

Equality Strategy 2011-2012



Acknowledgement

County Durham and Darlington Foundation Trust would like to thank all the individuals, groups and organisations who gave their time and expertise to contribute to the development of this Strategy, and who continue to help us move further towards full equality for all people in County Durham and Darlington.

If you would like this Strategy in another format that would better suit your needs, or in another language, then please just let us know by contacting us on: Tel: 0191 333 6902 Mobile/SMS: 07500125160, Minicom: 0191 333 2741, or emailing us at: jillian.wilkins@cddft.nhs.uk.

If you have any comments about our Strategy or would like to get involved, please contact us.

Contents

1.	Introduction.....	2
2.	Our Shared Vision	3
3.	Meeting our Duties.....	5
4.	The Protected Characteristics.....	7
4.1	Disability	7
4.2	Sex	8
4.6	Age	9
4.3	Race	10
4.7	Religion and Belief	11
4.8	Sexual Orientation	12
4.4	Gender Reassignment	12
4.9	Pregnancy and Maternity	13
4.5	Marriage and Civil Partnership	14
5.	Equality Information	15
5.1	Our local population	15
5.2	People who use our services	21
5.3	Our workforce	22
6.	Our Equality Analysis.....	24
6.1	Our approach to equality analysis	24
7.	Our Goals	26
7.1	Better health outcomes for all	27
7.2	Improved patient access and experience	27
7.3	Empowered, engaged and well-supported staff	28
7.4	Inclusive leadership at all levels	28
8.	Our Equality Objectives and Project Plan	30
9.	Action Plan	31
	Goal 1: Better health outcomes for all	33
	Goal 2: Improved Patient Access and Experience	35
	Goal 3: Empowered, engaged and well-supported staff	45
	Goal 4: Inclusive Leadership at All Levels	52
	Glossary of Terms.....	56
	References.....	64

Appendix 1- List of groups who contributed to this scheme.....60

Appendix 2 - Relevant Care Quality Commission Standards.....61

Appendix 3 - Equality Analysis/Impact Assessment Documentation.....67

Foreword

This Strategy sets out our commitment to taking equality and human rights into account in everything we do whether that's providing services, employing people, developing policies, communicating, consulting or involving people in our work.

It has been designed in response to the requirements of the Equality Act 2010 and builds on the previous actions and objectives that were contained in our former Single Equality Scheme. It is also designed to meet the requirements of the new national NHS Equality Delivery System (EDS).

Within the EDS there are 4 main goals. These are:

- Better health outcomes for all
- Improved patient access and experience
- Workforce – The NHS as a fair employer
- Inclusive leadership at all levels

It provides a clear picture of the significant targets we have set in relation to equality and human rights. It is a long-term commitment driven by both the needs and wishes of our local people and staff, and the new equalities legislation. For that reason, much of the work will be ongoing. Our Trust Board commits to monitoring our progress and reporting regularly and openly in line with the specific duties of the Equality Act 2010.

The action plan has been agreed between the organisation and in consultation with local interest groups. Each year progress will be assessed on the delivery of our objectives and formulating new improvements for the future. This will make sure that we are making continuous improvements. We look forward to the work ahead, facing the challenges, and meeting the actions we have set ourselves.

Tony Waites, Trust Chairman

Stephen Eames, Chief Executive

1. Introduction

This Equality Strategy is a public commitment of how we plan to meet the needs and wishes of local people and our staff, and meet the duties placed upon us by the Equality Act 2010, and the requirements of the national NHS Equality Delivery System (EDS). It also sets out how County Durham and Darlington Foundation Trust recognises the differences between people, and how we aim to make sure that (as far as possible) any gaps and inequalities are identified and addressed.

Much of it has been developed in partnership with other healthcare organisations across the North East of England. Our organisations share the key objectives detailed in this Strategy, although the actions required to make progress on equality and human rights belong to County Durham and Darlington Foundation Trust.

Consideration of human rights is an important factor in the production of this Strategy and it underpins all our aims, objectives and actions towards addressing inequality and promoting diversity.

County Durham and Darlington Foundation Trust is also a major employer. The needs and aspirations of our staff will vary according to individual circumstances. The diversity of our workforce enriches us all, and allows us to deliver the best services possible.

The Strategy is a fully 'live' document, in that it will be regularly reviewed and strengthened. Ongoing work is also taking place to explore how best to allow stakeholders to hold the Trust to account for the commitments made, and to increase involvement and ownership in this Strategy.

2. Our Shared Vision

Alongside our NHS counterparts, County Durham and Darlington Foundation Trust aims to be a leading organisation for promoting Equality and Diversity in the North East. We believe that any modern organisation has to reflect all the communities and people it serves, in both service delivery and employment, and tackle all forms of discrimination. We need to remove inequality and ensure there are no barriers to health and wellbeing.

We aim to implement this by:

- Becoming a leading organisation for the promotion of Human Rights, Equality and Diversity, for challenging discrimination, and for promoting equalities in service delivery and employment
- Creating an organisation which recognises the contribution of all staff, and which is supportive, fair and free from discrimination
- Ensuring that County Durham and Darlington Foundation Trust is regarded as an exemplary employer.

The Trust has made a commitment to valuing diversity and achieving equality as a member of the regional NHS North East Equality and Diversity Network. The Network's vision is that NHS care in the North East will have a culture of fairness, equality, and respect for diversity that is evident to everyone.

The following principles underpin our work:

- Support and respect for everyone's Human Rights as a fundamental basis for our work with people
- Identifying and removing barriers that prevent people we serve from being treated equally
- Treating all people as individuals respecting and valuing with their own experiences and needs

- Finding creative, sustainable ways of supporting Human Rights improving equality and increasing diversity
- Working with the people who use our services and staff towards achieving equality
- Learning from what we do – both from what we do well and from where we can improve
- Using everyday language in our work
- Working together to tackle barriers to equality across our organisations.

3. Meeting our Duties

The Equality Act 2010 places an Equality Duty on public bodies such as County Durham and Darlington Foundation Trust. This Duty replaces the three former public sector equality duties for disability, race and gender and covers the following protected characteristics:

- Disability
- Age
- Race – this includes ethnic or national origins, colour or nationality
- Sex
- Sexual orientation
- Religion or belief – this includes lack of belief
- Gender reassignment
- Pregnancy and Maternity
- Marriage and Civil Partnership

The Equality Duty encourages us to engage with the diverse communities affected by our activities to ensure that policies and services are appropriate and accessible to all and meet the different needs of the communities and people we serve.

The Equality Duty consists of a General Duty with three main aims. It requires the Trust to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people from different groups
- Foster good relations between people of different groups.

Having due regard means that we must take account of these three aims as part of our decision making processes – in how we act as an employer; how we develop, evaluate and review policy; how we design, deliver and evaluate services; and how we commission and buy services from others.

It also requires the Trust to consider the need to:

- Remove or minimise disadvantages suffered by people due to their protected characteristics
- Meet the needs of people with protected characteristics
- Encourage people with protected characteristics to participate in public life or in other activities where participation is low.

Complying with the general duty explicitly recognises that disabled people's needs are different from those of non disabled people. This may mean making reasonable adjustments for them or providing services in a different way to make sure they achieve the same outcomes from our services.

The general duty is also underpinned by a number of specific duties which include the need for us to:

- Set specific, measurable equality objectives;
- Analyse the effect of our policies and practices on equality and consider how they further the equality aims;
- Publish sufficient information to demonstrate we have complied with the general equality duty on an annual basis.

We also have to meet certain standards set out by the Care Quality Commission who are the regulators for health and social care services. Many of these standards are focused around equality, diversity and human rights, and the actions contained within this strategy will help us to continue to achieve these. (See Appendix 2 for a list of the relevant standards).

4. The Protected Characteristics

County Durham and Darlington Foundation Trust has a legal duty to ensure that, wherever possible, all people can use or receive our services to the same standards regardless of any of the protected characteristics. We must demonstrate how we will promote equality and address the inequality, disadvantage and discrimination that people may face during their lives.

Both nationally and across the region there has been lots of work to help identify some of the key equality issues around the different protected characteristics. This section tells us more about this.

4.1 Disability

Under the Equality Act, a person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities, which would include things like using a telephone, reading a book or using public transport.



Some key statistics:

- Four times as many people with learning disabilities die of preventable causes as people in the general population (Disability Rights Commission, 2006)
- There are 300,000 adults with autism but only 13% are in full time employment (Scottish Parliament, 2010)
- 35% of deaf and hard of hearing people had been left unclear about their condition because of communication problems with their GP or nurse (Scottish Council on Deafness, 2009)
- 87% of disabled health professionals felt their disability limited their chances of promotion (Bogg, 2005).

The vast majority of disability groups would prefer that the ‘social model’ of disability is promoted rather than the ‘medical model’. This aims to address the social, environmental and attitudinal barriers that can cause social exclusion and reduced self esteem amongst disabled people.

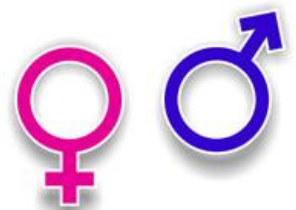
Under the Equality Act 2010 employers and service providers are expected to make reasonable adjustments for disabled people for things which put them at a substantial disadvantage because of their impairment. As an employer the requirement to make reasonable adjustment will most likely be based on the specific needs of a particular employee or prospective employee. However, as a service provider we must think in advance of what reasonable adjustments may be required for people accessing our services with a range of impairments such as people who have a visual impairment, a hearing impairment, a mobility impairment or a learning disability etc.

The needs of people with a learning disability can be very unique and the reasonable adjustments which they require can vary considerably. Some of the common adjustments which can be made which could make a huge difference to a person with a learning disability include:

- first or last appointments
- more time being allocated for appointments
- patient invited to visit prior to an appointment
- tests or screening to be done in patient homes prior to appointment

4.2 Sex

Both males and females are protected under the Equality Act.



