Racial Equality Council and the NHS. The members take a 'joined-up' approach to the reporting, recording, monitoring and investigation of racial attacks and harassment. RAHMAS defines a racist incident as “any incident that is perceived to be racist by the victim or any other person”.

The group's publication '*Racism-How to Get Help*' expresses the commitment of each partner to combat racism. This includes reviewing their policies and procedures in the light of policy and legislative change such as the Human Rights Act 1998.

RAHMAS has published a revised Strategy (the sixth) that sets out its priorities for the future and these include:

- ❖ partner agencies will encourage an environment that recognises and respects diversity, challenges discrimination and inappropriate behaviour and language, thereby increasing confidence of the victim to report a racist incident
- ❖ agencies will provide an effective and accessible system to record, investigate and monitor accurately all incidents reported
- ❖ agencies will actively support a victim through inter-agency response to racist attacks and harassment
- ❖ agencies will ensure a process exists to identify and adapt staff training to reflect the ethnic and cultural needs of a community.

## 5 NHS Forth Valley – Demographic Profile

### 5.1 The 2001 Census

The 2001 Census showed that the total population of the NHS Forth Valley area was 279,480. Of this figure, 3,180 or 1.14% of the population recorded themselves in an ethnic group other than white. This compares with a total non-white population in Scotland of 101,677 or 2.01%. When comparing results by Local Authority area within Forth Valley, Stirling Council area had the highest proportion of residents from a minority ethnic group (1.49%). Stirling ranked 7<sup>th</sup> highest in Scotland (out of 32 council areas), Falkirk ranked 14<sup>th</sup> with 1.03%, whilst Clackmannanshire with 0.84% of its population from minority ethnic groups ranked 19<sup>th</sup>.

Table 1: Ethnic Group, 2001

Ethnic Group	Forth Valley		Scotland
	%	N	%
White Scottish	90.37%	252566	88.09%
Other White British	6.55%	18296	7.38%
White Irish	0.74%	2057	0.98%
Other White	1.21%	3381	1.54%
Total White	98.86%	276300	97.99%
Indian	0.12%	344	0.30%
Pakistani	0.40%	1125	0.63%
Bangladeshi	0.01%	35	0.04%
Other South Asian	0.05%	126	0.12%
Chinese	0.16%	455	0.32%
Caribbean	0.03%	79	0.04%
African	0.05%	142	0.10%
Black Scottish or Other Black	0.01%	35	0.02%
Any Mixed Background	0.18%	516	0.25%
Other Ethnic Group	0.12%	323	0.19%
Total Other Ethnicities	1.14%	3180	2.01%
Total	100.00%	279480	100.00%

Source: Registrar General Office (Scotland) Census 1991 & 2001

In 1991, 1,947 Forth Valley residents were recorded as coming from a minority ethnic group; this represented 0.73% of the total population. In 2001, this figure had increased by 63% to 3180 (1.14% of population). Table 2 shows the change in numbers in each ethnic group since 1991.

The white population showed an increase of 4%, just slightly below the percentage change in the overall population. However the Pakistani and Bangladeshi population showed an increase of 64% whilst the 'other ethnic group' population increased by 75%.

Table 2: Change in Forth Valley population by ethnic group, 1991-2001

Ethnic Group	Population		Change	
	1991	2001	No.	%
White	265545	276300	+10,755	+4.05%
Indian	222	344	+122	+54.95%
Pakistani & Bangladeshi	706	1160	+454	+64.31%
Chinese	320	455	+135	+42.19%
Other	699	1221	+522	+74.68%
All minority ethnic groups	1947	3180	+1233	+63.33%
Total	267,492	279,480	+11,988	+4.48%

Source: Registrar General Office (Scotland) Census 1991 & 2001

The minority ethnic population has a much younger age profile than the white population of Forth Valley. 66% of the minority ethnic population is under the

age of 35, this compares with just 44% of the white population. On the other hand, only 6% of the minority ethnic population are over the age of 60, this compares with 21% of the white population.

## 5.2 The Gypsy/Traveller population

This is summarised below in terms of numbers of households for each Council area: Column A = Council sites; Column B = Private sites; Column C = Unauthorised encampments; Column D = total for all categories

Table 3 - Numbers by type of stopping place for summer counts from July 2003 to July 2005

COUNCIL	July '03				July '04				July '05				3yr. SUMMER MEAN			
	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D
Clackmannan shire	8	0	0	8	8	0	0	8	9	0	0	9	8	0	0	8
Falkirk	14	5	0	19	10	6	0	16	9	1	0	10	11	4	0	15
Stirling	2	3	1	6	6	0	0	6	11	0	38	49	6	1	13	20
Forth Valley Total	24	8	1	33	24	6	0	30	29	1	38	68	25	5	13	43
Forth Valley Population **	72	24	3	99	72	18	0	90	87	3	114	204	75	15	39	129

Source: Gypsies / Travellers in Scotland: The Twice-yearly Count - No. 8: July 2005, Scottish Government

Comments from the July 2005 returns identify the effects on sites of a variety of problem incidents which continue to occur periodically in various parts of Scotland. 'Due to problems with two separate families (X) had to be evacuated for a couple of weeks. A major dispute which settled Travellers then got involved in. There are still families fleeing violence..... Families are now starting to return.'

'Experiences of violence, family feuds and domestic violence. Large mixture of different families on site.'

'(X) has had an increased number of tenants due to the problem of the (Y) site and the closing of the (Z) site.'

## 5.3 New Migrants

On 1 May 2004, the A8 accession countries: Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia joined the EU. The Accession Treaty gave nationals from the new member states the right to travel freely across the EU allowing them to enter any member state to visit, study and look for work, without the need for visas or work permits. Since

then, Scotland has seen an increase in the number of new migrants. The NHS Forth Valley area has attracted a substantial number of migrant workers due to the availability of jobs in agriculture, food processing and hospitality.

There are two sources of data on migrant workers. Some information is available from the Department of Work and Pensions (DWP) on the numbers of National Insurance numbers issued to overseas nationals. These provide an estimate of the number of migrant workers who initially register in an area but there is no record of whether they stay in that area or indeed in the country.

This evidence shows that there has been a substantial increase in the number of migrant workers registering from 350,000 in the UK in 2002/03 to over 713,000 in 2006/7 – an increase of over 100%. The figures also show that the number of migrant workers from the EU accession states coming to Scotland increased from 140 in 2002/3 to 29,100 in 2006/7 which accounts for a very large proportion of the overall increase.

Table 4 shows the number of migrant workers who have registered at a Job Centre Plus office for a National Insurance Number in the Forth Valley area in the last few years, together with comparative data for other geographical areas. This shows that over 4,300 migrant workers have registered in the Forth Valley area in the period 2002 – 2007. Over four times as many migrant workers registered in the Forth Valley area in 2006/07 as in 2002/03. This is largely due to the number coming from the EU accession states, in particular, Poland, Lithuania and the Slovak Republic. This pattern matches the demand for professional interpreting and translation services in NHS FV which has grown similarly over this period.

Table 4: Resident migrant registrations

	Forth Valley	Scotland	United Kingdom
2002/03	400	14,520	349,240
2003/04	420	15,500	370,750
2004/05	530	22,070	439,730
2005/06	1,310	40,710	662,390
2006/07	1,620	52,470	713,450
Total	4,300	145,270	2,535,560

Source: Department of Work and Pensions

#### 5.4 Other Considerations

Although no precise figures are available, it is apparent that the numbers of people from minority ethnic backgrounds in Forth Valley has continued to increase significantly since 2005.

The number of international students at the three campuses of Forth Valley College and the University of Stirling has risen, as has the number of migrant workers and their families from the expanded European Union and elsewhere, and a large number of tourists from overseas visit the area each year with an expected increase in 2009 for Scotland's Homecoming.

Whilst the overall numbers of minority ethnic community numbers may be rising and is still relatively small, the challenges remain as to how best to meet the health needs of these specific groups. This RES, alongside partnership working with: the Fair for All Development Group, partner organisations and community groups, represents a significant vehicle for ensuring that the needs of our communities are met and that the NHS FV operates consistently and transparently on the basis of race equality.

## 6 Ethnicity and Health - Inequalities

In assessing available information on ethnicity and health issues, NHS FV has considered evidence from national and local information sources.

### 6.1 National Information

Evidence from UK wide and Scottish studies have shown that ethnic minority communities have a worse health experience in the form of premature deaths, and long term chronic ill health and disabilities, than the majority community. This includes:

- Much higher rates of mortality from hypertensive disease and stroke among those of African or Caribbean heritage.
- Mortality rates almost 50% higher for Asians, from coronary heart disease.
- People of Indian, Pakistani, Bangladeshi and other South Asian descent are six times more likely to develop Type 2 diabetes than Caucasians. Those of African / Caribbean origin are three times more likely.
- Diabetic retinopathy is more common in individuals of Pakistani, Indian or Bangladeshi descent
- Some forms of glaucoma are more than three times more prevalent among people of Afro-Caribbean and Chinese descent, and are often more severe.
- African and African / Caribbean communities are significantly less likely (20 per cent) to have had an eye examination than the rest of the population.
- Black people with mental illnesses are more likely to be given drugs, rather than talking therapies such as counselling and are more likely to be diagnosed with schizophrenia.

- Vitamin D deficiency remains common in people of South Asian origin and may mimic other musculoskeletal disorders or mental health problems
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- People from ethnic minorities face specific challenges to their mental health and wellbeing.
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- There are also cultural differences between communities in the way that mental health problems are viewed and acted upon.
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- Haemoglobinopathies: sickle cell disease and beta thalassaemia are more prevalent in particular ethnic groups
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- Ethnic minority communities have difficulty getting access to health services, health promotion information and treatment, which has meant that they often present late for diagnosis and treatment.
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- Language barriers present further difficulties to people with limited proficiency in English in trying to access services and information in Scotland.

