

POOLE HOSPITAL NHS TRUST

Single Equality Scheme

Author: Martin Smits
Agreed:
Review Date: April 2008

Please note that this document is subject to change and is scheduled to receive Trust Board approval

CONTENTS

Section	Item	Page
	Foreword	1
1.	Introduction	2
2.	Trust Overview	2
3.	Local Demographic Information	3
4.	The Legislative Context	5
5.	The Trust's Approach to Equality and Diversity	6
6.	The Trust's Approach to Race	8
7.	The Trust's Approach to Disability	10
8.	The Trust's Approach to Gender	12
9.	Partnership Working	14
10.	Reviewing & Updating the Single Equality Scheme	14
11.	Communication, Consultation & Involvement	15
12.	Impact Assessment	15
13.	The Trust's Monitoring Arrangements	16
14.	Reporting on & Enforcing the Single Equality Scheme	16
15.	Complaints	17
16.	Responsibility for the Single Equality Scheme	17
Appendices		
Appendix 1	Demographic Information	
Appendix 2	Equality Action Plan	
Appendix 3	Impact Assessment	
Appendix 4	Constitution & Terms of Reference	

FOREWORD

The Trust Board of Poole Hospital NHS Trust is fully committed to promoting equality and achieving the elimination of unlawful discrimination within the Trust and the promotion of race, disability and gender equality within the Trust.

This will be achieved by ensuring this philosophy of equality runs through all aspects of service provision and employment and forms part of the operation of the Trust.

The publication of the Single Equality Scheme reflects this committed approach and represents the beginning of a positive process to ensure equality forms part of Poole Hospital.

The Single Equality Scheme will guide practical work within the Trust aimed at implementing the commitment to equality and as such will be reviewed and updated on a regular basis.

The Trust's aim is to involve service users and staff in the development and implementation of this Scheme in order to achieve real benefit.

On the grounds of race, disability and gender, equality is a moral imperative and the Trust will do all it can to ensure that equality is delivered in service provision, policymaking and employment.

1. INTRODUCTION

- 1.1 This is Poole Hospital NHS Trust's (PHT) Single Equality Scheme (SES). It sets out the organisation's approach to equality and diversity; both as an employer and as a healthcare organisation providing secondary care services.
- 1.2 It is referred to as the 'Single' Equality Scheme since it explains and responds to the Trust's statutory duties to promote equality in terms of race, disability and gender.
- 1.3 The Single Equality Scheme has been written taking into account the Trust's strategic objectives and aims for delivering equality and fairness to all patients and staff.
- 1.4 The Trust is committed to providing a health service that respects and responds to the diversity of the local population, and not to discriminate on grounds of gender, race, ethnic origin, colour, nationality, national origin, disability, sexual orientation, religion or age. The Trust opposes all forms of unlawful and unfair discrimination. Equally, PHT is committed to developing, supporting and sustaining a diverse workforce that is representative of the community it serves.
- 1.5 A Single Equality Scheme will enable the Trust to communicate and manage equality commitments, so ensuring that the organisation:
- Maximises its contribution to reducing inequalities in people's health and promoting equality of access to, experience of and outcomes of healthcare;
 - Becomes a model employer in respect of equality in employment;
 - Meets its statutory duty and complies fully with current and future legislation on human rights.
 - Is accessible to all and recognises the need for a diverse workforce that is capable of understanding the needs and culture of its customers and staff.
- 1.6 This document incorporates the Trust's Race, Disability and Gender Equality schemes.
- 1.7 This Scheme is intended to inform PHT staff, service users, their carers, visitors, contractors and partner organisations, as to how the organisation proposes to address issues of equality and diversity.

2. TRUST OVERVIEW

- 2.1 Poole Hospital NHS Trust provides a wide range of local, general and specialist acute services to the residents of Borough of Poole Council and the two district councils of Purbeck and East Dorset (giving an approximate catchment population of 268,000). The general and specialist acute services are also provided to the residents of Bournemouth Borough Council and Christchurch District Council (increasing the catchment population to around 477,000). Furthermore the specialist acute services are provided to the residents of the other three Dorset district councils of North Dorset, West Dorset and Weymouth and Portland (further increasing the catchment population to 701,000). These populations account for approximately 98% of the patient flow to the hospital, with the remaining 2% of patients coming from the neighbouring commissioning areas of Hampshire and Wiltshire as well as visitors to the area accessing emergency care.
- 2.2 The Trust has 789 beds (including 74 day beds) and employs approximately 4,300 staff (3,000 WTE). The Trust treats some 47,000 inpatients, 17,200 day cases, 64,500 new outpatients and 57,000 A&E attendances per year.

- 2.3 Poole Hospital NHS Trust is currently pursuing an application for Foundation Trust status. Within this, The Trust is working to secure members and governors. The Trust will utilise both members and governors for involvement and implementation of the Single Equality Scheme.

Clinical Services

- 2.4 The Trust provides the following range of services to its main catchment area: –
- General Surgery,
 - Accident & Emergency,
 - Pain Management,
 - General Medicine,
 - Cardiology,
 - Dermatology,
 - Rheumatology,
 - Elective Gynaecology,
 - Medicine for the Elderly
 - Palliative Care
 - A comprehensive range of Diagnostic and Clinical Support Services.
- 2.5 The following services are provided to Eastern Dorset:
- The Trauma Centre,
 - The Paediatric Centre,
 - The medically led Obstetrics Centre
 - The Neonatal Intensive Care,
 - ENT
 - Emergency Inpatient Gynaecology Centre.
- 2.6 A number of services are provided on a Dorset wide basis as follows: Neurology, Oral and Maxillofacial Surgery and the Cancer Centre for Dorset.
- 2.7 The Trust is organised into Care Groups of which there are four operational teams delivering the clinical services of the Trust. They are Women & Children, Surgical, Medical and Diagnostics & Clinical support.

The Trust's Business

- 2.8 The Trust has a number of key functions. These include:
- Clinical Service Provision
 - Non-Clinical Support Services
 - Clinical Governance and Risk Management
 - Human Resources
 - Corporate Communications
 - Education and Training
 - Business Management
 - Information Technology and Systems

3. LOCAL DEMOGRAPHIC INFORMATION (See Appendix 1 for full detail)

Ethnicity

- 3.1 Poole has 1.8% black and minority ethnic group residents (2001 census). This is significantly lower than the national average of 9%. 98.2% of the population is recorded as 'white', (British, Irish or Other White).

- 3.2 PHT's workforce profile outlines that 13.66% (including white 'other') or 10.4% (excluding white 'other') of the Trust's workforce is from the black and minority ethnic population. This is significantly higher than Black and Minority Ethnic (BME) profile for Poole.

Disabled People

- 3.3 The 2001 Census data outlined that Poole, Bournemouth and Christchurch have a higher disabled population than the England/ Wales average.

	All People	Number of disabled people.		% of disabled people.	
		Total	Working age.	Total	Working age
Poole UA	138k	26k	10k	18.47	39.54
England & Wales	52m	9.5m	4.3m	18.23	45.68
East Dorset	84k	15k	5k	18.41	32.56
Bournemouth UA	163k	33k	13k	20.05	41.06
Christchurch	45k	10k	3k	22.12	31.07

The Trust has a number of staff who have a disability. It is recognised that the recorded figure is not a true reflection of the actual number of staff with a disability. This is due to staff self reporting disability. The Trust is working with staff to achieve a more accurate figure which will be published in the near future.

Gender

- 3.4 The 2001 census data indicates that 48% of the population of Poole is male and 52% female.
- 3.5 Females account for 66% or over, of the total PHT workforce at each pay scale apart from the lowest and highest scales which equate to 53.23% and 36.84% respectively.

Payscale	Male Total (%)	Female Total (%)
Band 1	46.77	53.23
Band 2	13.43	86.57
Band 3	7.26	92.74
Band 4	10.00	90.00
Band 5	10.63	89.37
Band 6	12.55	87.45
Band 7	16.49	83.51
Band 8A	20.48	79.52
Band 8B	33.33	66.67
Band 8C	63.16	36.84
Band 8D	100.00	0.00
DOCTORS	58.81	41.19
ALL STAFF	19.72	80.28

- 3.6 The gender split of the current Trust Board members is 56% males and 44% females.