Some key statistics:

- Almost twice as many men as women hold senior positions in the NHS yet 80% of NHS staff are women (Bogg, 2009)
- More men are overweight than women, but men make up only 25% of patients in primary care weight loss programmes (O’Reilly, 2007)

Sex equality means to be treated the same as others in society regardless of being a man or woman, and to have the same opportunities. So for example, the same access to job opportunities at the same rate of pay (relative to experience and qualifications), the same access to services, to work within policies and guidelines which don't discriminate because a person is a carer or parent, man or women; and the same opportunities to develop careers and still have a family/home life.

It is important to:

- recognise men and women all have different needs in healthcare
- develop pathways to allow women to progress into management roles
- see the 'family' as a shared unit, (e.g. baby changing facilities not only in female toilets)
- make flexible working real for all parents and carers.

4.6 Age

The Equality Act protects people of all ages. However, different treatment because of age is not unlawful direct or indirect discrimination if it can be justified as a way of meeting a legitimate aim.



Protection from age discrimination in service delivery is just as important for children and young people as it is for older people within our community. Children have the same right as adults to be protected from harm and to be kept safe at all times. Older people have the same human rights as anyone else and therefore should be treated with dignity and respect.

Some key statistics:

- Three out of four Senior Managers believe age discrimination exists in their local services, and that ageism is endemic (Robert, Robinson and Seymore, 2002)
- 64% of people aged over 65 think that health and social care staff do not always treat older people with dignity (Harrop and Jobling, 2009)

- 14% of young people aged under 25 years old felt discriminated against in the workplace because of their age (Paton, 2006)

Age equality is concerned with responding to differences between people that are linked to age, and with avoiding preventable inequalities between people of different age groups. Ageism, the attitudes of others, and the assumptions they make, can have a dramatic effect on people – on their quality of life, access to services and choices, employment, and other opportunities.

4.3 Race

Under the Equality Act 'race' includes colour, nationality and ethnic or national origins.



Some key statistics:

- 64% of health professionals believe that people from ethnic minorities are not well represented at senior levels in their organisation (Bogg, 2005)
- 50% South Asian people are 50% more likely to die prematurely from coronary heart disease than the general population (Race for Health, 2009)
- The scale of health inequality between Gypsy Travellers and the UK general population is large, with reported health problems between twice and five times more prevalent (University of Sheffield, 2004)

There is a lower uptake of some health services by people from Black and Minority Ethnic communities and also a higher incidence of some health conditions. People from Black and Minority Ethnic communities say that they find it difficult to find information about some services and health conditions. In addition, staff from Black and Minority communities are under represented in higher grade positions in the NHS.

4.7 Religion and Belief

In the Equality Act, religion includes any religion. It also includes a lack of religion, in other words employees or jobseekers are protected if they do not follow a certain religion or have no religion at all. Additionally, a religion must have a clear structure and belief system. Belief means any religious or philosophical belief or a lack of such belief.



Some key statistics:

- Religious and cultural views on the beginning of life can influence attitudes towards a range of health issues including reproductive medicine, abortion, contraception and neonatal care. Views on dying, death and the afterlife can also influence attitudes e.g. towards pain relief for terminally ill people (Department of Health, 2009)

The degree to which we respect Religion and Belief reflects the organisation's commitment to delivering patient centred care and how well it responds to our local communities.

Religion and belief is about the things going on inside us; how we make sense of life and what "makes us tick". It may involve questions about meaning, values, hope, love and things beyond the physical boundaries of life. For many people these questions are answered by their Religion and Beliefs.

However, not everyone expresses their spirituality through a particular faith, so spiritual care is not only for people of all faiths but those who don't follow a particular tradition. We want to celebrate the diversity of people that make up our population.

Spiritual healthcare is an important aspect of healthcare. Total care includes care for the physical, social, psychological and spiritual dimensions of the person. If we do not acknowledge a patient's Religion and Belief, we

cannot communicate with the 'whole' person, and they cannot participate in their recovery and make informed decisions about their treatment. Different cultures and faiths have a variety of views on health, ill health, birth, dying and death, and we need to be aware of the diversity which will affect their path and outcome of treatment.

4.8 Sexual Orientation

The Equality Act protects bisexual, gay, heterosexual and lesbian people.



Some key facts:

- Young gay and bisexual men are seven times more likely to have attempted suicide (Remefedi et al, 1998)
- Although homophobia seems to have become less common, studies suggest that up to 25% of health service staff have expressed negative or homophobic attitudes (Beehler, 2001)
- Lesbian, gay and bisexual people are less likely to access routine screening than heterosexual people (Department of Health, 2007)

The NHS in the North East employs 74,000 staff, of whom over 4,000 are likely to be lesbian, gay or bisexual (LGB). A report written by Stonewall and the Department of Health, 'Being the gay one' (2007), shows that there is still homophobia and discrimination in parts of the NHS.

The National Audit Office and Stonewall estimate that around 6.5% of the national population is lesbian, gay or bisexual, which will be reflected in the local populations that we serve.

4.4 Gender Reassignment

The Equality Act provides protection for transsexual people. A transsexual person is someone who proposes



to, starts or has completed a process to change his or her gender.

Some key facts:

- More than 1 in 3 Trans People have attempted suicide
- 17% of Trans People were refused (non-trans related) healthcare treatment by a doctor or a nurse because they did not approve of gender reassignment
- 29% of Trans People that being trans adversely affected the way they were treated by healthcare professionals

(Whittle, Turner, and Al-almi, 2007)

The most obvious healthcare need for transgender people are around gender reassignment treatment and GP's have a crucial role in the process of seeking this treatment. On average transgender people have to wait six years for treatment. Gender Reassignment can have huge implications for mental health although it is not a mental health illness and the NHS needs to understand the issues facing gender reassignment.

4.9 Pregnancy and Maternity

A woman is protected against discrimination on the grounds of pregnancy and maternity during the period of her pregnancy and any statutory maternity leave to which she is entitled.

In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.



Some key statistics:

- 45% of pregnant women claim to have suffered “unfair treatment” at the hands of their employers across the UK (Equal Opportunities Commission, 2006)

- A qualitative study of pregnant women found that Asian women in particular felt that employers and/or colleagues made additional assumptions on the basis of their ethnic origin, presuming that they may go on to have more children or that they would choose to stay at home with their child rather than return to work. (Equal Opportunities Commission, 2005)

4.5 Marriage and Civil Partnership

The Equality Act protects employees who are married or in a civil partnership against discrimination but does not provide protection against discrimination because of marriage or civil partnership in the provision of services.



The marriage and civil partnership characteristic is not about creating equality between marriage and civil partnership, but to ensure that someone is protected from discrimination at work (or in training for work) because they are married or in a civil partnership.

5. Equality Information

This section outlines what we know about the make up of local population, the people who use our services, and our workforce in relation to the different protected characteristics.

5.1 Our local population

The following tables provide an overview of the population for County Durham and Darlington. Further detailed information about our local population is provided below.

Darlington Council Unitary Local Authority.										
Population	97838									
Gender	Male			48%			Female			52%
Age Group	0-4	5-15		16-19	20-44		45-64		65+	
	5.82%	13.11%		5.98%	33.28%		24.79%		17.02%	
Ethnicity	White		Mixed		Asian		Black		Chinese	Other
	97.84%		0.98%		0.93%		0.24%		0.25%	0.14%
Religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other	None	Not stated	
	79.77%	0.14%	0.12%	0.04%	0.57%	0.29%	0.15%	11.40%	7.51%	
Health	Good			Fairly Good			Not Good			
	66.36%			23.61%			10.03%			

County Durham Unitary Local Authority.										
Population	493470									
Gender	Male			49%			Female			51%
Age Group	0-4	5-15		16-19	20-44		45-64		65+	
	5.32%	13.82%		5.19%	33.65%		25.50%		16.53%	
Ethnicity	White		Mixed		Asian		Black		Chinese	Other
	98.97%		0.32%		0.34%		0.25%		0.17%	0.13%
Religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other	None	Not stated	
	83.52%	0.12%	0.08%	0.03%	0.22%	0.09%	0.17%	9.32%	6.44%	
Health	Good			Fairly Good			Not Good			
	62.62%			24.19%			13.19%			

(Source: 2001 Census)

Ethnic Origin

The Health Survey for England indicates that Black and Minority Ethnic (BME) groups are more likely to report ill-health and that ill-health among BME people starts at a younger age than in the White British population. Patterns of ill-health among BME communities are extremely diverse and vary between men and women and between regions. Patients from BME groups are more likely to report negative experiences with the health services.

In County Durham and Darlington ethnic minority communities are a relatively small number of the population and it is therefore extremely important that we include and involve people from these communities.

According to the 2001 Census, black and minority ethnic people represent around one percent of the population in County Durham with the largest minority groups being White Other, Irish, Indian and Chinese. In Darlington the BME population is approximately two per cent with the three largest groups being Irish, White Other and Indian.

However, it is estimated that these percentage have doubled in recent years, primarily due to an increase in the number of migrant workers from Eastern European countries. We also have a significant population of Gypsies and Travellers who are either migrant or settled in the local population.

Gypsy and Travellers are thought to be one of the largest minority ethnic group within County Durham and Darlington however accurate population statistics are not currently available on this group.

Estimates of the national population of Gypsies and Travellers range from 120,000 to over 300,000, and the Government currently accepts a Commission for Racial Equality estimate of about 0.6% of the total population, or slightly more than 300,000.

A recent Interim Report Gypsy and Traveller Health Needs Assessment estimates there are between 3,300 and 4,500 Gypsies and Travellers in

Darlington (1.54% upper estimate) and County Durham (0.57% upper estimate). Most live in houses, and while over three quarters travel part of the year, almost a third don't travel at all. Over 85% of the population appears to identify as Gypsies rather than Irish Travellers. The 2010 School Census indicates Darlington has England's highest proportion of Gypsy/Roma pupils; at 1.13%, almost seven times the average. Although these figures provide some indication of population figures the report acknowledged that these estimates are likely in reality to be higher due to historical prejudice Gypsies and Travellers may be unwilling to disclose their real ethnic identity.

Gender

There are slightly more females in the County Durham and Darlington population than males. However, the gender split is about even.

Life expectancy for both males and females are in line with the rest of the northeast region however these are lower than the national average.