## **6.2 NHS FVs Approach to Addressing Health Inequalities**

The Director of Public Health has outlined two overarching and complementary approaches;

- undertaking initiatives which specifically target disadvantaged areas or groups with many of these linking to national priorities and targets for 'health improvement and wellbeing' e.g. alcohol, smoking cessation.
- ensuring that all services address the issue of inequalities to maximise potential benefits to disadvantaged groups and minimise any negative consequences through the provision and planning of 'care and services'.

To provide a framework for action, NHS FV's Director of Public Health advises that 7 core principles which 'underpin all NHS activities to enable them to best address health inequalities'.

These principles are:

- A broad programme of activities to improve health and address inequalities should include action on determinants of health, prevention of disease and health services to reduce the burden of disease and disability.
- Health service activities should not cause direct or indirect adverse health effects, particularly on disadvantaged groups in the population.
- Priority should be given to disadvantaged groups in the population and specific action may be required to enable them to access services and interventions
- All groups in the population should have the opportunity to be consulted on and influence health service activities.
- Interventions should be part of a coherent programme of activity with long term objectives and funding, that include actions at all levels.
- Interventions should be based on robust theory and/or evidence and be appropriate to the local context in which they are implemented.
- NHS organisations can work with and seek to influence partners to address wider determinants but also recognise their responsibility to address areas within their own direct control.

In a stock take on inequalities in NHS Forth Valley conducted by the Director of Public Health in 2008, three case studies were submitted that focussed on health inequalities relating to ethnicity. These were relating to weight management in Muslim community groups, diabetes awareness in South Asian community groups and palliative care amongst ethnic elders.

### **6.3 Identifying Needs**

In addition to the information gained from national and local Health Needs Assessment, NHS FV will continue to work closely with community members to identify needs.

Key vehicles for identifying community needs in NHS Forth Valley are the Fair for All Development Group, Patient Public Panel (PPP), Patient Involvement Network and the three CHP Public Partnership Forums.

The PPP and Fair for All Development Group have both been successful in attracting a more diverse membership in 2008 through recruitment drives that have encouraged people from ethnic minority and other under represented equality target groups to participate.

A shared data base of Equality and Diversity Organisations within the Forth Valley area is currently being developed. This data base will reflect the voluntary/community organisations and bodies that represent equality groups and will be used to provide a valuable communication network to gain feedback on community needs.

The Improving Patient Care and Experience programme in NHS FV is also an important means of identifying unmet needs amongst different ethnic groups.



## 6.4 Impact Assessment

NHSFV will continue to assess its functions and policies to identify and tackle inequalities through continued use of Equality Impact Assessment (EQIA) process.

All of these processes will continue to provide rich sources of information to assist in prioritising developments in health services and health improvement and in particular, NHSFV will use this data source to inform work on race equality over the life of this scheme to achieve:

- Better understanding of race equality issues and barriers to access
- development and delivery of culturally competent and sensitive services
- Improved targeting of services.

## 7 Our Duties as an Employer

NHSFV is also committed to race equality in the area of employment. This is a fundamental cornerstone of the NHS in Scotland's Staff Governance Standard, a framework for people management which has at its core a commitment to fairness, consistency and transparency.

NHS FVs Staff Governance Standard sets the standard on Human Resources policy and employment practice and on people management ranging from access to employment, opportunities, training and equal pay.

### 7.1 Employment Monitoring

In 2007, NHS Forth Valley was one of eight NHS Boards in Scotland which received a "minded" letter from the, then, Commission for Racial Equality, expressing concern that the Board may not be compliant with its legal duty due to inadequate ethnic monitoring of staff.

In response to this, NHS FV agreed a programme of activity to improve its data gathering and employment monitoring processes. As a result of this, we now have the ethnicity profile of 91.3% of our staff, an increase over a period of 10 months of 50% from our previous baseline of 41%.

This programme of data gathering raised the profile of equality and diversity amongst General Managers who took responsibility for delivery within their operational areas.

Table 5 Staff in Post June 2008

Ethnicity	Staff %	NHSFV Population	Scotland%
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		2001 census	
*White Scottish	77.12%	90.37%	88.09%
Other White British	6.09%	6.55%	7.38%
White Irish	1.03%	0.74%	0.98%
Other White	1.25%	1.21%	1.54%
Indian	0.77%	0.12%	0.30%
*Pakistani	0.20%	0.40%	0.63%
Bangladeshi	0.01%	0.01%	0.04%
Other South Asian	0.22%	0.05%	0.12%
Chinese	0.16%	0.16%	0.32%
Black Caribbean	0.07%	0.03%	0.04%
Black African	0.16%	0.05%	0.10%
Black Scottish or Other Black	0.01%	0.01%	0.02%
Any mixed background	0.24%	0.18%	0.25%
Other Ethnic Group	0.17%	0.12%	0.19%
Declined to Comment	3.78%		
Unknown	8.70%		

In terms of the diversity of our workforce, table 5 (above) demonstrates a positive picture of the demographic compared to the local demographic of the 2001 Census. However, the 2 fields identified with (\*) highlight the following:

- \*NHSFV's white Scottish workforce is 13.25% lower than that of the local population
- \*NHS FV's Pakistani workforce is 0.20% lower than that of the local population

All other ethnic groups show a higher representation in the NHSFV workforce than in the local population.

NB: The 2001 Census data is 7 years old whilst the NHSFV data is contemporary at June 2008. Of note, and in line with other areas in Scotland, there has been a growing Eastern European demographic.

NHSFV has prioritised work to compare and better understand population information from our Local Authority and Central Scotland Police colleagues. We hope that this will further inform our information base and assist in service planning and employment monitoring.

## 7.2 Employment Monitoring Reports

NHS Forth Valley now produces a quarterly Employment Monitoring Report which describes a range of workforce measurements by ethnicity as follows:

- the number of staff in post;

- the numbers of applicants for employment, training and promotion;
- the numbers receiving training;
- the numbers benefiting or suffering detriment as a result of the organisation's performance assessment procedures;
- the numbers involved in grievance procedures
- the numbers that are the subject of disciplinary procedures;
- the numbers that cease employment.

In line with developing work on the other equality strands, this report will incorporate in due course, other equality and diversity mandates.

The report is considered by the Fair for All Development Group and Fair for All Operational Group and is intended to:

- analyse trends
- highlight areas requiring attention
- assess the impact of appropriate actions.

These actions may include;

- Targeted training sessions
- Review of advertising media
- Involvement of key stakeholders in reviewing procedures

The NHS Forth Valley Board, the Workforce Modernisation Board, Staff Governance Committee and Fair for All Groups receive regular reports on progress with this work.

NHS Forth Valley's workforce monitoring is now being highlighted by the Equality and Human Rights Commission as an exemplar of good practice.

### **7.3 Workforce Modernisation**

NHS FV aspires to be a model employer, attracting and retaining the highest quality staff who will provide the best quality of healthcare to our local population. This aspiration is set out our draft Workforce Modernisation Strategy, underpinning the Integrated Healthcare Strategy,

Our new Recruitment and Retention Plan will focus on best practice in relation to advertising and community engagement. We want our workforce to reflect our local population and also to offer diversity in our role models for employment. We will work with varied groups to learn the best ways to attract applicants from the widest possible catchments to ensure that we are providing equity of access to employment for all ethnic groups.

We will continue to promote equality and flexibility through the development of new roles and work patterns which meet service requirements whilst also

offering better employment opportunities and work/life balance to our workforce and to our potential employees. We will work to ensure that these opportunities are available to all employees.

#### **7.4 Model Employer**

In working towards becoming a model employer, we will also work continuously to achieve the Staff Governance Standard through our employment policies and practices, underlining our commitment to equality and diversity. We will promote race equality as part of our overall commitment to Fair for All and we will use our Dignity at Work policy and associated training to reinforce this.

During 2008/09, NHSFV will continue to roll out the national Diversity Champions Initiative ensuring that our workforce is further supported in terms of race equality and diversity

#### **7.5 Pay Modernisation**

The Workforce Modernisation Strategy sets out our aspiration to have a modern workforce working within a healthy culture. We will work continuously to achieve the benefits of Pay and Workforce Modernisation which will deliver new models of care for the patient and therefore increased role flexibility and skills development for our workforce

Within this modern and healthy culture, there is no place for discrimination, bullying or harassment. We have a positive track record in developing and implementing HR policy in this area with the recently revised Dignity at Work policy, commended by full time officials within the Area Partnership Forum.

In terms of future focus, we will have a new Equal Opportunities Policy set within NHS FV's strategic framework for Equality and Diversity based on the new NHS in Scotland Partnership Information Network (PIN) policy.

The Workforce Modernisation Strategy is being monitored robustly through the Workforce Modernisation Board, Staff Governance Committee and the NHS FV Board. As we progress with the continued implementation of the Integrated Healthcare Strategy, its importance and that of its component parts cannot be overstated.

#### **7.6 Awareness, Training and Development**

There is a growing body of evidence that shows that health care is more effective where the patient's needs and individual circumstances are well understood by those delivering and co-ordinating services.

Our workforce will provide healthcare that delivers health improvements and tackles inequalities, therefore their knowledge, skills and attitudes (that are free from stereotypical thinking, prejudice and are anti-discriminatory) are fundamental to delivering on race equality.

