

**Trust Board**  
**26<sup>th</sup> November 2009**

<b>TITLE</b>	<b>Equality &amp; Diversity</b>
<b>EXECUTIVE SUMMARY</b>	<p>Ashford and St Peter's NHS Trust Single Equality Scheme 2009-2012.</p> <p>The Single Equality Scheme affirms the commitment of the Trust to ensure equal access to health services for our patients and visitors as well as employment opportunities for staff. The scheme embraces all six strands of diversity and sets out the Trusts plan to challenge discrimination and promote equality in terms of race, disability, age, gender, sexual orientation, religion and belief.</p>
<b>BOARD ASSURANCE (Risk) / IMPLICATIONS</b>	The Single Equality Scheme and on going work provides assurance that there is a framework for Ashford & St Peter's Hospitals NHS Trust to work within.
<b>STAKEHOLDER / PATIENT IMPACT AND VIEWS</b>	The EDSG provides a forum for the diversity champions and patient representative to be involved in the development of action plans and policies
<b>EQUALITY AND DIVERSITY ISSUES</b>	This Single Equality Scheme is central to the Trust meeting its requirements under Equality legislation
<b>LEGAL ISSUES</b>	To meet the legal requirements of the following acts: The Disability Discrimination Act 1995; The Race Relations Act 1976 as amended Act 2000; The Equality Act 2006
<b>The Trust Board is asked to:</b>	Approve this paper
<b>Submitted by:</b>	Geeta Negroni and Raj Bhamber, Director of Workforce
<b>Date:</b>	20 November 2009
<b>Decision:</b>	For Approving

# Single Equality Scheme

## 2009-2012

### **Other formats and languages**

This document can be provided on request in large print, on CD or tape, in different colours or in Braille. A summary version can be provided in different languages. Please contact Communications at Ashford & St Peter's Hospitals NHS Trust for more information.

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Ratified by the Trust Board on 26 November 2009 and will be reviewed in November 2010

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**FOREWORD**

We are delighted to publish our new Single Equality Scheme which demonstrates our strong ambition to put people at the heart of Ashford and St Peter's Hospitals NHS Trust.

This Single Equality Scheme (SES) affirms our commitment to ensure equal access to health services for our patients and visitors as well as employment opportunities for our staff. It embraces all six strands of diversity and sets out our plans to challenge discrimination and promote equality in terms of race (ethnicity), disability, age, gender, sexual orientation, religion and belief.

In publishing this scheme, we would like to record our personal thanks to members of the Equality and Diversity Steering Group who not only champion specific strands of diversity but invest personal time and energy in promoting equality and diversity and provide passionate leadership to the delivery of plans contained in this document.

We acknowledge that we are on a journey towards the delivery of completely equal services and employment - and that there is always more that we can do.

The Single Equality Scheme is seen by the Trust to be a live document with an evolving action plan based upon the feedback from staff, service users and local communities. As such we expect additions to be made to the action plan over the next 3 years as we continue to involve and engage with stakeholders.

We are however, both proud and grateful for being able to lead the organisation through a transformational journey to become one of the best performing hospital Trusts in the country embracing equality and diversity in all that we do.

**Aileen McLeish**  
**Chairman**

**Andrew Liles**  
**Chief Executive**

## PART 1 – INTRODUCTION

### 1.1 Ashford and St Peter's Hospitals NHS Trust – about us

Ashford and St. Peter's Hospitals NHS Trust (ASPH) is the largest provider of hospital services in Surrey.

The Trust serves approximately 380,000 people, who live primarily in Surrey, parts of East Berkshire and the South West London. The Trust employs over 3,200 staff and operates within a budget of £216.5m. The two main hospital sites are Ashford Hospital, in the borough of Spelthorne, and St. Peter's Hospital in the borough of Runnymede. We also provide outpatient clinics from a number of community hospitals and health centres based in North West Surrey.

Although the local boroughs are relatively affluent, there are, nonetheless, pockets of deprivation with higher health and social needs within the Trust's catchment area. The catchment population also has a higher proportion of older people with increased health needs, longer than average stays in hospital, and a greater need for social and community care.

### 1.2 Our corporate vision, values and strategic objectives

Our vision and values were launched in October 2009 and are as follows:

**Vision:** To be one of the best performing hospital Trusts in the country – a provider and employer of choice.

Our **Values known as the 4Ps** are:

**Patients** first; **Personal** responsibility; **Passion** for excellence; **Pride** in our team

This vision and the values are aligned to our long term strategic objectives which are as follows:

- To provide the highest quality standards for patients, meeting and where possible exceeding their expectations in terms of clinical outcomes, safety and experience
- To recruit, retain and develop a high performing workforce to deliver high quality care and the wider Trust strategy
- To implement a clinical strategy which redefines the Trust market position and better meets the needs of patients and commissioners, and increasing market penetration
- To improve the productivity and efficiency of the Trust within a financially sustainable, effective governance framework

### 1.3 The Single Equality Scheme

This document is Ashford and St Peter's Hospitals NHS Trust's single Equality and Diversity Scheme for the three-year period from December 2009 through to December 2012. It sets out how the Trust will meet its legal responsibilities under the Disability Discrimination Act 2005, the Race Relations (Amendment) Act 2000, the Equality Act 2006, the Equal Pay Act

1970, the Sex Discrimination Act 1975 and the Employment Equality Regulations for Age, Religion or Belief, and Sexual Orientation.

The Trust is committed to the public equality duties covering disability, gender and race, requiring it to:

- promote equality of opportunity;
- eliminate harassment and unlawful discrimination;
- promote positive attitudes towards disabled people;
- promote good relations between people of different racial groups;
- encourage participation by disabled people in public life; and
- take positive steps to take account of disabled people's disabilities, even where that involves treating disabled people more favourably than other people.

This Scheme also covers age, religion and belief (including people who hold no religious beliefs), gender and transgender (equality between men, women and people who intend to undergo, are undergoing or have undergone gender reassignment), and sexual orientation.

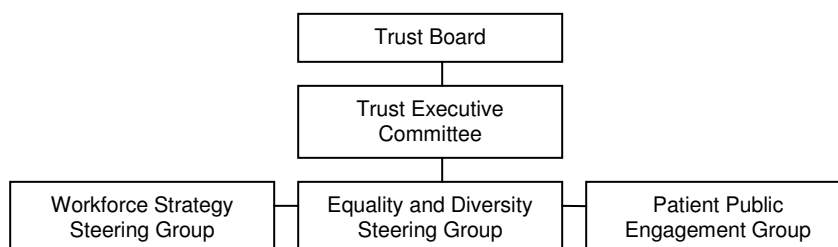
The Trusts single equality scheme therefore embraces action on all six strands including religion and belief, age and sexual orientation. In doing so this scheme replaces the Trusts pre existing Race Equality Scheme, Disability Equality Scheme, and Gender Equality Scheme.

For a full description of the legislative framework please see Appendix 1.

#### 1.4 Leadership and Governance Arrangements

The leadership and governance arrangements for the Trust are illustrated in Appendix 2.

In relation to Equality and Diversity these are simplified below



The Chief Executive is the Chairman of the Equality and Diversity Steering Group which has overall responsibility for developing the Single Equality Scheme, monitoring delivery against plans and reporting quarterly to the Trust Executive Committee and annually to the Trust Board. The Terms of Reference for the Equality and Diversity Steering Group and Trust Executive Committee form Appendix 3.