Life expectancy at Birth				
Gender	County Durham	Darlington	North East	England
Males	76.9	76.6	76.8	78.3
Females	80.7	80.8	80.9	82.3

(Source: ONS 2007-2009)

Men's health is generally poorer than woman's and some key men's health statistics support this:

- 40% of men still die prematurely (before the age of 75);
- Unskilled manual men have a life expectancy of 73;
- Men from the most deprived areas of County Durham die about six years earlier than those from the least deprived areas. Men in parts of County Durham are living ten years less than other men in England;
- Male death rates are significantly affected by social deprivation and unemployment;

- Coronary heart disease kills more men than women and on average men develop it 10-15 years earlier;
- Men are 60% more likely than women to develop a non sex-specific cancer, and are 70% more likely to die from the disease;
- Men are more likely to drink alcohol above the recommended levels, smoke cigarettes and eat a poor diet;
- By 2015, 36% of men will be obese;
- Three times as many men kill themselves. The suicide rate among men is increasing;
- Men visit their GP 20% less frequently than women are also much less likely to have regular dental check-ups or to use community pharmacies as a source of advice and information about health;
- NHS smoking cessation programmes are less well used by men than women as are weight management services and health trainers.

Age

Older people make up an increasing proportion of the County Durham and Darlington population and it is forecasted that, in the future, the age profile of the population will change significantly to see many more people over the age of 65 years:

County Durham residents 65+ years	
2008	17.8%
2026	26.2%
2031	28.4%

(Source: Durham County Council, Population Trends November 2010)

Darlington residents pension age	
2006	19.7%
2026	23%
2031	25.6%

(Source: JSNA 2009/10)

As our community ages there will be an increase in demand on health and social care services and our resources.

For 35 years County Durham has experienced a low birth rate resulting in a reduction in the number of school age children. This long term trend has changed recently and there are now a higher number of births in the County. During the period 2007-2012, within County Durham, it is expected that there will be a 5.4per cent reduction in the 5-15 school age group but a 2.7 per cent increase in the 0-4 age group. If the current trend continues, over time this young population will start to boost the numbers of school age children as greater numbers of children become enrolled into local schools. Notwithstanding the increase in births, the increasingly ageing population will generate more deaths in the population over the coming decades, causing the population in the county to eventually fall because of natural decline. (Source: JSNA 2009/10)

Disability

There is little national or regional information available that depicts disability figures accurately for the definition under the Equality Act 2010 (see section 4.1). However, information on limiting long-term illness and general health provide some indication on the likely percentage of people within our community who have a disability. Carers are also receive protection from discrimination under the Equality Act 2010 for their association with a person with a disability.

Census 2001 statistic grouping	County Durham % population	Darlington % population	North East % population	UK % population
Limiting long-term illness	25%	20%	23%	18.5%
General health “not good”	13%	10%	12%	9%
People providing unpaid care	12%	10%	11%	10%
People providing unpaid care for more than 50 hours per week	3%	2%	3%	2%

(Source: 2001 Census)

County Durham has a higher percentage of permanently sick and disabled people than the North East average, representing a quarter of the working age population. The North East region has the highest percentages in England.

A carer is a person who provides unpaid support to family or friends. This could be caring for a relative or friend who is ill, frail, disabled or has mental health or substance misuse problems. Parents of disabled children are also included in this definition. At any one time 1 in 10 people in Britain is a carer. Carers UK research carried out in December 2006 indicates that every year, 37% of the population will have started caring that year and a similar proportion will have ceased.

The prevalence of learning disability in the general population is expected to rise by around 1% per annum for the next 10 years and to grow overall by over 10% by 2020. It is also expected that there will be a growth in the complexity of disabilities. Estimates suggest 1.2 million people in England have a mild or moderate learning disability, a rate of one person in every 40 (Independent Inquiry into Healthcare for People with Learning Disabilities; Healthcare for All, DoH, 2008).

There are around 1,900 people on GP learning disability registers in County Durham. Estimates suggest around 15,000 people in County Durham have learning disabilities. (JSNA 2010/11)

Sexual Orientation

There are an estimated 3.6 million LGBT people living in the United Kingdom or 6% of the population (*Campbell, D. 'Mandarins come out for 3.6 Britons'. The Observer, December 11 2005*).

The population of NHS County Durham and Darlington is in the region of 600,000. Taking these statistics into consideration, County Durham and Darlington may have a LGBT population of around 36,000. (*Health Needs Assessment for the Lesbian Gay Bisexual and Transgender population of County Durham and Darlington CDDCHS, 2009*) Across

England and Wales there is evidence to suggest that gay men and lesbians are more likely than their heterosexual counterparts to have consulted a mental health professional (*King and McKeown 2003*). Transgender (Trans) people, like many LGB people, often face stigma and discrimination in everyday life that can increase their risk of self harm, depression and suicide (*Department of Health 2007*).

Local research suggests that amongst lesbian, gay, bisexual and trans people living 160 in County Durham and Darlington that 82% have felt depressed and 27% have attempted suicide (*Gay Advice Darlington and Durham 2008*).

Religion and Belief

County Durham and Darlington possesses a rich variety of places of worship used by the Christian denominations however active membership of churches is considerably less than 83 and 80 per cent who indicated their religion as Christian in the 2001 census.

There are fewer regular places of worship for most other faiths and practising members of other faiths generally have to attend places of worship outside the area such as Newcastle and Tees Valley. For example many members of the Sikh community living in and around the area covered by the Easington Area Action Partnership worship at the Gurdwara in Sunderland. Durham University Islamic Society does have a prayer room open to members of the wider community. Consequently individual members of some faith communities and their families can be quite socially isolated within the wider community. However, members of some faith communities also worship and pray in their own or each other's homes rather than in formal places of worship.

5.2 People who use our services

Complaints and PALS issues raised in Community Health Services over the last 12 months up until 31 March 2011

Community Health Services Complaints and PALS issues 1/4/10–31/3/11

Total issues	Forms sent 189, forms returned 71								
Gender	Male	49%	Female	52%	Trans	1%	Not stated	12%	
Age Group	0-16	17-30	31-40	41-50	51-60	61-70	Over 70	Not stated	
	2%	9%	12%	28%	15%	12%	16%	6%	
Ethnicity	White British		Irish		White other		Mixed		Black
	87%		3%		5%		1%		5%
Religion	Christian		Buddhist	Hindu	Jewish	Muslim	Atheism	Not stated	
	53%		2%	0%	3%	3%	14%	25%	
Disability	Disabled			Not Disabled			Not stated		
	36%			58%			6%		
Sexual Orientation	Hetero sexual	83%	Bisexual	2%	Gay	2%	Not stated	13%	

5.3 Our Workforce Profile

County Durham and Darlington NHS Foundation Trust Workforce Profile as at 31 March 2011

Total staff	5,434							
Gender	Male			17.74%		Female		82.26%
Age Group	0-25	25-34	35-44	45-49	50-54	55-59	60+	
	4.16%	17.13%	25.97%	17.63%	16.95%	11.63%	6.53%	
Ethnicity	White British	White other	Mixed	Asian	Black	Other	Not known	
	87.52%	1.56%	0.28%	3.92%	0.53%	0.77%	5.41%	
Religion	Christian	Buddhist	Hindu	Jewish	Islam	Atheism	Other	Not known
	10.97%	0.04%	0.02%	0.02%	0.04%	1.44%	1.71%	85.77%
Disability	Disabled			Not Disabled			Not known	
	1.18%			3.61%			95.22%	
Sexual Orientation	Heterosexual	Lesbian	Bisexual	Gay	Not known			
	14.56%	0.02%	0.04%	0.09%	85.29%			

County Durham and Darlington Community Health Services Profile as at 31 March 2011

Total staff	3,043							
Gender	Male			89.12%		Female		10.88%
Age Group	0-20	21-30	31-40	41-50	51-60	60+		
	0.26%	12.91%	24.38%	33.95%	23.99%	4.5%		
Ethnicity	White British	White other	Mixed	Asian	Black	Other	Not known	
	93%	1.64%	0.39%	0.79%	0.39%	0.23%	3.48%	
Religion	Christian	Buddhist	Hindu	Jewish	Islam	Atheism	Other	Not known
	58.23%	0.23%	0.13%	0.03%	0.26%	5.95%	4.24%	30.92%
Disability	Disabled			Not Disabled			Not known	

	4.83%		70.29%		24.88%
Sexual Orientation	Heterosexual	Lesbian	Bisexual	Gay	Not known
	66.55%	0.20%	0.20%	0.33%	32.73%

6. Our Equality Analysis

As a public sector organisation County Durham and Darlington NHS Foundation Trust has a duty to analyse the effects of our policies and practices on equality across all of the protected characteristics. This helps us to consider if our policies and practice have any unintended consequences for some groups, and to check if they will be fully effective for all target groups. It can help us identify any practical steps to tackle any negative effects or discrimination, and to promote equality and foster good relations between different groups.

6.1 Our approach to Equality Analysis/Impact Assessment

County Durham and Darlington NHS Foundation Trusts approach to Equality Analysis is provided at Appendix 3 together with guidance notes to help staff complete the documentation.

Equality Analysis/Impact Assessment is completed in a 5 step approach:

- Step 1 – Scoping the analysis, which involves considering exactly what it is you are analysing and who it will affect to determine what aspects are relevant to equality.
- Step 2 – Collecting the information, which involves collecting together all relevant data and information which will help to identify the potential issues for people with protected characteristics and provide the basis of a transparent analysis on how you are or will deliver the service or implement a policy. It is also important to identify if there are any gaps in the information you have collected, and detail how you plan to address them.
- Step 3 – Analysing the impact, which involves using the information from step 2 to consider the actual or potential equality impact on each of the protected characteristics and whether that impact is positive or detrimental.
- Step 4 – Understanding the differences – which involves looking at the information from the analysis and determining if some groups are affected differently to others. It also requires the person completing the analysis to justify any discrimination that has been identified or

explain how they will change what they are analysing to make it legally compliant.