Staff awareness, training and development will continue to feature prominently in our Fair for All agenda and will be a key vehicle for delivering race equality.

The Knowledge and Skills Framework supporting the Agenda for Change Pay Modernisation Strategy will play a key role in embedding Equality and Diversity across all of the equality strands. Staff competence in equality, diversity and patients rights is a core competency that will determine pay and career progression. This is further reinforced through the development of Personal Development Plans which highlight skills in race equality and diversity.

## **7.7 Investors in People**

The Investors in People (IIP) Standard was awarded to NHS Forth Valley in September 2007 in recognition of how it consults, leads, manages and develops its staff to meet the healthcare needs of the population of Forth Valley. It is noteworthy that NHS Forth Valley is the first NHS Board to be IIP recognised as a single system in NHS Scotland and in particular, the IIP Assessment report highlighted the following positive evidence relating to equality and diversity:

- The NHS Forth Valley Fair for All Strategic and Operational framework continues to progress all the strands of the equality and diversity agenda ensuring that people are treated fairly and as individuals
- Equality of opportunity is an integral part of the (KSF and Development review process which is being rolled out) with all staff requiring the have at least an understanding of the meaning of equality and diversity in terms of how they support patients/service users as well as their colleagues.
- Senior managers had various planned actions in place to achieve NHS Forth Valley's vision to promote equality for all and eliminate any risk of discrimination.
- Mainstreaming the principles of equality and diversity throughout the organisation was a high priority

## **8 The NHS Forth Valley Race Equality Engagement and Consultation Process**

Throughout 2008, NHS Forth Valley has worked with a wide range of groups to identify race equality progress and future priorities from a community and staff perspective.

These include:

- ❖ Central Scotland Racial Equality Council
- ❖ Action for Sick Children (Scotland)
- ❖ Alloa Polish Group
- ❖ Alloa Islamic Centre

- ❖ Alloa Islamic Women's Group
- ❖ Central Scotland Arab Community
- ❖ Central Scotland Chinese Association
- ❖ Central Scotland Interfaith Group
- ❖ Indian Community Association
- ❖ Falkirk Islamic Centre
- ❖ Central Scotland Islamic Centre
- ❖ Stirling University Students Association
- ❖ Forth Valley College International Students Support Service
- ❖ Falkirk Council Bilingual & Traveller Pupil Support Service
- ❖ Stirling Multi-Cultural Partnership
- ❖ NHS Forth Valley Fair for All Development Group
- ❖ NHS Forth Valley Partnership Forum
- ❖ NHS Forth Valley Spiritual Care Committee
- ❖ CVS Falkirk
- ❖ CVS Stirling
- ❖ CVS Clackmannanshire
- ❖ Volunteer Centre Falkirk
- ❖ Volunteer Centre Stirling
- ❖ Volunteer Centre Clackmannanshire

## 9 Procurement

In August 2008, NHS FV developed Equality and Diversity Procurement guidance based on guidelines produced by Procurement Scotland, the new Procurement Centre of Excellence for Public Procurement in Scotland.

A key action of this publication is not only to inform our staff on the actions to be taken whilst procuring services and goods but also to ensure that commissioning and procurement arrangements go beyond the existing statutory equality and diversity duties and extend to the equality strands of age, religion and belief and sexual orientation and embrace a Human Rights approach

## 10 Impact Assessment, Monitoring and Accountability and Publication

Although we are required by law to Impact Assess our policies and functions for disability, gender and race we have taken a wider view to ensure that our procedures also takes into account the needs of all equality target groups including; age, religion and belief and sexual orientation, as well as the cross cutting issues which effect people including homelessness, involvement with the criminal justice system.

Using this Equality and Diversity Impact Assessment approach (EQIA) approach will ensure that our policies are capable of delivering the changes required to address these inequalities, not only to achieve our aim of improving the health of the population of NHSFV but also to ensure access to services as well as meeting our legal obligations.

### **10.1 Review Process**

A review was completed in 2007 on the priorities allocated to policies and functions during the development of the 2005- 08 Race Equality Scheme. Although it was agreed that areas were given the correct priority it was suggested that the grouping of activities to be Impact Assessed was ambitious.

It was therefore agreed that a review of impact assessments would be completed; therefore giving enhanced value to the EQIA process rather than looking at overarching themes. This would make the process more manageable for those allocated this task. Meetings were also held with a variety of departmental leads to highlight the importance of undertaking this task and discussions held on how to support them

During 2007/08 work a short term review group was developed to revise the list of policies currently in place within NHSFV. The information collated helped to inform the development of the NHSFV Policy on 'The Development of Guidance – including policy, protocol, procedure, guidelines and integrated care pathways'. The document states that when new policies are drafted or current policies are being reviewed a Rapid/Full Equality Impact Assessment must be completed before the said publication can be ratified by the relevant committees.

The information gathered from the Policy review was used to update the 2005 list of policies in place since the development of the Race Equality Scheme. During 2008 some areas are still completing a review and findings should be available in early 2009.

As the organisation is working towards developing a Single Equality Scheme, although it has not been possible to Impact Assess all areas as identified, the current EQIA screening framework will remain as is until June 2009 when the structure will be revised.

It should be noted that some areas have not been screened for relevance, but rather, an accelerated process is in place resulting in Impact Assessments being completed as a matter of course and review dates allocated which is an improvement.

Discussions are ongoing to complete a programme of work on Impact Assessments with the Equalities Manager from The NHS Health Scotland Equality and Planning Directorate; agreement on programme to be discussed further.

### **10.2 Rapid Impact Assessment Tool (RIA) & Full Equality Impact Assessment Tool (EQIA)**

During the development of the NHSFV Race Equality Scheme 2005-08 it was agreed by the Fair for All Development group that the 'Scottish Executive's

Equality and Diversity Impact Assessment toolkit' would be used to undertake a systematic and comprehensive review of NHSFV functions and policies.

In March 2008, further to consultation with senior managers within the organisation and following the introduction of both the Disability and Gender Legislation, NHSFV further adapted the tool into one which was more practical but still met the specific legislative requirements essential for completing an Equality Impact Assessment. To compliment this tool an Equality Impact Assessment Guidance Document, giving step-by- step guidance on how to complete an assessment was developed to support staff undertaking this task.

This tool was designed in consultation with both the Fair for All Operational and Development Groups for comment. Further to comments from NHSFV staff and the Fair for All Development Group Lay Advisors, amendments were made. The Guidance and tool as well as EQIA training dates are available on the NHSFV intranet site.

The RIA tool was piloted from March – October 2008; small amendments were made in October 2008 further to comments from staff. It was also agreed to prevent duplication of effort that those people developing or amending policies and guidance documents will also complete a Quality Assurance Section attached to the RIA prior to submitting the policy for approval.

The information contained within the document is designed to enable assessors to determine: the strength of the existing evidence base to support the proposed policy/service option and its likely impact on different population groups; what further information might be required to form a judgement on its suitability and relevance; what adjustments might be needed; and how it is going to be monitored to ensure that it has delivered the desired outcome

All managers are responsible for incorporating equality and diversity into their policy, functions and services developments, and for assessing the equalities impact. This should be a continuous process, starting at the very beginning of the project/review of service and continuing through to evaluation and monitoring of the work.

Therefore a RIA must be carried out on:

- all new/ revised policies functions and service developments
- all existing policies, functions or service developments through a programme of revision
- where substantial evidence exists that individuals from minority groups could be effected
- areas of significant public concern expressed by equality groups and individuals
- when writing a policy or piece of guidance
- all work projects/reviews that
  - are of 'relevance' to equal opportunities
  - are primary high level functions (for example, policies that affect large numbers of people and key changes to the way NHSFV delivers services



As well as assessing policies and service developments for possible 'adverse impacts', the tool also addresses the need for accountability to ensure that risks identified are addressed and sign posts people to further information and support.

### **10.3 Equality Impact Assessment Training**

The prioritised list developed for publication in the RES 2005-08 reflected in terms of relevance to race equality policies, functions and procedures that would be Impact Assessed. It was agreed that staff would require training and support to enable them to achieve this.

Impact Assessment Training has been delivered to NHSFV staff since 2007 and a monthly training programme has been in place since July 2008 to ensure that all managers and staff responsible for formulating policy and service development receive training in Equality impact Assessment. Places are also available to service users and lay advisors who are part of our various working groups; three lay advisors have completed this training

To date more than 90 staff and several lay advisors from the NHSFV Fair for All Development group have undertaken this training as well as participants from other public bodies. These sessions continue to be delivered on a monthly basis. This does not include however those staff who have had 1:1 sessions when required.

### **10.4 Monitoring and Accountability**

An Equality and Diversity Annual Report is produced in December in which Impact Assessments undertaken are highlighted. This is made available both to staff on NHSFV Intranet, and published on NHSFV public website, people are however able to obtain copies of Impact Assessments undertaken on request. This however will be reviewed in 2009.

The Fair for All Operational Group and Development Group are given information on a bi-monthly and quarterly basis respectively on the actions taken within NHSFV in relation to Equality Impact Assessment. In addition, they are actively involved in the development of the Equality and Diversity Annual Report which will identify the EQIA work on policies and services.

A data base is currently being developed which will identify EQIA completed, remind services when they are due for review and monitor and key actions or areas of concern.

To enable NHSFV to assess the quality, accuracy and content of the impact assessments completed by staff, discussions are being held regarding developing a new monitoring process. Members of the existing Fair for All Groups which includes staff and service users will review completed Equality Impact Assessments using a random sample of completed assessments.

### **10.5 Publishing Results**

Impact Assessments completed are identified within the Equality and Diversity Annual Report. This is made available both to staff on NHSFV Intranet, and published on NHSFV public website, people are also able to obtain copies of Impact Assessments undertaken on request.