The membership of the Equality and Diversity Steering Group comprises a diversity champion for each of the six strands. The role of the champion is to:

- Provide specific leadership to one of the six strands
- Provide effective support to the champions for all strands
- Support the Trust and colleagues to make demonstrable improvements in all aspects of equality and diversity
- Actively influence the way in which the Trust operates, monitors , plans and develops its services and staff

- Promote awareness of equality and diversity issues within the organisation, service users and visitors, and the local community
- Act as a two way communication channel between the steering group and people who use our services or are employed by the Trust
- Develop knowledge of equality and diversity issues whilst creating and embedding a positive culture in relation to diversity matters

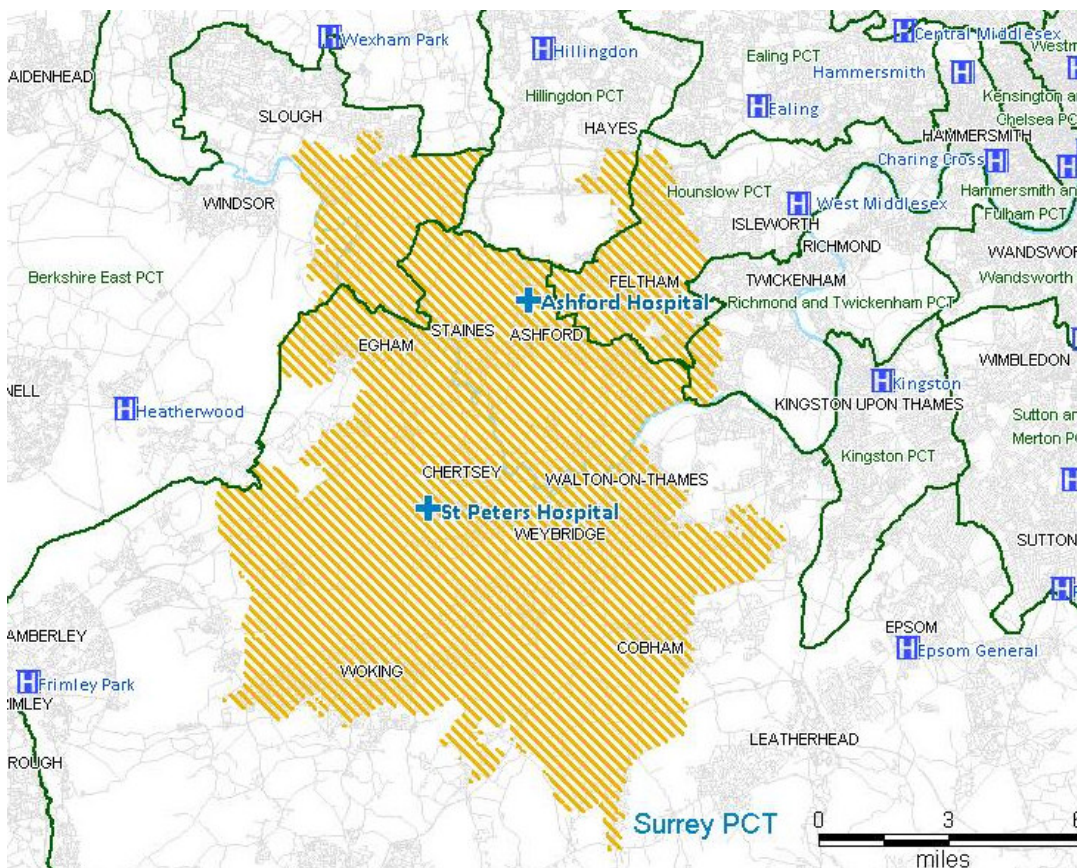
In addition, membership of the Equality and Diversity Steering Group includes the Director of Workforce and Organisational Development (the Executive Director lead for the Workforce Strategy Steering Group) and the Chief Nurse (the Executive Director lead for Patient and Public Engagement Group). Each Executive Director is responsible for ensuring that our employment and services meet the requirements of the Single Equality Scheme and our commitment to equality and diversity more generally.

### 1.5 How has the Trust mapped its position?

The scheme and action plan has been developed following an examination of information sources on the diversity of the local population, our patients and our staff. There is an ongoing commitment to continually review these and other sources of information to inform future plans. Further details on how we will do this are included in Part 3 of this document.

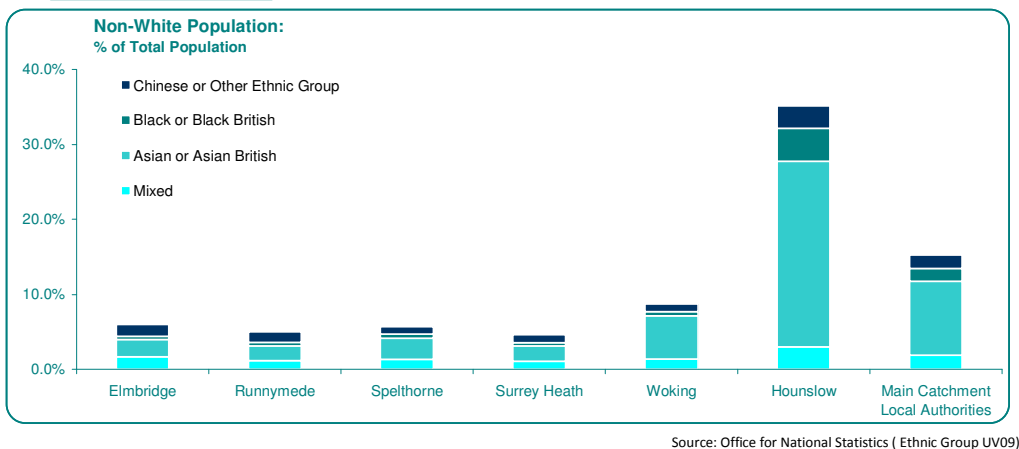
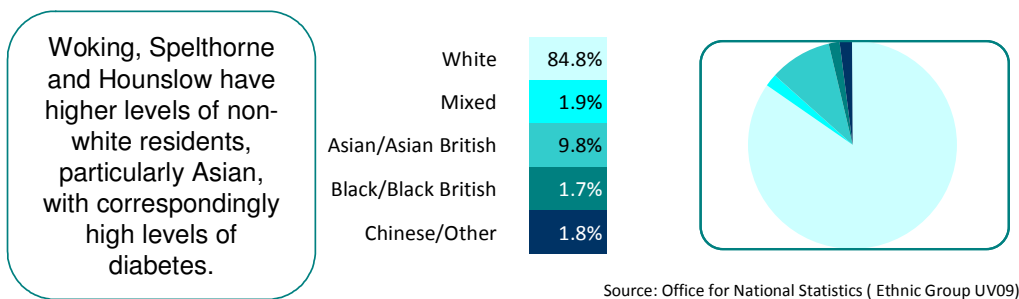
#### 1.5.1 Local Population

Ashford and St. Peter’s Hospitals NHS Trust serves a population of approximately 380,000 people in north-west Surrey, over an area of 330km<sup>2</sup>. This is the population that live closer to our hospitals than to any other acute sites, based on travel time (rather than distance), and is the area we consider as our natural catchment. The area we cover is shown in the map below.



## Ethnic Origin

The Office of National Statistics data illustrates the ethnic origin of the local population by ward as follows.



Gypsies and Travellers are recognised as separate ethnic groups and will be included in the next Census.

## Gender

Our local population gender split is reflective of Surrey and England, with 51.5% of the population female and 48.5% of the population male.

## Disability

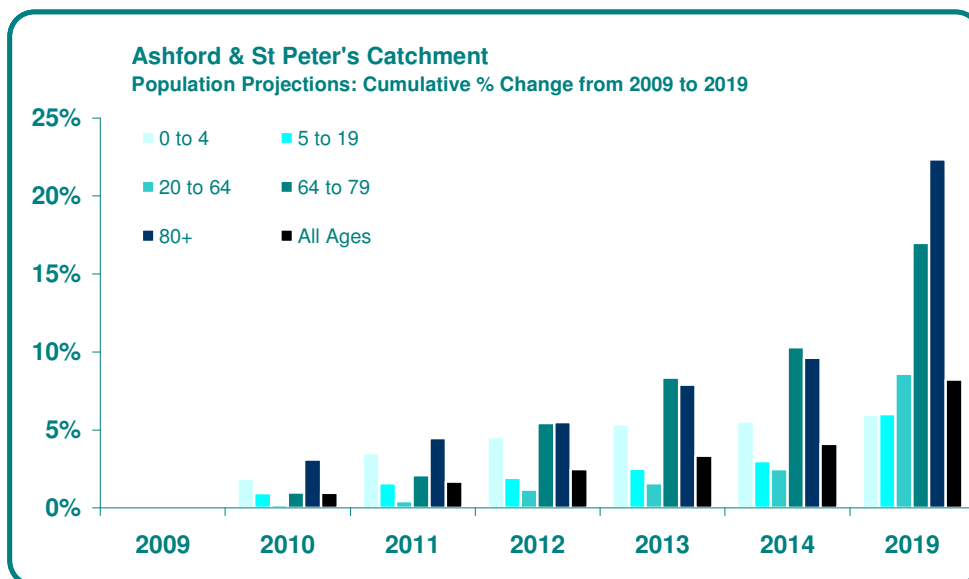
The 2001 Census Data indicated that there are 11 million disabled adults in the UK which represents approximately 20% of the adult population. This includes people with less obvious or non visible impairments who are included in the category of having a life limiting long term illness. In relation to the local population, just over 1 million people consider themselves to have a Life Limiting Long Term Illness. This equates to 13.5% of the local population served by Ashford and St Peter's NHS Trust.

## Religion

The 2001 census demonstrated that 76.1% of the population described themselves as Christian. The remaining population described themselves as 14.2% 'no religion', 6.9% 'not stated', and 2.8% Muslim (being slightly lower than the national average of 3%). Other significant religions include Hindu, Sikh, Buddhist and Jewish faiths.

