

Stoke on Trent   
Primary Care Trust

*Stoke on Trent Primary Care Trust*

*Managing Equality and Diversity Strategy  
and Framework 2006 - 2009*

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## *Foreword*

Stoke on Trent Primary Care Trust has a proud track record of working with and for the communities we serve to consistently improve standards of care and increase the benefits our communities enjoy. As a Public Sector Body we need to recognise that we not only serve the community, but that we are also part of that community. As corporate citizens within Stoke on Trent we already understand our responsibility to maintain and improve the health of the community, we also understand and embrace the challenge to do this fairly and equitably. We recognise by doing this we can help to ensure all minority and disadvantaged groups and individuals are able to access the highest standard of care available. We are investing in the future of Stoke on Trent and its communities and will continue to do so to make the city a healthier and more attractive place to live and work.

To help ensure that we are able to achieve this we have created a Managing Diversity Strategy and framework of standards for the Trust. These will help us to mainstream Equality and Diversity into everything we do. In setting out and adopting these standards we have recognised that Managing Equality and Diversity means more than providing specialised services that are limited in their effectiveness. We are committed to providing all our services in ways that increase inclusion for every community and individual living or accessing services in Stoke on Trent. We have identified that the best way to break down the barriers, both real and perceived that stand between community members and our services is to consider Equality and Diversity in all activities we undertake. This Strategy and newly developed standards will allow us to do that and ensure we continue to deliver quality services to all members of our community.

## Our *Commitment* to Equality and Diversity

Stoke on Trent Primary Care Trust is committed to improving the health and well being of the local population through a health and social care system which:

- Is provided equally to those who need it, free at the point of need
- Offers a personal service which is truly patient centred
- Has sufficient capacity to enable choice and diversity to be offered to all service users
- Is fair and provides equal access to care and facilities

Equality, fair treatment and social inclusion lie at the heart of the Vision for Stoke on Trent Primary Care Trust. As part of our commitment to the NHS Plan we recognise that the Trust must seek to modernise and reform services and practices within the context of a diverse, multicultural society. A key requirement of reform is therefore the provision of services that are responsive to individual needs, which take account of age, disability, gender, race, religion, sexual orientation or culture. Equality and fair treatment are thus a core aspect of delivering services to the communities of North Staffordshire. Stoke on Trent PCT Primary Care Trust is committed to equality, and to ensuring that all services, including those commissioned from independent contractors are accessible, appropriate and fair. As a Trust we will continue to strive to deliver services that are transparent and accessible to all groups and individuals in the community. All service users will be treated fairly, with dignity, confidentiality and according to their medical needs, regardless of age, ethnic origin, religion, gender, sexual orientation, disability, income or where they live. We are also striving to build a diverse workforce reflective of the community we serve and are committed to eliminating discrimination by promoting equality of opportunity for all employees and job applicants. We will ensure that all staff are made aware of the statutory duties and commitment of the organisation under all Equality legislation, and are fully involved in the implementation of the Equality and Diversity standards contained herein.

To help us meet the challenges of this ever widening agenda we have looked to national and regional guidance on managing Equality and Diversity, and also to the national legislative framework that provides one of the key drivers for allowing us to achieve our vision. Some of the key drivers for change and initiatives that we, as Trusts are committed to can be found on the following pages:

## ***Drivers for Change within the Trust***

### **Ethical**

Encouraging and supporting diversity moves us beyond meeting legislative requirements. Equality and diversity for the Trust is more than acknowledging and accepting differences between groups. It is about including all service users and employees, not just those covered by legislation, and valuing their individual contributions.

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### **Legislative**

Equal opportunities is associated with the legislative framework that we are required to work within, as both an employer and service provider, to ensure that discrimination does not take place because of an individual's disability, gender, race, religion and belief, or sexual orientation. Equal opportunities is concerned with 'rights', 'fairness', creating a level playing field for opportunities and removing barriers to participation.

A significant external driver was the Stephen Lawrence Inquiry that brought issues of race relations and the public sector diversity to the fore: *It is incumbent upon every institution to examine their policies and the outcome of their policies and practices to guard against disadvantage in any section of our communities'* (Stephen Lawrence Inquiry Report 46.27).

A key duty under the Race Relations (Amendment) Act 2000 was to publish a Race Equality Scheme by 31 May 2002, setting out how, as a public body; we would meet these positive duties. This has been in place and will be reviewed every three years as per the requirements under the Act. However, for us it is not enough just to know about and to comply with the law. Managing Diversity is relevant to all our functions and we are committed to making sure equality and diversity underpins all of our work.

We also have specific duties on employment under the Act, which came into effect on Monday 3 December 2001 to monitor, by ethnic group, our existing staff, and applicants for jobs, promotion and training and publish the results every year. We must also monitor grievances, disciplinary action, performance, appraisals, training and dismissals.

### **Current "equality" legislation**

- ❖ **The Gender Recognition Act 2004** - The purpose of this Act is to provide transsexual people with legal recognition in their acquired gender. Legal recognition will follow from the issue of a full gender recognition certificate by a Gender Recognition Panel. In practical terms, legal recognition will have the effect that, for example, a male-to-female transsexual person will be legally recognised as a woman in English Law. On the issue of a full gender recognition certificate, the person will be entitled to a new birth certificate reflecting the acquired gender and will be able to marry someone of the opposite gender to his or her acquired gender.

- ❖ **The Civil Partnership Act 2004** - This Act creates a new legal relationship of civil partnership, which two people of the same-sex can form by signing a registration document. It also provides same-sex couples who form a civil partnership with parity of treatment in a wide range of legal matters with those opposite-sex couples who enter into a civil marriage.
- ❖ **Employment Equality (Religion or Belief) Regulations 2003** - These regulations outlaw discrimination (direct discrimination, indirect discrimination, harassment and victimisation) in employment and vocational training on the grounds of religion or belief. The regulations apply to discrimination on grounds of religion, religious belief or similar philosophical belief.
- ❖ **Employment Equality (Sexual Orientation) Regulations 2003** - These regulations outlaw discrimination (direct discrimination, indirect discrimination, harassment and victimisation) in employment and vocational training on the grounds of sexual orientation. The regulations apply to discrimination on grounds of orientation towards persons of the same sex (lesbians and gay men) and the same and opposite sex (bisexual).
- ❖ **Sex Discrimination (Gender Reassignment) Regulations 1999** - These regulations are a measure to prevent discrimination against transsexual people on the grounds of sex in pay and treatment in employment and vocational training. They effectively insert into the Sex Discrimination Act a provision to extend the Act, insofar as it refers to employment and vocational training, to include discrimination on gender reassignment grounds.
- ❖ **The Human Rights Act 1998** – This Act came fully into force on 2 October 2000. It gives further effect in the UK to rights contained in the European Convention of Human Rights. The Act makes it unlawful for a public authority to breach Convention rights, unless an Act of Parliament meant it could not have acted differently; this means that cases can be dealt with in a UK court or tribunal; and says that all UK legislation must be given a meaning that fits with the Convention rights, if that is possible.
- ❖ **Disability Discrimination Act 2005** - This Act makes substantial amendments to the Disability Discrimination Act 1995 (see above). The 2005 Act places a general duty on public authorities to promote disability equality and to have due regard to eliminate unlawful discrimination. Those listed bodies within the public sector will also be subject to a specific duty of the 2005 Act. The specific duty provides a clear framework for meeting the general duty and includes the requirement to produce a Disability Equality Scheme. The Disability Equality Duty for the Public Sector will come into force in December 2006.
- ❖ **The Race Relations Act 1976 (as amended by the Race Relations (Amendment) Act 2000)** - The Race Relations Act (RRA) makes it unlawful to treat a person less favourably than another on racial grounds. These cover grounds of race, colour, nationality (including citizenship), and national or ethnic origin. The Race Relations (Amendment) Act outlawed discrimination (direct and indirect) and victimisation in all public authority functions not previously covered by the RRA, with only limited exceptions. It also placed a general duty

on specified public authorities to promote race equality and good race relations. There are also specific duties for listed organisations including the production of Race Equality Schemes.

- ❖ **The Sex Discrimination Act (as amended) 1975** - This Act (which applies to women and men of any age, including children) prohibits sex discrimination against individuals in the areas of employment, education, and in the provision of goods, facilities and services and in the disposal or management of premises.
- ❖ **The Equal Pay Act (as amended) 1970** - This Act gives an individual a right to the same contractual pay and benefits as a person of the opposite sex in the same employment, where the man and the woman are doing like work; or work related as equivalent under an analytical job evaluation study; or work that is proved to be of equal value.

## Future/developing legislation

In addition to the national frameworks and guidance that we are committed to delivering against we are acutely aware of the legislative backdrop against which we provide services. We are committed to delivering services that are in line with all these pieces of legislation. As a service provider and employer we are also committed to go further than current legislation and ensure that we are not discriminating against any identifiable minority group within the population. We understand that future legislation will put additional requirements upon public service providers and we are committed to being in a position to comply with this new legislation from the outset. We aim to comply, within the next three years with the current and future legislation to improve services and employment practices for the population of Stoke on Trent and North Staffordshire.

- ❖ **The Equality Bill** - The Equality Bill was re-introduced in Parliament on the 19 May 2005. The Bill's main provisions include :
  - the creation of the Commission for Equality and Human Rights (CEHR) which would give individuals suffering from discrimination easier access to support and provide employers and service providers with improved advice and information in a one-stop-shop. The purpose and functions of the CEHR will be defined in the Bill;
  - to make unlawful discrimination on the grounds of religion and belief in the provision of goods, facilities and services, education, the use and disposal of premises, and the exercise of public functions;
  - to make unlawful discrimination on the grounds of sexual orientation in the provision of goods, facilities and services, education, the use and disposal of premises, and the exercise of public functions and
  - to create a duty on public authorities to promote equality of opportunity between women and men ('the gender duty'), and prohibit sex discrimination in the exercise of public functions. This will also include a specific duty on public bodies to produce a Gender Equality Scheme.

## NHS Drivers; Inspection and Audit

Previous HMICA inspections have pointed out our lack of attention to equality and diversity and failure to meet the needs of a diverse society, from both a service user and employee perspective. In 2005 HMICA will conduct a diversity inspection. We are determined to ensure that the outcome of this inspection will be a positive reflection of our changed ethos.

### ♣ **The NHS Plan**

The NHS Plan aims to offer people fast and convenient care delivered to a consistently high standard. Services will be available when people require them, tailored to their individual needs.