Key themes emerging from Equality Impact Assessments completed 2006-08 can be summarised as follows:

Emerging theme	Response
Review methods for patient data gathering/monitoring in relation to access to services	<ul style="list-style-type: none"> <li>• Currently being reviewed nationally and locally via various forums</li> <li>• NHSFV involved in development of NHS Health Scotland Data collection DVD and training tool</li> </ul>
Staff training in E&D highlighted by some areas	A programme of Impact Assessment Training is available, strand specific training is also offered as well as inclusion of E&D in Induction and Statutory Training. Other methods are currently being reviewed on how to support staff meet service user and staffs KSF needs
Pre admission literature should include details of the spiritual care policy	To be addressed via Chaplaincy Team
More work to completed in relation to conducting patient satisfaction surveys	Patient experience surveys ongoing, however it is acknowledged that further work may be required to support staff in relation to patient satisfaction on-site. Speech and Language therapy launched 'Talk for Scotland Tool' Nov '08 to enhance current staff survey methodology, incl advice for those people whose 1 <sup>st</sup> language is not English or who have additional needs

During the period of this Scheme and the future Single Equality Scheme we will:

- Maintain the existing priorities of policies and functions screened for EQIA but revise these when we develop our single equality scheme
- Ensure that where gaps and adverse impact are found, action plans continue to be developed
- Revise the current EQIA tool and supporting materials in June '09.

- Support General Managers to have processes in place to ensure all functions and policies are assessed for potential adverse impact against each of the equality strands.
- Continue to provide training to managers and those responsible for reviewing and formulating NHSFV policies and activities
- Further develop the methods in which we engage, involve and consult our communities on the services we provide, using this information to support any EQIA's undertaken.
- Assessing the quality and relevance of the impact assessments completed by developing a new monitoring process which will review completed Equality Impact Assessments using a random sample
- Ensure that existing policies are reviewed for Equality Impact Assessment at least every 3 years
- Ensure where appropriate, any partnership work undertaken with other agencies has where appropriate and EQIA conducted with an agreement made on whose EQIA tool will be used.
- Further refine the system for recording, monitoring and publishing the results of the review and assessment processes 2008-2011

A complete list of RIA/EQIAs completed to date is included at Appendix 3

## **Section 12: RES Equality Action Plan 2008-2009 and Annual Reporting Arrangements**

As part of its duty NHS Forth Valley is required to publish results of:

- ❖ assessments of its policies or functions
- ❖ the monitoring of policies
- ❖ consultations undertaken regarding policies it is proposing to adopt.

NHS Forth Valley will publish an annual race equality progress report, containing a list of the impact assessments, consultations and monitoring undertaken during the year and their outcomes.

Copies of the annual race equality progress report will be made available to the NHS Board, the public and staff. This will be achieved through a variety of means including: formal papers, Community News briefings and the Staff News.

<b>Action</b>	<b>Leads</b>	<b>Outcomes</b>	<b>Timescale</b>
1. Improve access to range of professional interpreting and translation services	Head of Communications Quality Manager	Improved access to communications support is achieved within local and national contractual arrangements	2008-09
2. Improve staff awareness of how to access range of professional interpreting and translation services	Head of Communications Quality Manager	Improved staff awareness and knowledge of range of services	2008-09
3. Provide an improving range of communication support services	Head of Communications Quality Manager	Improved services addressing communication support needs of patients and staff	2008-09
4. Improve cultural competence and sensitivity of NHS staff to people from all ethnic backgrounds and/or people who are not proficient in English through staff awareness and training	Equality and Diversity Advisory Team Quality Manager	Staff are better able to respond sensitively and professionally to patients, carers and colleagues from all racial groups	2008-09
5. Ensure access to culturally appropriate food in hospital e.g. Halal and vegetarian choices available	Facilities Manager Quality Manager	Individual dietary needs are met for patients in hospital	2008-09

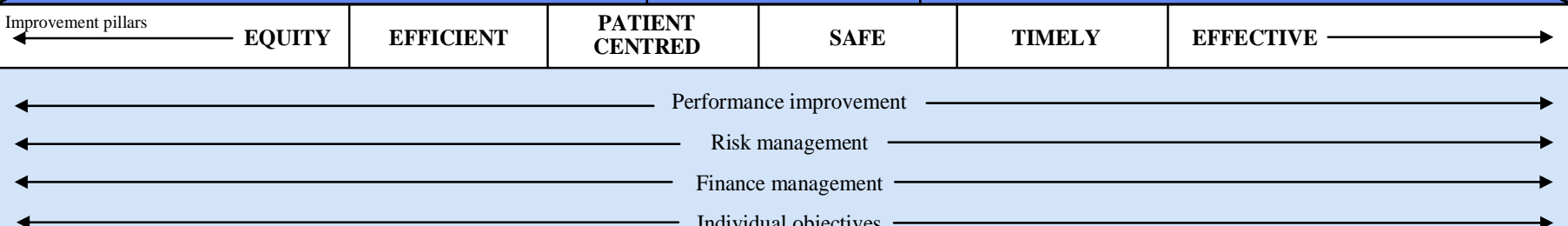
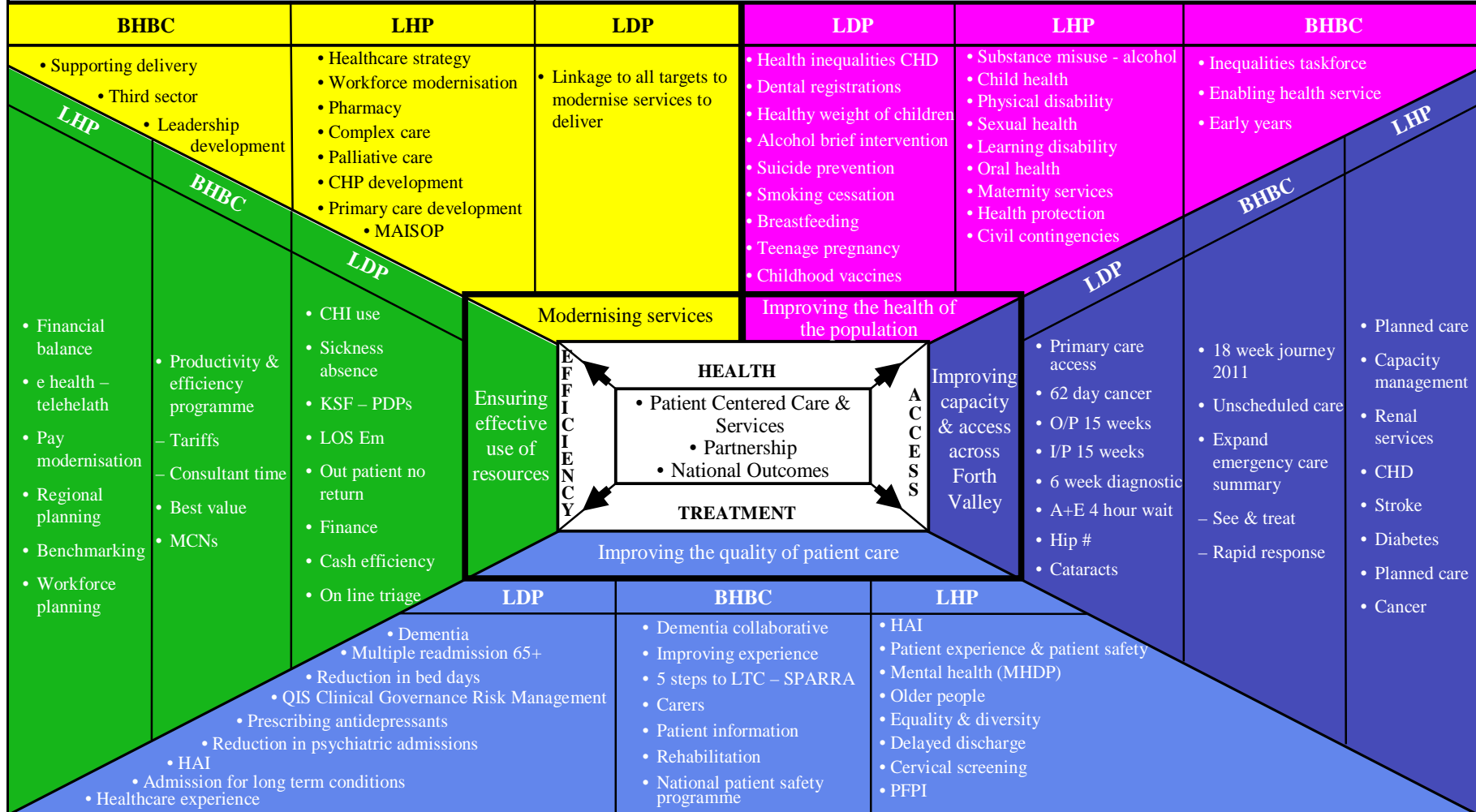
<b>Action</b>	<b>Leads</b>	<b>Outcomes</b>	<b>Timescale</b>
6. Ensure access to prayer facilities and/or spiritual care in hospital	Spiritual Care Lead	Individual patients needs are met	2008-09
7. Work with colleagues in clinical areas of most concern/interest to local ethnic minority community to address any inequalities and respond sensitively to need: <ul style="list-style-type: none"> <li>• Weight Management</li> <li>• Diabetes</li> <li>• Coronary Heart Disease</li> <li>• Stroke</li> <li>• Mental Health</li> <li>• Sexual Health</li> <li>• Pregnancy</li> <li>• Childbirth</li> <li>• Early years</li> </ul>	Quality Advisor Equality and Diversity Advisory Team Clinical Leads/Heads of Service	Provision of better healthcare services, health improvement and inequalities tackled	2008-09
8. Continue /Extend Equality Impact Assessment: Prioritisation, Implementation and Monitoring Framework	Equality and Diversity Project Manager Service Managers	Ongoing improvement in service provision	2008-09