## Age

The age graph below indicates that the local population will grow by 9% over the next 10 years. Importantly, the greatest growth is predicted in the over 80s which is predicted to increase by 22%, closely followed by the 64-79 age group, which is set to increase by 16%. The 0-19 age group is only set to increase by 5% over the same timescales.



Source: 2006 Based sub national population projections.

## Sexual Orientation

The 2001 census does not record information on the sexual orientation of the population, although according to Stonewall, Government actuaries estimate that approximately six per cent of the UK population is Lesbian Gay or Bisexual (LGB)<sup>1</sup>.

<sup>1</sup> <http://www.stonewall.org.uk/workplace/1473.asp#monitoring>

## 1.5.2 Our patients

### Ethnicity

Code	Desc.	Catchment Area	Inpatients			A&E			Outpatients			Total		
			ASPH Inpatient FCE's	ASPH Ethnic Origin %	Difference	ASPH A&E Attendances	ASPH Ethnic Origin %	Difference	ASPH Outpatient First Attendances	ASPH Ethnic Origin %	Difference	ASPH Outpatient First Attendances	ASPH Ethnic Origin %	Difference
A	White: British	76.1%	17608	72.3%	-3.9%	25173	69.1%	-7.0%	24934	61.2%	-14.9%	67715	66.7%	-9.4%
B	White: Irish	1.7%	122	0.5%	-1.2%	80	0.2%	-1.5%	185	0.5%	-1.3%	387	0.4%	-1.3%
C	White: Other White	7.3%	678	2.8%	-4.5%	926	2.5%	-4.8%	949	2.3%	-5.0%	2553	2.5%	-4.8%
D	Mixed: White and Black Caribbean	0.4%	14	0.1%	-0.4%	26	0.1%	-0.4%	25	0.1%	-0.4%	65	0.1%	-0.4%
E	Mixed: White and Black African	0.3%	8	0.0%	-0.2%	25	0.1%	-0.2%	25	0.1%	-0.2%	58	0.1%	-0.2%
F	Mixed: White and Asian	0.8%	19	0.1%	-0.8%	80	0.2%	-0.6%	78	0.2%	-0.6%	177	0.2%	-0.7%
G	Mixed: Other Mixed	0.6%	31	0.1%	-0.5%	78	0.2%	-0.4%	90	0.2%	-0.4%	199	0.2%	-0.4%
H	Asian or Asian British: Indian	5.3%	416	1.7%	-3.6%	488	1.3%	-3.9%	638	1.6%	-3.7%	1542	1.5%	-3.8%
J	Asian or Asian British: Pakistani	1.8%	435	1.8%	0.0%	574	1.6%	-0.2%	619	1.5%	-0.3%	1628	1.6%	-0.2%
K	Asian or Asian British: Bangladeshi	0.4%	38	0.2%	-0.3%	44	0.1%	-0.3%	63	0.2%	-0.3%	145	0.1%	-0.3%
L	Asian or Asian British: Other Asian	1.0%	211	0.9%	-0.1%	327	0.9%	-0.1%	368	0.9%	0.0%	906	0.9%	-0.1%
M	Black or Black British: Black Caribbean	0.7%	50	0.2%	-0.5%	38	0.1%	-0.6%	72	0.2%	-0.5%	160	0.2%	-0.5%
N	Black or Black British: Black African	1.2%	116	0.5%	-0.8%	108	0.3%	-0.9%	191	0.5%	-0.8%	415	0.4%	-0.8%
P	Black or Black British: Other Black	0.2%	59	0.2%	0.1%	103	0.3%	0.1%	55	0.1%	0.0%	217	0.2%	0.0%
R	Chinese or Other Ethnic Group: Chinese	0.8%	70	0.3%	-0.6%	112	0.3%	-0.5%	110	0.3%	-0.6%	292	0.3%	-0.6%
S	Chinese or Other Ethnic Group: Other	1.3%	828	3.4%	2.1%	1957	5.4%	4.1%	1202	3.0%	1.6%	3987	3.9%	2.6%
Z	Not Stated	0.0%	1034	4.2%	4.2%	2309	6.3%	6.3%	2332	5.7%	5.7%	5675	5.6%	5.6%
NULL	Not Asked	0.0%	2632	10.8%	10.8%	3975	10.9%	10.9%	8791	21.6%	21.6%	15398	15.2%	15.2%
All	Total	100.0%	24369	100.0%	0.0%	36423	100.0%	0.0%	40727	100.0%	0.0%	101519	100.0%	0.0%
CQC Percentage - (Target = 85%)					84.96%			82.75%			72.69%			79.24%

Z= Patient asked, but chose not to reply, NULL = Patient not asked, therefore field is left blank.

The above is a snapshot view of our patient profile by ethnicity and has been extracted from our PAS (patient administration system) system for April 2009 to July 2009.

The Trust will focus on reducing the number of times staff do not ask for a patient's ethnic origin as well as attempting to explain how the data will be used so that the number of refusals is also reduced. The action plan states corrective plans to address this issue. In Sept 2009 we expanded the ethnicity categories on PAS to include "White: Gypsy or Traveller" which is mapped to "White: Other White" for reporting purposes.

### Gender

Included in the table below are 2001 census data to give a comparison of our patients with local catchment area. The Trust generally treats less male patients than expected from the census data, apart from in our Accident & Emergency department where there are more male patients attendances.

Gender	Catchment Area	Inpatients			Outpatients			A&E			Total			
Male	562.4	49.2%	10427	42.8%	-6.3%	16910	41.5%	-7.6%	18772	51.5%	2.4%	46109	45.4%	-3.7%
Female	581.5	50.8%	13916	57.2%	6.3%	23821	58.5%	7.6%	17647	48.5%	-2.4%	55384	54.6%	3.7%
Total	1143.9	100.0%	24343	100.0%	0.0%	40731	100.0%	0.0%	36419	100.0%	0.0%	101493	100.0%	0.0%

### Disability

The Patient Administration System (PAS) currently allows for a patient's individual 'special needs' to be recorded. This enables staff to both identify and respond to individual patient needs (wheelchair assistance, letters to be printed in Braille etc). However as this field is free text, it is more challenging to report on. A new version of PAS is due to be released shortly and it is hoped that the revised functionality will enable us to provide reports on a list of defined disabilities.

## Age

Included in the table below are 2001 census data to give a comparison of our patients with local catchment area. The Trust treats a higher proportion of patients aged 65+ in comparison to census data for our catchment area.

Age	Catchment Area		Inpatients			Outpatients			A&E			Total		
0-15	220.6	19.3%	1699	7.0%	-12.3%	5855	14.4%	-4.9%	8580	23.6%	4.3%	16134	15.9%	-3.4%
16-64	733.4	64.1%	12593	51.8%	-12.3%	22149	54.4%	-9.7%	20634	56.7%	-7.4%	55376	54.6%	-9.5%
65+	190.2	16.6%	10002	41.2%	24.5%	12731	31.3%	14.6%	7204	19.8%	3.2%	29937	29.5%	12.9%
Total	1144.2	100.0%	24294	100.0%	0.0%	40735	100.0%	0.0%	36418	100.0%	0.0%	101447	100.0%	0.0%

## Religion

The religion codes below have been drawn from a fill list of 147 codes – many of which were not applicable to our local population. Hence the revised codes, tailored to our patients, were introduced on 1<sup>st</sup> October 2009 and are as follows:

Religion	Description
A1	Baha'i
B1	Buddhist
C1	Christian
C22	Church of England
C34	Free Church
C44	Jehovah's Witness
C49	Methodist
C51	Mormon
C61	Plymouth Brethren
C67	Roman Catholic
C70	Salvation Army
C79	United Reform
C8	Baptist
D1	Hindu
E1	Jain
F1	Jewish
G1	Muslim
H1	Pagan
I1	Sikh
J1	Zoroastrian
K1	Agnostic
K20	Other not listed
L1	Atheist
L2	Not Religious
M1	Not given-pt refused
N1	Unknown, not asked

## Sexual Orientation

The Patient Administration System does not currently have a field to accommodate this data.

### 1.5.3 Our Staff

This data is for October 2008 - September 2009.

It has highlighted the need to review and update employee data held on the electronic staff record in order that we are able to truly understand the diversity of the workforce and ensure that this scheme and work programmes are appropriately designed. This work is in hand and will be completed by February 2010.

#### Ethnic Origin

The ethnic composition of the Trust workforce has not changed substantially since the last data monitoring period for the year 2008/09.