- Step 5 – Make a decision – requires the person doing the analysis to clearly show if they are in a position to introduce what they are analysing or if there is further work to be undertaken and how they intend to monitor the implementation.
- Last step – sign off by the person responsible and their director/Ass director.

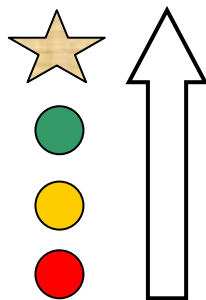
7. Our Goals

The NHS Equality Delivery System (EDS)

The purpose of the EDS is to drive up equality performance and embed equality into mainstream NHS business. The EDS covers patient, public health, compliance and workforce issues. It applies to commissioning organisations including GP Consortia, and to NHS providers including Foundation Trusts.

Under the system, NHS organisations are required to develop four-year Equality Strategies based on their grading of their equality performance against a set of nationally determined EDS goals and outcomes. (See below) When they grade themselves in discussion with local interests, organisations choose from 4 grades:

- Excellent
- Achieving
- Developing
- Undeveloped



Based on the grading, the system will show how the most immediate priorities are to be tackled, by whom and when. Each year, organisations and local interest groups will assess progress and carry out a fresh grading exercise. In this way the EDS will foster continuous improvements.

Local Involvement Networks (LINKs) and their successors (Health Watch), or an equivalent local body, will help NHS organisations to engage with local interested groups. Performance will be shared with Local Authority Overview and Scrutiny Committees and Health and Wellbeing Boards. They will also be forwarded for review by the Care Quality Commission (CQC). The grades for all organisations will be published nationally in the form of red, amber or green rating. The CQC will take account of any concerns as part of its process to monitor registration.

The EDS contains a number of outcomes grouped under 4 goals:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and well-supported staff
4. Inclusive leadership at all levels.

7.1 Better health outcomes for all

The Equality Delivery System states that organisations should:

“Achieve improvements in patients’ health, public health and patient safety for all, based on comprehensive evidence of needs and results”.

This means that when we plan and deliver services we need to make sure that:

- We understand the needs of the people who use our services and we involve them in deciding what things are important for us to focus on
- We coordinate care well when more than one service is involved
- We have measures in place to check and make sure that our services are safe
- The same outcomes are achieved for people of all groups.

7.2 Improved patient access and experience

The Equality Delivery System states that organisations should:

“Improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience”.

This means that when we plan and deliver services we need to make sure that:

- We have measures in place to identify and tackle any barriers to using our services
- We provide people with the support and information they need to use our services in a way that meets and takes account of their individual needs
- We support people to make informed choices about their care and treatment and understand their rights
- We have strong systems in place to gather feedback and capture experiences from the people who use our services and use this to improve the things we do.

7.3 Empowered, engaged and well-supported staff

The Equality Delivery System states that organisations should:

“Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients’ and community needs”

This means that when we plan and deliver our services we need to make sure that:

- We employ a workforce which is representative at all levels of our local community
- We support our staff to live and promote healthy lifestyles
- We have fair and flexible policies and practices in place to support our staff to do their jobs effectively without fear of discrimination
- We have sufficient staff who are properly qualified and trained to confidently and competently do their job

7.4 Inclusive leadership at all levels

The Equality Delivery System states that organisations should:

“Ensure that throughout the organisation, equality is everyone’s business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions”

This means that when we plan and deliver our services we need to make sure that:

- We recognise the individual diverse needs of our service users and treat them fairly with dignity and respect
- Our workforce is competent and supported to ensure equality at all levels
- We develop and support equality leaders and champions within the workforce to mainstream equality into every part of our business

8. Our Equality Objectives and Project Plan

Under the Equality Act 2010, public sector organisations such as County Durham and Darlington Foundation Trust, have a duty to publish equality objectives by April 2012 and at least every four years after that.

The purpose of the equality objectives are to help us make a real difference to some of the most pressing issues facing the protected groups that we provide services for and employ. They will also help us demonstrate how we are meeting our statutory duties.

The objectives listed in Section 9 are carried forward from our existing Single Equality Scheme. The action plan will be renewed for April 2012 when the duty to publish equality objectives will become a legal requirement as will conformity to the Department of Health's Equality Delivery System. Section 9 should therefore be viewed as a 'holding list' designed to ensure that we do not lose momentum in the year leading up to the requirement to publish equality objectives.

Our Equality Strategy will be revised in April 2012 to take account of the new specific duties, the requirements of the Equality Delivery System and the forthcoming guidance on Equality and Diversity Care Quality Commission Inspectors. Our equality objectives will be published in April 2012, after the following process outlined in the table below has been followed:

Project Plan for implementation of Equality Delivery System and Equality Strategy 2011

	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April
EDS approved by DH Equality & Diversity Council & issued to NHS												
Equality Strategy 2011/12 approved by Board & published												
Brief staff about Strategy and EDS												
EDHR Steering group complete initial self assessment & grading of organisations performance against EDS objectives												
Consult with staff and public on objectives and priority areas for action												
NHS Organisation identify their 'local interests' with whom performance will be graded in partnership												
In collaboration with 'local interests' analyse & grade equality performance												
EDHR Steering Group agree objectives and priorities for action and report to Board												
Board via LINKs/Healthwatch send ratings of performance & priorities to LA OSCs & (in due course) to Health & Well Being Boards												
Grades reported to EDS Programme office and NHS Commissioning Board											1/3/12	
Using EDS publish Equality Objectives & related priority actions required by Equality Act 10 in revised Equality Strategy												6/4/12

Department of Health Equality Delivery System Milestones

CDDFT Actions

9. Action Plan

This action plan sets out the things we are doing in order to make sure we continue to improve our performance around Equality, Diversity and Human Rights, and make sure we meet our duties. The action plan is set out to clearly show which of the protected characteristics each action relates to. We believe that all actions impact on Human Rights and therefore, Human Rights underpins each of the Equality Strands in the plan.

Regionally agreed actions:

Within the action plan, there are actions that all Trust's across the region have 'signed up to' and these are marked with an asterisk (*). Those not marked with an asterisk are our locally developed actions.


Meeting our Duties:

In order to demonstrate how our actions link with our legal obligations under the Equality Act 2010, we have numbered the three key duties below. Against each action in the plan under the heading 'Benefits/Rationale', we have listed which of the general duties the action relates to.

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
2. Advance equality of opportunity between people who share a protected characteristic and those who do not
3. Foster good relations between people who share a protected characteristic and those who do not

Monitoring our Progress:

Against each action is a 'Status' column. This tells us what progress we are making against each action using the key below:

- | | | | |
|---|---|---|--|
|  Completed or in place |  Progressing |  Not progressing |  Not due to start yet |
|---|---|---|--|

Goal 1: Better health outcomes for all

[local actions to be added based on previous and new engagement and consultation with the public, staff, community groups; and partner organisations – there is no limit to the number of actions to be listed (add additional rows as necessary), however all actions should be Specific, Measurable, Achievable, Realistic; and Time Bound)

Achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
a. *	All Pre Qualifying Questionnaires (PQQs) must ensure that they take into account Equality, Diversity and Human Rights	Equality, Diversity and Human Rights issues are considered from the outset in the procurement and commissioning process (1,2)	Procurement specialist	On going	PQQs have been checked and contain E&D specific questions	😊	✓	✓	✓	✓	✓	✓	✓	✓
b.	All contracts and	Contracted services	Procurement	On	All contracts	😊	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
*	SLAs must contain clauses and performance measures around duties and responsibilities under Equality and Diversity legislation	are fully aware of their duties and responsibilities around Equality and Diversity (1,2)	specialist	going	and SLAs contain E&D clauses and performance measures									
c.*	Contract monitoring processes take into account equality and diversity issues to ensure compliance to E&D legislation	Contracted services have to demonstrate their compliance to Equality and Diversity legislation (1,2)	Procurement specialist	On going	Contract Monitoring Processes monitor compliance to E&D legislation	😊	✓	✓	✓	✓	✓	✓	✓	✓
a.														

Goal 2: Improved Patient Access and Experience

[local actions to be added based on previous and new engagement and consultation with the public, staff, community groups; and partner organisations – there is no limit to the number of actions to be listed (add additional rows as necessary), however all actions should be Specific, Measurable, Achievable, Realistic; and Time Bound]

Improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
a. *	Ensure that staff understand how to access and use the interpreting service	Staff have accessible information regarding the interpreting service (1,2)	PPI Lead	Ongoing	Staff understand what is required for interpreting	😊	✓	✓						
b. *	Continue to ensure Access audits of the Trust's buildings are carried out	All people can access all buildings of the Trust (1,2,3)	Estates	On going	Up to date access audits have been completed and acted upon			✓					✓	

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
C 1. *	Help Cards to be made available to patients and visitors. Staff to be aware and understand their role with regard to the Help Card	Help cards are displayed and available where required. Staff have been briefed/ trained on the Help Card (2)	E&D Lead	On going	Help cards are available and staff understand their purpose	😊	✓	✓	✓	✓	✓	✓	✓	✓
C 2	Monitor the effectiveness of NHS Help card	To support ongoing use of NHS Help cards in Trust	Patient Experience – GOLD	30 Nov	Report produced to support ongoing use of Help cards	😐								
d. *	A demographic breakdown of patients / service users by race, disability (including Learning Disability explicitly), gender, and age is	Any areas of under representation can be identified and addressed through positive action. (1,2)	Information Services Manager , E&D Lead	31 Dec 2011 then annually	Up to date statistics are published	😐	✓	✓	✓	✓				