<b>Action</b>	<b>Leads</b>	<b>Outcomes</b>	<b>Timescale</b>
9. Develop improved local systems for monitoring of access to services by ethnicity in line with national guidance	Information Services Equality and Diversity Advisory Team	Ethnic monitoring will help to inform service planning and identify areas for action	2008-09
10. Extend work on the patient experience to include analysis of ethnicity	Director of Nursing, PFPI colleagues	PFPI focus is informed through qualitative information	2008-09
11. Provide information to the Fair for All Development Group on complaints and monitoring by ethnicity. Utilise feedback from complaints and monitoring to enhance service provision	Patient Relations Department Equality and Diversity Advisory Team	Services are improved as a result of learning and acting on complaints. Increased community confidence in complaints system.	2008-09
12. Promote participation and involvement in reviewing and revising race equality action plan	Equality and Diversity Advisory Team Volunteer Advisers – Fair for All Development Group	Communities and individuals are enabled to take an active role in setting race equality agenda which will inform better outcomes	2008-09
13. Work with Public Health colleagues, local people and community groups to assess priorities for Needs Assessment work	Director of Public Health Equality and Diversity Advisory Team Fair for All Development Group	Needs Assessment and research priorities are agreed	2008-09
14. Continue to develop Employment Monitoring Framework and Reporting	Deputy Director of Human Resources Head of Workforce Planning	NHS FV will be better able to deliver on race equality duties and demonstrate equity to	2008-09

		staff, potential employees and the wider community	
15. Continue to work with partner agencies to ensure consistent reporting, monitoring and response to Racist Attacks and Harassment	Quality Manger	Learning from multi-agency partnership working to improve employment and service provision	2008-09
16. Ensure that NHS FV meets its procurement duties and monitors services accordingly	Head of Procurement Equality and Diversity Project Manager	Contracts for services will meet legal requirements. Qualitative and Quantitative data will be used to monitor the needs of different groups.	2008-09
17. Provide positive communications on race equality to promote good relations between groups	Equality and Diversity Advisory Team Head of Communications	Increased community confidence in NHS FV in delivering	2008-09
18. Keep employees informed and involved in race equality	Equality and Diversity Advisory Team Head of Communications	Enhanced staff awareness, knowledge and skills to deliver culturally competent and sensitive services	2008-09

## Improving Health & Healthcare in Forth Valley Integrated Healthcare Strategy

Vision:





NHS Forth Valley - Equality Impact Assessment

**Equality Legislation places very specific duties upon organisations including NHS Forth Valley to ensure that we meet the needs of the diverse communities we serve.**

**These being:**

- **Race Relations (Amendment) Act 2000**
- **Disability Discrimination Act 2005 (the duty takes account of the Disability Discrimination Act 1995)**
- **Equality Act 2006 (the Gender Duty takes account of Sex Discrimination Act 1975 and the Equal Pay Act 1970).**

**A central and important aspect of our Disability, Gender and Race Equality Schemes is the enhancement of current service delivery, and compliance with the General and Specific Duties with a specific requirement for public bodies to conduct Equality Impact Assessments’.**

NHS Forth Valleys approach

**As an organisation we have taken an integrated approach to equality and diversity, adhering to the specific duties of our Disability, Gender and Race Equality Schemes with equal dedication. We are committed to ensuring that all individuals and population groups should have equal opportunity to benefit from our policies and services.**

**Although we are required by law to EQIA our policies and functions for disability, gender and race we have taken a wider view to ensure that our procedures also takes into account the needs of all equality target groups including; age, religion and belief and sexual orientation, as well as the cross cutting issues which effect people incl. homelessness, criminal justice system etc.**

**Using this approach will ensure that our policies are capable of delivering the changes required to address these inequalities, not only to achieve our aim of improving the health of the population of NHSFV but also to ensure access to services as well as meeting our legal obligations.**

Review Process

**A review was completed in 2007 on the priorities allocated to policies and functions during the development of the 2005- 08 Race Equality Scheme. Although it was agreed that areas were given the correct priority it was suggested that the grouping of activities to be Impact Assessed was ambitious.**

**It was therefore agreed that a review of impact assessments would be completed; therefore giving enhanced value to the EQIA process rather than looking at overarching themes. This would make the process more manageable for those allocated this task. Meetings were also held with a variety of departmental leads to highlight the importance of undertaking this task and discussions held on how to support them.**

**During 2007/08 work a short term review group was developed to revise the list of policies currently in place within NHSFV. The information collated helped to inform the development of the NHSFV Policy on ‘The Development of Guidance – including policy, protocol, procedure, guidelines and integrated care pathways’. The document states that when new policies are drafted or current policies are being reviewed a Rapid/Full Equality Impact Assessment must be completed before the said publication can be ratified by the relevant committees.**

**The information gathered from the Policy review was used to update the 2005 list of policies in place since the development of the Race Equality Scheme. During 2008 some areas are still completing a review and findings should be available in early 2009.**

**As the organisation is working towards developing a Single Equality Scheme, although it has not been possible to Impact Assess all areas as identified, the current EQIA screening framework will remain as is until June 2009 when the structure will be revised.**

**It should be noted that some areas have not been screened for relevance, but rather, an accelerated process is in place resulting in Impact Assessments being completed as a matter of course and review dates allocated which is an improvement.**

**Discussions are ongoing to complete a programme of work on Impact Assessments with the Equalities Manager from The NHS Health Scotland Equality and Planning Directorate; agreement on programme to be discussed further.**

**Rapid Impact Assessment Tool (RIA) & Full Equality Impact Assessment Tool (EQIA)**

**During the development of the NHSFV Race Equality Scheme 2005-08 it was agreed by the Fair for All Development group that the ‘Scottish Executive’s Equality and Diversity Impact Assessment toolkit’ would be used to undertake a systematic and comprehensive review of NHSFV functions and policies.**

**In March 2008, further to consultation with senior managers within the organisation and following the introduction of both the Disability and Gender Legislation, NHSFV further adapted the tool into one which was more practical but still met the specific legislative requirements essential for completing an Equality Impact Assessment. To compliment this tool an Equality Impact Assessment Guidance Document, giving step-by- step guidance on how to complete an assessment was developed to support staff undertaking this task.**

**This tool was designed in consultation with both the Fair for All Operational and Development Groups for comment. Further to comments from NHSFV staff and the Fair for All Development Group Lay Advisors, amendments were made. The Guidance and tool as well as EQIA training dates are available on the NHSFV intranet site.**

**The RIA tool was piloted from March – October 2008; small amendments were made in October 2008 further to comments from staff. It was also agreed to prevent duplication of effort that those people developing or amending policies and guidance documents will also complete a Quality Assurance Section attached to the RIA prior to submitting the policy for approval.**

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**All managers are responsible for incorporating equality and diversity into their policy, functions and services developments, and for assessing the equalities impact. This should be a continuous process, starting at the very beginning of the project/review of service and continuing through to evaluation and monitoring of the work.**

**Therefore a RIA must be carried out on:**

- **all new/revised policies functions and service developments**
- **all existing policies, functions or service developments through a programme of revision**
- **where substantial evidence exists that individuals from minority groups could be effected**
- **areas of significant public concern expressed by equality groups and individuals**
- **when writing a policy or piece of guidance**
- **all work projects/reviews that**
  - **are of ‘relevance’ to equal opportunities**
  - **are primary high level functions (for example, policies that affect large numbers of people and key changes to the way NHSFV delivers services**

**As well as assessing policies and service developments for possible ‘adverse impacts’, the tool also addresses the need for accountability to ensure that risks identified are addressed and sign posts people to further information and support.**

#### Equality Impact Assessment Training

**Although the list developed in 2005 were graded to reflect which policies, functions and procedures required to be Impact Assessed it was generally agreed that staff would require training and support to enable them to achieve same.**

**Impact Assessment Training has been delivered to NHSFV staff since 2007 and a monthly training programme has been in place since July 2008 to ensure that all managers and staff responsible for formulating policy and service development receive training in Equality impact Assessment. Places are also available to service users and lay advisors who are part of our various working groups; three lay advisors have completed this training.**

**To date more than 90 staff and several lay advisors from the NHSFV Fair for All Development group have undertaken this training as well as participants from other public bodies. These sessions continue to be delivered on a monthly basis. This does not include however those staff who have had 1:1 sessions when required.**

#### Monitoring and Accountability

**An Equality and Diversity Annual Report is produced in December in which Impact Assessments undertaken are highlighted. This is made available both to staff on NHSFV Intranet, and published on NHSFV public website, people are however able to obtain copies of Impact Assessments undertaken on request. This however will be reviewed in 2009.**

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**A data base is currently being developed which will identify EQIA completed, remind services when they are due for review and monitor and key actions or areas of concern.**

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#### Publishing results

**Impact Assessments completed are identified within the Equality and Diversity Annual Report. This is made available both to staff on NHSFV Intranet, and published on NHSFV public website, people are also able to obtain copies of Impact Assessments undertaken on request.**

RIA/EQIA's completed to date – [Appendix](#)