### ♣ **Standards for Better Health**

The Standards for Better Health were published formally in July 2004 and have been developed with two principal objectives. First, they provide a common set of requirements applying across all health care organisations to ensure that health services are provided that are both safe and of an acceptable quality. Second, they provide a framework for continuous improvement in the overall quality of care people receive. The framework ensures that the extra resources being directed to the NHS are used to help raise the level of performance measurably year-on-year. Equality and Diversity is touched upon within all areas of the standards and they must be delivered in ways which:

- Challenge discrimination
- Promote equality of access and quality of services
- Support the provision of services appropriate to individual needs, preferences and choices
- Respect and protect human rights
- Further the NHS's reputation as a model employer
- Enable NHS organisations to contribute to economic success and community cohesion.

### ♣ **Greater Patient and Public Involvement**

The Government agenda is for a greater and more effective patient and public participation as outlined in the NHS Plan: "A service built around the needs of the patient is at the heart of the Government's plans to improve the NHS".

Partnership between users and providers of public services, improving health, and reducing health inequalities are key principles for the Government.

### ♣ **Improving Working Lives (IWL)**

The IWL standard is integral to the Performance Management Framework for the NHS, both of which include eight key areas of good practice; Human Resources Strategy and Management, Equality and Diversity, Communication and Staff Involvement, Flexible Working, Healthy Working, Training and Development, Staff Benefits and Childcare, Annual Staff Survey. The standards require NHS employers to ensure that:

- Staff have the skills and training to deliver an effective and sensitive service to all
- Staff are supported through training and professional development
- Staff are valued and supported according to the contribution they make to patient care
- The environment enables staff to work free from harassment, bullying and violence and aggression

### ♣ **The Vital Connection**

The three strategic equality aims of the Vital Connection are:

- *A workforce for equality and diversity that is responsive to individual needs*
- *A better place to work for NHS staff, ensuring equality of opportunity for all*
- *A service using its leverage to make a difference*

The NHS must show there is no place for discrimination, harassment and stereotyped or prejudiced treatment, whether on an individual or institutional basis. It must create an environment in which differences are recognised and fully utilised in delivering service goals. As the UK's largest employer, the NHS plays a vital role in national and local partnership action for community renewal, tackling social exclusion and eliminating health inequalities. In addition, the NHS should deploy its huge resources not only as an employer, but also as a purchaser, contractor, educator and commissioner – a social investor in sustainable action for change.

### ♣ **The NHS response to the Death of David “Rocky” Bennett (Delivering Race Equality in Mental Health)**

Delivering Race Equality in Mental Health Care, an action plan for reform both inside and outside NHS mental health services over the next five years, was published together with the Government's response to the independent inquiry into the death of David Bennett who died in 1998 whilst being restrained in a psychiatric ward. The recommendations for PCTs are very important and form a set of key requirements in the provision and commissioning of effective services for minority communities.

### ♣ **Positively Diverse**

Positively Diverse is a strategic approach to managing and improving equality of opportunity for staff, and realising the benefits from the diversity of culture, skills and experiences that they bring to the organisation.

## Working with Partners

### ♣ The Equality Standard for Local Government

In 2001 the Commission for Racial Equality, the Disability Rights Commission and the Equal Opportunities Commission together with the Employers organisation for local Government produced the Equality Standard for Local Government which updated and improved the Commission for Racial Equality standards for race equality and made the standards modular to ensure they were relevant to gender, disability and any future equality legislation. The added intention was that as the new European directives are brought in line with domestic law that procedures for tackling inequality in terms of race, gender and disability can be easily adapted for the issues of age, religion or belief and sexual orientation. The standards are a performance indicator for our Local Authority Partners and have been used within this equality and diversity strategy to help map a common direction for Health and Social Care Partners.

# Our *Vision* for a Fair and Equitable Health Service in Stoke on Trent

## As a Provider and Commissioner of Services

We embrace service users of all backgrounds, meeting their individual needs by adapting our facilities and services, making them accessible and appropriate for an increasingly diverse society.

We aspire to be recognised as an exemplar in fostering healthier communities, by understanding a wide range of social situations, cultures and societal pressures.

We will be aware of and seek to understand the diverse cultures and backgrounds of all our service users.

We appreciate that our service user base is diverse and serving their best interests is our core business.

## As a Corporate Community Citizen

We aspire to be a leader in embracing and responding to changing social values.

We aim to encourage social inclusion and sustainable community participation.

We will take cultural differences into account when applying our equality and diversity principles with each community to which we provide services.

We seek to be known in North Staffordshire and throughout its communities as a fair, open-minded and progressive organisation

## As a Caring Employer

We respect and value people of all backgrounds and encourage open discussions of views as part of an inclusive culture.

We recruit, develop and promote people on merit and seek to reward outstanding performance regardless of background.

We will deal swiftly and decisively with any incidents of discrimination or other inappropriate behaviour.

Our employment policies and practices support employees in balancing their work and personal lives, allowing them to be themselves at work and giving their best to the organisation.

We strive to have a workforce that reflects the communities in which we operate, and the countries from which we recruit, at all levels.

We strive to continually empower our workforce to deliver our equality aims and objectives in more culturally appropriate ways through training and developing their skills and understanding

## Our Partners and Stakeholders

We aspire to be a beacon of enlightened equality and diversity policies and practices within North Staffordshire, and to be an exemplar of best practice for members of the Health family.

We consider that achieving equality and diversity makes good business sense and is a part of our core business and our Partners business.

We will work to introduce equality and diversity principles into all aspects of our business, employment, supplier and community practices to bring best value to the organisation and to our stakeholder communities

We are ambitious about diversity goals and will measure and publish progress.

## ***Delivering Our Vision for a Fair and Equitable Health Service in Stoke on Trent***

### **How are we Going to Deliver *Meaningful* Change?**

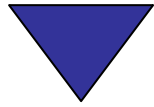
We recognise that meaningful change requires a variety of factors, key amongst these is ensuring that we are able to measure and monitor our performance with regard to equality and diversity in a way which captures the qualitative and quantitative improvements to services, facilities and practices within the organisation. The organisation recognises that to help make this happen in an effective way a number of existing and new performance management and monitoring systems need to be used. These must have the capacity to embed and mainstream best practice within the organisation at departmental and corporate level whilst demonstrating that we are making real improvements to the quality of our services and practices for members of diverse and minority communities.

Within this strategy we have identified the need to address drivers for change that are both internal and external. We recognise that we need to mirror this by ensuring that we are *accountable* internally and externally, both to ourselves and our service users and partners. For this reason we will be establishing not only an accountable Equality Leads Group internally which will have responsibility for overseeing the development of this agenda within the Trust but also a series of Partnership Panels which will draw in members of the public from minority and disadvantaged groups and directly link them into the decision making processes of the Trust. This work will be undertaken in collaboration with the PALS and PPI team at the Trust.

The Equality Leads Group will have responsibility for agreeing and monitoring the internal corporate and departmental performance indicators and associated action plans for the Trust. They will be responsible for the effective quantitative delivery of improvements on the equality and diversity agenda and will report to the Clinical Governance Committee and will be accountable ultimately to Trust Board. The Equality Leads Group will also oversee the delivery of the various equality schemes which will form the Trust's external accountability to community members and partners and actively participate in ensuring that the Trust is able to monitor equality and diversity in both a quantitative way and also qualitative.

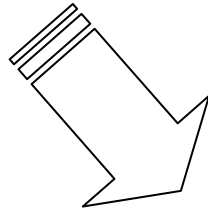
To help clarify the requirements that this puts on the organisation we have expanded upon our vision of equality and diversity for Stoke on Trent and detailed how this vision will be translated to help us deliver on our commitments and ensure internal and external accountability for delivery on this agenda. The commitments made over the following pages represent the key deliverables for the Trust. These tie in closely with the Equality Standards framework to be found at appendix one and the Standards for Better Health Core Standards which may be found at appendix two. The Trust will ensure that through the mechanisms established to manage and oversee our delivery on this agenda we are able to demonstrate that all of these commitments will be met over the life of this strategy and that by December 2009 we are cited as an exemplar of best practice for Equality and Diversity.

# Inputs

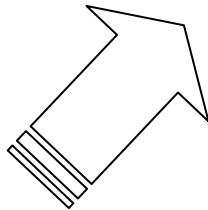


## Internal Drivers

Business Case (improved Efficiency)  
 Legislative Responsibilities (Minimize risk of Judicial Review)  
 Employment Responsibilities (Risk of Tribunal Claims)  
 Standards for Better Health



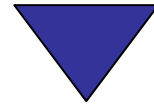
**Stoke on Trent PCT  
 Managing Diversity  
 Strategy**



## External Drivers

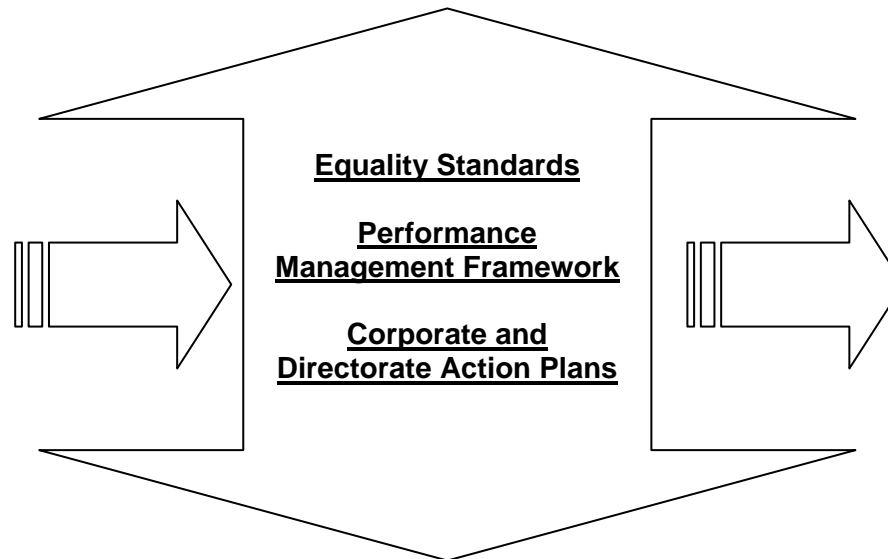
Responsibility to Service Users  
 Legislative Responsibilities  
 Healthcare Commission Audits  
 Commissioning for Equality Responsibilities