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
	published on an annual basis													
e. *	Ensure that service usage is monitored to enable any areas of under representation to be identified and addressed	Any areas of under representation in terms of accessing and using services, are identified and addressed. (1,2)	Information Services Manager , E&D Lead	31 Dec 2011	Service Monitoring Reports are in place	☹️	✓	✓	✓	✓				
f. *	Continue to ensure policies, procedures and services undergo equality analysis on a minimum 3 yearly basis	Any areas of potential negative impact can be identified and addressed and areas of positive impact can be further promoted	Policy leads, Heads of Service	On going	Outcomes from analysis are published on the website Analysis is	?	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
	(1,2,3)			available for all policies & procedures Analysis is available for all services and functions	😊									
g.*	The Trust must demonstrate that it works in partnership with other statutory and community and independent sector organisations and groups using a variety of methods	Partner organisations and local groups have an opportunity to influence service planning and development and feedback on their experiences (2,3)	PPI Lead	On going	The organisation has a proactive plan of partnership work with 3 rd sector organisations	😊	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
				ns and publishes outcomes.										
h. *	Continue to ensure that all information is appropriate and available in different formats on request to meet individual needs	People have access to information in formats they can understand, that is relevant to them, and they can use (1,2,3)	PPI Lead & E&D Lead	Ongoing	Information can be supplied in different formats	😊	✓	✓						
i. *	Continue to ensure information is available about all services provided by the Trust	People can understand the purpose of different services and know how to access them (2)	Communications Manager	On going	Information is easily accessible about all services	😊	✓	✓	✓	✓	✓	✓	✓	✓
j. *	Continue to ensure clear guidance is in	Staff are clear on how to meet the	PPI & E&D	September 2011	Guidance is in place	😐	✓	✓						

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
	place to enable the communication and access needs of all people are met including those people who are deaf, blind, deafblind or disabled	communication and access needs of all people (1,2,3)	Lead		and available to all staff									
k.*	Ensure that television sets in public areas have, where possible, subtitles enabled	This is a helpful adjustment for hard of hearing and deaf patients (2,3)	Patient Experience team/Comms manager	31 July 2011	Subtitling is enabled where possible	✓	✓		✓					
i.*	The organisation actively engages with patients and services users	Local people have an opportunity to influence service planning and	PPI Lead, Service Transformation team	On going	Engagement, monitored by protected groups	✓	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
	development. (2,3)			Outcomes of engagement published										
m*	The organisation actively engages with carers	Carers have an opportunity to influence service planning and development. (2,3)	PPI Lead	On going	Outcomes of engagement published	☺	✓	✓	✓	✓	✓	✓	✓	✓
n.*	Ensure that reports of all formal complaints are broken down by all equality strands	Trends in complaints can be monitored (1,2)	Complaints manager	31 March 2011	Complaints reports are broken down by protected groups	☺	✓	✓	✓	✓	✓	✓	✓	✓
o.*	Ensure that reports of PALS complaints are broken down by all equality strands	Trends in complaints can be monitored (1,2)	PALS Manager	31 March 2011	PALS Complaints reports are broken down by protected groups	☺	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
P	Develop a communications plan/strategy which promotes equality in diversity in all communications and marketing material	Corporate approach to inclusive communication and celebrate good practice (1,2,3)	Comms Manager	July 2011	Communication plan/strategy integrates and mainstreams equality approaches to communication and marketing	☹️	✓	✓	✓	✓	✓	✓	✓	✓
Q	Ensure deaf/hearing impaired patients are informed when interpretation services have been arranged and where possible provide details of interpreter.	Reduce anxiety and DNA's for deaf/hearing impaired patients. (1,2,3)	Patient Experience manager / E&D Lead	July 2011	System in place to ensure patients are informed when an interpreter has been arranged	😊		✓						
R	Increase methods of communication for patients to contact	Communication method used specific to individual	Patient booking manager	Dec 2011	Alternative methods of communication	☹️ outpatient								

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
	Trust to advise of individual requirements or change appointments	requirements. (1,2,3)	/ PPI Lead / E&D Lead		n are available	review group have approved but letters still need to be changed and nhs mail accounts set up								
S	Have baby changing facilities and clear signage for such facilities available which are accessible for male/female carers	Equality of access and provision for carers who are male and female	Head of Catering, Facilities Department	30 Sept 2011	Non gender specific baby changing facilities and picture signage across Trust sites	☺ Audit carried out across 3 main trust sites and action plan in								

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
					place.									

Goal 3: Empowered, engaged and well-supported staff

[local actions to be added based on previous and new engagement and consultation with the public, staff, community groups; and partner organisations – there is no limit to the number of actions to be listed (add additional rows as necessary), however all actions should be Specific, Measurable, Achievable, Realistic; and Time Bound]

Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients’ and communities’ needs

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
a. *	Workforce planning considers how the diverse local population can be reflected in the workforce	The workforce reflects the local population and increases understanding within the organisation of meeting the diverse needs of a population (2,3)	Workforce Planner	Ongoing	Workforce plan demonstrates how reflecting the local population has been considered	😊	✓	✓	✓	✓	✓	✓	✓	✓
b.	A demographic	Any areas of under	E&D	31 Dec	Up to date	😊	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
* breakdown of the workforce by all equality strands is published on an annual basis and this should include: applicants for posts, shortlisted applicants; successful applicants, applicants for training, training recipients, staff leaving the organisation, staff involved in disciplinary, grievance, bullying and harassment, and performance management procedures.	representation can be identified and addressed through positive action (1,2)	Lead, Workforce information manager	2011, then annually	workforce statistics are published in the Equality Strategy and on website										

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
.														
c.*	The organisation actively engages with staff	Staff have an opportunity to influence the working environment and service planning and development. (2,3)	HR Divisional Manager, Head of Service, Comms Manager	On going	Engagement, monitored by protected characteristics Outcomes of engagement published	😊	✓	✓	✓	✓	✓	✓	✓	✓
d.*	All new staff receive training on Equality, Diversity and Human Rights at Induction	All new staff are informed about their duties and responsibilities around equality, diversity and human rights (1,3)	E&D Lead, People & OD Manager	On going	Induction programmes include Equality, Diversity and Human Rights	😊	✓	✓	✓	✓	✓	✓	✓	✓
e.*	Appropriate Equality, Diversity and Human Rights training is	All staff are aware of their duties and responsibilities	E&D Lead, People &	On going	Trust can demonstrate that all staff	😊	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
	mandatory and all staff are to have received this training at least every 3 years	around equality, diversity and human rights (1,3)	OD Manager		have received this training within the last 3 years									
f. *	Identify and address the specific needs of different staff groups (i.e. managers) for Equality, Diversity and Human Rights training, in the annual training plan	EDHR training is targeted appropriately and effectively, with examples of different programmes delivered (1,3)	E&D Lead, People & OD Manager	31 July 2011	EDHR training needs for different staff groups are identified in the annual training plan, with different programmes delivered	☹️	✓	✓	✓	✓	✓	✓	✓	✓
g. *	All HR policies to undergo an equality	Employment practices and policy	Lead Divisiona	On going	Completed equality	😊	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
	analysis	do not unfairly discriminate (1,2)	I HR		analysis for all HR policies									
h. *	Maintain accreditation of the Disability Award ('Two Tick' symbol)	More disabled people apply for jobs with the Trust, and staff with disabilities are supported (2)	Recruitment Manager	Annual	Accreditation by JobCentre Plus is maintained	😊		✓						
i. *	The Trust monitors complaints of bullying and harassment by the different protected characteristics	Mechanisms are in place to ensure staff are not discriminated against	Lead Divisional Personnel	Annual	The Trust reports on bullying and harassment complaints by	😊	✓	✓	✓	✓	✓	✓	✓	✓


Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
		(1)	Manager , E&D Lead		protected characteristic in its Equality Strategy									
J	Review current exit interview questionnaires to include questions on equality issues	To analyse if equality issues affect retention of staff (1,2)	Personnel Manager	Sept 2011	Exit interview process reviewed, questions added and monitoring in place		✓	✓	✓	✓	✓	✓	✓	✓
K	Monitor return to work rates following maternity leave	Meet requirements under EA10 (1,2)	Personnel Manager	Sept 2011	Process in place to monitor and report on return to work rates following maternity leave				✓			✓		
L	Identify an indication of any issues for transsexual staff,	Meet requirement under EA 10	Equality Lead	Sept 2011	Update strategy based									✓

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
based on engagement with transsexual staff or voluntary groups	(1,2,3)			on feedback										

Goal 4: Inclusive Leadership at All Levels

[local actions to be added based on previous and new engagement and consultation with the public, staff, community groups; and partner organisations – there is no limit to the number of actions to be listed (add additional rows as necessary), however all actions should be Specific, Measurable, Achievable, Realistic; and Time Bound]

Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
a. *	Maintain a Non Executive Equality and Diversity Champion	Equality and Diversity issues are championed at a Board level (2,3)	Chairman	On going	Non Executive Dir. Champion Identified. EDHR Committee will include within its ToR an appendix which sets out the roles and responsibilities for all members.	 Betty Hoy, Governor	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
b. *	Ensure arrangements are in place to audit uptake of Equality, Diversity and Human Rights training	The Trust is able to demonstrate what percentage of staff have completed this training (1,3)	E&D Lead, People and OD Manager	On going	The Trust can report on the percentage of staff who have received this training	😊	✓	✓	✓	✓	✓	✓	✓	✓
c. *	Develop a process for ensuring that the quality of EIAs is assured	EIAs are not only completed, but are of a high standard, are based on a thorough analysis of data to assess impact, and lead to improvements in service provision (1,2)	E&D Lead	July 2011	Evidence of a quality assurance process being in place around EIAs	😐	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
d. *	Publish Equality Information	To provide evidence of how the Trust complies with the general duties (1,2,3)	E&D Lead	31 Dec 2011, then annually	Equality information is published	⌚ ☹️	✓	✓	✓	✓	✓	✓	✓	✓
e. *	Publish Equality Objectives and the details of engagement to develop them	To strengthen performance and improve service outcomes and the way we employ staff (1,2,3)	E&D Lead	6 April 2012	SMART Equality Objectives are published Details of engagement are published	⌚	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
f. *	Equality and Diversity structures and leadership roles are identified within the organisation	E&D is embedded throughout the organisation. E&D structure charts to be produced (2,3)	E&D Lead	Sept 2011	Identifiable structures and roles in place.	😊	✓	✓	✓	✓	✓	✓	✓	✓
g.	The Trust Board receive annual training on Equality, Diversity and Human Rights	The Trust Board are aware of their duties and responsibilities around equality, diversity and human rights (1,3)	E&D Lead	Annual July 2011	All Board members to have received EDHR training annually	⌚	✓	✓	✓	✓	✓	✓	✓	✓

Glossary of Terms

Here is a guide to some of the commonly used terms that are used in relation to equality and diversity, many of which have been used in the Strategy.