Ethnic Group	Number of Staff (headcount)	% of Total
Asian Bangladeshi	13	0.38
Asian Indian	315	9.11
Asian Pakistani	55	1.59
Asian Other	214	6.19
Black African	133	3.85
Black Caribbean	27	0.78
Black Other	19	0.55
Mixed White Asian	18	0.52
Mixed White African	17	0.49
Mixed White Caribbean	12	0.35
Mixed Other	20	0.58
Chinese	37	1.07
Any other ethnic group	151	4.37
White Other	270	7.81
White Irish	69	2
White British	2087	60.36
<b>Total</b>	<b>3457</b>	<b>100</b>

#### Gender

The workforce comprises 828 (24%) male staff and 2629 (76%) female staff. This split is similar to other acute Trusts nationwide.

The table below shows the breakdown of staff by gender and pay band. In the lower pay bands the majority of staff is female. This divide appears to even out slightly as progression is made through the pay scales.

Pay Band	Total	Male	% Male	Female	% Female
1	148	66	44.59	82	55.41
2	630	145	23.01	485	76.99
3	252	71	28.17	181	71.83
4	279	22	7.88	257	92.12
5	811	94	11.59	717	88.41
6	387	59	15.24	328	84.76
7	294	40	13.60	254	86.40
8a	87	20	22.98	67	77.02
8b	35	6	17.14	29	82.86
8c	15	4	26.66	11	73.34
8d	6	3	50.00	3	50.00
Other	21	12	57.14	9	42.86
Medical Staff	492	286	58.13	206	41.87
<b>Total</b>	<b>3457</b>	<b>828</b>	<b>23.96</b>	<b>2629</b>	<b>76.04</b>

## Disability

Data collected from the workforce indicates that 0.73% of the staff have indicated that they classify themselves as disabled.

<b>Disability</b>	
No	2149
Not Declared	401
Undefined	882
Yes	25
<b>Total</b>	<b>3457</b>

## Age

The age range within the workforce is shown in Table 7 below. The age distribution shows a normal pattern with the majority of staff in the age range 31 to 60 years. There are 75 staff in the workforce over the age of 66 years. The Trust has recently introduced a default retirement age of 65 years, which enables both the employee and the Trust to stop, check and review the continuation of working beyond the age of 65.

<b>Age of Workforce</b>	<b>16-20</b>	<b>21-25</b>	<b>26-30</b>	<b>31-35</b>	<b>36-40</b>	<b>41-45</b>	<b>46-50</b>	<b>51-55</b>	<b>56-60</b>	<b>61-65</b>	<b>66-70</b>	<b>71+</b>
<b>No of Staff</b>	29	263	381	473	439	451	464	390	297	170	55	20

## Religion

The Trust collects data on the religion of the workforce. The categories for reporting reflect the current national collection criteria. These categories may change in the coming year to provide a much more detailed breakdown.

<b>Religious Belief</b>	<b>No of staff</b>
Atheism	115
Buddhism	24
Christianity	1706
Hinduism	149
Islam	105
Judaism	5
Not disclosed	447
Other	102
Sikhism	37
Undefined	767
<b>Total</b>	<b>3457</b>

## Sexual Orientation

Data on sexual orientation of Trust staff is collected in accordance with nationally defined categories. The Single Equality Scheme Action Plan includes an objective to set up a support group for Lesbian, Gay and Bisexual staff, indeed this has recently been established and is operational.

Sexual Orientation	No of staff
Bisexual	30
Gay male	8
Gay female/Lesbian	4
Heterosexual	1861
I do not wish to disclose my sexual orientation	780
Undefined	774
<b>Total</b>	<b>3457</b>

### 1.6.4 Our Foundation Trust Members

We have been successful in attracting over 8400 Foundation Trust members between June 2009 to 11<sup>th</sup> November 2009 and the number grows daily! The application form for Foundation Trust members obtains Ethnicity, Age and Gender equality data at present.

#### Ethnicity

	Total	Public	% of Public	Staff	% of Staff
Not specified	680	56	8.2	624	91.8
White	6140	3746	61	2394	39
Mixed	115	47	40.8	68	59.2
Asian or Asian British	1258	685	54.5	573	45.5
Chinese or Other Ethnic Group: Chinese	60	25	41.6	35	58.4
Chinese or Other Ethnic Group: Other Ethnic Group	42	16	38	26	62
Black or Black British	255	77	30.2	178	69.8
Other	1	1	100	0	0
<b>Total</b>	<b>8551</b>				

#### Age

	Public	Staff	Total
0 to 16 years	16	0	16
17 to 21 years	45	44	89
22 years +	4497	3353	7850
Excluded (DOB not specified)	95	501	596
<b>Total</b>			<b>8551</b>

**Gender**

	<b>Public</b>	<b>Staff</b>	<b>Total</b>
Male	2291	937	3228
Female	2334	2960	5294
Not specified	28	1	29
<b>Total</b>			<b>8551</b>

## PART 2 – OUR APPROACH TO MEETING GENERAL AND SPECIFIC DUTIES

### Overview

Our approach to meeting the general and specific duties is to mainstream equality and diversity within the organisation so that each member of the staff team is responsible for delivery. This requires all staff to understand their role and contribution and as such the role profiles, appraisal and the training and development of staff are essential in relation to this scheme.

### 2.1 Training Staff

#### Principles

The Trust is committed to incorporating diversity into all its training courses (including induction, recruitment, practice and professional development) for all staff groups from the Board to front line clinical and non clinical staff groups.

The Training and Development Manager has overall responsibility for the training and development of staff in connection with our duty to promote equality and diversity. Similarly individual Heads of Profession and Business Centre Managers are responsible for ensuring that the staff employed in their areas are sufficiently trained to meet their obligations under the relevant legislative acts.

#### Identification of Diversity and Equal Opportunity Learning and Development Needs

Staff Group	Identified Needs	How will these needs be met?	How will these be evaluated?
<b>New Staff</b>	<ul style="list-style-type: none"> <li>♦ Awareness of Trust policies and where to find them</li> <li>♦ Awareness of main legal and policy requirements</li> <li>♦ Trust approach to Diversity</li> <li>♦ Where to go for help and more information</li> </ul>	<ul style="list-style-type: none"> <li>♦ Corporate Induction session</li> <li>♦ Local Induction briefing with line manager</li> </ul>	<ul style="list-style-type: none"> <li>♦ Evaluation sheets from Corporate Induction Day</li> <li>♦ Completed Local Induction Checklists</li> <li>♦ Staff survey</li> </ul>
<b>All staff</b>	<ul style="list-style-type: none"> <li>♦ Trust policies and where to find them</li> <li>♦ Awareness of main legal and policy requirements</li> <li>♦ General and specific duties</li> <li>♦ Awareness of some effects of discrimination</li> <li>♦ Knowledge of personal responsibilities</li> <li>♦ Awareness of own prejudices and stereotypes</li> <li>♦ Trust approach to Diversity</li> <li>♦ Where to go for help and more information</li> </ul>	<ul style="list-style-type: none"> <li>♦ Equality &amp; Diversity Awareness sessions</li> <li>♦ Information leaflets</li> <li>♦ Information on Intranet</li> <li>♦ Line management coaching, including use of KSF Outline Core Dimension 6</li> </ul>	<ul style="list-style-type: none"> <li>♦ Patient surveys</li> <li>♦ Compliments and complaints</li> <li>♦ Staff surveys</li> <li>♦ Disciplinary and grievance cases</li> </ul>
<b>Managers</b>	<p>As per new staff and all staff plus</p> <ul style="list-style-type: none"> <li>♦ How equality and diversity issues are reflected in managing people</li> <li>♦ Common issues faced by managers</li> <li>♦ Getting the best out of all your staff</li> <li>♦ Handling difficult issues</li> </ul>	<ul style="list-style-type: none"> <li>♦ Equality &amp; Diversity Issues for Managers</li> <li>♦ Line management coaching including use of KSF Outline Core Dimension 6</li> <li>♦ Mediation Skills for Managers course</li> </ul>	<ul style="list-style-type: none"> <li>♦ Evaluations of courses</li> <li>♦ Staff survey</li> <li>♦ Disciplinary and grievance cases</li> </ul>
<b>Managers responsible for</b>	<ul style="list-style-type: none"> <li>♦ Legal requirements for EQIA</li> </ul>	<ul style="list-style-type: none"> <li>♦ Coaching from line manager</li> </ul>	<ul style="list-style-type: none"> <li>♦ Staff survey</li> <li>♦ Patient/Service User</li> </ul>