3.7 Female staff account for the majority of part time workers in the Trust, accounting for over 95% of the part-time employees in all but one pay scale.

4. THE LEGISLATIVE CONTEXT

4.1 The core commitment of PHT to provide fair, accessible services for all and equality of opportunity for staff is underpinned by equality legislation.

4.2 The following legislation applies to employment and the provision of healthcare services. The Trust must therefore ensure that it is not discriminating on any of these grounds through its functions, policies and employment practices.

4.3 Three pieces of legislation are of central importance to the SES. These are:

- Race Relations (Amendment) Act 2000
- Disability Discrimination Act 2005
- Equality Act 2006 (For Gender)

4.4 These laws impose positive duties on all public bodies to promote race, disability and gender equality. The general duties are outlined below, whilst the specific duties outlined in section 5.

Race Relations (Amendment) Act 2000

4.5 Under the general duty of the Race Relations (Amendment) Act 2000, public authorities are required to have due regard of the need to:

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

Disability Discrimination Act 2005

4.6 Under the Disability Discriminations Act 2005 (DDA), public authorities are required to have due regard for the need to:

- Promote equality of opportunity between disabled people and others;
- Eliminate discrimination that is unlawful under the Act;
- Eliminate harassment of disabled people that is related to their disabilities;
- Promote positive attitudes towards disabled people;
- Encourage participation by disabled people in public life;
- Take steps to take account of disabled people's disabilities, even where that involves treating disabled people more favourably than others.

Equality Act 2006 (For Gender)

4.7 Under the Equality Act, which amends the Sex Discrimination Act 1975, places a statutory duty on public authorities are required to have due regard of the need to:

- Eliminate discrimination and harassment that is unlawful under the Sex Discrimination Act, and discrimination that is unlawful under the Equal Pay Act;
- Promote equality of opportunity between men and women;

Other equality legislation

- 4.8 In recognising that equality and diversity requires more than the promotion of race, disability and gender equality, the Trust acknowledges the following legislation as relevant to our SES:
- Employment Equality (Age) Regulations 2006;
 - Employment Equality (Sexual Orientation) Regulations 2003;
 - Employment Equality (Religion or Beliefs) Regulations 2003.
- In addition to our work to implement the SES the Trust will take all opportunity to take into account and implement this legislation as part of our whole approach to equality.

5. THE TRUST'S APPROACH TO EQUALITY AND DIVERSITY

- 5.1 The Trust has a commitment to achieving equality and diversity in service provision and in the employment of staff
- 5.2 The Trust's approach to equality is based on the following principles:
- Due regard is given within the Scheme for the organisation's role in the delivery of healthcare services.
 - Equality and diversity issues are embedded within the Trust's core strategic themes to maximise the potential positive impact on services and employment;
 - Where the potential impact on equality is unknown or unclear, additional data should be collected.
 - The Single Equality Scheme will be reviewed annually and remain a live document, available on the web and as a paper document. Alternative formats are available on request.
- 5.3 Furthermore, the Trust's Approach to Equality:
- Will be promoted and readily accessible to both members of the public and to staff via published documents and the website;
 - Will be brought to the attention of all Trust staff through induction and training, so that it becomes a core part of our working practices;
 - Sets out a timetabled action plan which has been prepared to help the Trust meet its obligations under the Act;
 - Includes plans and procedures to deal with any complaints about possible failure to meet the general and specific duties, or other complaints related to the promotion of the Race Equality Scheme;
 - Includes all measures which have been or are being put in place to promote race equality;
 - Includes or refers to other initiatives which might have an impact on the promotion of race equality.
 - Will be reviewed and updated on a regular basis, initially annually, so that it can properly reflect priorities and pressures facing the Trust;
 - Will set out plans to evaluate the impact on staff and the development and delivery of policies and services.
- 5.4 The Trust has an aim to continual review service policies and the operation of these with the health community in line with the Single Equality Scheme. This includes the services and procedures carried out for all in and outpatients on-site at the hospital and off site by hospital personnel. These reviews include assessments of the impact of the service provision and any potential inequality / discrimination against patients, relatives, carers or staff.
- 5.5 Each Care Group and Directorate within the Trust is committed to reviewing its ways of working with respect to equality on the grounds of race, disability and gender, through existing and new policies. This process enables the identification of organisational functions and

policies which are likely to be relevant to equality and diversity e.g. have potential to discriminate against members of the public/staff in terms of disability.

- 5.6 The Trust is focusing on Equality and Diversity within its workforce because, with a diverse workforce the Trust will be able to pull together the knowledge and experiences of many people to improve the care it gives its patients and the working environment it provides to staff.
- 5.7 The Single Equality Scheme is underpinned by, and draws upon a variety of similar schemes that have previously guided the Trust's approach to equality and diversity namely the Disability Equality scheme, Race Equality Scheme as well as a new Gender Equality Scheme.
- 5.8 The Single Equality Scheme supersedes the Race and Disability Equality Schemes and is intended to amalgamate the key principles and approach adopted in those Schemes as follows:
- 5.9 The Trust aims to deliver patient centred care which takes into account the patients' disability, gender and religious faith. Examples of good practice include:
- The Trust Chaplaincy team has developed a positive working relationship with a range of other faith ministers, enabling both patients and staff to have access to ministers of their own faith.
 - The Trust has a programme of translation, comprised of provision by staff members and an external provider.
 - The Trust Catering Services provides meals for patient's inline with their faith i.e. kosher meals.
 - The Trust is working to ensure that the gender specific needs of patients are accommodated for example in changing areas for outpatient services and for in-patient wards.
- 5.10 The Trust's Patient Advice and Liaison Service (PALS) are continually striving to ensure equality of service for patients.
- PALS actively promotes itself as a 'gateway' to the Trust for people with learning disabilities to enable their specific needs to be addressed
 - PALS has introduced a Grab Sheet for people with learning disabilities which patients admitted to hospital bring with them to inform staff of their medical history, medication, personal care preferences, personal likes and dislikes, communication methods, etc.
 - PALS gives presentations to patient and 'hard to reach' groups to promote access to the Trust through PALS, e.g. escorting of patients to appointments
 - Patients are requested to contact the PALS service if they have any special requirements, e.g. hearing loss so that communication services can be arranged
 - The PALS service has a volunteer with learning disabilities assisting in the Health information Centre
 - Public consultation events are held to gather feedback from the patient experience, improvements are made as a result
- Patient feedback is obtained via suggestion boxes action is taken to improve.
- 5.11 An Access Audit was undertaken 2000 in line with Section 21 of the DDA.
- A consultancy was engaged, to undertake an access audit in April 2004 for compliance against the DDA 1995.
 - Work has been prioritised in terms of providing access to the site by providing ramps etc.
 - Work has been undertaken to improve access for the disabled in WCs etc.
 - Current signage has been reviewed and implemented and completed as part of the Wayfinding strategy.

All appropriate new works within the sites have gone through building control approval, which check to confirm that alterations are in line with the Act.

- 5.12 The Trust has a Managing Diversity policy describing how the organisation aims to treat its staff and what happens if any person should contravene that policy. It links to the formal performance on staff equality and is reviewed regularly through the collection and monitoring of data, consultation with Trade Unions and professional bodies, and an annual anonymous staff survey.
- 5.13 All employees of the Trust, whether part-time, full-time or temporary, are to be treated fairly and with respect. All employees will be encouraged and supported in developing their full potential in line with their individual knowledge and skills framework, ensuring that the Trust utilises the talents and resources of the workforce fully and maximising the delivery of quality healthcare.
- 5.14 An annual staff opinion survey, which includes questions on diversity, is carried out each year. All reported perceived discrimination is taken seriously and acted upon
- 5.15 All new staff are introduced to Diversity as part of the induction programme.
- 5.16 One Assistant HR Manager has been trained in assessing policies for their impact on the areas of race, disability and gender
- 5.17 The Trust's policy for job and development review includes assessment of performance against Equality and Diversity issues as part of the Knowledge and Skills Framework.
- 5.18 A commitment to Equality and Diversity is included in the Trust terms and conditions of employment.