Term	What it means
Access	The extent to which people are able to receive the information, services or care they need and are not discouraged from seeking help (e.g. premises suitable for wheelchairs; information in Braille/large print and other formats and languages; and the provision of culturally appropriate services).
Ageism	Discrimination against people based on assumptions and stereotypes about age.
Black and Minority Ethnic (BME)	Term currently used to describe range of minority ethnic communities and groups in the UK – can be used to mean the main Black and Asian and Mixed racial minority communities or it can be used to include all minority communities, including white minority communities.
Champion	Someone who is appointed to stand up for the interests of a particular user group or issue (e.g. Equality and Diversity). A champion can be a senior staff member in health or social services; a councillor; or a representative of the group concerned, e.g. older people.
Commissioning	The process of specifying, purchasing and monitoring services to meet the needs of the local population.
Comply	To make sure the Trust meets the requirements of different Equality and Diversity legislation.

Term	What it means
Consultation	<p>Asking for views on services or policies from service-users, staff, decision-making groups or the general public.</p> <p>Consultation can include a range of different ways of consulting, e.g. focus groups, surveys and questionnaires or public meetings.</p>
Culture	<p>Relates to a way of life. All societies have a culture, or common way of life, which includes:</p> <ul style="list-style-type: none"> • Language — the spoken word and other communication methods • Customs — rites, rituals, religion and lifestyle • Shared system of values — beliefs and morals • Social norms — patterns of behaviour that are accepted as normal and right (these can include dress and diet).
Direct Discrimination	<p>Treating one person less favourably than another on the grounds of one of the protected characteristics.</p>
Disability	<p>The Equality Act 2010 defines disability as:</p> <p>“a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.”</p>
Discrimination	<p>Unfair treatment based on prejudice. In health and social care, discrimination may relate to a conscious decision to treat a person or group differently and to deny them access to relevant treatment or care.</p>
Discrimination by association	<p>This is direct discrimination against someone because they associate with another person who possesses a protected characteristic.</p>
Discrimination by perception	<p>Direct discrimination against someone because the others think they possess a particular protected characteristic.</p>

Term	What it means
Diversity	Appreciating diversity goes beyond the mere recognition that everyone is different; it is about valuing and celebrating difference and recognising that everyone through their unique mixture of skills, experience and talent has their own valuable contribution to make.
Duty	Under equalities legislation public authorities have gender duties and specific duties. These are things that have to be done by the authority in order to meet with the requirements of the law.
EDS	Equality Delivery System – is a public commitment of how NHS intends to meet the duties placed on it by the Equality Act.
Equal Opportunities	This is a term used for identifying ways of being disadvantaged either because of, for example, race, disability, gender, age, religion/belief or sexuality. 'Equal Opportunities' is an attempt to provide concrete ways to take action on the inequalities revealed by analysis of the differences and barriers that exist for people in the above groups.
Equalities	This is a short hand term for all work carried out by an organisation to promote equal opportunities and challenge discrimination, both in employment and in carry out functions and delivering services.
Equality	Equality is about making sure people are treated fairly and given fair chances. Equality is not about treating everyone in the same way, but it recognises that their needs are met in different ways.
Equality Impact Assessment	An Equality Impact Assessment (EIA) is a way of systematically and thoroughly assessing the effects that a proposed policy or project is likely to have on different groups

Term	What it means
Ethnicity	A sense of cultural and historical identity based on belonging by birth to a distinctive cultural group.
Gender	Gender options are male, female, or other (in order to allow an option for transgender and self-identifying individuals).
Gender Dysphoria	Gender dysphoria is a condition in which a person feels that they are trapped within a body of the wrong sex.
Genuine Occupational Requirement (GOR)	In strictly limited situations, each piece of anti-discrimination legislation allows for a job to be restricted to a person of a particular race, disability, gender, age, religion / belief, sexual orientation if it is proportionate to apply a GOR to the job.
Harassment	<p>Behaviour which is unwelcome or unacceptable and which results in the creation of a stressful or intimidating environment for the victim amounts to harassment.</p> <p>It can consist of verbal abuse, racist jokes, insensitive comments, leering, physical contact, unwanted sexual advances, ridicule or isolation.</p>
Homophobia	An irrational fear of, aversion to, or discrimination against people who are gay and homosexuality.
Homosexual	This term refers to a person, male or female, who is sexually and emotionally attracted to people of the same sex. It is both a legalistic and medical term and so its use is often seen to be oppressive.
Indirect Discrimination	Setting rules or conditions that apply to all, but which make it difficult for a protected characteristic group to comply with.

Term	What it means
Institutional Racism	Occurs when the systems and procedures in an organisation discriminate against a person – or a group of people – on the basis of race.
Interpreting	The conversion of one spoken language into another, enabling communication between people who do not share a common language.
Lesbian	This term refers to a woman who is sexually and emotionally attracted to other women.
LGB	Lesbian, Gay and Bisexual
Monitoring	The process of collecting and analysing information about people's gender/racial or ethnic origins/disability status/sexual orientation/religion or belief/age to see whether all groups are fairly represented.
Multicultural	Of, or relating to many cultures; including people who have many different customs and beliefs. For example, Britain is increasingly a multicultural society.
National Origin	Relates to the country where someone was born, regardless of where they are now living and their current citizenship.
PCT	Primary Care Trust
Perception discrimination	This is direct discrimination against an individual because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that characteristic.
Positive Action	Activity intended to improve the representation in a workforce where monitoring has shown a particular group to be under-represented, either in proportion to the profile of the total workforce or of the local population.

Term	What it means
	<p>Positive action permitted by the anti-discrimination legislation allows a person to:</p> <ul style="list-style-type: none"> - provide facilities to meet the special needs of people from particular groups in relation to their training, education or welfare, and - target job training at people from groups that are under-represented in a particular area of work, or encourage them to apply for such work. Positive action is not the same as positive discrimination.
Positive Discrimination	Selecting someone for a job / promotion / training / transfer etc purely on the basis of their race, disability, gender, age, religion or belief, or sexual orientation, and not on their ability to do the job.
Prejudice	Means to pre-judge someone, knowing next to nothing about them but jumping to conclusions because of some characteristics, like their appearance.
Procurement	Procurement can be defined as the responsibility for obtaining (whether by purchasing, lease, hire or other legal means) the services, equipment, materials or supplies required by an organisation so it can effectively meet its business objectives.
Race	A human population considered distinct based on physical characteristics such as skin colour. This term is often interchanged with ethnicity. Ethnicity is a term which represents social groups with a shared history, sense of identity, geography and cultural roots which may occur despite racial difference.
Racial Group	A group of people defined by race, colour, nationality and ethnic or national origins. All racial groups are protected from unlawful racial discrimination.

Term	What it means
Racism	Belief (conscious or unconscious) in the superiority of a particular race, leading to acts of discrimination and unequal treatment based on an individual's skin colour or ethnic origin or identity.
Religion	The term religion – sometimes used interchangeably with faith or belief system – is commonly defined as belief concerning the supernatural, sacred, or divine, and the moral codes, practices and institutions associated with such belief.
SES	Single Equality Scheme
Sexism	A prejudice based on a person's gender in which one gender is seen as inferior. Also may be used to describe discrimination on grounds of gender.
Sexual Orientation	<p>Within the sexual orientation regulations, sexual orientation is defined as:</p> <ul style="list-style-type: none"> - An orientation towards persons of the same sex (lesbians and gay men) - An orientation towards persons of the opposite sex (heterosexual) - An orientation towards persons of the same sex and opposite sex (bisexual)
Sexuality	This term refers to the general sexual preferences of people i.e. both lesbian and gay and heterosexual. It is often a preferable term to use to that of sexual orientation.
SLAs	Service Level Agreement is a form of contract between two parties.

Term	What it means
Social inclusion	The position from where someone can access and benefit from the full range of opportunities available to members of society. It aims to remove barriers (social exclusion) for people or for areas that experience a combination of linked problems, such as unemployment, poor skills, low incomes, poor housing, high crime environments, poor health and family breakdown.
Social Model	A model created and endorsed by disabled people internationally, this emphasises the barriers and structures which exclude disabled people, rather than their disabilities.
Stereotypes	Generalisations concerning perceived characteristics of all members of a group – rather than treating people as individuals.
Third Party Harassment	Third party harassment means harassment caused by a person or group of people who work outside the control of the employer, such as contractors, clients, customers, vendors and suppliers, or some other party which makes frequent visits in the place of business.
Transsexual / Transgender People	Transgender, transsexual or trans person describes a person who appears as, wishes to be considered as, or has undergone or is undergoing surgery to become a member of the opposite sex.
Victimisation	Treating people less favourably because they have made a complaint or intend to make a complaint about discrimination or harassment.
Workforce Profile	What our workforce looks like. Make up of the people who work for an organisation. Analysing the workforce profile allows us to see how many people from different groups work for the organisation. It also allows us to see what kind of jobs people do, how much they are paid and at what grades to see if there are any patterns.