# Outputs



## Internal Accountability

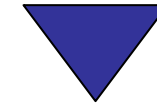
Corporate and Departmental Standards and Performance Indicators  
 Performance Management Framework  
 Corporate and Departmental action plans



## External Accountability

**Documentary**  
 Race Equality Scheme  
 Disability Equality Scheme  
 Gender Equality Scheme  
 Sexual Orientation Equality Scheme  
 Faith Equality Scheme  
 Age Equality Scheme

# Outcomes



**Responsive and Reflective Ethical Services both Commissioned and Directly Provided**

**Exemplar of Employment Best Practice**

**A Responsible Corporate Community Citizen**

**Exemplar of Best Practice in Partnership Working**

**Mainstreamed Ethical Response to Equality Commitments**

**Improved Public Image**

## Equality and Diversity *Outputs*

### 1. As a Provider and Commissioner of Services

#### 1.1 Strategy and policy development

- We will ensure all Corporate strategies recognise and explicitly mention equalities and address issues relevant to the minority and disadvantaged groups, as well as challenging discrimination.
- We will develop strategies and policies in partnership with stakeholders from minority and disadvantaged groups to ensure their specific needs are taken into account and where possible addressed.
- We will carry out equality risk/impact assessments on all strategies and during all reviews of strategies to ensure equalities issues have been systematically addressed within all aspects of their development and delivery.
- We will publish our revised Race Equality Scheme in May 2008 in line with our duties in the Race Relations [Amendment] Act 2000.
- We will develop and publish both Disability and Gender Equality Schemes in 2006/07.
- We will develop and publish both Age and a Sexuality Equality Schemes in 2007/08.
- We will review each of the equality schemes (Race, Gender, Disability, Age, Sexuality and Faith) on a three yearly cycle and revise them as necessary.
- We will work with local partners, including the Local Authority, and with regional and national partners to share equality and diversity information and good practice to inform the development of future strategies and policies.
- We will invite, as appropriate, the Healthcare Commission, the Commission for Equality and Human Rights, the Commission for Racial Equality, the Disability Rights Commission, the Equal Opportunities Commission, the Audit Commission and specialist agencies to consider the equality and diversity dimension of our strategies and policies.
- We will ensure that equality and diversity initiatives, policies and developments are discussed, agreed and led by the Equality Leads Group with delegated authority from the Trust Board to oversee the delivery of this agenda on behalf of the Trust
- All Trust Directors will hold responsibility for equality and diversity issues and all Directors will be members of the Equality Leads Group, with

responsibility for nominating leads from their Directorates for this area of work.

- We will aim to target our resources and initiatives to those in Stoke on Trent experiencing most disadvantage and discrimination.
- We will assess the risk/impact of our work and our functions on disadvantaged and minority groups to identify and allocate resources where they are most needed.
- We will research issues of inequality and social exclusion to highlight need and facilitate information sharing concerning these issues.

### 1.2 Business Imperatives

- Each directorate will produce, in partnership with the Equality and Diversity Department annual key equality performance indicators to contribute to the delivery of the annual corporate Equalities plan.
- The key equality performance indicators will be supported by detailed operational equalities plans produced by each directorate. These will outline the work the directorates will be undertaking that has a clear equalities focus, with outputs and timescales.
- The equalities action plan will include any actions identified as a result of measuring progress and outstanding actions to support the Trust's Standards for Better Health submission and Improving Working Lives initiative
- We will develop policies and procedures that take a positive approach to contracting with individuals, organisations and companies from minority and disadvantaged groups.
- We will develop fair contracting and procurement policies to ensure we promote compliance with equalities good practice, including, to the extent permitted in law, the recognition by contractors of trade unions within their staff groups.

### 1.3 Operational processes

- All staff members have responsibility for ensuring their work takes into account the specific needs of minority and disadvantaged groups and that it
  - is anti-discriminatory
  - involves the identified minority or disadvantaged groups in planning and evaluation
  - prioritises actions and resources to those in greatest need.

- The Trust will use a series of equality standards as a tool for embedding the mainstreaming of equalities throughout the organisation. These will take elements of both the NHS sponsored positively diverse standards, the equality standards for local government in addition to some localised standards to create a bespoke means of ensuring we meet our vision for equality and diversity within Stoke on Trent.
- The Trust will, in accordance with all legislation have equality schemes with action plans for each of the equality strands. These will be the means of ensuring public accountability for the Trust on Equality and Diversity issues.
- We will carry out equality risk/impact assessments on all our strategies, policies, procedures and functions, including the built environment we operate.
- We will ensure that all equalities initiatives incorporate the principles of best value.
- We will review, monitor and evaluate our equalities outputs annually and set new targets.
- Support for mainstreaming equalities will be provided by the Equalities Team in the Quality and Performance Directorate
- We will provide support and guidance for staff and Trust Board Members through training and development programmes and the implementation of the equality standards adopted by the Trust. The Trust will also publish an Equality and Diversity Toolkit aimed at helping staff members develop knowledge and skills needed to provide culturally sensitive services.
- We will ensure equality and diversity issues are addressed in all our directly delivered services
- We will ensure our events, projects and programmes of work take into account the needs of minority and disadvantaged groups, and where appropriate promote equality and diversity and challenge discrimination and disadvantage.

#### 1.4 Measuring progress

- We will evaluate our performance against the equality standards adopted and the equality and diversity Performance Indicators.
- We will monitor and assess in partnership with community members our progress against each of our equality schemes.
- We will monitor progress against the equality and diversity actions in our corporate and directorate equality action plans
- We will publish an annual equality and diversity report outlining and assessing our equalities work.

- We will work in partnership, where appropriate with the Commission for Equality and Human Rights, the Commission for Racial Equality, the Disability Rights Commission, the Equal Opportunities Commission, the Healthcare Commission and other key organisations in scrutinising and auditing our progress.
- We will evaluate managers and staff members on the extent to which they have developed personal skills relating to equality and diversity through the KSF performance appraisal system.

## 2. As a Corporate Community Citizen

### 2.1 Involving Local Communities

- We will seek the involvement of Stoke on Trent's minority and disadvantaged communities in Trust consultation processes and events and use imaginative and diverse methods of public involvement.
- We will consult minority and disadvantaged communities on all Trust strategies and other main initiatives, allowing suitable time for this consultation.
- We will actively seek out methods of working in partnership with equality target groups and communities.
- We will ensure accessibility by
  - Developing an accessible services policies, stating our commitment in this area
  - Ensuring all our published documents are written clearly and clearly display information on how to obtain alternative formats
  - Providing summaries of key documents in Plain English
  - Making our public documents available in alternative formats such as languages other than English, including British Sign Language; Braille; audio cassette; CD, large print or in child friendly formats on request and in line with available resources.
- We will ensure our web portal complies with current accessibility standards.
- We will publicise the availability of accessible information.
- We will actively support events that celebrate the lives, cultures and faiths of the communities of Stoke on Trent, promote tolerance and raise the profile of important issues for minority and disadvantaged communities and socially excluded groups.
- We will provide accessible information and publicity and seek out opportunities to communicate with the equality target groups.

## 2.2 Monitoring and improving our consultation and partnership work

- We will take steps to monitor our consultation results, complaints, attendance at certain events and take up of initiatives by gender, ethnicity, and disability and, where appropriate, age. We will report these figures and use the results to identify where action is needed in order to reach the whole community.

## 3. As a Caring Employer

### 3.1 Being an exemplary employer

- We will develop and implement conditions of service for staff that
  - are considered models of best practice
  - are fair, not discriminatory and provide equality of opportunity
  - balance the needs of individual members of staff with those of the organisation
  - ensure they are treated with dignity and respect at work.
- The Human Resources Department equality performance indicators and associated annual action plan will detail actions and initiatives to help the Trust achieve equality and diversity in employment.
- We will periodically carry out reviews to equality-proof our staff policies and practices.
- We will develop and implement positive action measures in recruitment and in learning and development initiatives.
- We will ensure that all staff have access to appropriate learning and development activities.
- We will support and promote staff support groups for women, black, Asian and minority ethnic, disabled, lesbian and gay staff where appropriate.
- We will ensure staff have the right to celebrate and honour faith days through use of flexible working and annual leave, if the days are not statutory holidays.
- We will work with community and specialist bodies to source applicants from a wider pool.

- We will adopt age equality and diversity policies and practices that not only meet but exceed the 2006 legislation on age equality in the workplace.
- We will promote our policies and procedures that enable staff to challenge unfair and discriminatory behaviour and practices that are incompatible with our policies and we will ensure that these policies are effective.

### 3.2 Setting and monitoring employment targets

We will set employment targets that aim to create a workforce that reflects Stoke on Trent’s community as identified in the 2001 census. These apply to all levels and pay grades and are presently

- 52% of the workforce should be women
- approximately 7.5% of the workforce should be black, Asian and minority ethnic people. Within this we will set a separate target that at least 5% of the workforce should be Asian.
- at least 10% of the workforce should be disabled people.
- We will set a longer term target for disabled employees at 17%.
- 
- We will review and develop the targets at appropriate intervals so that they remain aligned to Stoke on Trent’s diverse population.
- We will monitor and report on our progress towards meeting these targets on a monthly basis and report these publicly in the equalities annual report. The reports will also contain information on the age profile of staff.
- We will develop positive action measures to recruit and retain staff representative of Stoke on Trent’s community to the organisation and introduce further measures as appropriate.
- We will consider and implement appropriate monitoring and reporting of faith and sexuality.
- We will monitor and report to the Equality Leads Group, the Directors of the Trust and the full Trust Board on promotion, leavers, grievances and tribunal cases according to gender, ethnicity and disability as required by our legislative responsibilities.

#### 4. Our Partners and Stakeholders

- We will participate in the strategic development of equality and diversity initiatives and support and promote good practice throughout Stoke on Trent and specifically in the Local Strategic Partnership and Local Area Agreement processes.
- We will work actively with partners and organisations in Stoke on Trent to improve the access of all minority and disadvantaged communities to information about Healthcare and Stoke on Trent Primary Care Trust and our service delivery and employment activities.
- We will provide a strategic lead as an employer in Stoke on Trent concerning the promotion of good equality and diversity employment practice with the Local Strategic Partnership, private, public and voluntary sector organisations.
- We will influence members of the Local Strategic Partnership to achieve workforces that are reflective of Stoke on Trent's community.
- We will encourage others to promote equality and diversity and to adopt best practice
- We will make the case to local, regional, national and international decision-makers for changes that will drive the equality and diversity agenda forward and deliver improved outcomes.
- We will work with local partners, including the Local Strategic Partnership, and with regional, national and where appropriate European partners to share and promote the adoption of best practice.