6. THE TRUST'S APPROACH TO RACE

- 6.1 The Race Relations Act 1976 provides the legislative base for anti-racist policies within Britain. The 1976 Act was significantly strengthened as a result of recommendations that came out of the Macpherson Report on the Stephen Lawrence murder inquiry. The Race Relations (Amendment) Act 2000 amended the 1976 Act so as to:
Prohibit race discrimination in public functions not previously covered by the 1976 Act;
 - Place a general duty on specified public authorities to have due regard to the need to promote race equality;
 - Give the Home Secretary powers to impose specific duties on public authorities that are subject to the general duty, and to add to the list of bodies, which the general duty applies.
- 6.2 A racial group in the 2000 Act is a group of people defined by colour, ethnicity, race, nationality, nation or ethnic origins.
- 6.3 The Macpherson report gave the definition of institutional racism as:
"The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour, which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness, and racist stereotyping, which disadvantage minority ethnic people."
- 6.4 Although intentional racism is clearly unacceptable and unlawful the Trust must also focus on racism without intent, on issues of professional practice and not just morality.

- 6.5 In addition to the Race Relations (Amendment) Act (2000) a foundation for putting equal opportunities into practice within the NHS was provided through 'The Vital Connection'¹ and The NHS Plan². The Vital Connection identifies three strategic aims to be achieved by NHS organisations:
- To recruit and develop a workforce that is able to deliver high quality services that are accessible, responsive and appropriate to meet the needs of different groups and individuals;
 - To ensure that the NHS is a fair employer achieving equality of opportunity and outcomes in the workplace;
 - To ensure the NHS uses its influence and resources as an employer to make a difference to the life opportunities and the health of its local community, especially those who are shut out or disadvantaged.
- 6.6 These aims, and the Race Relations (Amendment) Act 2000 are embodied in the two core principles of the NHS Plan:
- The NHS will shape its services around the needs and preferences of individual patients, their families and carers.
 - The NHS will respond to the different needs of different populations.
- 6.7 The Employment Equality (Religion or Belief) Regulations (2003), which cover direct and indirect discrimination on the grounds of a person's religion or belief. The Trust understands that there are parallels between racial and religious discrimination, but acknowledges that race and religion are not the same issue and are often manifested or experienced separately.
- 6.8 In addition to the general duty to promote racial equality the Home Secretary has imposed specific duties on those bodies subject to the general duty.
- 6.9 The specific requirements in relation to the Trust's approach to Race Equality are as follows:
- Prepare and publish a Race Equality Scheme (RES), detailing how the Trust intends to meet its obligations under the general duty and other specific duties which have been set and are relevant to it;
 - Assess functions and policies which are felt to be relevant to the duty (must be reviewed every three years);
 - Arrangements for monitoring policies for adverse impact on the promotion of race equality;
 - Arrangements for publishing the results of its assessment, consultation and monitoring practices;
 - Arrangements for ensuring that those from minority ethnic communities have access to information and to services;
 - Arrangements for the training of its staff on issues relevant to the general duty and specific duties as required.
- 6.10 The specific requirements in relation to the Trust are that it should:
- Have prepared a written statement of its policy for promoting race equality before the 31st May 2002. This was undertaken and updated in May 2005. The SES is a further update to this scheme.
 - Have in place arrangements for fulfilling as soon as is practicably possible its duties under the Act;
 - Maintain a copy of the statement and fulfil these duties in accordance with such arrangements;

¹ NHS Executive (2000) The Vital Connection: An equalities framework for the NHS London: Department of Health

² Department of Health (2000) The NHS Plan: A Plan for Investment

- Assess the impact of its policies, including its race equality policy on patients and service users, and the recruitment and career progress of staff;
- Include in the written statement of the race equality policy how to publish that statement and the results of the assessment and monitoring as noted above;
- Take such steps as is reasonably practicable to publish annually the results of its monitoring.

6.11 There are also specific duties relating to employment issues, which apply to the Trust:

- As with other public authorities subject to the general duty, the Trust is required to have in place arrangements for monitoring the ethnicity of:
 - Staff in post;
 - Applicants for jobs;
 - Promotion;
 - Training
- As a public authority with greater than 150 full time employees, the Trust is required to have in place arrangements for monitoring the ethnicity of staff who:
 - Are involved in grievance procedures;
 - Are the subject of disciplinary procedures;
 - Benefit or suffer detriment as a result of performance appraisal;
 - Receive training;
 - Are dismissed or leave for other reasons.
- The results of the above monitoring will be published annually.

6.12 Section 71C of the Race Relations act (RRA) 1976, as amended, confers on the Commission for Race Equality (CRE) the power to issue codes of practice in relation to any aspect of the general duty, in terms of both the general and specific duties mentioned above. Such codes can be admissible as evidence in proceedings brought under the RRA.

6.13 The CRE has published a statutory 'Code of Practice' on the duty to promote Race Equality' and two non-statutory guides related to health and social care. The Code came into effect on the 31 May 2002. It will be admissible as evidence in any legal proceeding under the RRA.

7. THE TRUST'S APPROACH TO DISABILITY

7.1 The legislation of central importance to the Trusts approach to disability equality is the Disability Discrimination Act 2005, which amended the Disability Discrimination Act (1995) (referred to in this document as the DDA). The new legislation marks a shift from the reactive duties of the DDA 1995 towards a duty to actively promote equality of opportunity for disabled people.

7.2 The new act is based upon the belief that the disadvantage and social exclusion, which is often experienced by disabled people, is a consequence of environmental barriers. These can take the form of inaccessible buildings, but are also found in employment practices or services, which do not take the particular needs or circumstances of disabled people into account.

7.3 The Disability Equality Duty does not give individuals more rights; instead it is about improving public authorities' policies and services as a whole, for all disabled people. Its focus is not so much on removing physical barriers (which authorities should have already addressed in compliance with DDA 1995), but more on removing those barriers within policy or the design of services or initiatives that have a negative impact on the lives of disabled people.

- 7.4 The Trust subscribes to the conceptual framework that is the social model of disability. In this model the argument is that 'disability' arises from the existence of 'barriers' or elements of social organisation, which take no or little account of people who have impairments or long-term health conditions. Thus it is not someone's impairment or medical condition, which causes disadvantage, but rather attitudinal and environmental barriers that are 'disabling'.
- 7.5 The duty applies the social model to the functions of a public authority. It does this by recognising the negative impact on disabled people of a society designed for non-disabled people. It also recognises that active steps are needed to promote equality for disabled people.
- 7.6 Under the DDA, public authorities are required to have due regard for the need to:
- Promote equality of opportunity between disabled people and others;
 - Eliminate discrimination that is unlawful under the Act;
 - Eliminate harassment of disabled people that is related to their disabilities;
 - Promote positive attitudes towards disabled people;
 - Encourage participation by disabled people in public life;
 - Take steps to take account of disabled people's disabilities, even where that involves treating disabled people more favourably than others.
- 7.7 For the purposes of the DDA an individual is covered by the DDA if they currently have, or have had in the past, a physical or mental impairment that has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities.
- 7.8 This applies to a very wide range of physical and mental impairment including those with long-term health conditions, such as, Alzheimer's disease, arthritis, HIV, multiple sclerosis, depression, diabetes and cancer. The duty requires the authority to consider the equality of all people who fall within this definition.
- 7.9 The DDA places a general duty on public authorities to promote disability equality. Under the new duty, and through all relevant functions, public authorities are required to have due regard of the need to:
- Promote equality of opportunity between disabled persons and other persons
 - Eliminate discrimination that is unlawful under the Act
 - Eliminate harassment of disabled persons that is related to their disabilities
 - Promote positive attitudes towards disabled persons
 - Encourage participation by disabled persons in public life
 - Take step to take account of disabled persons' disabilities, even where that involved treating disabled persons more favourably than other persons.
- 7.10 The DDA also contains specific duties and the following steps are required to be undertaken to comply with the principle of specific duty:
- Produce and publish a Disability Equality Scheme and action plan demonstrating how the Trust intends to fulfil its general and specific duties and publish it
 - Involve disabled people in the development of the Scheme
 - The Scheme should include statements of:
 - The way in which the Trust has involved disabled people in the development of the scheme
 - Methods for impact assessment
 - What steps the Trust will take to fulfil its general duty and action plan
 - How the Trust will gather information in relation to employment