Staff Group	Identified Needs	How will these needs be met?	How will these be evaluated?
<b>policy development and/or service management</b>	<ul style="list-style-type: none"> <li>How to undertake an EQIA</li> <li>Where to get help and advice</li> <li>Consultation principles and techniques</li> </ul>	<ul style="list-style-type: none"> <li>1:1 session with HR lead</li> </ul>	<ul style="list-style-type: none"> <li>surveys</li> <li>Business plans/policies and EQIAs</li> </ul>
<b>Board members</b>	<ul style="list-style-type: none"> <li>Board Member Responsibilities</li> <li>Legal updates</li> </ul>	<ul style="list-style-type: none"> <li>Non-Executive Directors' training</li> </ul>	<ul style="list-style-type: none"> <li>Feedback to Chairman on programmes</li> </ul>
<b>Staff involved in recruitment and selection</b>	<p>As per new staff and all staff plus</p> <ul style="list-style-type: none"> <li>The law as it relates to discrimination in recruitment and selection</li> <li>Avoiding discrimination by adhering to good practice</li> </ul>	<ul style="list-style-type: none"> <li>Deanery e-learning programme</li> <li>Recruitment and Selection training</li> </ul>	<ul style="list-style-type: none"> <li>Staff survey</li> <li>Annual statistical monitoring</li> </ul>
<b>Front line customer service staff</b>	<p>As for all staff, plus</p> <ul style="list-style-type: none"> <li>Conflict Resolution skills</li> </ul>	<ul style="list-style-type: none"> <li>Conflict Resolution Training</li> <li>Customer Care Training courses</li> </ul>	<ul style="list-style-type: none"> <li>Staff survey</li> <li>Patient survey</li> <li>Complaints and compliments</li> </ul>
<b>Staff Trainers</b>	<ul style="list-style-type: none"> <li>Legal and policy awareness</li> <li>Awareness of own prejudices and stereotypes</li> <li>Awareness of Equality and Diversity issues in the context of training and development</li> </ul>	<ul style="list-style-type: none"> <li>Access to relevant courses, Awareness training, training for Managers and specially devised In-house awareness session for trainers</li> </ul>	<ul style="list-style-type: none"> <li>Evaluations from training and development sessions</li> <li>Staff survey</li> </ul>
<b>Diversity Trainer Training</b>	<ul style="list-style-type: none"> <li>Diversity trainers must be experienced and knowledgeable</li> </ul>	<ul style="list-style-type: none"> <li>Externally provided Diversity Train the Trainer courses</li> </ul>	<ul style="list-style-type: none"> <li>Evaluations from training and development sessions</li> </ul>

## Monitoring

All training and development will be recorded and monitored by use of the Electronic Staff Record/Oracle Learning Management. This will enable booking and attendance to be monitored by as many of the six strands as possible including age, gender, race and disability. This will form the basis of annual reporting to the Board.

## 2.2 Equality Impact Assessments (EqIA's)

The duty to undertake Equality Impact Assessments is a requirement of race, gender and disability equality legislation. Equality Impact Assessments provide a systematic way to ensure legal obligations are met and are a practical way of examining new and existing policies and practices to determine what effect they may have on equality for those affected by the outcomes. By ensuring that equality is embedded within Trust services and policies from the outset, Equality Impact Assessments will assist the Trust to achieve its business objectives, identify problems and make the necessary changes, as well as achieving statutory compliance.

The Equality Impact Assessment framework is a valuable tool in eliminating discrimination or disadvantage experienced by staff, patients or members of the community in regards to **age, gender, sexual orientation, disability, race, religion or belief**.

The Equality Impact Assessment Policy applies to any member of staff within the Trust who is responsible for developing or reviewing policies as well as those who are involved in the development or re-design of Trust services. In addition it is essential that those who are

involved in the agreement and ratification of policies follow the EqIA process set out in this policy, specifically this includes members of Clinical Governance Committee, Integrated Governance Assurance Committee and Trust Board.

As stated above it is the responsibility of any member of staff who is developing and/or reviewing a policy to ensure that a Policy Impact Assessment is completed. If the outcome of this process is that concerns are raised about actual or potential differential impact, a full Impact Assessment will be undertaken by the person who has developed the policy using the full Impact Assessment Tool. Where policies relate to staff, the Impact Assessment documentation will be forwarded with the policy to be discussed at the relevant meeting. For policies relating to the delivery of service, the Impact Assessment Documentation will be considered with the Policy at any group responsible for approving patient policies.

The Trust's Equality and Diversity Group will be responsible for monitoring Impact Assessments carried out within the Trust; the outcome of this monitoring will be reported to the Trust Executive Committee quarterly.

The training and development team are responsible for providing training on the process of Equality Impact Assessment for key staff within the Trust.

### **What is Equality Impact Assessment (EqIA)**

An Equality Impact Assessment (EqIA) is a systematic way of finding out whether a function, service, policy or proposed policy has or could potentially have a differential impact on diverse groups.

EqIA is a process which will help the developer or reviewer, to examine and ascertain whether what they are developing / reviewing will have the potential to affect people differently. Where potential or actual adverse impact is identified, it provides scope to amend the policy or service within agreed timescales and then to publish the findings of any assessments.

Equality Impact Assessments are applicable for use on assessing

- New service developments or existing services
- Services re-design
- Patient pathways
- New policy developments or reviewing existing policies

Equality Impact assessment is a systematic way of finding out whether a policy affects all groups equally on grounds of race, gender and disability address real or potential inequalities resulting from policy and practice/service development. EqIAs will help identify how policies, services and functions can be altered or re-designed so as to better meet the needs of diverse groups and to reduce or eradicate any identified adverse effects or impact on staff, service users and providers.

Organisations can use EqIAs to take account of different needs and experiences and to:

- Achieve better results by designing services and policies to meet the needs of our local people
- Identify actual and potential inequalities
- Respond as necessary to these inequalities

### When to carry out an Impact Assessment

- Impact assessment should begin as soon as a relevant new policy is being considered. It should be an integral part of policy making.
- A full impact assessment may not be necessary in every case.
- An initial scoping or screening would be helpful when developing a new policy or considering changes to a policy. The scoping or screening could be based on existing knowledge, data and best estimates of the scope of the issue and the people it will affect.
- A full impact assessment will include the results of external consultation, a final recommendation and arrangements for monitoring and evaluating the assessment.

### What is needed for an Impact Assessment?

- Documentation about the policy or proposed policy, including aims, objectives, and possible alternatives;
- The race/disability/gender equality scheme, outlining the Trust's aims and values;
- Some knowledge and information about race/gender/disability issues but also information on the other equality strands, sexual orientation, religion or belief and age. These three are not mandatory; however, good practice would dictate that all six strands of equality should be assessed;
- Previous impact assessments on similar policies or services.

## 2.3 Consultation and Communication with Stakeholders

The Trust recognises the importance of consultation and communication in all aspects of the development and implementation of its responsibilities for equality and diversity. Involvement and consultation will give minority groups a meaningful stake in the provision of their care, ensure higher satisfaction with service levels and help make best use of resources. The Trust is committed to consultation on the on-going development of the Scheme's action plan and during impact assessments of relevant policies and procedures.

The Scheme and action plan will be published and circulated both internally and externally. The Scheme will be placed on the Trust's external website for public information and provided to members of the public upon request. The Trust will also ensure that the results of each impact assessment are accessible primarily the publication on the Trust's website, with hard copies available upon request.

**Consultation with Patient and Carer Groups:** The Trust's Patient and Public Engagement Group (PPEG) seeks to involve patients, carers, relatives, visitors and potential patients and other service users in the planning, monitoring and development of its services. In relation to equality and diversity PPEG will be used to ensure that services are tailored wherever possible to meet the needs and aspirations of different groups.

The lead for this work is the Head of Customer Affairs.

**Consultation with Local Residents:** The specific duties of the various acts as previously outlined in this document require a public authority to involve all minority groups of people who appear to the Trust to have an interest in the way it carries out its functions in the development of the Single Equality Scheme.

**Consultation with Foundation Trust Members:** There are a variety of members focus groups run by the Trust covering a number of issues such as how the Trust can improve communication with members, improve services for Ethnic, Disabled and older users.

The Trust is working to involve stakeholders from the area we serve in the development of the Scheme and will again seek to positively engage with local stakeholder organisations. As a Foundation Trust, we will have a Council of Governors and we will proactively seek the views of all minority groups to help inform the further development of the Single Equality Scheme and its action plan.

The lead for this work will be the Head of Corporate Affairs

**Consultation with recognised staff representatives and employees:** Representatives from the Trust's recognised trade unions are consulted on the development and implementation of all employment policies including the Single Equality Scheme. The Trust also conducts an annual staff attitude survey which enables us to assess the level of satisfaction of all minority groups and other staff on the operation of its employment policies and procedures. In addition, there are staff and team briefings which enable staff to engage with key developments within the Trust and provide the opportunities to assess the impact of policies and services and how they are perceived by all minority groups.