## ***Implementation of this Strategy***

### **Consultation**

The Managing Diversity Strategy was developed by the Equality Team in consultation with each department. Department representatives were members of the Diversity Champions Group operated by the PCT. This has ensured that all equality and diversity issues were considered from departmental viewpoints from the inception of this process. Consultation of the draft vision for this strategy took place in December 2005/January 2006. The vision was publicised widely across the organisation and was forwarded to Partner agencies for feedback. Feedback on the vision was very positive, particularly in relation to being outcome driven and how this was brought together with reference to Equality and Diversity. The strategy has also been checked against the general and specific legislative duties to ensure we are able to demonstrate how we will meet these.

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### **Monitoring our progress**

The Equality and Diversity Strategy is supported by a series of documents. These will ensure that the key objectives and targets within the strategy are delivered. These documents underpin the performance management framework within which progress against the strategy will be monitored. Progress will be measured through creating appropriate standing items on the senior managers and Trust Board meeting agendas to monitor progress against the strategy. An annual position statement showing our progress on actions against our targets and indicators and our outcomes will be produced.

### **Implementation responsibilities**

**The Non-Executive Directors including Chairperson** are responsible for approving policies that are non-discriminatory and promote equality and diversity for all employees and service users.

**The Chief Executive** is responsible on behalf of the Trust Board for implementing this strategy through Directors and Heads of Services.

**Directors and Heads of Services** are responsible for ensuring that all employees, customers, contractors and suppliers are aware of the strategy and standards and that they are implemented in all parts of the management and departmental structures. Practices within each department should be monitored and reviewed to ensure equality and diversity is promoted in all its forms and that there are no discriminatory practices which affect employees or the service they provide. Directorate performance indicators and equality action plans should reflect this.

**Managers and Supervisors** are responsible for recruiting, training, promoting and implementing conditions of service and Trust policies in a manner that is non-discriminatory. They should comply with the spirit and intention of this policy in carrying out their duties and in managing staff and services.

**All Employees** should positive contribution to equality and diversity by treating people with respect and promoting equality and diversity. This will be monitored by Managers through the KSF process

### **Reviewing**

This strategy covers an initial three year period, 2007-2009. We will review this strategy on an annual basis to ensure that it continues to help us deliver against our moral, legal and business case drivers within this field of operation. The Equality Leads Group will be responsible for the monitoring of this strategy and recommending to Trust Board future improvements and changes.

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### **The Equality Team**

The Equality Team is responsible for leading and co-ordinating the Trust's equality and diversity approach. The aim of the Equality Team is to ensure that the principles of equality, diversity and community cohesion are integrated into all the work the Trust undertakes. This is achieved by supporting Trust departments, senior managers, service managers, other staff, non-executive directors and local partnership agencies to deliver strategies that promote and enhance equality and diversity and community cohesion. The team can be contacted at:

**Bedford House Clinic  
Havelock Place  
Shelton  
Stoke on Trent  
Staffordshire  
ST1 4PR**

**[Patrick.Devine@northstaffs.nhs.uk](mailto:Patrick.Devine@northstaffs.nhs.uk)**

**Tel: 01782 425034**

**Appendix 1. The Diversity Equality Standards Framework**

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|--|
| <b><u>Specific Requirements and Examples of Evidence</u></b>   |
| <b><u>Managing Diversity Strategy Equality Standards – Leadership and Corporate Commitment Stage 1 – 2006-2007</u></b>   |
| <p>Overall Objective: Commitment to a Comprehensive Equality Approach</p> <p>The Trust will have established a corporate commitment to equality, which will ensure that equality becomes one of the embedded processes for each Directorate. As part of a Corporate Equalities Review Process each department and directorate will be expected to demonstrate compliance with each of these Core Performance Monitoring Standards for the Trust.</p> |

| <b><u>Actions and Evidence Needed</u></b>   |   |
|---|---|
| <b>1.1 Leadership and Corporate Commitment (Provide and Commission Services and Working with Partners)</b>  |   |
| <b>1.1.1 Formulate and adopt a comprehensive equality policy for the authority covering race, gender and disability</b>   | <ul style="list-style-type: none"> <li>• A draft comprehensive equalities policy containing specified elements is available</li> <li>• Evidence that all policies are consistent with legislation</li> <li>• Evidence that all policies are consistent with codes of practice and legislation</li> </ul>  |
| <b>1.1.2 Ensure that written policies are in line with current legislation (RR(A)A, SDA, EPA, DDA, and codes of practice)</b>   | <ul style="list-style-type: none"> <li>• Report evaluating consistency of Trust policies with current legislation and codes of practice</li> <li>• Evidence that all policies are consistent with legislation</li> <li>• Evidence that all policies are consistent with codes of practice and legislation</li> </ul>  |
| <b>1.1.3 Make a Corporate Commitment to develop a Corporate Equality Plan (CEP) indicating how the equality policy will be implemented. This will include and be consistent with the Trust’s RES, DES and GES</b> | <ul style="list-style-type: none"> <li>• Board and PEC minutes expressing a commitment to development of a Corporate Equalities Plan, with details of scope, desired outcomes, targets, monitoring arrangements and resource allocation. Details of how the CEP will be consistent with, but separately identifiable from the RES should be specified</li> <li>• Minutes of initial meetings of the Corporate Equality planning group detailing its make-up, internal allocation of responsibility and objectives</li> <li>• The Trust expresses commitment formally to the Corporate Equalities Plan</li> <li>• Specific staff have been given responsibility for overseeing the development of the CEP</li> <li>• There is Commitment to ensuring the CEP addresses multiple discrimination</li> <li>• There is commitment to ensuring the CEP identifies outcomes that are meaningful to the lives and aspirations of currently disadvantaged groups</li> <li>• There is a corporate commitment to devolve responsibility for equalities action planning and target setting to departmental and service level</li> </ul> |

|  | <b>Actions and Evidence Needed</b>   |
|--|--|
|  | <ul style="list-style-type: none"> <li>• There is understanding in the Trust that the RES is separate to the CEP (but can address some elements of it) and there is a commitment to make both agendas consistent</li> </ul>  |
| <b>1.1.4 Make a corporate commitment to carrying out a process of equality risk/impact and needs/requirements assessments including those assessments of organisational and individual requirements for complying with the DDA</b> | <ul style="list-style-type: none"> <li>• Board and PEC minutes expressing a commitment to development of a Corporate Equalities Plan, with details of scope, desired outcomes, targets, monitoring arrangements and resource allocation. Details of how the CEP will be consistent with, but separately identifiable from the RES should be specified</li> <li>• Demonstrate that assessments will comply with the DDA by specifically committing the Trust to the identification and provision of reasonable adjustments</li> <li>• The commitment to initiate an impact and needs/requirements assessment should be part of the Corporate Equalities Plan</li> </ul> |
| <b>1.1.5 Make a corporate commitment to a fair employment and equal pay policy</b>   | <ul style="list-style-type: none"> <li>• Board and PEC minutes expressing a commitment to development of a Corporate Equalities Plan, with details of scope, desired outcomes, targets, monitoring arrangements and resource allocation. Details of how the CEP will be consistent with, but separately identifiable from the RES should be specified</li> </ul>   |
| <b>1.1.6 Make a corporate commitment to earmark resources for improving equality practice</b>  | <ul style="list-style-type: none"> <li>• Board and PEC minutes expressing a commitment to development of a Corporate Equalities Plan, with details of scope, desired outcomes, targets, monitoring arrangements and resource allocation. The minutes should detail the corporate commitment and details of the identifiable resource for developing this work</li> <li>• Are resources specifically dedicated to developing the CEP?</li> <li>• Has staff time been allocated to developing the CEP</li> </ul>   |

|   | <b>Actions and Evidence Needed</b>   |
|---|--|
| <b>1.2 Consultation and Community Development (Our Role as a Corporate Community Citizen)</b>   |  |
| <b>1.2.1 Make a corporate commitment to consult with designated community, staff and stakeholder groups on all aspects of the Corporate Equality Policy</b> | <ul style="list-style-type: none"> <li>• Minuted decision to consult widely with trade unions, community groups and stakeholders using new or existing mechanisms and consultation machinery. The consultation should be able to demonstrate inclusiveness of disabled people</li> <li>• Minutes of meetings giving commitment to consultation and participation by stakeholders in the development of the CEP. Minutes of meetings held to define appropriate groups and schedule meetings on the CEP, with details of how the access rights of disabled people will be addressed in the process, including the range and availability of appropriate formats</li> <li>• Have the contents of the Comprehensive Equalities Policy been discussed by designated staff, community and stakeholder groups?</li> <li>• Is there a minuted commitment to consult on all developments in equality policy with specific emphasis on BME communities, Asylum Seekers and refugees, representatives from organisations representing disabled people and gender based organisations?</li> </ul> |