- 7.11 Within three years of the Scheme being published, take the steps set out in its action plan (unless it is unreasonable or impracticable for it to do so) and put into effect the arrangements for gathering and making use of information;
- 7.12 To publish a report containing a summary of the steps taken under the action plan, the results of its information gathering and the use to which it has put the information.
- 7.13 The Trust has an additional specific duty to assess the extent to which the services it provides, and those other functions it performs, take account of the needs of disabled people.
- 7.14 The DDA 2005 requires employers to undertake specific information gathering on the effect of an organisation's policies and practices with respect to recruitment, development and retention of disabled employees.
- 7.15 The Trust is therefore committed to monitoring and analysing information, and taking appropriate action with respect to the following:
- Applicants (successful and unsuccessful) for posts;
 - Applicants for training and promotion opportunities;
 - Workplace treatment generally, such as involvement in disciplinary and grievance procedures;
 - Information related to the termination of employment through redundancy, dismissal, resignation and end of fixed term contracts.
- 7.16 The Trust will utilise the social model and legal definition of disability in all of its internal and external communications relating to disability; promoting the social model within secondary services, and with partner organisations.

8. THE TRUST'S APPROACH TO GENDER

- 8.1 The Gender Equality Duty was introduced to address the fact that discrimination on the basis of gender inequality still exists. The Gender Equality Duty addresses the inequality between men and women and the disproportionate opportunities of particular groups of men or women (rather than the differences between opportunities given to a male or female). Gender inequality exists in all aspects of society and refers to lasting and embedded patterns of advantage and disadvantage. The Trust has a role in challenging this and aims is to make sure that equality both for men and for women, for boys and for girls is at the centre of work when developing policy and strategy, providing healthcare and providing employment.
- 8.2 The Trust recognises that the term 'gender' refers to the wider social roles and relationships, which structure men's and women's lives and that fact that differences remain even though the lives of women and men have become more similar, as more and more women have entered the labour market. For example, although the pay gap has narrowed, women as a group in Britain still earn less than men and follow very different career paths. In relation to Trust services, it is recognised that women can expect to live longer than men but these extra years of life may not be years of healthy life. In 2001 the average life expectancy at birth of females born in the UK was 80 years compared with 76 years for males. However, the gap is smaller in terms of the number of years they can expect to live in good health. Healthy life expectancy for women in 1999 averaged 69 years compared with 67 years for men. Consequently, while women can expect to live longer than men they are also more likely to have more years in poor health.

- 8.3 The Equality Act 2006 is different from previous sex equality legislation in two ways:
- There is a positive requirement for the Trust itself to take action, rather than waiting for individuals to take cases against them.
 - There is a positive requirement to act to promote gender equality, not just to avoid discrimination.
- 8.4 The Gender Equality Duty is based on the belief that there are disadvantages based on gender. These take form in employment practices and service provision, which do not take into account the different needs of each gender.
- 8.5 The Gender Equality Duty is not about providing individuals with more rights, it is intended to be a proactive measure to promote gender equality through the Trusts policies and services. Its focus is on removing barriers, which may be inherent within policies or services, or initiatives that may be gender biased.
- 8.6 The Gender Equality Duty requires the Trust to re-evaluate the services it provides. The Trust needs to ask whether men and women have different needs and if it provides for the priority issues affecting the different genders. This will include identifying if services need to be delivered on a gender-specific basis.
- 8.7 The Gender Equality Duty states that all public authorities are required to:
- Gather information on how their work affects women and men.
 - Consult employees, service users, trade unions and other stakeholders.
 - Assess the impact of policies on and practices on both
 - Identify priorities and set gender equality objectives
 - Plan and take action to achieve greater gender equality
 - Publish a gender equality scheme and review progress every 3 years.
- 8.8 The Trust also needs to promote gender equality for employees. The Trust needs to take steps to improve the under-representation of women or men in parts of the workforce and conduct reviews to ensure that pay systems are fair. The Trust can improve the support offered to employees to balance work and family life and introduce effective sexual harassment policies. Imposing these requirements on the private and voluntary sector contractors will ensure that fair employment standards are carried right the way through the Trust.
- 8.9 Although the Trust does not set their own pay scales, it is legally liable under the Equal Pay Act for the implementation of those systems. It is recognised that when undertaking a pay review or sampling, the Trust accepts they must act if it is discovered that elements are causing risk or pay discrimination
- 8.10 The Trust must also ensure that the Scheme:
- Demonstrates that services are provided fairly to men and women and that there is equity of access
 - Demonstrates that employment policies do not discriminate between men and women and have adequate provision for trans people
 - Demonstrates how the organisation ensures that there is no a pay gap between men and women;
 - Demonstrates how the organisation intends to rectify any gender imbalance in terms of employment and service.

- 8.11 The Trust has a commitment in practice to achieve equality on the basis of gender. This will be carried out within service provision and by a range of employment practices. The Trust will also comply with the gender duty in order to achieve gender equality.
- 8.12 The Equal Pay Act (as amended) (1970) gives an individual the right to the same contractual pay and benefits as someone of the opposite sex in the same employment or work that is proved to be of equal value. The Sex Discrimination Act (as amended) (1975) applies to women and men of any age, including children, and prohibits sex discrimination against individuals in the areas of employment, education, and in the provision of goods, facilities and services and in the disposal and management of premises.
- 8.13 The Sex Discrimination (Gender Reassignment) Regulations (1999) effectively extend the Sex Discrimination Act to include discrimination on gender reassignment grounds in relation to pay, employment and vocational training by preventing discrimination against transsexual people in these areas. The Gender Recognition Act (2004) provides transsexual people with legal recognition in their acquired gender so, for example, a male-to-female transsexual is legally recognised as a woman in English law.
- 8.14 The Trust will implement the Gender Equality Duty and respond to the positive requirement to promote gender equality.

9. PARTNERSHIP WORKING

- 9.1 The Trust operates to deliver secondary services, and as such delivers activity within a system of other healthcare organisations. The Trust's partners include Bournemouth & Poole Primary Care Trust, Dorset PCT, Royal Bournemouth & Christchurch Hospitals NHS Trust, West Dorset General Hospitals NHS Trust, Southampton University Hospitals NHS Trust, local authorities including local services, government agencies and other related organisations including voluntary organisations.
- 9.2 The Trust will use the Patient & Public Involvement forum to promote partnership working for the SES
- 9.3 The Trust is committed to ensuring that any external organisation with which it works, and which works on Trust premises is made aware of and encouraged to adhere to the equality and diversity commitments of the Trust.
- 9.4 PHT will ensure that the equal opportunities practices of potential contractors are taken into consideration when services are put out to tender.

10. REVIEWING AND UPDATING THE SINGLE EQUALITY SCHEME

- 10.1 Progress towards meeting commitments detailed in the Equality Action Plan (see Appendix 2) will be reported annually to the Trust Board in line with statutory duties under the RR(A)A 2000, DDA 2005 and Equality Act 2000.
- 10.2 The Trust commits to reviewing and updating this Action Plan annually and to revisiting the SES at least every three years. It is intended that the SES will fit into the development and planning cycle, however minor revisions to the document may be made more frequently than this, ensuring that it remains up to date with the current policy position or context.