Key themes emerging from Equality Impact Assessments completed 2006-08

Emerging theme	Response
<p><b>Review methods for patient data gathering/monitoring in relation to access to services</b></p>	<ul style="list-style-type: none"> <li>• <b>Currently being reviewed nationally and locally via various forums</b></li> <li>• <b>NHSFV involved in development of NHS Health Scotland Data collection DVD and training tool</b></li> </ul>
<p><b>Staff training in E&amp;D highlighted by some areas</b></p>	<p><b>A programme of Impact Assessment Training is available, strand specific training is also offered as well as inclusion of E&amp;D in Induction and Statutory Training. Other methods are currently being reviewed on how to support staff</b></p>

	meet service user and staffs KSF needs
Pre admission literature should include details of the spiritual care policy	To be addressed via Chaplaincy Team
More work to completed in relation to conducting patient satisfaction surveys	Patient experience surveys ongoing, however it is acknowledged that further work may be required to support staff in relation to patient satisfaction on-site. Speech and Language therapy launched 'Talk for Scotland Tool' Nov '08 to enhance current staff survey methodology, incl advice for those people whose 1 <sup>st</sup> language is not English or who have additional needs

During the period of this Scheme and the future Single Equality Scheme we will:

- **Maintain the existing priorities of policies and functions screened for EQIA but revise these when we develop our single equality scheme**
- **Ensure that where gaps and adverse impact are found, action plans continue to be developed**
  - **Revise the current EQIA tool and supporting materials in June '09.**
  - **Support General Managers to have processes in place to ensure all functions and policies are assessed for potential adverse impact against each of the equality strands.**
  - **Continue to provide training to managers and those responsible for reviewing and formulating NHSFV policies and activities**
  - **Further develop the methods in which we engage, involve and consult our communities on the services we provide, using this information to support any EQIA's undertaken.**
  - **Assessing the quality and relevance of the impact assessments completed by developing a new monitoring process which will review completed Equality Impact Assessments using a random sample**
  - **Ensure that existing policies are reviewed for Equality Impact Assessment at least every 3 years**

- Ensure where appropriate, any partnership work undertaken with other agencies has where appropriate and EQIA conducted with an agreement made on whose EQIA tool will be used.
- Further refine the system for recording, monitoring and publishing the results of the review and assessment processes 2008-20011

EQIA's to Date November 2008

Owning Department/ Service	Title	Policy/ Guidelines/ Protocol/Other	RRAA Priority	Impact Assessment completed	RIA Review Date	Full EQIA Required
Accident and Emergency Service			<b>High</b>	<b>2006</b>	<b>2009</b>	
Audiology Services			<b>Medium</b>		<b>2009</b>	
Cancer Services	<b>Reviewed area priorities over next 3 years</b>		<b>High</b>			
	Colorectal Service	Service	–	31/01/08	31/01/09	No
	Colorectal Guidance	Guidance	–	14/09/08	14/09/09	No
	Haematological Malignancies	Guideline	–		December 2009	
	Head & Neck Cancer	Guideline	–		December 2009	
	Lung Cancer	Guideline	–		December 2009	
	Suspected/ Possible Breast Cancer	Guideline	–		December 2009	
Cancer Services	Breast Oncology Clinic	Service	–	31/01/08	31/01/09	No
	Suspected Upper GI Cancer	Guideline	–		December 2009	
	Haematology Oncology Out patient clinic	Service	–	31/01/08	31/01/09	No
	Urological Cancers	Guideline	–		December 2009	
	Urology Clinic	Service	-	31/01/08	31/01/09	No

<b>General Oncology Clinic</b>	<b>Service</b>	–	<b>31/01/08</b>	<b>31/01/09</b>	<b>No</b>
<b>Cancer Drop in Service</b>	<b>Proposal</b>	–	<b>June 2008</b>	<b>Research Project initiated 2008 with report available Dec '08</b>	<b>No</b>
				<b>Review Dec '09</b>	



Owning Department/ Service	Title	Policy/ Guidelines/ Protocol/Other	RRAA Priority	Impact Assessment completed	RIA Review Date	Full EQIA Required
Cardiology Services	Cardiology Services	Service	High	8/3/06	31/03/09	No
	Implantable Cardiac Defibrillator Services	Service	–	01/08/08		No
Catering Services	Nutritional Care in Hospital Policy and Catering Strategy	Policy/Strategy	High	31/03/06	31/03/09	No
Child Protection	All Policies and Guidelines currently under review Nov '08		–			<b>Prioritised list will be included 2009</b>
Clinical Effectiveness			Medium		2009	
Community Health Services	Incl. District Nurses, Health Visitors, School Nurses, Community Child Health Services		High	See section: Review Process	Process under review 2009/10	
COPD	COPD Management	Guidance	–	April 2008	September 2010	No
Communications	Communications & Public Relations	Service	High	March 2006	22/03/09	No
Complaints	NHS Forth Valley Complaint Policy	Policy	HIGH	March 2006	April 2010	No
Continence Service		Service	Medium		2009	
Corporate Services		Service	Low		2009/10	
Creative Art Therapies		Service	Medium		2009/10	
Dermatology Services		Service	Medium		2009	
Diabetic Services	Diabetic service	Service	High	March '06	March 2009	No
	Diabetic Retinopathy Screening	Service	–	13 <sup>th</sup> June 2008	2009/10	No

Owning Department/ Service	Title	Policy/ Guidelines/ Protocol/Other	RRAA Priority	Impact Assessment completed	RIA Review Date	Full EQIA Required
Dietetics	<b>Enteral Feeding Care Process and Procedure</b>	<b>Guidelines/ Procedure</b>	–	May 2008	Sept 2010	No
Disability Service	<b>Interpreter Policy</b>	<b>Policy</b>	–	December 2007	December 2008	No
Domestic Services	<b>Service</b>	<b>Service</b>	–	Medium	2009	
Ears Nose and Throat Service (Acute)			<b>Medium</b>		2009	
Equality and Diversity	<b>Rapid Impact Assessment Tool and Guidance</b>	<b>Guidance/Tool</b>	–	March 2008 (reviewed Oct '08)	June 2009	No
Family Health Services	<b>Incl GP Services, Community Dental Services, Community Pharmacy Services, Optometry Services</b>		<b>High</b>	See section: Review Process	<b>Process under review 2009/10</b>	
Family Health	<b>Family Health Records</b>	<b>Function/ recording system</b>	–	November 2007	November 2010	No
Family planning			<b>Medium</b>			<b>2009</b>
Finance		<b>Service</b>	<b>Low</b>	See section: Review Process	2009	
Forth Valley Facilities – All completed as part of QA process	<b>Checklist 1 Work in a confined space without entry of persons</b>		–		March '09	
	<b>Estates Dept Policy for the Management of Hazardous Substances</b>	<b>Policy</b>	–		March '09	
	<b>Policy for the Management of Asbestos Containing Materials</b>	<b>Policy</b>	–		March '09	
	<b>Portable Appliance Maintenance Procedure Windows and</b>	<b>Procedure</b>	–		March '09	

## **Window Restrictors**

Owning Department/ Service	Title	Policy/ Guidelines/ Protocol/Other	RRAA Priority	Impact Assessment completed	RIA Review Date	Full EQIA Required
	Electrical Test Instruments (part 5)		–		March '09	
	Policy and Safety Rules For the Management of Contractors Working on NHS Forth Valley Premises	Policy	–		March '09	
	Food Hygiene & Safety Policy	Policy	–	April 2006	April 2009	No
	FVF Estates Boiler house Safe Working Procedures	Procedure	–		March '09	
	Permit to Work Systems for Entry into Confined Spaces		–		March '09	
	Portable Electrically Powered Hand Tools		–		March '09	
	NHSFV Waste Disposal Operational Policy	Policy	–		March '09	
	The Inspection and Testing of Portable Electrical Equipment		–		March '09	
	Abbreviated Local Rules for NHSFV Estates staff working asbestos Based Materials		–		March '09	
	Estates Services – Primary Care Hand Arm Vibration Syndrome (HAVS) Policy	Policy	–	15/09/08	15/09/2011	No
	Procedure Document for the Safe Working With Electricity on NHS Premises (Part 2)	Procedure	–		March '09	
	Electrical Safety Procedures	Procedure	–		March '09	
	Electrical Safety Rules for NHS Contractors (Part 3)		–		March '09	

<b>Estates Services – Primary Care February 2004 Protocol for Cleaning Vomit From Grounds</b>	<b>Protocol</b>	–		<b>March '09</b>	
<b>Estates Services - Primary Care February 2004 Protocol for Uplifting Sharps from Grounds</b>	<b>Protocol</b>	–	<b>20/10/08</b>	<b>Oct 2011</b>	<b>No</b>

Owning Department/ Service	Title	Policy/ Guidelines/ Protocol/Other	RRAA Priority	Impact Assessment completed	RIA Review Date	Full EQIA Required
	<b>Estates Services – Primary Care Hot and Cold Water Supply, Storage and Mains Services Policy</b>	<b>Policy</b>	–	<b>27/10/08</b>	<b>October 2011</b>	
	<b>Protocol on Attending a Call out Between 24.00 and 06.00</b>	<b>Protocol</b>	–		<b>March '09</b>	
	<b>Estates Services – Primary Care “Safe” Hot Water Temperatures Policy</b>	<b>Policy</b>	–	<b>21/07/08</b>	<b>21/07/11</b>	<b>No</b>
	<b>Construction (Design and Management) Regulations 1994</b>	<b>Regulation</b>	–		<b>tba</b>	
	<b>Estates Services – Primary Care Absence Reporting Procedure</b>	<b>Procedure</b>	–	<b>22/07/08</b>	<b>22/07/2011</b>	<b>No</b>
	<b>Forth Valley Facilities Estates Services - Primary Care Procedure for Initiating Out of Hours Maintenance</b>	<b>Procedure</b>	–	<b>22/07/08</b>	<b>July 2011</b>	<b>No</b>
	<b>Estates Services – Primary Care Winter Care Maintenance Policy Document</b>	<b>Policy</b>	–	<b>01/08/08</b>	<b>01/08/11</b>	<b>No</b>
	<b>Estates Services – Primary Care Protocol for the Safe Operation of Woodworking Machinery</b>	<b>Protocol</b>	–	<b>6/11/08</b>	<b>6/11/2011</b>	<b>No</b>
	<b>Estates Services – Primary Care Staff Instruction on the use of Mobile Phones</b>	<b>Guidelines</b>	–		<b>March 2009</b>	
	<b>Forth Valley Facilities Estates Services - Primary Care</b>	<b>Protocol</b>	–	<b>3/11/08</b>	<b>3/11/2011</b>	<b>No</b>