|  | <b>Actions and Evidence Needed</b>   |
|--|--|
|  | <ul style="list-style-type: none"> <li>• Is there minuted commitment to consult with trade unions, staff associations and/or employees on all aspects of the equality policy?</li> <li>• Has a decision been taken to address the access rights of disabled people in the consultation process?</li> <li>• Has a minuted commitment been made to involve designated consultation and scrutiny groups from the community in the development of the Corporate Equality Plan (CEP)?</li> <li>• Will all equality policy documents be made available in appropriate languages and formats? E.g. a range of languages, Braille, tape and large print and be made available through a variety of appropriate outlets?</li> </ul> |
| <b>1.2.2 Each department/service area should commit to contribute to the consultation and scrutiny element of the Corporate Equalities Plan and Policy</b>                               | <ul style="list-style-type: none"> <li>• Minutes of departmental/service group meetings stating commitment to contribute to consultation and scrutiny element of CEP</li> <li>• Incorporation of this commitment in the service business/delivery plan</li> </ul>  |
| <b>1.2.3 Make a corporate commitment to equality self assessment, scrutiny and audit</b>   | <ul style="list-style-type: none"> <li>• Minuted commitment to equality self assessment, scrutiny and audit and discussion of processes and arrangements for undertaking this</li> </ul>   |
| <b>1.2.4 Each department and service area to commit to engage in consultation with designated community, staff and stakeholder groups on its service delivery</b>                        | <ul style="list-style-type: none"> <li>• Minuted evidence of, and schedule of meetings for consultation including rationale of how designated groups have been chosen and the basis upon which other groups were omitted.</li> </ul>   |
| <b>1.2.5 Make a corporate commitment to consult departments and service areas on equality objectives</b>   | <ul style="list-style-type: none"> <li>• Minutes of Trust Board and departmental meetings showing commitment to a process of internal consultation</li> <li>• Inclusion of this aim and commitment in Service Business/delivery plan</li> </ul>  |
| <b>1.2.6 Each department and service area to commit to a process of self assessment, scrutiny and audit on its service delivery</b>  | <ul style="list-style-type: none"> <li>• Minutes of PEC, Board and departmental meetings detailing the commitment to engage with self assessment, scrutiny and audit process</li> </ul>  |
| <b>1.2.7 Insert the Comprehensive Equality Policy as a key theme within the local delivery plan and the Community Strategy drawn up by the LSP</b>                                       | <ul style="list-style-type: none"> <li>• Local Delivery Plan is available, Community Strategy is available and both show the Equalities Policy as a key theme</li> </ul>   |
| <b>1.2.8 Make a corporate commitment to establish mechanisms for responding to harassment on the grounds of race, disability, gender, religion or belief, sexual orientation or age.</b> | <ul style="list-style-type: none"> <li>• Harassment and victimisation policy developed.</li> <li>• Proposals for a harassment partnership scheme across the Health Economy</li> <li>• Specific provision in all processes made for racial, sexual and disability harassment and victimisation</li> <li>• Establishment of a common definition of harassment</li> <li>• Participation of the Trust in a multi agency panel</li> </ul>   |

|  | <b>Actions and Evidence Needed</b>   |
|--|--|
|  | <ul style="list-style-type: none"> <li>• Promotional material produced advising staff and service users of harassment procedures</li> <li>• Proposal developed for a harassment feedback scheme</li> <li>• Minuted commitment to establish a mechanism for identifying and responding to racial abuse and racial attacks and dealing with racist graffiti</li> <li>• Established mechanisms for identifying and responding to the harassment and victimisations of disabled people</li> <li>• Established mechanisms for identifying and responding to the harassment and victimisations of members of the BME community</li> <li>• Established mechanisms for identifying and responding to sexual harassment in employment and service provision</li> <li>• Are the details of mechanism for responding to harassment and victimisation communicated to individuals and support groups?</li> </ul> |

|  | <b>Actions and Evidence Needed</b>   |
|--|--|
| <b>1.3 Service Delivery and Customer Care (A provider and Commissioner of Services)</b>  |  |
| <b>1.3.1 Departmental and service areas are committed to a comprehensive equality policy appropriate to their service delivery</b>   | <ul style="list-style-type: none"> <li>• Minuted commitment at departmental meetings</li> <li>• Minutes indicating review with details of findings and action to be taken to facilitate service access for disabled people</li> <li>• Minutes detailing commitment to the application of the social model of disability in the design and delivery of services</li> <li>• Each service has a specific commitment to take action to promote equal opportunities and to redress any inequalities and/or differential impact in all aspects of service delivery</li> <li>• Service delivery should have been reviewed in light of Part iii of the Disability Discrimination Act 1995</li> </ul> |
| <b>1.3.2 Department and service areas are committed to implementing the equality impact and needs/requirements assessments for its service delivery including those assessments of organisational and individual requirements required for compliance with the DDA</b> | <ul style="list-style-type: none"> <li>• Minutes and outline plans for equality impact and needs/requirements assessment scheme. Demonstration that assessments will comply with current requirements of the DDA and include proposals to ensure compliance with future requirements</li> </ul>  |
| <b>1.3.3 Departments and service areas should be committed to developing equal access to services and plan elements of the Corporate Equalities Plan and setting targets within each department and service area as part of their business/service plans</b>           | <ul style="list-style-type: none"> <li>• Minuted commitment to, and statement of how, the CEP will incorporate an element that ensures equal access to services in general and departmental service level planning processes</li> <li>• Minuted commitment to, and statement of how, equality objectives will be incorporated into general department and business planning</li> </ul>   |

|  | <b>Actions and Evidence Needed</b>   |
|--|--|
|  | <ul style="list-style-type: none"> <li>• Each department should have a clear commitment to developing the equal access to services element of the CEP containing clear race, gender and disability equality objectives for their area</li> <li>• There is a minuted commitment to incorporating race, gender and disability equality objectives into service plans</li> </ul>  |
| <b>1.3.4 Department and service area commitment to equality action planning and equality target setting within all departments and service areas</b> | <ul style="list-style-type: none"> <li>• Minuted commitment to, and statement of how equality targets and objectives will be set and monitored</li> <li>• Development of draft monitoring schemes</li> <li>• Each department/service area has a minuted commitment to establishing race, gender and equality performance targets.</li> <li>• There is a minuted departmental/service area commitment to include specific provision for race, gender and disability equality monitoring</li> <li>• There is a minuted commitment to train all frontline staff to enable them to meet the needs of all customers with equality and fairness</li> </ul> |
| <b>1.3.5 Department and service areas are committed to allocate specific resources for improving equalities practice</b>                             | <ul style="list-style-type: none"> <li>• A minute and report showing allocation of resources to improve equalities practice</li> </ul>   |

|   | <b>Actions and Evidence Needed</b>   |
|---|--|
| <b>1.4 Employment and Training (A good employer)</b>  |  |
| <b>1.4.1 The Trust should adopt recruitment procedures which use non-discriminatory practices</b> | <ul style="list-style-type: none"> <li>• Appropriate sections in the current staff handbook, and clearly defined and regular review of handbook in place to incorporate future changes in legislation/policy</li> <li>• Trust Board minutes detail commitment to:               <ul style="list-style-type: none"> <li>- Train all senior staff on setting service objectives, action planning and equality monitoring</li> <li>- Build equality objectives into management appraisal mechanisms</li> <li>- Remove disability barriers within recruitment/training and development processes</li> <li>- Identify and remove potentially disabling barriers within performance management schemes</li> </ul> </li> <li>• Draft training plan in place, which will be consulted on with internal and external groups, employees and managers</li> <li>• Clear guidance in place on discriminatory practices within recruitment/training and appraisals are provided to all supervisors and managers</li> </ul> |

|   | <b>Actions and Evidence Needed</b>   |
|---|--|
| <b>1.4.2 The Trust is committed to an employment equality assessment of the local labour market area, workforce profiling and equal pay review.</b>   | <ul style="list-style-type: none"> <li>Minuted commitment and details of how LLMA assessment, workforce profiling and equal pay review will be planned and how LLMA survey outputs will be used to identify targets</li> </ul>   |
| <b>1.4.3 Commitment to establish a fair employment and equal pay policy</b>   | <ul style="list-style-type: none"> <li>Minuted commitment to formulating fair employment and equal pay policy, with details of intended outcomes</li> </ul>  |
| <b>1.4.4 Commitment to developing an equal employment and equal pay element of the Corporate Equality Plan incorporating the employment related issues from the RR(A)A and RES and organisational/individual issues for compliance with DDA</b> | <ul style="list-style-type: none"> <li>Minuted corporate commitment to an equal employment and equal pay element of the CEP</li> <li>Equality Planning group minutes show how equal employment and pay elements of the CEP will be developed</li> <li>Specific sections in the CEP to cover RES requirements</li> <li>Specific sections in the CEP to cover DDA requirements</li> <li>Minuted commitment to developing an equal employment and equal pay element of the CEP that incorporates the employment related issues of the RES and the requirements for compliance with DDA</li> </ul>   |
| <b>1.4.5 The Trust is committed to adopting procedures to ensure that publicity for vacancies does not unfairly restrict the range of applicants</b>  | <ul style="list-style-type: none"> <li>Minuted commitment to carry out a detailed review report with responsibility for development specifically allocated and regular reporting/monitoring mechanisms clearly defined</li> <li>There is a minuted commitment to review employment publicity and job advertising</li> <li>There is a minuted commitment to ensure that publicity for vacancies does not restrict the range of applicants from currently disadvantaged groups</li> <li>There is a minuted commitment to review recruitment process and remove all barriers</li> <li>There is a minuted commitment to adopt procedures that ensure publicity for vacancies actively encourages applications from applicants from currently disadvantaged groups</li> </ul> |
| <b>1.4.6 The Trust is committed to developing a standard range of application forms and job descriptions that are clear and explicit</b>  | <ul style="list-style-type: none"> <li>There is a minuted decision to develop a standard range of application forms with responsibility for this clearly designated</li> <li>The Trust has developed a clear commitment to develop a standard range of application forms and job descriptions and to keep these up to date for recruitment , selection and equal pay purposes</li> </ul>   |
| <b>1.4.7 The Trust is committed to review personnel information systems for monitoring suitability including underpinning the Trust's statutory ethnic monitoring duties</b>  | <ul style="list-style-type: none"> <li>There is a minuted decision on monitoring systems with appropriate capacity and responsibility for development planning specifically allocated</li> <li>There is a minuted decision to develop the capacity of the personnel information systems to produce ethnic, gender and disability monitoring reports on recruitment, retention and</li> </ul>   |

|   | <b>Actions and Evidence Needed</b>   |
|---|--|
|   | support the compliance with the Trust's ethnic monitoring duty (RES)   |
| <b>1.4.8 The Trust is committed to making procedures consistent with all employment codes of practice</b> | <ul style="list-style-type: none"> <li>• Minuted decision on making procedures consistent with all codes of practice and responsibility specifically allocated</li> <li>• Responsibility clearly designated and timetable for compliance</li> <li>• There is a minuted commitment to making all employment procedures consistent with current legislation and codes of practice</li> <li>• A review of all employment procedures has been planned</li> </ul>   |
| 1.4.9 The Trust is committed to developing a staff training programme in equality and diversity issues    | <ul style="list-style-type: none"> <li>• There is a minuted decision to develop a comprehensive training plan that will tie in with KSF and show types and levels of training, evaluation procedures and how effectiveness will be monitored</li> <li>• Responsibility for planning specifically allocated with a clear timetable</li> <li>• There is a minuted commitment to a training plan that delivers comprehensive training on equality to staff at all levels</li> <li>• Training is differentiated for staff according to levels of responsibility, evaluated and followed up to determine effectiveness</li> </ul> |

| <b>Specific Requirements and Examples of Evidence</b>   |
|---|
| <b>Managing Diversity Strategy Equality Standards – Leadership and Corporate Commitment Stage 2 – 2007-2008</b> |
| Overall Objective: Systematic Assessment and Monitoring of Equality and Diversity                               |