11. COMMUNICATION, CONSULTATION AND INVOLVEMENT

- 11.1 The Trust is committed to making communications accessible and is constantly seeking new ways of engaging with stakeholders and partner organisations.
- 11.2 A number of methods exist for consulting with the Trust's stakeholders. These include use of the public website, patient panels, regular meetings with the PPI forum, patient surveys and care group patient information groups. The Foundation Trust Council of Member Representatives will act as a link between the Trust and the local community. The Trust is building on new links forged with organisations during the three month period of public consultation on becoming a Foundation Trust with groups representing the wider community. An example of this is consultation on the format and distribution of the annual report, which is being conducted through the PPI Forum, Help and Care and the Poole Older People's Network.
- 11.3 Consultation and involvement are the means by which the Trust ensures participation to fulfil the various duties outlined in the legislation. This SES is to be the subject of extensive and ongoing review.
- 11.4 The Trust will approach the process of consultation in an interactive manner including a survey involving individuals, stakeholders and staff.
- 11.5 The Trust regards consultation on a new or existing policy or service as both fundamental and vital to the ongoing development of the Trust's policy development and evaluation process.
- 11.6 The Trust aims to ensure that the consultation is:
- Meaningful: forms a genuine part of the decision-making process and is timed so as to facilitate this happening.
 - Representative: based upon a cross-section of views as to whether the policy is likely to have a differential impact by racial group, gender or disability;
 - Effective: having a genuine impact on policy development;
 - Appropriate for the topic and groups involved.

12. IMPACT ASSESSMENT

- 12.1 Impact assessments involve asking initial questions about:
- Relevance: Equality will be more relevant to some services rather than others. Relevance is about how much impact a policy has on people.
 - Proportionality: The importance given to equality should be proportionate to the relevance of the service.
- Through impact assessment, the Trust can measure whether it has fulfilled the general duties referred to in this SES and highlighted in Section 4 (The Legislative Context).
- 12.2 If an existing or proposed policy is identified as being likely to have an adverse impact on race equality, those of a particular gender or disabled people, PHT staff responsible for that particular policy will consider:
- How to best meet the duties under the legislation;
 - Alternatives that could meet the policy objectives without the adverse impact;
 - Whether the adverse impact is unavoidable and if it can be justified in relation to the aims and importance of the policy.
 - Taking measures that would help to reduce the predicted adverse impact;
 - Where the Trust wishes to significantly change a policy to avoid adverse impact on equality, whether to undertake further consultation.

- Any relevant and appropriate data (both quantitative and qualitative)
- An independent assessment of the impact of outcomes where necessary

12.3 The nature and frequency of the review will be proportionate to the potential differential impact of the functions and policies on equality. Initially each Care Group and Directorate will be responsible for reporting findings to the Equality and Diversity Group with recommendations and action plans.

12.4 Those people identified as policy authors, under the Trust arrangements, in each respective area will carry out impact assessments on a rolling basis based on priority. They will be responsible for ensuring that the relevant approval committee has approved the assessment. The Group will be responsible for confirming to the Clinical Governance Committee that the assessment has been carried out appropriately.

12.5 Impact Assessments will be undertaken in compliance with Trust arrangements.

12.6 Refer to Appendix 3 for details on the Impact Assessment Toolkit.

13. THE TRUST'S MONITORING ARRANGEMENTS

13.1 The Trust has a statutory duty to monitor for any adverse and differential impact on race, disability and gender equality. This will be reported through the annual report on the SES to the Trust board

13.2 The Trust has a statutory duty to monitor its workforce by racial group under the RR(A)A, and this principle extends to the areas of disability and gender as follows:

Monitoring the ethnicity, disability and gender of:

- Staff in posts;
- Applications for posts;
- Training (application and results);
- Promotion.

Monitoring the ethnicity, disability and gender and analysing the subsequent results from:

- Grievances;
- Disciplinary Action;
- Performance Appraisals;
- Dismissal and other reasons for leaving.

13.3 Employment monitoring is by ethnicity (16 point census categories), gender, disability and part-time/full time working categories. The Trust will publish the results of the monitoring annually. This will include doing comparisons between the ethnic profile of the workforce, the labour market and the population served by PHT. Regular reports to the Equality and Diversity Group will be provided, who will then action work required through the Care Groups and Directorate representatives on the Group.

14. REPORTING ON AND ENFORCING THE SINGLE EQUALITY SCHEME

14.1 Under the specific duties of the RR(A)A 2000, the DDA 2005 and the Equality Act 2006, the Trust has a statutory duty to report annually on the schemes progress. The Trust intends to accomplish this through publishing a summary report on the Trust Web site. The annual report will make reference to the Trust's SES.

14.2 Enforcement of the specific duties of the RR (A)A 2000, the DDA 2005 and the Equality Act 2006 is the responsibility of the Commission for Racial Equality, the Disability Rights

Commission and the Equal Opportunities Commission. By mid-2007, the Commission for Equality and Human Rights will be created to take on the enforcement of the existing commissions.

15. COMPLAINTS

- 15.1 The Trust has clear complaints procedures and guidance, which is published on the web site. Hard copies are also available on request. This guidance covers both external complaints and those made by staff within the Trust. Additionally, the Trust has a Patient Advice and Liaison service that can help resolve concerns as they arise, and explain the Trust's complaints procedure.
- 15.2 The Trust's complaints procedure aims to maintain public confidence in the Trust through ensuring that public accountability encompasses a fair, proper and constructive response to complaints. Those complaints that are unable to be resolved by the Trust staff or Chief Executive are forwarded on to the Healthcare Commission for independent review.

16. RESPONSIBILITY FOR THE SINGLE EQUALITY SCHEME

- 16.1 A Trust wide Equality and Diversity Group will manage the SES, and report directly to the Trust Board. Progression on the SES action plan will be included in the Trust's Annual Report.
- 16.2 The terms of reference and membership list for the Equality and Diversity Group are included below (see appendix 4).
- 16.3 An Equality and Diversity Group has been in operation for over 10 years. The Group is the lead on Equality and Diversity for the Trust. Its purpose is to develop and monitor the SES and develop subsequent versions of the SES, update action plans and handle enquiries. The Group reports to the Trust Board and will develop a formal report to be fed into the Trust Board after each meeting.
- 16.4 Mainstreaming is the phrase used to describe the integration of equalities into policy development, implementation, evaluation and review. Within this framework each Care Group and Directorate accepts its own responsibilities for promoting equality of opportunity and challenging discrimination.
- 16.5 The Trust's Chief Executive and Trust Board have the ultimate legal accountability for compliance with all equality legislation.

APPENDIX 1 – DEMOGRAPHIC INFORMATION

1 Profile of the Local Population

- 1.1 This section sets out the key demographic features taken from the 2004 mid year population estimates extracted from NOMIS³ of Dorset and Somerset, together with a profile of the local NHS workforce for September 2005 extracted from the NHS National Census.
- 1.2 There is a uniform trend in the population dynamics of Dorset:
- There is a growing ethnic population (whether it is first or second generation, refugee or migrant);
 - The age profile is increasing (and statistics show that the prevalence of disability increases rapidly with age)
 - More same sex couples are identified within the communities
- 1.3 Table 1 shows the population from 2001 to 2005. This shows a reduction of 0.3%

Table 1: Population (thousands)

	Poole Unitary Authority	Bournemouth Unitary Authority	Christchurch	Total
Jun-05	137.1	163.6	45.1	345.8
Jun-04	137	163.5	45.1	345.6
Jun-03	137.5	163.7	45.1	346.3
Jun-02	138	163.6	45	346.6
Jun-01	138.4	163.6	44.9	346.9

Office of National Statistics

- 1.4 The Labour Market Review for the South West Region published for the winter 2005/06, illustrates that Bournemouth has the highest unemployment in the South West. Table 2 breaks this down by local County or Unitary Authority (UA):

Table 2: Unemployment Rates in the South West 2005

Local Authority	Local Rate	South West Rate	National Rate
Poole	1.0%	1.4%	2.4%
Bournemouth	1.7%	1.4%	2.4%
Dorset	0.8%	1.4%	2.4%

Source: Labour Market review for the South West

³ Nomis is a web-based database of labour market statistics based in Durham. Nomis is run by the University of Durham on behalf of the Office for National Statistics.