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**November 2004 Protocol for  
Entering Un-occupied Buildings**

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Owning Department/ Service	Title	Policy/ Guidelines/ Protocol/Other	RRAA Priority	Impact Assessment completed	RIA Review Date	Full EQIA Required
	<b>Machine Shop Safety</b>		-		<b>March 2009</b>	
	<b>Protocol for Working in Ducts, Roof Spaces and Confined Areas</b>	<b>Protocol</b>	-	<b>6/11/08</b>	<b>06/11/2011</b>	<b>No</b>
	<b>NHS Forth Valley Waste Disposal Operational Policy</b>	<b>Policy</b>	-		<b>Dec '09</b>	
	<b>Health &amp; Safety Guidance for Working in Dusty Environments</b>	<b>Guidance</b>	-	<b>06/11/08</b>	<b>06/11/2011</b>	
Gastroenterology Service (Acute)			<b>Medium</b>		<b>2009</b>	
General Medical Services (Acute)			<b>Medium</b>		<b>2009</b>	
General Surgical Services			<b>Medium</b>		<b>2009</b>	
Haematology			<b>High</b>		<b>2011</b>	
	<b>Haematology Out Patient Clinic</b>	<b>Service</b>	-	<b>31/01/08</b>	<b>31/01/09</b>	<b>No</b>
(Blood Transfusion Service)	<b>Management of Patients who refuse Blood Transfusion</b>	<b>Protocol</b>	-	<b>11/08/08</b>	<b>June 2010</b>	<b>No</b>
	<b>Albumin Guidance</b>	<b>Guidance</b>	-	<b>08/08/08</b>	<b>08/08/11</b>	<b>No</b>
	<b>Blood transfusion protocol</b>	<b>Protocol</b>	-	<b>02/09/08</b>	<b>Oct '09</b>	<b>No</b>
Health Promotion	<b>Service</b>		<b>High</b>	<b>Incorporate into work programme</b>	<b>2010</b>	
	<b>Provision of Audio Visual Resources and Information Materials</b>	<b>Service provision</b>	-	<b>19/11/07</b>	<b>19/11/10</b>	<b>No</b>



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**Health Promotion Training  
Brochure**

**Publication**

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**16/11/07**

**16/11/10**

**No**

Owning Department/ Service	Title	Policy/ Guidelines/ Protocol/Other	RRAA Priority	Impact Assessment completed	RIA Review Date	Full EQIA Required
Human Resource		<b>Service</b>	<b>High</b>	<b>EQIA completed within work programme</b>	<b>2011</b>	
	<b>Childcare Voucher Agreement</b>	<b>Guidance</b>	<b>_</b>		<b>Oct '08</b>	
	<b>Domestic Abuse Policy</b>	<b>Policy</b>	<b>_</b>	<b>July 2008</b>	<b>July 2011</b>	
	<b>Equal Opportunities Policy</b>	<b>Policy</b>	<b>High</b>		<b>New PIN to be issued in next few months with new area wide policy issued thereafter</b>	
	<b>NHS Forth Valley Partnership Agreement May 2005</b>	<b>Agreement</b>	<b>_</b>		<b>2009</b>	
Owning Department/ Service	Title	Policy/ Guidelines/ Protocol/Other	RRAA Priority	Impact Assessment completed	RIA Review Date	Full EQIA Required
	<b>Stress at Work Policy</b>	<b>Policy</b>	<b>_</b>	<b>April '08</b>	<b>April 2010</b>	<b>No</b>
	<b>Workforce Plan 2006</b>		<b>_</b>		<b>2009</b>	
	<b>Personal Development Planning and Review Policy</b>	<b>Policy</b>	<b>_</b>	<b>April '08</b>	<b>2011</b>	<b>No</b>
	<b>Tobacco Policy</b>	<b>Policy</b>	<b>Low</b>	<b>April '08</b>	<b>2011</b>	<b>No</b>
	<b>Dignity at Work Policy</b>	<b>Policy</b>	<b>High</b>	<b>April '08</b>	<b>2011</b>	<b>No</b>
	<b>Attendance Management Policy</b>	<b>Policy</b>	<b>_</b>	<b>April '08</b>	<b>2011</b>	<b>No</b>
	<b>Managing Employee Concerns Policy</b>	<b>Policy</b>	<b>High</b>	<b>April '08</b>	<b>2011</b>	<b>No</b>
	<b>Managing Employee Conduct Policy</b>	<b>Policy</b>	<b>High</b>	<b>April '08</b>	<b>2011</b>	<b>No</b>

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<b>Managing of Capability Policy</b>	<b>Policy</b>	<b>_</b>	<b>April '08</b>	<b>2011</b>	<b>No</b>
<b>Working at Home Policy</b>	<b>Policy</b>	<b>_</b>	<b>April '08</b>	<b>2011</b>	<b>No</b>

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Owning Department/ Service	Title	Policy/ Guidelines/ Protocol/Other	RRAA Priority	Impact Assessment completed	RIA Review Date	Full EQIA Required
	<b>Breastfeeding at Work Policy</b>	<b>Policy</b>	<b>Medium</b>	<b>April '08</b>	<b>Jan 2010</b>	<b>No</b>
	<b>Organisational Change Policy</b>	<b>Policy</b>	<b>Medium</b>	<b>April '08</b>	<b>Jan 2010</b>	<b>No</b>
	<b>Paternity Leave Policy</b>	<b>Policy</b>	<b>-</b>	<b>April '08</b>	<b>Jan 2010</b>	<b>No</b>
	<b>Redeployment Policy</b>	<b>Policy</b>	<b>Medium</b>	<b>April '08</b>	<b>Jan 2010</b>	<b>no</b>
	<b>Retirement Policy</b>	<b>Policy</b>	<b>-</b>	<b>April '08</b>	<b>Jan 2010</b>	<b>no</b>
	<b>Special Leave Policy</b>	<b>Policy</b>	<b>-</b>	<b>April '08</b>	<b>Jan 2010</b>	<b>No</b>
	<b>Maternity Leave Policy</b>	<b>Policy</b>	<b>-</b>	<b>April '08</b>	<b>April 2010</b>	<b>no</b>
	<b>Adoption and Fostering Policy</b>	<b>Policy</b>	<b>-</b>		<b>2009</b>	
	<b>Flexible Working Policy</b>	<b>Policy</b>	<b>-</b>		<b>2009</b>	
	<b>Career Break Policy</b>	<b>Policy</b>	<b>-</b>		<b>2009</b>	
	<b>Freedom of Speech Policy</b>	<b>Policy</b>	<b>-</b>		<b>2009</b>	
	<b>Staff Screening during Healthcare and Assoc Incidents and Outbreaks</b>		<b>-</b>		<b>2009</b>	
	<b>Standards of Personal Business Conduct</b>		<b>-</b>		<b>2009</b>	
Information Technology		<b>Service</b>	<b>Low</b>		<b>2010</b>	
IM&T	<b>IM&amp;T Area Network Policy</b>	<b>Policy</b>			<b>Tba</b>	
Infection Control			<b>Low</b>	See section: Review Process	<b>All policies currently under of review. Programme currently under discussion</b>	

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<b>Infection Control for Domestic Services (ICT/31)</b>	<b>Policy</b>	-	<b>04/09/08</b>	<b>04/09/11</b>	<b>No</b>
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Owning Department/ Service	Title	Policy/ Guidelines/ Protocol/Other	RRAA Priority	Impact Assessment completed	RIA Review Date	Full EQIA Required
	<b>Keeping Pets in Hospitals, Residencies &amp; Healthcare Premises (ICT/30)</b>	<b>Policy</b>	–	<b>10/07/08</b>	<b>July 2011</b>	<b>No</b>
	<b>Single-use Medical Devices Policy (ICT/20)</b>	<b>Policy</b>	–	<b>10/07/08</b>	<b>July 2011</b>	<b>No</b>
Imaging Services		<b>Service</b>	<b>Medium</b>	See section: Review Process	<b>To be reviewed 2009</b>	
Information Governance	<b>Information Security Policy</b>	<b>Policy</b>	–		<b>March 2009</b>	
	<b>Data Protection &amp; Confidentiality Policy For Personal Information</b>	<b>Policy</b>	–		<b>Currently being reviewed</b>	
	<b>NHS Forth Valley Freedom of Information (Scotland) Act 2002 Policy Statement</b>	<b>Policy</b>	–		<b>Currently being reviewed</b>	
	<b>NHS Forth Valley Policy on Developing Guidelines</b>	<b>Policy</b>	–	<b>1/10/2008</b>	<b>October 2011</b>	<b>No</b>
	<b>Procedure for Moveable media</b>	<b>Procedure</b>	–	<b>15/09/08</b>	<b>15/02/09</b>	<b>No</b>
Laboratory Services			<b>Medium</b>		<b>2009</b>	
Laundry Services		<b>Services</b>	<b>Low</b>		<b>2009/10</b>	
Learning Disability Service			<b>Medium</b>		<b>2009</b>	