|  | <b>Actions and Evidence Needed</b>  |
|--|---|
| <b>2.1 Leadership and Corporate Commitment (Provide and Commission Services and Working with Partners)</b> |   |
| <b>2.1.1 Publish Corporate Equality Plan</b>   | <ul style="list-style-type: none"> <li>• Has the CEP been co-ordinated with the Race Equality Scheme?</li> <li>• Has the CEP been subject to consultation?</li> </ul> |

|  | <b>Actions and Evidence Needed</b>   |
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|  | <ul style="list-style-type: none"> <li>• Has the CEP been amended in the light of consultation?</li> <li>• Has the CEP been published in a full range of formats?</li> <li>• A copy of the CEP shows its relationship to the RES and is published in different formats</li> <li>• Information is available showing the outcomes of the consultation process, and details of the distribution of the final documents to stakeholders, managers and staff</li> </ul>   |
| <p><b>2.1.2 Demonstrate Corporate Engagement in an equality impact and needs/requirements assessment process</b></p>               | <ul style="list-style-type: none"> <li>• Does the CEP contain elements of the equality impact and needs/requirements assessment?</li> <li>• Has responsibility for the equality impact and needs/requirements assessment been clearly allocated within the Trust?</li> <li>• Has work on equality impact and needs/requirements assessment started?</li> <li>• A programme is available showing the allocation of the responsibility for the impact and needs/requirements assessments within the Trust, details of the DDA implications and a timetable for implementation and monitoring arrangements</li> </ul>   |
| <p><b>2.1.3 Develop a Corporate mechanism for assessing development of service level equality objectives and targets</b></p>       | <ul style="list-style-type: none"> <li>• The CEP contains details of how service level equality objectives and targets will be assessed at corporate level</li> </ul>  |
| <p><b>2.1.4 Create a corporate structure for overseeing development of information and monitoring systems</b></p>                  | <ul style="list-style-type: none"> <li>• The CEP contains details of how employment and service delivery monitoring systems will be overseen and how this will be co-ordinated with the monitoring duties included in the RES</li> </ul>   |
| <p><b>2.1.5 Ensure that mechanisms are in place for responding to harassment on the grounds of race, disability and gender</b></p> | <ul style="list-style-type: none"> <li>• Does the Trust have a well defined procedure for dealing with harassment in employment and service provision?</li> <li>• Has the authority assigned specific officers/staff to deal with harassment?</li> <li>• Does the Trust take part in multi-agency panels for dealing with and countering incidents of harassment?</li> <li>• Does the Trust use the recommended definition of a racial incident, and form of recording such incidents and appropriate evidence?</li> <li>• Documented procedure agreed with staff, community and other stakeholders</li> <li>• List of nominated officers/staff (including breakdown in terms of race. Disability and gender) and evidence of training for such officers/staff in responding to harassment issues</li> <li>• Information about multi-agency panel membership including timetables of meetings and reports of proceedings</li> <li>• Copy of Trust harassment reporting form</li> </ul> |

**2.2 Consultation and Community Development (Our Role as a Corporate Community Citizen)**

|  | <b><u>Actions and Evidence Needed</u></b>  |
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| 2.2.1 Ensure that the draft corporate equality action plan has been circulated to designated communities, staff and stakeholder groups with consultation timetable and is published in an appropriate range of languages and formats | <ul style="list-style-type: none"> <li>• Does the draft CEP contain clear objectives for consultation and scrutiny?</li> <li>• Is the draft CEP available in an appropriate range of languages and formats?</li> <li>• Does the draft CEP contain proposals for equality self-assessment, scrutiny and audit?</li> <li>• Does the draft CEP contain proposals for equality self-assessment, scrutiny and audit?</li> <li>• Has the draft CEP been circulated to designated community, staff and stakeholder groups?</li> <li>• Has a consultation timetable been set?</li> <li>• Has a timetable been set for publication of the final CEP?</li> <li>• As 2.1.1 checking the above information is included</li> </ul>                  |
| 2.2.2 Review Equality content of Health Inequalities strategy  | <ul style="list-style-type: none"> <li>• Does the local Community Strategy have equality content consistent with the Trust's draft CEP?</li> <li>• Ensure correspondence between documents</li> </ul>  |
| 2.2.3 Establish consultation with designated community, staff and stakeholder groups and the wider community on all aspects of the Equality Policy   | <ul style="list-style-type: none"> <li>• Have consultation meetings with designated community, staff and stakeholder groups been planned?</li> <li>• Have consultation meetings with designated community, staff and stakeholder groups been held?</li> <li>• Have consultation meetings with designated community, staff and stakeholder groups been reported on?</li> <li>• Is consultation on equality co-ordinated at a corporate level</li> <li>• Reports from meetings with community, staff and stakeholder groups, identifying attendees.</li> <li>• Documentation that shows how consultation has been used to inform equality plans and objectives</li> <li>• Consultation strategy that includes equality issues</li> </ul> |
| 2.2.4 Engage in consultation with Trust Board, employee representatives, departments and service areas on equality impact and needs/requirements assessments and all aspects of the Corporate Equalities Policy                      | <ul style="list-style-type: none"> <li>• Have Non-Exec and Trust board member and all departments and directorates been consulted on equality plans?</li> <li>• Have these consultations been reported on?</li> <li>• Are there specific consultation results/reports for each department/service area?</li> <li>• Reports on consultation with dates and circulation list; attendance at consultative groups; information on outcomes</li> </ul>  |

|   | <b><u>Actions and Evidence Needed</u></b>  |
|---|--|
| 2.2.5 Each department and service area to engage in consultation with designated community, staff and stakeholders on its equality impact and needs/requirements assessments and service delivery | <ul style="list-style-type: none"> <li>• Has each department/directorate/service held consultation meetings with designated community, staff and stakeholder groups on its service delivery?</li> <li>• Are there specific consultation results/reports for each department/service area?</li> <li>• Are reports of these consultations available?</li> <li>• Reports on consultation with dates and circulation list; attendance at consultative groups</li> <li>• Results and recommendations arising from service level consultation; documentation containing implications of consultation for all services</li> </ul> |
| 2.2.6 Each department and service area to engage with equality self assessment, scrutiny and audit on its service delivery  | <ul style="list-style-type: none"> <li>• Does the draft CEP contain guidelines and plans for department/service level self assessment?</li> <li>• Does the draft CEP contain guidelines and plans for department/service level scrutiny by designated community, staff and stakeholder groups?</li> <li>• Does the draft CEP contain plans for independent audit for each department/service level?</li> <li>• Draft document specifying the access to service element of the CEP.</li> <li>• Identifiable sections on self assessment, consultation, scrutiny and audit</li> </ul>  |
| 2.2.7 Seek to ensure that the Equality Policy and objectives are incorporated in partnership arrangements engaged in by the Trust   | <ul style="list-style-type: none"> <li>• Have draft equality policy documents been circulated to all Trust partners?</li> <li>• Have consultation meetings been held with Partners?</li> <li>• Documentation specifying circulation lists and distribution dates; minutes of meetings with partners</li> </ul>   |

**2.3 Service Delivery and Customer Care (A provider and Commissioner of Services)**

|   | <b><u>Actions and Evidence Needed</u></b>  |
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| 2.3.1 Engage in department and service area impact and needs/requirements assessments   | <ul style="list-style-type: none"> <li>• Has each department /service level carried out or contributed to a requirements/needs assessment for its area of service delivery?</li> <li>• Needs/requirements assessments covering all service areas, or identifiable in cross cutting service assessment</li> </ul> |
| 2.3.2 Engage in Development of Department/service level equality objectives and targets | <ul style="list-style-type: none"> <li>• Draft equal access plans covering departments and services</li> <li>• Minutes of meetings or notes from discussion groups and workshops</li> <li>• Meeting notes and correspondence with professional bodies</li> <li>• Comparison against similar Trusts</li> </ul>    |

|   | <b>Actions and Evidence Needed</b>  |
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| 2.3.3 Review services in light of procurement function and all contracted services and partnership arrangements | <ul style="list-style-type: none"> <li>• Has all procurement, and have contracted services, been reviewed with regard to the equal access to service plan?</li> <li>• Do all contractors meet the equality criteria laid out in the CEP?</li> <li>• Does the CEP contain equality criteria for partnerships?</li> <li>• Details within the review of procurement and contracted services</li> <li>• Evaluation of contracted services in the context of criteria laid down in CEP</li> <li>• Criteria for achieving the objectives of the CEP through Partnerships</li> </ul> |
| 2.3.4 Each Service to establish planning groups for monitoring and information systems                          | <ul style="list-style-type: none"> <li>• Has the departmental/service level group for planning service monitoring been established?</li> <li>• Have plans for service monitoring been developed?</li> <li>• Details of group membership and minutes of meetings</li> <li>• Plans setting out service monitoring programme</li> </ul>  |