The lead for this work will be the Deputy Director of Workforce and Organisational Development and the Head of Communications.

## 2.4 Public Access to Services and Information

The Trust is committed to ensuring that local people and service users from all groups know about the services we provide. A complete Directory to the services provided by the Trust will be made widely available to local residents and service users. The Trust currently uses a variety of ways to publicise its services to the local community including:

- A regularly updated public website with Single Equality Scheme, Impact Assessments, training information, contact details and statistical data available.
- The provision of information leaflets about services and health promotion to inpatients, outpatients and other service users.
- Effective procedures for dealing with complaints about our services.
- A wide variety of support, information and advice to patients, carers and visitors via the PALS service.
- A wide range of patient literature about specific services.
- An Annual Equality and Diversity Report.
- Board of Directors meetings
- Governors meetings
- Availability of interpreters for users and carers
- Capitalising on the informal communication network presented through the staff who come from our local communities.

## 2.5 Monitoring and Evaluation

The Trust has implemented robust systems to monitor its Single Equality Scheme and action plan. The section prior to this on management responsibility details how we will ensure robust accountability for the Scheme.

Progress on the action plan within the Single Equality Scheme will be reported Equality and Diversity Group. The group will identify areas of under performance and direct action to address this. The group will identify areas where further work is required and instruct relevant staff to undertake this work.

The Trust will also operate a wide portfolio of methods to measure the success in implementing the Single Equality Scheme and action plans. These include;

- An annual report to the Board on progress against targets laid out in the Single Equality Scheme action plans.
- Annual comparisons of patient experience and staff attitude surveys.
- Workforce and patient monitoring reports to be presented as part of the annual Equality and Diversity Report.
- Monitoring of complaints and compliments to be presented to the Equality and Diversity Group and published in the Annual Equality and Diversity Report
- How well the Trust and business centres have met Key Performance Indicators and targets in relation to the Single Equality Scheme (E&D training attendance, Impact Assessments completed, employment relations and recruitment activity)
- Development and application of a comprehensive system of ethnic monitoring to ensure that good information is available across all services and that access to services is monitored against them.

All the above mechanisms will be used to performance manage the delivery of the Single Equality Scheme within the Trust, monitor progress and initiate actions as required.

## PART 3 - ACTION PLAN

Objective	Action	Lead	Timescale	Race <small>(References to Race Equality duties)</small>	Disability <small>(References to Disability Equality duties)</small>	Gender <small>(References to Gender Equality duties)</small>	Age	Sexual Orientation	Religion/Belief
<b>Key Work Theme 1: Leadership and Governance</b>									
Establish robust leadership and governance arrangements for equality and diversity	<ul style="list-style-type: none"> <li>Produce a 3 year SES and clear priorities for 2009/10</li> <li>Establish a representative Equality &amp; Diversity Steering Group with corporate leadership and champions for each of the six strands</li> <li>Provide quarterly reports to Trust Executive Committee</li> <li>Publish an annual Board Report</li> </ul>	Workforce & OD Director	<ul style="list-style-type: none"> <li>Nov 2009</li> <li>June 2009</li> <li>June 2009</li> <li>Nov 2010</li> </ul>	✓	✓	✓	✓	✓	✓
<b>Key Work Theme 2: Finance &amp; Procurement</b>									
Ensure the SES and priorities are adequately resourced	Programme to identify budget and manpower to achieve action plan	Programme Manager	Dec 2009 and annually thereafter	✓	✓	✓	✓	✓	✓
Ensure the procurement policy and practice meets the Trusts responsibilities with respect to Equality & Diversity	Review procurement policy & guidance in line with good practice published by NHS Purchasing and Supply Agency	Procurement Manager	March 2010	✓	✓	✓	✓	✓	✓
Differences in pay between genders continue to decrease or have been eliminated.	Carry out equal pay review during lifetime of scheme and act on results.	Deputy Director of Workforce & Organisational Development	March 2010			✓			

Objective	Action	Lead	Timescale	Face (Relevance to Race Equality duties)	Disability (Relevance to Disability Equality duties)	Gender (Relevance to Gender Equality duties)	Age	Sexual Orientation	Religion/Belief
<b>Key Work Theme 3: Equality impact assessments</b>									
Equality considerations are fully embedded in the development, delivery and evaluation of our policies, procedures, services and functions by carrying out EqIA's effectively	Carry out EIAs in accordance ensuring they are of a high quality, support and training is provided to staff and the assessments are made publicly available.	Deputy Director of Workforce & OD	3 year plan to run until Sept 2012	✓	✓	✓	✓	✓	✓
<b>Key Work Theme 4: Accessibility</b>									
Improve the accessibility of information, employment and services for all groups	<ul style="list-style-type: none"> <li>All publishing material will meet the Royal National Institute for the Blind (RNIB) Guidelines</li> <li>Achieve level 1 of the Web Content Accessibility Guidelines (WCAG)</li> <li>Continue to meet the criteria for the ✓✓ scheme</li> <li>Ascertain requirements for RNID charter status. Charter and aim to achieve.</li> </ul>	Head of Communications  Web team  Head Of Estates	April 2010    June 2010	✓	✓	✓	✓	✓	✓
Ensure the Trust delivers on providing single sex wards (ensure no patient shares sleeping or bathroom with opposite gender)	<ul style="list-style-type: none"> <li>Complete physical works to wards</li> <li>Facilitate cultural change</li> </ul>	Director of Strategy	April 2010 (DH penalties thereafter)			✓			

Objective	Action	Lead	Timescale	Race <small>(Relevance to Race Equality duties)</small>	Disability <small>(Relevance to Disability Equality duties)</small>	Gender <small>(Relevance to Gender Equality duties)</small>	Age	Sexual Orientation	Religion/Belief
Access audit of Trust premises to be carried out.	Runnymede Disability Access Liaison Group to carry out audit of sites	Head of Estates	November 2011		✓				
<b>Key Work Theme 5: Building capacity and capabilities</b>									
Increase awareness of equality and diversity in the workforce	Mandatory equality and diversity training as per training plan in section 2.1	Training and Development Manager	March 2010	✓	✓	✓	✓	✓	✓
Areas of under representation are identified and addressed	<ul style="list-style-type: none"> <li>Produce quarterly workforce report broken down by 6 strands for the Equality and Diversity Steering Group and annual report for the Trust Board.</li> <li>Develop positive actions plans to address under representation</li> </ul>	Deputy Director of Workforce & OD	March 2010 and annually thereafter	✓	✓	✓	✓	✓	✓
<b>Key Work Theme 6: Publication of monitoring, assessments and consultation</b>									
We publicly demonstrate our commitment to embedding E&D throughout the organisation	<ul style="list-style-type: none"> <li>Publish progress against the scheme and action plan</li> <li>Publish monitoring data as required by legislation (see appendix 1)</li> </ul>	Workforce & OD Director	November 2010 and annually thereafter	✓	✓	✓	✓	✓	✓

## **Appendix 1 – Legislation**

### **The Legal Context for Ashford & St Peter's Hospitals NHS Trust Single Equality Scheme**

This scheme embraces the legislative framework which defines the Trusts legal responsibilities and obligations for eliminating unfair and unlawful discrimination, promoting equality of opportunity and ensuring positive relations between all.

#### **Disability Equality**

The Disability Discrimination Act 1995 has been amended by the Disability Discrimination Act 2005 and imposes a positive duty to promote disability equality on public authorities which are similar to those imposed by the RR(A)A. These new duties came into effect on 5 December 2006.

##### General Duty

A public authority, when carrying out its functions, will have to have due regard to the need to:

- Eliminate unlawful discrimination against disabled people;
- Eliminate disability-related harassment of disabled people;
- Improve equality of opportunity for disabled people;
- Promote positive attitudes towards disabled people;
- Encourage participation by disabled people in public life;
- Take steps to take account of disabled people's disabilities, even where that involves treating disabled people more favourably than others.

##### Specific Duties

Regulations impose specific duties on listed public authorities to ensure the better performance by them of the general duty. Such duties will involve public authorities having to publish, review and implement a disability equality scheme, and to report on its implementation.

#### **Race Equality**

The Race Relations Act 1976 as amended (Race Relations (Amendment) Act 2000 [RRA]) imposes a general statutory duty, known as the race equality duty, on the public authorities specified or described in schedule 1A to the RRA.

##### General Duty

Since April 2001, when carrying out their functions, public authorities have been required to have due regard to the need to:

- Eliminate unlawful racial discrimination;
- Promote equality of opportunity and good relations between people of different racial groups.