- 1.5 Table 3 shows the distribution of population under and over the age of 65. The national average is 16%.

Table 3: Population Age Profile (thousands)

	Poole	Bournemouth	Christchurch
Jun-05	137.1	163.6	45.1
65+	28.6	32.6	13.3
Under 65	108.5	131	31.8
% Over 65	21	20	29

Source: Office of National Statistics June 2005 count

- 1.6 Table 4 shows average cost of housing in Dorset compared with England and Wales, illustrating a significantly higher housing cost in all aspects apart from flats.

Table 4: Average Cost of Housing March 2006.

Type	Dorset £K	England & Wales £K
All	226	191
Detached	317	294
Semi-Detached	200	174
Terraced	178	150
Flat	164	181

Source: Land Registry

- 1.7 Table 5 shows median gross annual pay for full time workers. All parts of Dorset are below the average in England, further exacerbating the difficulties for people wishing to buy their first home.

Table 5: Median Gross Annual Pay for Full Time Workers 2005

Authority	£
Dorset	20,461
Poole	22,912
Bournemouth	19,019
England	23,286

Source: NOMIS

- 1.8 The South West Observatory reports that the qualification levels for the adult population has seen a marked improvement in NVQ level 4, which has gone from 23% in 1999 to 26% in 2003. NVQ level 3 increased from 13% in 1999 to just over 16% in 2003 (see Table 6). The South West has the lowest proportion of adults without any qualifications at just over 10% compared to the national average of 14%. A "Skills for Life" survey states that approximately 14% of the South West's adult population do not have basic literacy and 49% lacking basic numeric skills.

Table 6: Vocational Qualifications for Adults in the South West

Level	% Adults 1999	% Adults 2003
NVQ 3	13%	16%
NVQ 4	23%	26%

Source: South West Observatory

- 1.9 PHT's patient profile for 2006/2007 outlines that 76.1% are recorded as British ethnic category.

Ethnic Group	Age Group								Grand Total
	<16	16-25	26-35	36-45	46-55	56-65	66-75	>75	
British	18.5%	9.7%	12.2%	9.7%	7.8%	11.2%	12.5%	18.4%	100% (52345)
Irish	3.1%	4.4%	16.3%	6.9%	5.0%	14.4%	35.6%	14.4%	100% (160)
Any Other White Background	27.0%	13.5%	23.9%	12.0%	8.7%	3.9%	4.4%	6.7%	100% (1075)
White & Black Caribbean	70.4%	14.1%	9.9%	4.2%	0.0%	1.4%	0.0%	0.0%	100% (71)
White & Black African	49.2%	3.2%	28.6%	11.1%	3.2%	3.2%	1.6%	0.0%	100% (63)
White & Asian	65.6%	6.5%	12.9%	1.1%	2.2%	0.0%	3.2%	8.6%	100% (93)
Any Other Mixed Background	52.7%	12.2%	28.7%	4.2%	0.8%	1.3%	0.0%	0.0%	100% (237)
Indian	39.7%	1.1%	37.4%	15.1%	1.1%	2.2%	2.2%	1.1%	100% (179)
Pakistani	29.2%	37.5%	29.2%	4.2%	0.0%	0.0%	0.0%	0.0%	100% (24)
Bangladeshi	38.5%	15.4%	23.1%	7.7%	11.5%	0.0%	3.8%	0.0%	100% (78)
Any Other Asian Background	32.5%	3.5%	28.1%	12.3%	18.4%	2.6%	1.8%	0.9%	100% (114)
Caribbean	21.4%	14.3%	42.9%	14.3%	0.0%	7.1%	0.0%	0.0%	100% (28)
African	37.0%	11.1%	18.5%	9.9%	7.4%	16.0%	0.0%	0.0%	100% (81)
Any Other Black Background	40.7%	25.9%	7.4%	22.2%	3.7%	0.0%	0.0%	0.0%	100% (27)
Chinese	33.1%	6.3%	42.5%	7.9%	5.5%	3.1%	0.8%	0.8%	100% (127)
Any Other Ethnic Group	32.7%	17.5%	29.0%	13.1%	2.7%	3.0%	1.7%	0.3%	100% (297)
Not Stated	18.0%	12.0%	14.7%	9.6%	7.4%	10.3%	10.6%	17.5%	100% (4937)
Not Known	11.2%	16.1%	20.6%	12.2%	7.1%	9.4%	8.9%	14.6%	100% (8832)
TOTAL	12481 18.1%	7390 10.7%	9585 13.9%	6904 10.0%	5229 7.6%	7283 10.6%	7984 11.6%	11912 17.3%	68768

2. Profile of the Local NHS Workforce

- 2.1 The NHS in Dorset and Somerset employs over 26,000 staff within five Hospital Trusts, two Mental Health Trusts, 3 Primary Care Trusts, one Ambulance Trust and a Strategic Health Authority that covers the whole of the South West. Table 7 shows the deployment of the PCT and Acute staff as at September 2005.

Table 7: Deployment of NHS Staff in Dorset, September 2005

Organisation	Headcount	WTE
Poole Hospital NHS Trust	3,781	2,974
Dorset PCT	2739	2004
Bournemouth and Poole Primary Care Trust	1056	756
West Dorset General Hospitals NHS Trust	2,526	1,965
Dorset HealthCare NHS Trust	2,024	1,542
RBCH	4,205	3,389
Dorset Ambulance NHS Trust	590	505
Total	16,921	13,135

2.2 PHT's workforce profile outlines that 4.49% of the Trust's workforce is from the black and minority ethnic population. This is significantly higher than Poole's BME profile.

	POOLE	NEW FOREST	SOUTH & EAST DORSET	BOURNE -MOUTH	RBCH
All People	177 816	169 331	147 842	147 388	4 487
White British	95.51%	96.85%	96.82%	92.94%	84.46%
White Irish	0.66%	0.53%	0.62%	0.92%	0.62%
White Other	1.93%	1.48%	1.46%	2.91%	4.06%
Mixed White & Black Caribbean	0.15%	0.13%	0.12%	0.25%	0.05%
Mixed White & Black African	0.09%	0.04%	0.06%	0.18%	0.11%
Mixed White & Asian	0.25%	0.17%	0.18%	0.39%	0.11%
Mixed Other	0.19%	0.16%	0.12%	0.37%	0.22%
Asian Or Asian British Indian	0.24%	0.12%	0.08%	0.28%	2.32%
Asian Or Asian British Pakistani	0.05%	0.02%	0.02%	0.06%	0.20%
Asian Or Asian British Bangladeshi	0.12%	0.05%	0.05%	0.13%	0.11%
Asian Or Asian British Other	0.13%	0.06%	0.05%	0.20%	4.26%
Black Or Black British Caribbean	0.07%	0.05%	0.02%	0.12%	0.09%
Black Or Black British African	0.11%	0.05%	0.04%	0.25%	0.56%
Black Or Black British Other	0.02%	0.02%	0.01%	0.04%	0.11%
Chinese	0.25%	0.17%	0.17%	0.44%	0.91%
Other (can also include not stated)	0.24%	0.12%	0.18%	0.53%	1.81%

2.3 Females account for 86% or over of the PHT workforce. The gender split of the current Trust Board for the Chairman and Non Executive Directors 50% male and 50% Female, and for Executive Directors 60% male and 40% Female. Female staff account for the majority of part time workers in the Trust, accounting for over 95% of the part-time employees in all but one pay scale.