**2.4 Employment and Training (A good employer)**

|  | <b>Actions and Evidence Needed</b>   |
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| 2.4.1 Develop fair employment and equal pay policy element of Corporate Equalities Policy and Plan               | <ul style="list-style-type: none"> <li>• Has work been done to develop a fair employment policy?</li> <li>• Has work on equal pay review started?</li> <li>• Is the data on pay sufficient to enable a pay review to be carried out? If not, are plans in hand to ensure that data is being collected?</li> <li>• Documentation on fair employment policy and pay reviews underway or completed</li> </ul> |
| 2.4.2 Engage in employment equality assessment of the local labour market area                                   | <ul style="list-style-type: none"> <li>• Has the LLMA assessment been planned?</li> <li>• Has the LLMA assessment started?</li> <li>• Plan and action programme for the local labour market survey</li> </ul>  |
| 2.4.3 Engage in workforce profiling and an equal pay review  | <ul style="list-style-type: none"> <li>• Does the CEP contain plans for workforce profiling and an equal pay review?</li> <li>• Corporate Equality Plan documentation</li> </ul>   |
| 2.4.4 Adopt procedures to ensure that publicity for vacancies does not unfairly restrict the range of applicants | <ul style="list-style-type: none"> <li>• Have the Trust's recruitment publicity and advertising procedures been reviewed for unfair limitation and restriction?</li> <li>• Have procedures been modified in light of the review?</li> <li>• Report based on review with recommendations</li> <li>• Procedures modified in line with recommendations</li> </ul>   |
| 2.4.5 Produce a standard range of application forms and job descriptions that are clear and explicit             | <ul style="list-style-type: none"> <li>• Have all recruitment forms and job descriptions been reviewed?</li> <li>• Have recruitment forms and job descriptions been modified in line with review findings?</li> <li>• Report, minutes and samples of revised documents</li> </ul>  |

|  | <b>Actions and Evidence Needed</b>   |
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| 2.4.6 Review personnel information system for monitoring suitability including supporting the Trust's statutory ethnic monitoring duties   | <ul style="list-style-type: none"> <li>• Evidence of procedure to ensure compliance throughout the Trust</li> <li>• Has the personnel information system been reviewed for monitoring suitability?</li> <li>• Is the system capable of supporting compliance with the Race Equality Scheme ethnic monitoring duty?</li> <li>• Are resources available to adapt/modify the system if it proves necessary?</li> <li>• Report detailing review parameters, identifying the way in which it complies with the Race equality Scheme or the resources required to ensure compliance</li> <li>• Implementation plans should include resource allocation and timetable if necessary</li> </ul> |
| 2.4.7 Ensure all employment procedures are consistent with current legislation and all relevant codes of practice  | <ul style="list-style-type: none"> <li>• Has a review of employment procedures been carried out?</li> <li>• Have all employment procedures been made consistent with current legislation and all relevant employment Codes of Practice?</li> <li>• Report based on review findings with recommendations</li> <li>• Documentation to show procedures/staff handbook changed in line with recommendations</li> <li>• Evidence of distribution to staff</li> </ul>  |
| 2.4.8 Develop a programme of equality training to support the Corporate Equalities Policy and departmental service objectives. Ensure that the training programme is consistent with the training arrangements in the Trust's Race equality Scheme | <ul style="list-style-type: none"> <li>• Has a programme of equality training been developed and planned?</li> <li>• Is it consistent with the Race equality Scheme?</li> <li>• Production of programme plan; training materials; allocation of staff time; appointment of trainers shown to be consistent with CRE guidelines</li> </ul>  |

## Appendix 2. Standards for Better Health – Equality and Diversity Implications

| Core Standard  | Lines of Enquiry  |
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| <p><b>C2</b> protection guidelines within their own activities and in their dealings with other organisations. - Healthcare organisations protect children by following national child (Age)</p> | <p>The healthcare organisation should analyse patterns and trends across all reported incidents taking into account <i>Building a safer NHS for patients: implementing an organisation with a memory</i>. The healthcare organisation should use a formal method for investigating incidents, where appropriate, for example through using the root cause analysis tool developed by NPSA or other appropriate method.</p>  |
| <p><b>C7e</b> - Healthcare organisations challenge discrimination, promote equality and respect human rights.</p>  | <p>The Race Relations Act 1976 (as amended) requires healthcare organisations to have arrangements in place to monitor its policies for any adverse impact on the promotion of race equality. These arrangements should be included in the organisation’s race equality scheme (RES).</p> <p>The Race Relations Act requires the healthcare organisation to publish the results of this monitoring. Regarding employment monitoring:</p> <ul style="list-style-type: none"> <li>• the healthcare organisation is required, under the Race Relations Act 1976 (as amended) to monitor by ethnic group, the numbers of staff in post, and the numbers of applicants for employment, training and promotion.</li> <li>• if the organisation employs over 150 or more full time staff, it should also monitor, by ethnicity, the following: the numbers of staff who receive training; who benefit or suffer detriment as a result of its performance assessment procedures, who are involved in grievance procedures; who are the subject of disciplinary procedures; and the numbers of staff who cease employment.</li> <li>• the organisation should publish annually the results of this monitoring. The statutory codes of practice in relation to the Sex Discrimination Act 1975, the Race Relations Act 1976 (as amended) and the Disability Discrimination Act 1995 all recommend that the healthcare organisation should have monitoring systems in place, which should include collection, storage and analysis of data with regards to service provision and employment in relation to ethnicity, gender and disability. Such monitoring systems may include, for example:</li> <li>• routine collection of data with regards to services and employment in relation to ethnicity, gender and disability;</li> </ul> |

| Core Standard | Lines of Enquiry   |
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|               | <ul style="list-style-type: none"> <li>• use of monitoring data to inform service improvements, or positive action around equality in employment, training of, and IT support for, staff to collect monitoring data;</li> <li>• having a central point of collection where equalities data is collated and analysed, etc.</li> </ul> <p>In addition, the healthcare organisation should act upon the outcomes of such monitoring.</p> <p><b>Human Rights</b></p> <p>It is unlawful for a healthcare organisation to act in a way which is incompatible with the human rights conferred under the Human Rights Act 1998. Healthcare organisations should have arrangements in place to ensure that they comply with the Act. Such arrangements may include, for example:</p> <ul style="list-style-type: none"> <li>• a human rights policy or framework that puts an individual at the heart of the service;</li> <li>• policies or guidelines to protect a patient from unlawful detention (for example through regular reviews of circumstances requiring the detention of individuals with mental health problems or regular reviews of those detained as a means to prevent the spread of infectious disease);</li> <li>• provision of training and development for staff in relation to challenging discrimination, promoting equality and respect for human rights;</li> <li>• or screening of training programmes to ensure stereotypes are not reinforced and that equality and human rights are respected as an integral part of any training course provided by or on behalf of the healthcare organisation, etc.</li> </ul> <p><b>Service provision and unlawful discrimination</b></p> <p>The healthcare organisation should have arrangements in place, to ensure it is meeting its duties under the Race Relations Act 1976 (as amended), the Disability Discrimination Act 1995 and the Sex Discrimination Act 1975 with regard to its provision of services. Such arrangements may include, for example:</p> |

| Core Standard | Lines of Enquiry   |
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|               | <ul style="list-style-type: none"> <li>• having policies or guidance in place with regard to making reasonable adjustments to enable disabled service users equal physical access to its services;</li> <li>• policies for the use of interpreters and translators for patients whose first language is not English;</li> <li>• action plans to address any identified variance between different groups from the national patient and staff surveys;</li> <li>• use of health equity audits and equality impact assessments in planning, target setting, commissioning and delivery. The healthcare organisation’s arrangements must cover the specific duties of the Race Relations Act 1976 (as amended). The healthcare organisation’s race equality scheme (as updated for May 2005) should be compliant with the Race Relations Act 1976 (as amended) and the board should be able to demonstrate an understanding of their accountability for promoting race equality. The healthcare organisation should have a process for undertaking, consulting on and publishing outcomes of, race equality impact assessments.</li> </ul> <p><b>Employment and unlawful discrimination</b></p> <p>The healthcare organisation should have arrangements in place to ensure it is complying with equality legislation with regards to employment (including the specific duty for monitoring under the Race Relations Act 1976 (as amended)).</p> <p>Such arrangements may include, for example:</p> <ul style="list-style-type: none"> <li>• action plans to deal with any variable outcomes between different groups identified from staff surveys (for example, variance in access to training and development or career development by ethnic group and gender);</li> <li>• provision of prayer rooms or private space for staff to practice their religion;</li> <li>• adjustments to the physical environment for disabled staff to undertake their duties;</li> </ul> |

| Core Standard   | Lines of Enquiry   |
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|   | <ul style="list-style-type: none"> <li>• training for HR personnel and line managers to understand the implications of equalities legislation for employment practices;</li> <li>• recruitment practices such as guaranteed interview scheme for disabled applicants, proactive outreach work in schools with a high percentage of school leavers from black and minority ethnic groups.</li> </ul> <p><b>Independent contractors:</b><br/>the PCT should have taken reasonable steps to ensure that the services provided by independent contractors (general practitioners, pharmacists, dentists, optometrists) are meeting the relevant aspects of this element</p>  |
| <p><b>C8b</b> - Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.</p> | <p>The healthcare organisation should ensure that staff from black and minority ethnic groups are provided with opportunities for personal development, including, for example, to support networks and professional training.</p> <p>The healthcare organisation should be able to identify where there is under representation of staff from black and minority ethnic groups in the uptake of such opportunities, and demonstrate that action is being taken to address this.</p> <p>Senior leaders within the organisation should “show their commitment by offering personal mentorship to a member of staff from an ethnic minority”. Senior leaders should also “build systematic processes for tracking the career progression of staff from ethnic minorities.”</p>   |
| <p><b>C11a</b> - Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.</p>   | <p>The healthcare organisation should have arrangements in place to ensure it is complying with equalities legislation when recruiting staff (including the specific duty for monitoring under the Race Relations Act 1976 (as amended)). For example, such arrangements may include:</p> <ul style="list-style-type: none"> <li>• a guaranteed interview scheme for disabled applicants</li> <li>• keeping records of selection processes to show why applicants were or were not appointed</li> <li>• training for HR personnel and line managers to understand the implications of equalities legislation for recruitment practices,</li> <li>• monitoring of applicants, those short listed and those appointed by gender, ethnicity and disability, etc.</li> </ul> <p>In order to ensure recruitment is undertaken in accordance with the Race Relations Act 1976 (as amended) the healthcare organisation should monitor, by ethnic group, the numbers of staff in post, and the numbers of</p> |

| Core Standard | Lines of Enquiry   |
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|               | <p>applicants for employment. The organisation is required to publish this monitoring on an annual basis.</p> <p>The organisation has a duty to make reasonable adjustments for disabled applicants under the Disability Discrimination Act 1995. Such adjustments for recruitment processes may include, for example:</p> <ul style="list-style-type: none"> <li>• informing potential applicants that information on vacancies is available in alternative formats (such as Braille, tape, large print),</li> <li>• changing the venue for assessment/interview to a step free environment,</li> <li>• modifying procedures for testing,</li> <li>• providing adaptive technology for computer based assessments</li> <li>• providing a reader, or sign language interpreter for the interview</li> <li>• informing applicants that reasonable adjustments have been, or would be made, for disabled applicants on appointment, etc.</li> </ul> <p><i>The Code of practice for the international recruitment of healthcare professionals</i> includes the following best practice benchmarks that organisations:</p> <ul style="list-style-type: none"> <li>• should not actively recruit healthcare professionals from developing countries that are detailed on the Department of Health website;</li> <li>• should follow good recruitment practice when undertaking any international recruitment; and that:</li> <li>• international healthcare professionals should not be charged fees in relation to gaining employment in the UK;</li> <li>• appropriate information about the role applied for should be available to all international healthcare professionals.</li> </ul> <p>The <i>Code</i> states that all international healthcare professionals should have the appropriate level of proficiency in English I to enable them to undertake their role effectively and to meet the registration requirements of the appropriate regulatory body. All appointed international healthcare professionals must be registered with the appropriate UK regulatory body; and those required to undertake supervised practice should be fully supported in this process. The appropriate health checks and checks for criminal convictions must be carried out for all international healthcare professionals and those offered a post offered should have a valid work permit before entry to the UK unless they are from the European Economic Area (EEA).</p> <p>The healthcare organisation may consider for employment individual healthcare professionals from developing countries, who volunteer themselves by individual, personal applications, and newly appointed international healthcare professionals should be offered appropriate support and induction.</p> |

