

**Equality Outcomes**  
**2023 – 2025**

**Updated May 2023**



## **NHS Lothian Equality Outcomes - updated May 2023**

As part of reviewing the progress made to achieve NHS Lothian's current set of equality outcomes, we decided we needed to update our equality outcomes for the period 2023 to 2025.

We identified six equality outcomes using the public engagement and evidence collected to develop our equality and human rights strategy. They are, as suggested in the Equality and Human Rights Commission guidance, intended to improve outcomes for those who experience discrimination and disadvantage. They are aligned to our equality and human rights strategic priorities and will help to achieve the vision set out in the Lothian Strategic Development Framework (LSDF) for everyone.

Between 2023 and 2025, NHS Lothian will work towards achieving the following equality outcomes:

1. Everyone receiving care and treatment is involved and can participate in decisions about their care and treatment.
2. Disabled people get accessible information from us that supports them to use NHS Lothian services.
3. Trans and non-binary people feel welcome and safe to be themselves when using NHS Lothian services.
4. BME staff feel integrated into teams and supported by their managers.
5. Women and girls in Edinburgh and the Lothians are supported to lead healthy lives.
6. Gay and bi-sexual men feel safe to disclose their experiences of intimate partner violence (IPV) to NHS Lothian healthcare staff.

The information on the next few pages explains the significant inequalities, or problems, that we are trying to tackle by setting these six equality outcomes, the equality and human rights priorities they contribute towards achieving and the information we will collect to measure the progress or success we are having.

Protected characteristic	Significant inequalities	Equality outcomes – the result we want to achieve	Initial success measurements
Age  Disability	<p>The <a href="#">Scottish Mental Health Law Review</a> identified the need to strengthen the voice of people who use services reducing the need for coercion in the system giving effect to all people’s human rights, including economic and social rights.</p> <p>Following inspection visits, the <a href="#">Mental Welfare Commission</a> has made recommendations to <a href="#">NHS Lothian</a> to deliver rights-based care to young people who are detained under mental health legislation, including ensuring they can meaningfully participate in care and activity planning.</p>	<p><b>1. Everyone receiving care and treatment is involved and can participate in decisions about their care and treatment.</b></p> <p>This equality outcome contributes to NHS Lothian equality and human rights priority 5 – We support people who use our mental health services and people with dementia to know about and claim their rights, and to make decisions about their care and treatment.</p>	<p>Melville Young People’s Mental Health Unit human rights project</p> <p>Feedback and evaluation of impact collected as part of Melville Unit human rights project.</p> <p>Audit of MWC reports and relevant recommendations.</p>
Disability	<p>Flexible systems such as <a href="#">phone or online appointments</a> are often not available to disabled people either because they are not accessible options for them, or hospitals and surgeries don’t use them.</p> <p>Older and disabled people, and those living in a deprived area or living in social housing were at <a href="#">risk of exclusion from access to digital services</a>.</p>	<p><b>2. Disabled people get accessible information from us that support them to use NHS Lothian services.</b></p> <p>This equality outcome contributes to NHS Lothian equality and human rights priority 3 – we anticipate and meet the needs of disabled people so they can access services, employment opportunities and have better outcomes.</p>	<p>Feedback from disabled people’s organisations</p> <p>Patient experience feedback</p> <p>Updated BSL Action Plan</p> <p>Completed actions on inclusive</p>