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[Additional references to be added to as appropriate]

Appendix 1: List of Groups who contributed to this Scheme

[List the different organisations and groups you have engaged with]

Appendix 2: Care Quality Commission Standards that relate to Equality, Diversity and Human Rights

1.1a People who use services experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights (<i>Regulation 4, Outcome 4</i>)
1.1b People who use services are supported to have adequate nutrition and hydration (<i>Regulation 14, Outcome 5</i>)
1.1c People who use services receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services (<i>Regulation 24, Outcome 6</i>)
1.1d People who use services and people who work in or visit the premises benefit from equipment that is comfortable and meets their needs (<i>Regulation 16, Outcome 11</i>)
1.1e People who use services can be confident that their personal records are accurate, fit for purpose, held securely and remain confidential (<i>Regulation 20, Outcome 11</i>)
1.3a Service users are protected against identifiable risks of acquiring such an infection (<i>Regulation 12, Outcome 8</i>)
1.3b People who use services are protected from abuse, or the risk of abuse, and their human rights are respected and upheld (<i>Regulation 11, Outcome 7</i>)
1.3c People who use services will have their medicines at the time they need them, and in a safe way (<i>Regulation 13, Outcome 9</i>)
1.3d People who use services and people who work in or visit the premises are in safe, accessible surroundings that promote their wellbeing (<i>Regulation 15, Outcome 10</i>)
1.3e People who use services and people who work in or visit the premises are not at risk of harm from unsafe or unstable equipment (medical and non-medical equipment, furnishings or fittings) (<i>Regulation 16, Outcome 11</i>)
1.3f People who use services can be confident that records required to be kept to protect their safety and wellbeing are maintained and held securely where required (<i>Regulation 20, Outcome 21</i>)
2.2a People who use services understand the care, treatment and support choices available to them (<i>Regulation 17, Outcome 1</i>)

2.2b People who use services where they are able give valid consent to the examination, care, treatment and support they receive; and understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed (<i>Regulation 18, Outcome 2</i>)
2.2c People who use services, or others acting on their behalf, who pay the provider for the services they receive: know how much they are expected to pay, when and how; know what the service will provide for the fee paid; and understand their obligations and responsibilities (<i>Regulation 19, Outcome 3</i>)
2.2d People who use services wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf (<i>Regulation 13, Outcome 9</i>)
2.3a People who use services can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support; have their privacy, dignity and independence respected; have their views and experiences taken into account in the way the service is provided and delivered (<i>Regulation 17, Outcome 1</i>)
2.3b People who use services can be confident that their human rights are respected and taken into account (<i>Regulation 18, Outcome 2</i>)
2.3c People who use services or others acting on their behalf: are sure that their comments and complaints are listened to and acted on effectively; know that they will not be discriminated against for making a complaint (<i>Regulation 19, Outcome 17</i>)
3.3a People who use services are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job (<i>Regulation 21, Outcome 12</i>)
3.3b People who use services are safe and their health and welfare needs are met by sufficient numbers of appropriate staff (<i>Regulation 22, Outcome 13</i>)
3.3c People who use services are safe and their health and welfare needs are met by competent staff (<i>Regulation 23, Outcome 14</i>)
3.3d People who use services have their needs met by the service because it is provided by an appropriate person (<i>Regulation 4, Outcome 22</i>)
3.4 The workplace is free from actual and potential discrimination - from recruitment to retirement - and all staff are able to fully realise their potential
4.1a The registered person recognises the diversity, values and human rights of people who use services (<i>Regulation 17, Outcome 1</i>)
4.1b People who use services benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety (<i>Regulation 10, Outcome 16</i>)

Equality Analysis / Impact Assessment

Division/Department:

Click here to enter text.

Title of policy, procedure, decision, project, function or service:

Click here to enter text.

Lead person responsible:

Click here to enter text.

People involved with completing this:

Click here to enter text.

Type of policy, procedure, decision, project, function or service:

Existing

New/proposed

Changed



Step 1 – Scoping your analysis

What is the aim of your policy, procedure, project, decision, function or service and how does it relate to equality?

Click here to enter text.

Who is the policy, procedure, project, decision, function or service going to benefit and how?

Click here to enter text.

What outcomes do you want to achieve?

Click here to enter text.

What barriers are there to achieving these outcomes?

Click here to enter text.

How will you put your policy, procedure, project, decision, function or service into practice?

Click here to enter text.

Does this policy link, align or conflict with any other policy, procedure, project, decision, function or service?

Click here to enter text.

Step 2 – Collecting your information

What existing information / data do you have?

Click here to enter text.

Who have you consulted with?

Click here to enter text.

What are the gaps and how do you plan to collect what is missing?

Click here to enter text.

Step 3 – What is the impact?

Using the information from Step 2 explain if there is an impact or potential for impact on staff or people in the community with characteristics protected under the Equality Act 2010?

Ethnicity or Race

Click here to enter text.

Sex/Gender

Click here to enter text.

Age

Click here to enter text.

Disability

Click here to enter text.

Religion or Belief

Click here to enter text.

Sexual Orientation

Click here to enter text.

Marriage and Civil Partnership

Click here to enter text.

Pregnancy and Maternity

Click here to enter text.

Gender Reassignment

Click here to enter text.

Other socially excluded groups or communities e.g. rural community, socially excluded, carers, areas of deprivation, low literacy skills

Click here to enter text.

Step 4 – What are the differences?

Are any groups affected in a different way to others as a result of the policy, procedure, project, decision, function or service?

Click here to enter text.

Does your policy, procedure, project, decision, function or service discriminate against anyone with characteristics protected under the Equality Act?

Yes No

If yes, explain the justification for this. If it cannot be justified, how are you going to change it to remove or mitigate the affect?

Click here to enter text.

Step 5 – Make a decision based on steps 2 - 4

If you are in a position to introduce the policy, procedure, project, decision, function or service? Clearly show how this has been decided.

Click here to enter text.

If you are in a position to introduce the policy, procedure, project, decision, function or service, but still have information to collect, changes to make or actions to complete to ensure all people affected have been covered please list:

Click here to enter text.

How are you going to monitor this policy, procedure, project or service, how often and who will be responsible?

Click here to enter text.

Step 6 – Congratulations you've made it! Now publish your results

Once completed this Equality Analysis form must be attached to any documentation to which it relates and must be forwarded to Jillian Wilkins, Equality and Diversity Lead: jillian.wilkins@cddft.nhs.uk

Equality Analysis/Impact Assessment Guidance Notes

Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty.

This Equality Analysis template is designed for staff members to help them comply with the general duty and ensure that the services, practices and policies are fair and do not discriminate against members of staff or the public.

Please complete all sections with the form as fully as possible as this is our evidence to show we have thoroughly considered the needs of the diverse people who use or provide our services. Should you have any queries, please contact:

Jillian Wilkins, Equality and Diversity Lead, telephone: 0191 333 36902, mobile: 07500125160, email: jillian.wilkins@cddft.nhs.uk

What is Equality Analysis?

Equality analysis (EA) is a way of considering the effect on different groups protected from discrimination by the Equality Act 2010. There are two reasons for this. First, to consider if there are any unintended consequences for some groups, and second, to consider if the policy will be fully effective for all target groups. It involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions. It can help you to identify practical steps to tackle any negative effects or discrimination, to advance equality and to foster good relations

EA is not a form filling exercise but a powerful tool that will ultimately lead to changes in projects, procedures, strategies, services and Board proposals. It will improve service

delivery to the diverse population that we serve and ensure that as an employer we reflect that population by valuing a diverse workforce.

EA will show where there are gaps in services/ projects and so can be used to ensure that County Durham and Darlington NHS Foundation Trust are delivering the services that are right for local communities and ensure we can cater to the needs of our diverse and ever changing population throughout County Durham and Darlington.

The aim of the EA process is to assess:

- The extent of the impact upon the identified equality groups
- Whether that impact is negative or positive
- If there are ways in which to remove or reduce any negative impact

When should Equality Analysis be done?

EA starts prior to policy or service development or at the early stages of a review. It is not a one-off exercise, it is ongoing and cyclical and it enables equality considerations to be taken into account before a decision is made.

EA of proposed policies, services or decisions will involve considering their likely or possible effects in advance of implementation. It will also involve monitoring what actually happens in practice. Waiting for information on the actual effects will risk leaving it too late for your equality analysis to be able to inform decision-making.

EA applies to existing as well as new and proposed policies, services or decisions. To make this task easier, you may want to draw up a timetable for analysing your existing policies, practices and services. This could be undertaken at a time when a review of the policy is already planned. It might also be useful to carry out this work if you are in receipt of critical audit or inspection reports, as it can help you to bring your equality practice up to the required standard.

Who is responsible for Equality Analysis?

EA is an integral part of policy and service development. It is most effective when it is integrated into day-to-day policy-making, business planning and other governance and corporate decision-making arrangements. This means that the person who is making the decision or advising the decision-maker about a policy needs to undertake the EA, with appropriate assistance and support. This is not an administrative task, but a core part of policy-making.

EA can be most effective when undertaken with input from relevant stakeholders such as union representatives or other partners for example integrated teams. This approach can

not only avoid duplication of effort but provide mutual support, pool resources and add diverse opinions which may have otherwise not been considered.

Step 1 - Scoping the analysis

It is important to scope out exactly what it is that you are analysing to determine what aspects are relevant to equality. This will help you to focus your attention on the most important areas for the analysis, including the inter-relationship between people, policies and wider issues for the organisation. For example, when analysing a policy on succession planning, you could also consider the effect of training policies on equality, in order to gain a full understanding of any barriers or opportunities.

Being clear about the aims and context of what is being analysed also helps to ensure we are being transparent about what we are doing, why we are doing it and its effect on those who receive and deliver our services. When considering how, what you are analysing, relates to equality, it is useful to reflect back on how it furthers the three general public sector duties: to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share protected characteristics and those that do not.

Step 2 – Collecting your information

It is important that you have appropriate and reliable information about the different protected groups that the policy is likely to affect. Modern public services are shaped by evidence-based policy-making and equality analysis methods will help you collect, analyse and present evidence about equality in a consistent and easily accessible way.

Remember that perfect evidence may not always be needed to identify important effects on equality. The information that will be most useful will depend on the nature of what it is that you are analysing, but you may find that information from service users is particularly useful. It will tell you who is using your services, what their experiences are and what the outcomes are for them.

The information and insights that you can gain from engagement with stakeholders will help you to understand the actual or potential effects of your policy on equality. Depending on what is being analysed, consider engaging with employees, service users, community groups and/or equality organisations. Trade unions are especially relevant for information on employment. You can also use recent engagement and research activities as a starting point, for example on a related policy or strategy. You can also use documentation resulting from other equality analysis that your organisation (or others) have undertaken. Engagement helps you base and design your policy, service, function, strategy, project, decision etc on evidence rather than assumptions. These are more likely to be effective, make better use of resources, and avoid the cost of remedying and adapting things after

their implementation, pre-empting complaints or staff grievances, which can be costly and time-consuming. For further advice on consultation and engagement with the public or staff please contact the Equality and Diversity Lead.