Pay scale	Male PT %	Female PT %	Male WT %	Female WT %	Male Total %	Female Total %
BAND 1	30.65	48.39	16.13	4.84	46.77	53.23
BAND 2	4.29	51.80	9.14	34.76	13.43	86.57
BAND 3	0.95	61.20	6.31	31.55	7.26	92.74
BAND 4	0.87	41.74	9.13	48.26	10.00	90.00
BAND 5	0.54	38.76	10.09	50.61	10.63	89.37
BAND 6	1.26	43.72	11.30	43.72	12.55	87.45
BAND 7	1.08	43.37	15.41	40.14	16.49	83.51
BAND 8: RANGE A	1.20	28.92	19.28	50.60	20.48	79.52
BAND 8: RANGE B	0.00	5.13	33.33	61.54	33.33	66.67
BAND 8: RANGE C	5.26	5.26	57.89	31.58	63.16	36.84
BAND 8: RANGE D	0.00	0.00	100.00	0.00	100.00	0.00

2.4 White British staff represent 94.3% (132) of the Trusts Band 8 pay scale. This is comparable to 89.4% (2568) of the lower pay scales being white British.

Pay Band	1	2	3	4	5	6	7	8A	8B	8C	8D	All Bands
White British/Mxd British	73.85	91.40	93.85	94.95	82.53	90.99	93.48	94.87	97.44	84.21	100.00	89.61
White Irish	0.00	0.64	0.31	0.46	0.67	1.07	2.17	3.85	0.00	0.00	0.00	0.86
White Other	4.62	2.57	1.54	1.38	2.02	2.79	1.45	0.00	0.00	5.26	0.00	2.12
Mixed White/Blk Caribbean	0.00	0.13	0.31	0.46	0.00	0.21	0.36	0.00	0.00	0.00	0.00	0.17
Mixed White/Asian	0.00	0.00	0.00	0.00	0.13	0.00	0.00	0.00	0.00	0.00	0.00	0.03
Mixed Other	0.00	0.26	0.00	0.46	0.13	0.21	0.36	0.00	0.00	0.00	0.00	0.20
Asian Indian/Brit Indian	9.23	0.26	0.31	0.00	5.78	0.86	0.72	0.00	0.00	5.26	0.00	1.96
Asian Pakistani/Brit Pak	0.00	0.00	0.00	0.00	0.13	0.00	0.00	0.00	0.00	0.00	0.00	0.03
Asian Other	0.00	0.00	0.31	0.46	2.02	0.21	0.00	0.00	0.00	0.00	0.00	0.60
Black Caribbean	0.00	0.00	0.31	0.00	0.27	0.00	0.00	0.00	0.00	0.00	0.00	0.10
Black African	0.00	0.26	0.00	0.00	2.15	0.00	0.00	0.00	0.00	5.26	0.00	0.63
Black Other	0.00	0.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.03
Chinese	1.54	0.39	0.00	0.00	0.27	0.21	0.36	0.00	0.00	0.00	0.00	0.27
Other Stated Origin	3.08	0.64	0.00	0.00	0.81	0.21	0.00	0.00	0.00	0.00	0.00	0.46
Not Stated	7.69	3.34	3.08	1.83	3.09	3.22	1.09	1.28	2.56	0.00	0.00	2.92

Appendix 2 ~ Equality Action Plan

NB: All dates refer to the end of each stated month

This Action Plan supports the Single Equality Scheme (SES) and builds on previous work undertaken in the field of employment. The SES extends the equality requirements into the operational areas of the Trust. It has high level commitment and support and is written at that level because the detailed actions to meet the General and Specific Duties of the SES will need further analysis and refinement by the Trust's Equality and Diversity Group. This action plan therefore concentrates on the work to be undertaken in the period between publication and the end of March 2008.

These objectives will be monitored and reviewed during this period enabling the Trust to put into place clearly defined and monitored actions aimed at delivering the General and Specific Duties of the Scheme, the process for which is outlined below. Alongside this work there is a clear expectation that detailed actions will be identified by Care Groups and Directorates following the process of impact assessment training and the undertaking of impact assessments.

Following the completion of this work the Equality and Diversity Group will establish a more detailed Action Plan against the General and Specific Duties and taking into account the knowledge and information gained through the data analysis and through the process of training and implementation of equality impact assessments.

The Action Plan contains the Trust's priorities in our work to give all due regard to eliminate discrimination.

ACTION REQUIRED	WHO	WHEN
1. Improve the Trust's understanding of it's population profile and health needs and thus enable pro-active work to be planned and considered with appropriate involvement.	MS / HH	May 07
2. Define baselines of information in race, disability and gender for service provision and review these for employment.	HH / SD	May 07
3. Begin the programme of training for equality impact assessments.	MS	May 07
4. Review the framework by which the SES will be established within the Trust and its monitoring and reporting arrangements.	MS	May 07
5. Establish positive working with partner organisations in order to achieve good practice in involvement and consultation.	MS / SD	May 07
6. Benchmark the Trust's baselines with our SES partner organisations.	HH / SD	June 07

ACTION REQUIRED	WHO	WHEN
7. Establish the priorities regarding equality to be met in 2007/2008.	MS	July 07
8. Disseminate information and communicate with our staff and patients regarding aspects of the SES including impact assessment results.	MS	July 07
9. Establish the process of review of the SES and actions within the Trust's governance framework.	MS	July 07

Key to Responsibilities

SD: Director of Human Resources
MS: Director of Nursing
HH: Director of Operations

APPENDIX 3 ~ IMPACT ASSESSMENT

1. What is an Equality Impact Assessment (EQIA)?

- 1.1 An EQIA is a means of refocusing services or employment practices on the needs of diverse communities or diverse groups of staff.
- 1.2 An EQIA is a process of analysing a proposed or existing service, strategy, policy, or project. The aim is to identify any effect or likely effect on different groups within the community.
- 1.3 EQIAs remain the responsibility of the Trust whether functions are provided in house or contracted out.
- 1.4 In order to assist this process it is essential that we profile our staff and patients as far as possible to enable regular analysis that can inform service delivery plans.
- 1.5 All new services and service redesigns should be subjected to an Equality Impact Assessment to ensure that there will not be an unintended adverse impact upon a section of the community.
- 1.6 Additionally, all new policies and policy reviews should consider the relevance to equality target groups and where appropriate carry out an assessment. Equality Impact Assessments are concerned with anticipating and identifying the discriminatory or negative consequences for a particular group or sector of the community on the grounds of race, disability, gender, age, religion and belief, and sexual orientation. Information gathered may show that there is over or under-representation by certain groups. The outcome of an EQIA is to make sure that, as far as possible, any negative consequences are eliminated or minimised and opportunities for promoting equality are maximised.

2. Why 'impact assess'?

- 2.1 Public bodies have a legal responsibility to assess their policies and functions, and to set out how they will monitor any possible negative impact on race equality, disability equality and gender equality. They also have to consult on proposed policies and train their staff in these duties. The public duty requires that the following issues be addressed:
 - Is the strategy/policy/service discriminatory?
 - Does it promote equal opportunities (proactively advertise and encourage participation by all)?
 - Does it help promote good relations between different communities?
For disability three more issues need consideration under the public duty:
 - Can measures be included to eliminate harassment?
 - Can steps be taken to encourage participation in public life?
 - And do any adjustments need to be made to enable disabled people to have access to the service?
- 2.2 Undertaking EQIAs will improve the efficiency and effectiveness of the Trust by ensuring that service user's needs are met and staff are representative of the community.

3. Who is responsible for EQIA?

- 3.1 Associate Director of Operations and Directors (for Directorates) are responsible for ensuring EQIAs are undertaken.
- 3.2 Final responsibility rests with the Chief Executive and the Trust Board.
- 3.3 There are two stages to an EQIA:
 - Screening strategies, policies, services or projects to see if they are likely to have a detrimental impact in terms of race, gender or disability
 - A full impact assessment should be undertaken if the screening shows that there could be significant detrimental impact.

4. Stage one: Screening for Relevance

- 4.1 The Trust is required to determine which policies and functions have the most potential to create unequal impact, and those that are less likely to do so. This is defined as the “test of relevance”. Policies or functions which are likely to have a higher relevance, are those which involve face to face contact, involve making decisions based on someone’s individual characteristics or circumstances, are likely to have a significant impact on someone’s life or well-being, or where there is a history or long-established pattern of unequal outcomes.