## Specific Duties

Specific duties are imposed on listed public authorities to ensure better performance by them of the general duty. The specific duties cover obligations in respect of policy and service delivery and employment. Since December 2001 public authorities have been obliged to prepare and publish a Race Equality Scheme (RES) and conduct ethnic monitoring of our workforce. The Trust approved and published a Race Equality Scheme in 2005. This Single Equality Scheme 2009 - 2012 replaces those schemes.

## **Gender Equality**

The Equality Act 2006 amends the Sex Discrimination Act 1975 to place a statutory duty on all public authorities to promote gender equality when carrying out their functions. The gender equality duty came into effect on 6th April 2007.

## General Duty

A public authority, when carrying out their functions, will have due regard to the need to:

- Eliminate unlawful discrimination and harassment;
- Promote equality of opportunity between men and women.

## Specific Duties

The general duty is complemented by specific duties, which will be set out in secondary legislation, to assist public authorities in complying with the general duty.

In addition, the Gender Recognition Act 2004 ensured that Trans (gender/sexual) people must be treated as of their new gender (sex) for all legal purposes, including health and social care.

The Gender Recognition (exceptions to Offence of Disclosure) order 2005 creates an exception to S.22 to maintain client confidentiality. S.22 makes it a crime for any individual who has obtained information in an official capacity to divulge that a person has a gender recognition certificate, i.e. is a Trans person or do anything that would make such a disclosure.

## **Age Equality**

The Employment Equality (Age) Regulations 2006 came into effect on 1 October 2006 and applies to all staff employed by the Trust and all recruitment policies and procedures. This legislation makes it unlawful to discriminate on grounds of age in the area of employment.

## **Religion or Belief**

The Employment Equality (Religion or Belief) Regulations 2003 came into force on 2nd December 2003 and outlaw discrimination on the grounds of religion or religious or similar philosophical belief in employment and vocational training. The Equality Act 2006 prohibits discrimination on the grounds of religion or belief in the provision of goods, facilities and services, in education and in the exercise of public functions.

These provisions came into force on 30th April 2007 (The Equality Act 2006, Commencement No 2, Order 2007).

## **Sexual Orientation**

The Employment Equality (Sexual Orientation) Regulations 2003 came into force on 1 December 2003 and outlaw discrimination on the grounds of sexual orientation in employment and vocational training. The Equality Act 2006 included a power that allows the Government to prohibit discrimination on the grounds of sexual orientation in the provision of goods, facilities and services, in education and in the exercise of public functions. These came into force on 30th April 2007 (The Equality Act, Sexual Orientation, Regulations 2007).

## **Human Rights**

The Human Rights Act 1998 came into force in October 2000, incorporating the European Convention on Human Rights into UK law. Article 14 of the Human Rights Act 1998 refers to the prohibition of discrimination and states that the enjoyment of the rights and freedoms set out in the European Convention on Human Rights shall be secured without discrimination on the grounds of sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

## **The Equality Act 2006**

The Equality Act introduced a duty on public bodies to promote gender equality. Discrimination on the basis of a person's gender is already prohibited in relation to employment and the provision of goods, facilities and services, under the Sex Discrimination Act 1975. However, with the introduction of the gender equality duty (which came into effect on 6 April 2007), public bodies are required to actively promote gender equality as they undertake their key functions. The general Gender Equality Duty requires public authorities to have due regard to:

- eliminate unlawful discrimination with regard to obligations under the Sex Discrimination Act 1975 and the Equal Pay Act 1970 and to take steps to ensure compliance with these Acts; and
- promote equality of opportunity between men and women and take active steps to promote gender equality when carrying out functions and activities.

There are also specific duties for public bodies to help them meet their obligations under the general duty. The specific duties include:

- Publishing gender equality schemes, including equal pay policies, in consultation with employees and stakeholders
- Monitoring progress and publishing progress reports every three years
- Conducting and publishing gender impact assessments on major new legislation and policy

Our gender equality scheme is part of this Single Equality Scheme

### **Equality in Employment Regulations (Religion or belief)**

These Regulations (made under the European Communities Act 1972 and which came into force in December 2003) apply to vocational training and all facets of employment, including recruitment, terms and conditions, promotions, transfers, dismissals and training. They make it unlawful on the grounds of religion or belief to discriminate directly or indirectly against anyone; subject someone to harassment, victimise someone because they have made or intend to make a complaint or allegation or intend to give evidence to a complaint of discrimination on the above grounds or to discriminate or harass someone in certain circumstances after the working relationship has ended.

### **Equality in the provision of goods, facilities and services (Religion or belief)**

Part 2 of the Equality Act 2006 (which came into effect in April 2007) makes it unlawful for a public authority involved in providing goods, facilities or services to discriminate on grounds of religion or belief by:

- refusing to provide a person with goods, facilities or services if they would normally do so to the public, or a section of the public to which the person belongs; and
- providing goods, facilities or services of an inferior quality rather than those which would normally be provided, or in a less favourable manner (for example, hostile or less courteous) or on less favourable terms than would normally be the case.

### **Equality in Employment Regulations (Sexual Orientation)**

These Regulations (also made under the European Communities Act 1972 and which came into force in December 2003) apply to vocational training and all facets of employment, including recruitment, terms and conditions, promotions, transfers, dismissals and training. They make it unlawful on the grounds of sexuality to discriminate directly or indirectly against anyone; subject someone to harassment, victimise someone because they have made or intend to make a complaint or allegation or intend to give evidence to a complaint of discrimination on the above grounds or to discriminate or harass someone in certain circumstances after the working relationship has ended.

Equality in the provision of goods, facilities and services (Sexual Orientation), Section 81 of the Equality Act 2006 (which came into effect in April 2007) makes it unlawful for a public authority involved in providing goods, facilities or services to discriminate on grounds of sexual orientation by:

- refusing to provide a person with goods, facilities or services if they would normally do so to the public, or a section of the public to which the person belongs; and
- providing goods, facilities or services of an inferior quality rather than those which would normally be provided, or in a less favourable manner (for example, hostile or less courteous) or on less favourable terms than would normally be the case.

### **Age Equality Regulations October 2006**

From 1 October 2006, the Employment Equality (Age) Regulations make it unlawful to discriminate against workers, employees, job seekers and trainees because of their age. The regulations cover recruitment, terms and conditions, promotions, transfers, dismissals and training.

## Gender Recognition Act 2004

The Gender Recognition Act 2004 (GRA 2004) provides for the legal recognition of the transsexual person in their acquired gender and their opportunity to acquire a new “birth” certificate for their new gender. This is called a Gender Recognition Certificate (GRC) and this will replace the originating birth certificate in all official documentation.

This also creates an offence of unauthorised disclosure in Clause 22 of the Act. It is now an offence for a person to disclose information acquired in an official capacity about the gender history of the holder of a Gender Recognition Certificate (GRC) as this is “protected information”. The holder of a GRC is not obliged to inform their employer that they have one, but if they choose to do so this information on their gender history must be clearly established as “protected information”. It is not possible to hold a GRC until two years “post transition” and even then valid reasons exist for some transsexual people not to apply for legal recognition in their acquired gender. They may be married, for example and not intending to divorce. Nonetheless, in respect of either situation, it is good practice and in keeping with the letter of the law to regard all those who have transitioned gender identity as if a GRC is held, from the point of social (or presenting) gender change onwards.

## Human Rights Act, Article 14

Article 14 refers to the prohibition of discrimination and 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.

## Equality Bill

The Government has published the Equality Bill which aims to simplify and strengthen the law on equality. This section outlines the key proposals which have not yet become law.

The [Bill's](#) key proposals include:

- **A new equality duty on the public sector** - this brings together the three existing duties (race, disability and gender) and extends it to gender reassignment, age, sexual orientation and religion or belief. It will also cover the legal requirements on equal pay. Public bodies will need to tackle discrimination and promote equality on all the key diversity strands.
- **A new duty to consider 'socio-economic disadvantage'** - employers will need to consider this when deciding how to deliver services. This will be particularly relevant to primary care trusts as commissioners and links to the wider health inequalities agenda.
- **End age discrimination** - this covers service delivery as well as employment. The Bill outlaws unjustifiable age discrimination by organisations that provide goods, facilities and services, and carry out public services. The Government is making a separate statement about health and social care in the next parliamentary session, to tackle age discrimination and to help service providers prepare for legislation.
- **Ensure transparency** - this requires public bodies to comply with the Equality Duty and report on areas such as gender pay, ethnic minority employment and disability employment. Public bodies will also need to promote equality through their purchasing function.