If you do not have equality information about what it is that you are analysing or about some protected groups, consider whether you need to take steps to fill in your information gaps. This could mean undertaking short studies or surveys, or further engagement. If it is not possible to collect this in time to inform your analysis, consider how you can increase your understanding in the short term before undertaking more robust research at a later date. This could mean, for example meeting with stakeholders. Remember that the information that you collect at a later date will be valuable for your monitoring and review work. You may also insert the information into the analysis at a later date and change the version number on the document.

Useful data that could be considered include, for example:

- Who is accessing services and who is not
- Appointments and DNA's
- Demographic information from Census
- Information from community groups and local organisation groups
- Availability of appropriate communication methods to meet specific needs
- Staff training records including equality and diversity, data protection, Mental Capacity Act, Deprivation of Liberty,
- Audits and inspections e.g. Accessibility audits
- Complaints and concerns information
- Disciplines and grievances
- Relevant local and national reports - identifying needs
- Work force profile
- Risk assessments/screening for patients and staff
- Stress assessments

Step 3 – Analysing the Impact

It is useful to bring together all of your equality information in order to make a judgement about what the likely effect of what you are analysing on equality, and whether you need to make any changes. Be wary of general conclusions – it is not acceptable to simply conclude that a policy will universally benefit all service users or employees, and therefore the protected groups will automatically benefit, without having evidence to support that conclusion.

Understanding the effect on equality will be easier for things which are already in place as evidence from monitoring effectiveness should already be in place. For new policies, you will need to evaluate the proposal against all the information assembled, and make a reasonable and informed judgement about whether the policy is likely to have positive or detrimental consequences for particular groups. You will also want to consider how you

can tackle wider inequalities which the service is not solely or mainly responsible for causing, but which you can play an important role in addressing.

Consider what questions you will need to ask, in order to understand the effect on equality. For some, the relevant questions will be obvious. For example, when reviewing a recruitment policy for disability equality, it would be useful to establish how many disabled people have applied for posts, how many were appointed, at what grades and on what salaries. Other associated information may also be useful, for example the length of time people stay in an organisation and the reason they leave.

You may find it useful to ask yourself the following questions:

- Could the outcomes differ between protected groups?
- What are the key findings of your engagement?
- Is there different take-up by different groups?
- Could, what is being analysed, affect different groups disproportionately?
- If there is a greater effect on one group, is that consistent with the aims?
- Has or could, what is being analysed, delivered practical benefits for protected groups?
- Does what is being analysed, miss opportunities to advance equality and foster good relations, including, for example, participation in public life?
- Could, what is being analysed, disadvantage people from a particular group?
- Could any part of it discriminate unlawfully?
- Are there other policies/strategies/projects/services/functions need to change to support the effectiveness of what is under consideration?

Some examples of factors that may be considered include:

Race/Ethnicity

Think about the different needs and cultural differences of: Gypsies and Irish Travellers, Migrants workers/students from EU or other countries worldwide, Black, White, Asian, Dual Heritage, British born or not.

For example think about health inequalities for particular BME groups linked to your service? How would this affect someone who's first language is not English?, Do staff know how to use the interpretation/translation services?

Sex

Think about the different needs of men and woman.

For example is the service/policy specifically for one sex or the other, are woman at a disadvantage as primary carers in most family units? Single Sex Accommodation?

Gender Reassignment

Think about the different needs of: a person who proposes to, undergoing or has undergone gender reassignment or person who permanently lives as the opposite sex to which they were born For example non judgemental and confidential service.

Sexual Orientation

Think about the different needs of: Heterosexual/Straight, Gay men, Gay woman/lesbian, Bisexual

For example: Do people feel respected and comfortable to be themselves and come out? Is sexual orientation recorded by service? Is inclusive language used i.e. partner rather than husband/wife. Are there any known health inequalities linked to your service area e.g. higher levels of alcohol and drug misuse, suicide rates?

Age

Think about the different needs of: Older people, Young adults, Children, Teenagers

For example is there a smooth transition within the service from child to adult. Are there caring responsibilities for young children or older dependants? Many older people use public transport is this service accessible to them? Age profile of the workforce in the service and is there appropriate succession planning in place for people retiring?

Religion or belief

Think about the different needs of: Christian, Buddhist, Hindu, Jewish, Muslim, Sikh, people with no religion etc.

For example: are appointments flexible around religious festivals, does medication prescribed contain animal/human products, blood products/transfusions, end of life care, flexibility for prayer times. available choice for female clinicians or chaperones

Marriage & Civil Partnership

Think about if people are disadvantaged because they are married or in a civil partnership.

For example: does it affect their human rights i.e. right to private and family life

Disability

Think about the different needs of people with: Sensory impairment such as blind or visually impaired, deaf or hard of hearing, speech, heart conditions, Mobility and manual dexterity problems, learning disabilities, Mental health problems, memory or ability to concentrate, learn or understand; perception of risk of physical danger dyslexia, epilepsy, incontinence, Progressive illnesses such as HIV, cancer or multiple sclerosis, physical co-ordination. Are reasonable adjustments provided for staff with disabilities and for service users to ensure they are not disadvantages and can access your service.

For example: has the clinic been audited for disability access? Are leaflets/information available in an accessible format such as easy read? Do staff know how to access interpretation and translation services? Are there hearing loops in place? Are patients required to complete any forms or documentation if so how are they supported? How are carers for people with disabilities involved?

Pregnancy & Maternity

Think about the different needs of people who are: Pregnant, Breast feeding mothers, protected maternity period

For example: are private facilities available for breast feeding? Are appointment and working practices flexible?

Socio-Economic

Think about factors like family background, educational attainment, neighbourhood, employment status which can influence life chances, ex-service men & woman.

Step 4 – What are the differences?

It is important to understand how and why people might be affected in different ways by the policy, procedure, project, decision, function or service. It may simply be that what you are analysing has been designed specifically for a particular group with protected characteristics e.g. maternity policy, wheelchair service, older peoples strategy, etc. or to address a known health inequality e.g. smoking cessation for LGB community etc.

If what you are analysing does discriminate against any of the protected groups under the Equality Act 2010 you must indicate it here and explain your justification. If you are unable to provide any justification for discriminating you must explain how you intend to change it so that it no longer discriminates or if you are unable to change it then how you will mitigate the affect of the discrimination.

Discrimination can be direct, direct by association, direct by perception, indirect or through harassment or victimisation. A person with a disability can also claim discrimination if we fail to make a reasonable adjustment to help them to access our services or gain/remain in employment.

- **Direct Discrimination** means treating someone worse because of a protected characteristic.
- **Direct Discrimination by Association** means treating someone in a worse way because of their association with someone else (this could be a partner, parent, child, friend etc.) who has a protected characteristic.
- **Direct Discrimination by Perception** means treating someone worse because they are perceived to have a protected characteristic even if they do not in fact possess that characteristic.
- **Indirect Discrimination** means doing something (*e.g. making a decision, applying a rule or way of doing things*) to someone in a way that has a worse impact on them and other people who share a protected characteristic.
- **Harassment** means unwanted conduct that violates people's dignity or creates an intimidating, hostile, degrading, humiliating or offensive environment because of a protected characteristics (except pregnancy and maternity or marriage and civil partnership). It can apply to people who find behaviour offensive even when it is not directed at them.
- **Third Party Harassment** means that protection also applies when harassment is from a third party such as a patient, volunteer, agency worker etc. It must have occurred on

at least two previous occasions, the Trust is aware that it has taken place, and have not taken reasonable steps to prevent it from happening again.

- **Victimisation** means being treated badly for making a complaint of discrimination, or supporting another person making a complaint, or because they are suspected of doing so.
- **Discrimination rising from a Disability** means treating a person unfavourably because of something connected to their disability.

Indirect discrimination can be **objectively justified** however direct discrimination can only be justified if the discrimination is because of a person's age. To show objective justification you must show that it is a proportionate means of achieving a legitimate aim. Therefore to justify indirect discrimination, there must be a genuine business need for whatever it is that is of a particular disadvantage to a certain group or individuals protected under the Equality Act 2010, and that there is no alternative to it. The business need to save money i.e. it is cheaper to discriminate, would be in itself unlikely to succeed a discrimination challenge.

The equality duties are not designed to prevent public sector organisation from making difficult decisions such as reorganisations, relocations, redundancies, and service reductions nor do they stop them from making decisions which may affect one group more than another. What it does do is provide a platform to demonstrate that they are making financial decisions in a fair, transparent and accountable way, considering the needs and the rights of different members of their community.

The term 'positive action' covers a range of measures which organisations can use where those

with a protected characteristic:

- Experience some sort of disadvantage because of that characteristic;
- Have particular needs linked to that characteristic; or
- Are disproportionately under-represented in a particular activity.

Where any of these conditions apply, positive action can be taken to overcome that disadvantage, meet that need or encourage participation in that activity. Positive action can be taken in relation to

a wide range of activities, such as employment, education, training and service delivery. Positive action measures can be used to counteract the effects of past discrimination so that people in such groups have equal opportunities to achieve their potential.

Step 5 – Making a decision

Once you have completed your analysis you must make a decision on whether you will introduce it in its current form or if you will make changes based on what you have found out.

It is important to have a mechanism in place to ensure that any issues identified in the EA are addressed and a process is put in place to ensure clearly responsible persons are identified and timescales are put in place to enable progress to be monitored.

Areas that may require action or recommendations include:

- Identifying how to remove or mitigate any potential detrimental impact on individuals/groups with protected characteristics
- Where opportunities to advance equality have been missed
- Where opportunities to foster good relations have been missed
- Putting measures in place or plan how to consult or engage with people/groups with protected characteristics that could be or who are affected.

All actions and recommendations must be SMART – Specific, Measurable, Achievable, Realistic and Time-bound and specify who is responsible and by when.

Monitoring how your policy, procedure, project, decision, function or service is implemented is important to provide evidence for future analysis or to trigger further action if it is identified that some groups are being affected in different ways.