| Core Standard   | Lines of Enquiry  |
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| <p><b>C11c</b> - Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.</p> | <p><i>Continuing professional development HSC 1999/154</i> states that the healthcare organisation should “actively promote equality of opportunity for continuing professional development (CPD), regardless of professional background, level of seniority and current achievement, among full time and part time staff alike”.</p> <p><i>HSC 1999/154</i> states that the organisation should ensure that CPD programmes “meet professional and educational standards and are flexible enough to accommodate different learning styles and preferences” and that the programmes are “appropriately linked and, where relevant, compatible with the CPD requirements of royal colleges and regulatory bodies for health professions”.</p>   |
| <p><b>C13a</b> - Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.</p>   | <p>The healthcare organisation should communicate their commitment to treat patients, carers and relatives with dignity and respect to all staff, for example, through codes of conduct, in relevant policy documents or strategies, through induction programmes, etc. Staff should be supported to treat patients, carers and relatives with dignity and respect, including taking into account different interpretations of dignity and respect for people from different faiths, cultures, generations and genders. For example this may be through provision of customer care training, diversity training, or receiving advice from local community groups such as faith groups.</p> <p>The healthcare organisation should have systems to ensure that care planning takes into account issues regarding an individual patient’s dignity.</p> <p>The healthcare organisation ensures that dignity and respect is maintained for patients, carers and their relatives in relation to their end of life care and death, such as that their wishes are appropriately considered in care planning.</p> <p>The healthcare organisation should ensure staff are aware of the requirements of the Human Rights Act 1998, the Race Relations Act 1976 (as amended) and the Disability Discrimination Act 1995, and how this relates to issues of dignity and respect for different patient groups. The organisation may undertake this through a number of ways, for example, awareness training, briefings, discussion with patient groups, etc.</p> <p>The healthcare organisation should ensure that, staff respect the human rights of patients under the provisions of the Human Rights Act 1998.</p> <p>Staff should be aware of and supportive of policies to promote good race relations with regard to issues of</p> |

| Core Standard   | Lines of Enquiry  |
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|   | <p>dignity and respect. Staff should also be aware of and supportive of policies to promote disability equality and of the 'duty to make reasonable adjustments' so that services provided are not impossible or unreasonably difficult for disabled patients to use.</p> <p>The healthcare organisation should make appropriate provision to meet the specific needs of different patient groups with regard to dignity and respect, including, for example, availability of multi-faith rooms, female only designated areas, single-sex toilets, appropriate use of interpreters, etc.</p> <p>For patients with a disability, the healthcare organisation should consider its practices and procedures, examples include, allowing access to patients with an assistance dog, removing or altering barriers in the premises, going directly to a patient who is deaf or hard of hearing rather than calling their name in a waiting room.</p> <p>The healthcare organisation should have mechanisms to identify where there are issues with regard to dignity and respect. Reviews of dignity and respect may be undertaken through a range of methods, and may include: review and analysis of feedback from patients, carers and relatives, such as through PALS, from complaints information, patient survey data, through advocacy services, etc.</p> |
| <p><b>C13b</b> - Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.</p> | <p>Relevant staff should be aware that patients must be provided with sufficient information about any proposed treatment. (<i>Reference guide to consent for examination or treatment</i>).</p> <p>The organisation should support the relevant staff to "take all steps which are reasonable in the circumstances to facilitate communication with the patient, using interpreters or communication aids as appropriate" (<i>Reference guide to consent for examination or treatment</i>).</p> <p>Training and support should be provided to relevant staff to assist them to respond sensitively to different religious and cultural values and beliefs towards post-mortem examination and the use of organs and tissues after death. In addition, "trusts must consider the needs of families whose first language is not English. Consent forms should be available in all the main local community languages; and staff should establish whether or not those concerned can read them."</p> <p>In addition, Part IV of the <i>Mental Health Act 1983</i> sets out circumstances in which patients detained under the Act may be treated without consent for their mental disorder (the Act does not apply to treatment for physical</p>  |

| Core Standard  | Lines of Enquiry   |
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|  | <p>disorders unrelated to the mental disorder). The organisation should ensure that relevant staff are aware of, and follow the procedures for, consent to treatment for these patients (including that relevant staff are aware of the arrangements for children and young people under the age of 18).</p> <p>Where patients have any queries regarding the disclosure or use of their information, staff should answer any queries personally or direct the patient to others who can answer their questions or other sources of information, taking into account the different communication needs of particular patients, as “difficulty in communicating does not remove the obligation to help people understand”.</p>  |
| <p><b>C14a</b> - Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.</p> | <p>Information should be provided in appropriate formats and languages relevant to the population that the healthcare organisation serves. Information about the healthcare organisation’s complaints procedure should be promoted to staff.</p> <p>The healthcare organisation’s procedures for how it will handle and consider complaints should be accessible to patients, relatives and carers. The organisation should ensure that people with language and/or communication needs are adequately supported in accessing the complaints procedures, for example patients with a learning disability or patients for whom English is not their first language. “The complainant should be given the opportunity to understand all possible options for pursuing the complaint, and the consequences of following these options” (<i>Guidance to support implementation of the NHS (Complaints) Regulations (2004)</i>, section 3.2).</p> |
| <p><b>C14b</b> - Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.</p>  | <p>The healthcare organisation should have systems to identify any areas where discrimination has occurred against a complainant, with the appropriate action being taken.</p>   |
| <p><b>C16</b> - Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and,</p>  | <p>The healthcare organisation should ensure that the service information provided is available in a range of languages and formats relevant to the population it serves. The Disability Discrimination Act 1995 requires healthcare organisations to make reasonable adjustments which will allow disabled people to access all the information on services which it provides. For example, such reasonable adjustments might include translation of leaflets into “easy read” (for people with learning disabilities), provision of Braille and large print versions, versions on tape (for blind and partially-sighted people), or versions in British Sign Language (for deaf people who sign).</p>  |

| Core Standard  | Lines of Enquiry  |
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| <p>where appropriate, inform patients on what to expect during treatment, care and after care.</p>   | <p>All healthcare organisations are required to publish a race equality scheme, which should include details of its arrangements for ensuring public access to information. When considering its arrangements to fulfil this duty, the healthcare organisation may, for example, consider whether information is available at the right locations and right times for people to access or whether a service is not being fully used, because people do not have enough information about it.</p> <p>The healthcare organisation may also provide information for patients using existing sources of information and publications, for example, information produced by the National institute of health and clinical excellence (NICE), NHS Direct or charitable bodies (e.g. Stroke Association, MIND, etc). Information should be provided to patients in a timely manner and at relevant points during their treatment and care, for example, before admission and on discharge. Patients should have opportunities to ask questions about anything they don't understand or would like further information about. Information on care, treatment and aftercare should be provided in suitable formats for patients with communication support needs or language support needs, for example:</p> <ul style="list-style-type: none"> <li>• providing written information in "easy read", braille, or in large print</li> <li>• making information available to patients in different formats such as in audio or video formats,</li> <li>• providing British sign language interpreters, or trained interpreters for patients with languages other than English.</li> </ul> <p>The healthcare organisation should ensure that, as appropriate, patients receive information about their rights under the Mental Health Act 1983 and their options for treatment (including any health or other implications if they decline treatment).</p> <p>The organisation should ensure that patients have opportunities to ask questions about anything they don't understand or would like further information about with regard to the Mental Health Act 1983.</p> |
| <p><b>C17 - The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.</b></p> | <p>Healthcare organisations should have "a strategy for involving patients and the public" and arrangements in place to implement the strategy. The healthcare organisation should have a "planning process for patient and public involvement that brings together feedback from the Patient advice and liaison service (PALS), patients' forums, overview and scrutiny committees, complaints and annual patients' survey". The practice guidance suggests that this "planning process should seek input from a broad range of interests" including, in particular, seldom heard groups (for example, people with a learning disability, people from black and minority ethnic communities, people from gay and lesbian communities, people who are homeless).</p>  |

| Core Standard  | Lines of Enquiry  |
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|  | <p>All healthcare organisations are required to publish a race equality scheme, which should include details of its arrangements for consulting on the likely impact of its proposed policies on the promotion of race equality. The practice guide recommends that the healthcare organisation should link its race equality scheme to its system and approach to involvement and consultation work (<i>Strengthening accountability</i>).</p> <p><i>Strengthening accountability</i> outlines how the NHS should work with voluntary and community groups as “they play a crucial role and act as pathfinders for involving users in designing and improving services”, through joining their local compact (see point of information for details of compacts).</p>   |
| <p><b>C18 - Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.</b></p> | <p>The healthcare organisation should be able to identify areas where its service population are unable to access its services equitably. The organisation may identify such issues through, for example, monitoring of service uptake by ethnicity, sex, age, electoral ward, etc., through analysis of patient and public feedback, or analysis of complaints, etc.</p> <p>The organisation should take steps to address any areas where it is concerned that its service population do not have equitable access to care. In addition, healthcare organisations will need to be aware of inadvertent discrimination in access to services, caused by not taking the specific needs of various groups into account.</p> <p>Healthcare organisations are required to publish a race equality scheme, which should, among other things, state its arrangements for assessing and consulting on the likely impact of its proposed policies on the promotion of race equality, its arrangements for monitoring its policies for any adverse impact on the promotion of race equality; and its arrangements for publishing the results of these assessments, consultations and monitoring.</p> <p>Healthcare organisations must make reasonable adjustments for disabled people to enable to them to access services. Such adjustments might include, for example: changing policies, practices and procedures, such as letting a person with an assistance dog into the premises (or ambulance), even though other dogs are excluded; allowing people to make appointments by email or letter if they find talking on the telephone difficult, providing a British Sign Language interpreter for a deaf person; making textphones and typetalk available and ensuring staff know how to use them; providing interpreters for patients whose first language is not English, making adjustments to the physical environment, etc.</p> |