- **Extend the scope of positive action** - this enables employers to consider the under-representation of disadvantaged groups when selecting between two equally qualified candidates eg. women and people from ethnic minority communities.
- **Strengthen enforcement** - this allows tribunals to make wider recommendations in discrimination cases, going beyond the individual involved. The Government is also exploring how cases can be brought on combined multiple grounds eg. age and gender, and allowing representative actions eg. trade unions making cases on behalf of groups of people.

## **NHS Constitution**

The NHS Constitution was published on 21 January 2009. It was one of a number of recommendations in Lord Darzi's report 'High Quality Care for All' which was published on the 60th anniversary of the NHS and set out a ten-year plan to provide the highest quality of care and service for patients in England.

The NHS belongs to us all. The NHS Constitution brings together in one place for the first time in the history of the NHS, what staff, patients and public can expect from the NHS.

As well as capturing the purpose, principles and values of the NHS, the Constitution brings together a number of rights, pledges and responsibilities for staff and patients alike. These rights and responsibilities are the result of extensive discussions and consultations with staff, patients and public and it reflects what matters to them. The Constitution's seven principles and 6 values are listed below, all of which impact on equality, diversity & human rights.

**Respect and dignity.** We value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and cannot do.

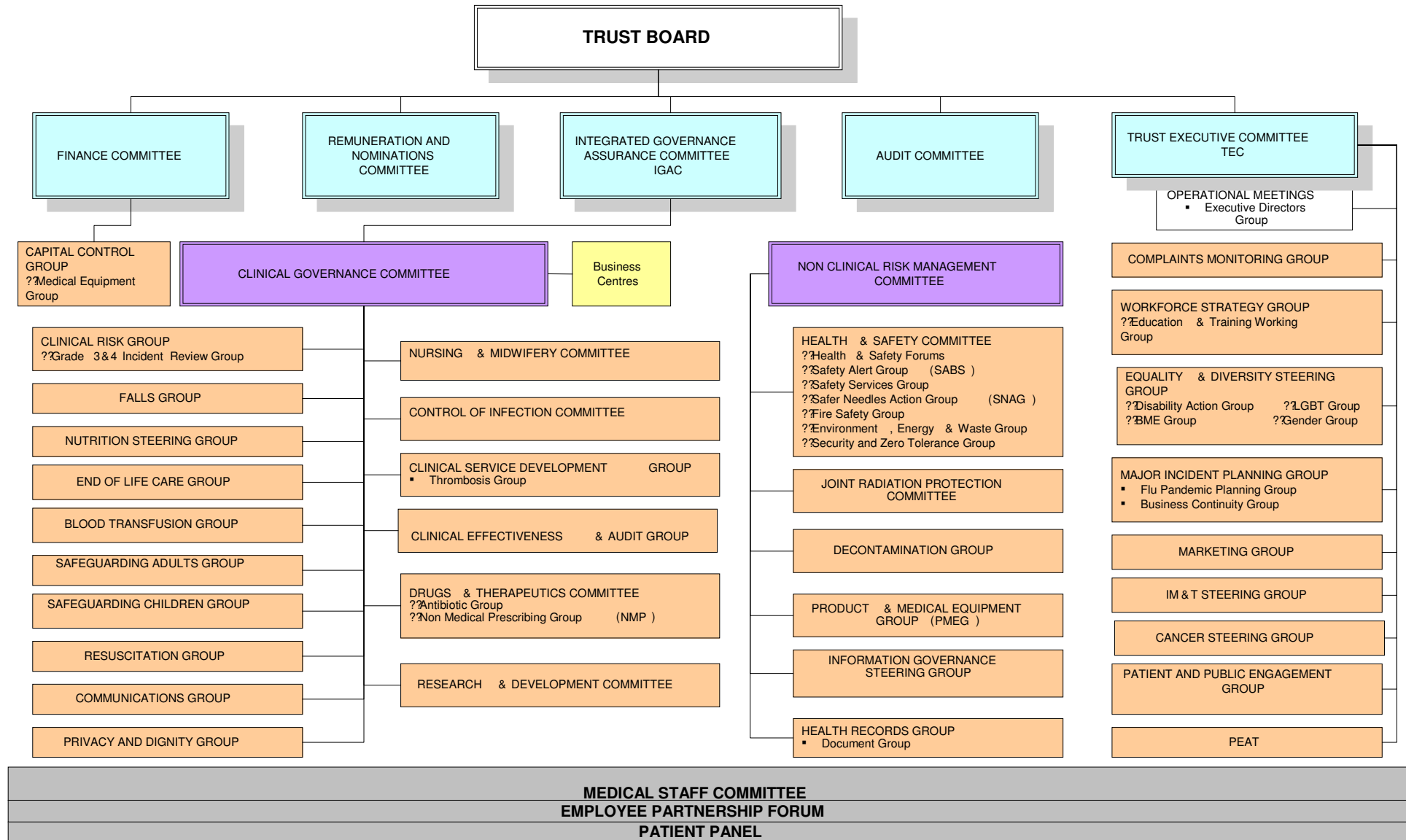
**Commitment to quality of care.** We earn the trust placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes.

**Compassion.** We respond with humanity and kindness to each person's pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked, because we care.

**Improving lives.** We strive to improve health and well-being and people's experiences of the NHS. We value excellence and professionalism wherever we find it – in the everyday things that make people's lives better as much as in clinical practice, service improvements and innovation.

**Working together for patients.** We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals outside the NHS. We put the needs of patients and communities before organisational boundaries.

Everyone counts. We use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste others' opportunities. We recognise that we all have a part to play in making ourselves and our communities healthier.



## **Appendix 3 – Equality & Diversity Steering Group Terms of Reference**

### **TERMS OF REFERENCE EQUALITY & DIVERSITY STEERING GROUP**

#### **Constitution**

The Trust Executive Committee hereby resolves to establish a sub-Committee to be known as the Equality and Diversity Steering Group.

#### **Authority**

The Group is authorised by the committee to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Group.

#### **Membership**

- 1 Chief Executive (Chair)**
- 2 Director of Workforce and Organisational Development**
- 3 Chief Nurse**
- 4 Equality Lead – Service            Deputy Director of Operations**
- 5 Equality Lead –Employment    Deputy Director of HR**
- 6 Head of Corporate Affairs**

#### **Leads for each Key Strand:**

- 7 Gender**
- 8 Ethnicity**
- 9 Age**
- 10 Sexual Orientation**
- 11 Disability**
- 12 Religion**
  
- 13 Recognised Staff Representative**
- 14 Programme Manager (Secretary)**
- 15 Information Consultant**
- 16 Patient Representative**

#### **Attendance**

Attendance at meetings is essential. In exceptional circumstances when a member cannot attend they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. Members will be required to attend as a minimum, 50% of the meetings per calendar year.

#### **Quorum**

In order to be quorate there must be 6 members of the group present.

#### **Frequency and Conduct**

The Group will meet quarterly. Items for the agenda should be submitted to the Secretary a minimum of one week prior to the meeting.

Membership and terms of reference will only be changed with the approval of the Committee and will be reviewed and agreed annually.

## **Duties**

- To ensure that the Trust is compliant with Equality legislation and with Standards for Better Health.
  - Core standard C7e – Healthcare organisations challenge discrimination, promote equality and respect human rights.
  - Core standard C8b – Healthcare organisations support their staff through have organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.
  - Core standard C13a – Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.
  - Core standard C16 – Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessibly information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care.
  - Core standard C17 – The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.
  - Core standard C18 – Healthcare organizations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.
- To ensure that the Trust's functions and policies have been identified and assessed in priority order with a timescale for action. To ensure that assessments are carried out every three years and that staff representatives and services users are involved in the process.
- To ensure that the full range of service users is identified and that they are aware of the Trusts involvement and consultation plans and how they can take part.
- To ensure that equality monitoring in relation to service delivery and employment is in place and the data is analysed and published.
- To monitor employee relations activity relating to bullying, harassment, disciplinary, capability and grievance matters.
- To plan and implement actions required to meet the equality standards in the Department of Health's Model Employer.
- To ensure appropriate links are made with the Quality, Clinical Governance and the Performance framework. to make sure we provide equitable services for patients.

## **Key Responsibilities**

- To oversee the management of the single Integrated Equality Scheme and Action plans, to review progress and report to the Trust Executive Committee every six months.
- To ensure that objectives and targets relating to statutory requirements relating to equality are integrated into the Trusts strategic and operational plans.
- To ensure appropriate training, guidance and support is in place across the Trust to implement the Single Integrated Equality Scheme.
- To ensure that the Trust is prepared for external assessment in relation to the Single Integrated Equality Scheme and to be accountable to the Board for it's implementation.

## **Reporting Lines**

The group will report to the Trust Executive Committee.

## **Monitoring**

The Chair of the group will produce a bi annual report for the Trust Executive Committee.