Local Health Care  
Planning

**High**

**2008**

**2011**

Owning Department/ Service	Title	Policy/ Guidelines/ Protocol/Other	RRAA Priority	Impact Assessment completed	RIA Review Date	Full EQIA Required
Medical Records		<b>Service</b>	<b>Low</b>		<b>2009</b>	
Mental Health Services	<b>Adult Mental Health Services</b>	<b>Service</b>	<b>High</b>	<b>March '06</b>	<b>March '09</b>	<b>No</b>
	<b>Behavioural Psychotherapy Services</b>		<b>Medium</b>		<b>Review 2009</b>	
	<b>Child and Adolescent Mental Health Services</b>		<b>High</b>		<b>Review 2009</b>	
	<b>Clinical Psychological Service</b>		<b>Medium</b>		<b>Review 2009</b>	
	<b>Community Drugs and Alcohol Services</b>		<b>Medium</b>		<b>Review 2009</b>	
Mortuary Services	<b>Mortuary Services</b>	<b>Service</b>	<b>High</b>	<b>31/03/06</b>	<b>March '09</b>	<b>No</b>
Neurology Services (Acute)			<b>Medium</b>		<b>2009</b>	
Occupational Health			<b>Medium</b>		<b>2009</b>	
Occupational Therapy Service			<b>Low</b>		<b>2009/10</b>	
Older Peoples Services			<b>Medium</b>		<b>Review of process to be completed 2009</b>	
Ophthalmology Services (acute)	<b>Service</b>		<b>Medium</b>		<b>Review of process to be completed 2009</b>	
Orthopaedic Services (Acute)	<b>Service</b>		<b>Medium</b>		<b>Review of process to be completed 2009</b>	
	<b>Initiation of treatment in patients over 75 presenting with hip</b>	<b>Guidance</b>	<b>–</b>	<b>Sept 2008</b>	<b>Sept 2011</b>	<b>No</b>



**fractures**

Owning Department/ Service	Title	Policy/ Guidelines/ Protocol/Other	RRAA Priority	Impact Assessment completed	RIA Review Date	Full EQIA Required
Oral and Maxillofacial Surgery (Acute)	<b>Service</b>		<b>High</b>	See section: Review Process	<b>Review of process to be completed 2009</b>	
	<b>Orthodontic Service</b>		<b>Medium</b>	See section: Review Process	<b>Review of process to be completed 2009</b>	
Out of hours Service Out patients services	<b>Out of Hours Service</b>	<b>Service</b>	<b>High</b>	<b>March '06</b>	<b>March '09</b>	<b>No</b>
			<b>Medium</b>	See section: Review Process	<b>Review to be completed 2009</b>	
Physiotherapy Services			<b>Low</b>	See section: Review Process	<b>Review of process to be completed 2009/10</b>	
Podiatry			<b>Medium</b>	See section: Review Process	<b>Review of process to be completed 2009</b>	
Prescribing and Pharmacy			<b>Medium</b>	See section: Review Process	<b>Review to be completed 2009</b>	
Procurement	<b>E&amp;D Guidelines for Procurement</b>	<b>Guidelines</b>	<b>HIGH</b>	<b>July 2008</b>	<b>July 2009</b>	<b>No</b>
Public Health			<b>HIGH</b>	<b>Incorporated into existing work programme</b>	<b>2011</b>	
Public Involvement			<b>HIGH</b>	See section: Review Process	<b>Review of process to be completed 2009</b>	
Research and Development			<b>Medium</b>	See section: Review Process	<b>Review of process to be completed 2009</b>	



Owning Department/ Service	Title	Policy/ Guidelines/ Protocol/Other	RRAA Priority	Impact Assessment completed	RIA Review Date	Full EQIA Required
Respiratory Medicine	<b>Out Patient Management of Pulmonary Embolism</b>	<b>Service</b>	–	<b>15/05/08</b>	<b>May 2011</b>	<b>No</b>
Risk Management	<b>Management Plan for COPD</b>	<b>Plan</b>	–	<b>24/08/08</b>	<b>Sept 2010</b>	<b>No</b>
		<b>Service</b>	<b>High</b>	See section: Review Process	<b>All policies currently under programme of review</b>	
	<b>Incident Reporting and Investigation Policy</b>	<b>Policy</b>	–	<b>09/09/08</b>	<b>09/09/10</b>	<b>no</b>
	<b>Bed rails policy</b>	<b>Policy</b>	–	<b>27.10.08</b>	<b>27.10.10</b>	<b>No</b>
	<b>Incident Reporting and Investigation Toolkit</b>	<b>Toolkit/Guidance</b>	–	<b>09/09/08</b>	<b>09/09/10</b>	<b>no</b>
	<b>DRAFT Patient Identification Policy</b>	<b>Policy</b>	–	<b>27/10/08</b>	<b>27/10/10</b>	<b>No</b>
	<b>Management of Violence and aggression policy</b>	<b>Policy</b>	–	<b>21/10/08</b>	<b>30/08/2010</b>	<b>no</b>
Sexual Health	<b>Sexual Health Strategy</b>	<b>Strategy</b>	<b>31/03/06</b>	<b>31/03/09</b>	<b>No</b>	
Speech and Language	<b>Speech &amp; Language Service</b>		<b>High</b>	<b>2011</b>	<b>Conducted through programme of EQIA</b>	
	<b>Makaton Policy</b>	<b>Policy/ Guidelines</b>	–	<b>03/2008</b>	<b>March 2011</b>	<b>No</b>
	<b>Guidelines for the Internal Transfer of S&amp;L Therapy Clients</b>	<b>Guidelines</b>	–	<b>03/2008</b>	<b>March 2011</b>	<b>No</b>
	<b>Guidelines for Community S&amp;L Therapy being delivered in</b>	<b>Guideline</b>	–	<b>03/2008</b>	<b>March 2011</b>	<b>No</b>

**schools**

<b>Assessment of Literacy Policy</b>	<b>Policy</b>	–	<b>March 2008</b>	<b>March 2010</b>	<b>No</b>
<b>Implementation of the additional support for Learning Act</b>	<b>Guidelines</b>	–	<b>17<sup>th</sup> Oct '08</b>	<b>Sept 2011</b>	<b>No</b>

Owning Department/ Service	Title	Policy/ Guidelines/ Protocol/Other	RRAA Priority	Impact Assessment completed	RIA Review Date	Full EQIA Required
	<b>Admission to therapy – phonological problems</b>	<b>Guidelines</b>	–	<b>Nov '08</b>	<b>Sept 2011</b>	<b>No</b>
Spiritual Care	<b>Spiritual Care Policy</b>	<b>Policy</b>	<b>High</b>	<b>March '06</b>	<b>March '09</b> <b>(interim review completed in '08)</b>	No
Tissue Viability Service			<b>Low</b>	See section: Review Process	<b>Review to be completed 2009/10</b>	
Transport Services		<b>Service</b>	<b>Low</b>	See section: Review Process	<b>Review to be completed 2009/10</b>	
Travel Plan (Clackmannan new hospital)	<b>DRAFT Clackmannanshire Travel Plan</b>	<b>Plan</b>	–	<b>July 2008</b>	<b>July 2010</b>	<b>No</b>
Urology Services (Acute)			<b>Medium</b>	See section: Review Process	<b>Review of process to be completed 2009</b>	<b>2009</b>
Vascular Surgery (Acute)			<b>Medium</b>	See section: Review Process	<b>Review of process to be completed 2009</b>	<b>2009</b>
Voluntary Organisations			<b>Medium</b>	See section: Review Process	<b>Review of process to be completed 2009</b>	<b>2009</b>
Volunteers			<b>Medium</b>	See section: Review Process	<b>Review of process to be completed 2009</b>	<b>2009</b>

Owning Department/ Service	Title	Policy/ Guidelines/ Protocol/Other	RRAA Priority	Impact Assessment completed	RIA Review Date	Full EQIA Required
Women and Children's Services	See section: Review Process				<b>2009</b>	
	<b>Gynaecology Services</b>	<b>Service</b>	<b>HIGH</b>	<b>Completed</b>	<b>2009</b>	
	<b>Women and Children's Service</b>	<b>Service</b>	<b>High</b>	<b>March '06</b>	<b>2009</b>	<b>No</b>
	<b>NHSFV Breastfeeding Policy (Jan 2007)</b>	<b>Policy</b>	–	<b>Yes July '08</b>	<b>07/2012</b>	<b>No</b>
	<b>Sub fertility Out Patients</b>		–	<b>Yes 23/05/08</b>	<b>June 2010</b>	<b>No</b>
GP Services	<b>Hypertension Guideline</b>		–	<b>May '08</b>	<b>May 2010</b>	<b>No</b>
	<b>Lipid Lowering Level Guideline</b>		–	<b>May '08</b>	<b>May 2010</b>	<b>No</b>
Other policies	<b>Resuscitation Policy</b>		<b>Low</b>		<b>Currently under review nationally</b>	
Multi disciplinary RIA	<b>Management of medication within residential child care establishments</b>		–	<b>4.11.08</b>	<b>4.11.09</b>	<b>No</b>
	<b>Policy for informed consent to treatment, surgery,</b>		–	<b>Oct '08</b>	<b>Oct 2011</b>	<b>No</b>

**invasive  
procedures and  
visual and audio  
recording**