	<p>Patients and staff have told us they cannot always access patient information and we should make more information available in Easy Read, Large Print, British Sign Language (BSL) and plain English.</p>		<p>accessible communications and evaluation of impact.</p>
<p>Gender reassignment</p>	<p><a href="#">Our LGBT Health Needs Assessment</a> identified some issues about GPs misdiagnosing people through assumptions about their sexuality or gender identity and inadequate knowledge about some identities.</p> <p>Research from <a href="#">Stonewall Scotland</a> found 37 per cent of trans people avoid seeking healthcare for fear of discrimination from staff.</p> <p><a href="#">A study in England</a>, which is the largest published qualitative study exploring the experiences and preferences for communication about sexual orientation, gender identity and gender history in healthcare, found that poor communication and assumptions made by clinicians about patients' gender and sexual orientation undermines clinical relationships, leading to disengagement and loss of trust.</p>	<p><b>3. Trans and non-binary people feel welcome and safe to be themselves when using NHS Lothian services.</b></p> <p>This equality outcome contributes to NHS Lothian equality and human rights priority 4 – we are gender inclusive, we do not discriminate on grounds of sex or gender identity and our work helps to tackle persistent gender inequalities.</p>	<p>Feedback from Trans/ Non-binary stakeholder group</p> <p>Patient experience surveys</p> <p>Feedback from LGBT staff network</p> <p>Completed actions and evaluation of impact.</p>
<p>Race</p>	<p>An <a href="#">EHRC Inquiry</a> gathered substantial evidence of the poor treatment of BME people in health and social care workplaces.</p>	<p><b>4. BME staff feel integrated into teams and supported by managers.</b></p>	<p>Directorates/ teams doing work in this area and</p>

<p>Religion or belief</p>	<p>Some of our BME staff feel they are often not integrated into teams, induction processes can be poorly run, they can be made to feel unwelcome and different and feel they have been treated unfavourably compared to their White colleagues. Some have experienced racism by colleagues or patients and have felt unsupported by managers.</p>	<p>This equality outcome contributes to NHS Lothian equality and human rights priority 2 – we are an anti-racist organisation, and our work helps to eliminate racism, remove racialised inequalities and reduce racial prejudice.</p>	<p>evaluation of impact.</p> <p>Feedback from Induction.</p> <p>Feedback from BME staff network.</p> <p>Impact of line manager education and training.</p>
<p>Sex Pregnancy and maternity</p>	<p>The <a href="#">Scottish Government Women's Health Plan</a> identified a clear need for wider systemic change to ensure that all our health and social care services meet the needs of all women.</p>	<p><b>5. Women and girls in Edinburgh and the Lothians are supported to lead healthy lives.</b></p> <p>This equality outcome contributes to NHS Lothian equality and human rights priority 4 - we are gender inclusive, we do not discriminate on grounds of sex or gender identity and our work helps to tackle persistent gender inequalities.</p>	<p>Women's Health Plan Short Life Working Group action plan</p> <p>Alignment with Scottish Government priorities, aims and actions</p> <p>Feedback from women and girls who use our services</p> <p>Feedback from Women's Staff Network</p>

<p>Sex</p> <p>Sexual orientation</p>	<p><a href="#">Recent research</a> about male-on-male intimate partner violence (IPV) in Scotland found that it can be perceived societally to be a 'normal' way for men to enact masculinity. The absence of a rape narrative for men in same-sex relationships can make it difficult for some participants to recognise when they had been sexually assaulted. Most research participants had to wait a long time for NHS mental health support and were offered little emotional support by agencies they were referred to. Most spoke about a general lack of recognition that men could be victims of IPV which made it difficult for them to recognise and disclose to services what was happening to them. Some also felt LGBTQ experiences of IPV were entirely absent from services.</p> <p>Research from <a href="#">Stonewall Scotland</a> found that 24 per cent of LGBT people have witnessed discrimination or negative remarks against LGBT people by healthcare staff. Of the LGBT people who had sought support for their health needs, 13 per cent said they had experienced some form of unequal treatment from healthcare staff because of their sexual orientation or gender identity. 12 per cent said they had avoided treatment for fear of discrimination.</p>	<p><b>6. Gay and bi-sexual men feel safe to disclose their experiences of intimate partner violence (IPV) to NHS Lothian healthcare staff.</b></p> <p>This equality outcome contributes to NHS Lothian equality and human rights priority 4 – we are gender inclusive, we do not discriminate on grounds of sex or gender identity and our work helps to tackle persistent gender inequalities.</p>	<p>Feedback from gay and bi-sexual men who use our services</p> <p>Feedback from LGBT staff network</p> <p>Patient experience surveys</p> <p>Impact of staff education and training.</p> <p>Completed actions and evaluation of impact.</p>
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