5. For the screening stage use form A.

- 5.1 Once the Initial Screening Form has been completed, the Trust will only complete a full EQIA if:
 - Any equality target group or sub-section of an equality target group would be negatively affected, and
 - That impact is assessed as of medium or high significance.A strategy, service or policy could have a positive or neutral impact in terms of race, gender, disability, age, religion and belief or sexual orientation. In such cases a full EQIA is not necessary. If you feel that the initial screening shows that the strategy, policy or service does not need a full EQIA, make sure you have evidence to justify this decision.

6. Stage Two: Carrying out a full EQIA

- 6.1 A full EQIA involves three stages:
 - Gathering information
 - Analysing information gathered
 - Deciding whether the service or policy need to be changed in the light of the evidence gathered.

7. For a full EQIA, use form B.

- 7.1 Information gathering can be done through monitoring, consultation or research and can be:
 - ‘Quantitative’ (statistical) such as the number of users of a service (or staff number if the EQIA is about employment) by gender, ethnic group, disability etc. This information can then be measured against known data such as the census information.
 - ‘Qualitative’. This is information that captures people’s experiences of the service or employment practice. It is usually gathered through consultation.Some questions can be difficult to answer, for example in areas where there is little or no information. In cases where no monitoring information is available, use consultative methods. The lack of data should not be a reason to halt the process or not complete the form but

action should be planned to acquire that information in the future so that a proper review can take place.

8. What to look out for when assessing 'impact':

8.1 The degree of relevance or adverse impact is decided upon by comparing monitoring information and data about the Trust's population (for example: census data, labour force survey or Dorset wide data) and by considering prior research, good practice guidance and consultations information.

Include in your decision consideration for:

- The specific relevance on the equality target groups
- Where a policy disadvantages, one or some of our equality target groups.
- Whether the negative impact on people's lives is significant and extensive
- Whether issues around harassment can be addressed
- Whether issues around public participation can be addressed

8.2 Once the EQIA is complete, if there is a negative impact, decide what action should be taken to change or mitigate the strategy, policy or service. This can be about plugging gaps in information as well as any changes that need to be made to ensure that it has no detrimental effect on any group of people. For disability this should include any reasonable adjustments, which can be made to enable access for all. This section should also indicate when reviews of the policy or service would take place. If you have little information, then regular review dates will be essential so that you can reassess the EQIA in the light of new data.

9. Publishing Information

9.1 It is a legal duty to publish the result of full EQIAs. Completed EQIAs should be included in the Directorate Strategy. The actions arising from the impact assessments should feed into team and service plans, ensuring the impact assessment process is integral to service planning and improvement.

9.2 The Equality Impact Assessments will be subject to external audit and inspections. Therefore relevant supporting documentation, used in conducting the assessment, needs to be retained locally.

Equality and Diversity – Screening Checklist

Policy Title / Service	Care Group / Directorate
Name of Person auditing/authoring policy:	

Policy Content:

- For each of the following checks is this policy sensitive to people of different age, ethnicity, gender, disability, religion or belief, social inclusion, literacy levels and sexual orientation.
- The checklists below will help you to see any strengths and / or highlight improvements required to ensure that the policy /procedure is compliant with equality legislation.

POLICY/ SERVICE ASSESSMENT

Policy / Service	
Purpose	
Objectives	
Intended Outcomes of the Policy / Service	

Check for DIRECT discrimination against any minority group of SERVICE USERS OR EMPLOYEES:

Question: does this policy / service contain any statements which may exclude people or have an adverse impact on people who otherwise meet the criteria under the grounds of:		Response		Action Required		Resource implication		Action
		YES	NO	YES	NO	YES	NO	
1.0	Age?							
1.1	Gender (Female, Male and Transsexual)?							
1.2	Learning Difficulties/Disability or Cognitive Impairment?							
1.3	Mental Health Need?							
1.4	Other Disability?							
1.5	Literacy issues / other social exclusion issues?							
1.6	Race or Ethnicity?							
1.7	Religious, Spiritual belief (including other belief) / Faith?							
1.8	Sexual Orientation?							

Check for INDIRECT discrimination against any minority group relating to SERVICE USERS OR EMPLOYEES:

Question: does this policy / service contain any statements which may exclude people or have an adverse impact on people who otherwise meet the criteria under the grounds of:		Response		Action Required		Resource implication		Action
		YES	NO	YES	NO	YES	NO	
2.0	Age?							
2.1	Gender (Female, Male and Transsexual)?							
2.2	Learning Difficulties/Disability or Cognitive Impairment?							
2.3	Mental Health Need?							
2.4	Other Disability?							
2.5	Literacy issues / other social exclusion issues?							
2.6	Race or Ethnicity?							
2.7	Religious, Spiritual belief (including other belief) / Faith?							
2.8	Sexual Orientation?							

Check for ACCESS discrimination								
Question: Are policies/procedures available in the following mediums:		Response		Action Required		Resource implication		Action
		YES	NO	YES	NO	YES	NO	
5.0	English							
5.1	Polish							
5.2	Chinese (Simplified & Traditional)							
5.3	Croatian							
5.4	French							
5.5	Turkish							
5.6	Portuguese							
5.7	Romanian							
5.8	Braille							
5.9	British Sign Language							
5.10	Audio Tape/Video Tape							
5.11	Statement included acknowledging interpretation services and availability of other mediums as requested.							
If NO is answered to any of the above items the policy may be considered to be discriminatory and requires review and further work to ensure compliance with legislation.								
TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING DISCRIMINATION =								
NUMBER OF ITEMS ANSWERED NO INDICATING ACCESS DISCRIMINATION =								

NB: Languages to be agreed

EQUALITY AND DIVERSITY COMPLIANCE

Total answers for POLICY / SERVICE CONTENTS discrimination.	
--	--

Signatures of authors/auditors

Date of signing

EQIA FRONT SHEET

Name of the policy or service being assessed:

Directorate:

Date Impact Assessment completed:

Is this a policy or service?

Policy

Service

Is this a new or existing policy or service?

New

Existing

Areas Impact Assessed

Race

Disability

Gender

Religion

Sexual Orientation

Age

Names and roles of the people carrying out the Impact Assessment:

1.

2.

3.

4.

5.

Director / Associate Director of Operations	
Signature	
Date	

KEY QUESTIONS

- What is the function of the Service/Policy?
- What are the outcomes of the service?
- What is the profile of service users in relation to the outcomes?
- Are there any identified inequalities in access or outcomes between different groups? Are any of these justified?
- How does this picture fit with the National picture?
- Where and how do different groups engage with the service?
- What recent consultations or complaints have there been?
- What are the gaps in our information?
- What further research/analysis is necessary, whom do we need to involve?
 - (There must be service user consultation.)
- What are the future monitoring arrangements?

CONCLUSIONS AND RECOMMENDATIONS

Does the policy comply with equalities legislation i.e. eliminate unlawful discrimination, promote equality of opportunity and promote good relations between people of different racial groups?

Does it deliver equal access and equal outcomes?

yes

no

What are the main areas requiring further attention?

Summary of recommendations for improvement

How will the results of the EIA feed into the performance planning process?

ACTION PLAN

Recommendation	Key Activity	Milestones	Manager responsible	Date Achieved

Appendix 4:



POOLE HOSPITAL NHS TRUST

TERMS OF REFERENCE
(MARCH 2007)

EQUALITY AND DIVERSITY GROUP

Author: Marie Cleary
Agreed:
Review: April 2008

1. PURPOSE

- 1.1 The group leads the Equality and Diversity Strategy for the Trust. Its purpose is to develop and monitor employment practices to ensure a non-discriminatory environment for all employees, prospective employees, patients and visitors regardless of gender, race, colour, nationality, marital status, disability, sexual orientation, religion, gender assignment and age.
- 1.2 Commitment to this environment will help prevent any opportunity for litigation against the Trust for discriminatory practices.
- 1.3 The Group will also support the emphasis on achieving equality in the delivery of services by the Trust. It will monitor the Trust's progress on implementing and meeting its obligations within the Single Equality Scheme.

2. OBJECTIVES

- 2.1 To enable the Trust and its staff to promote best practice in diversity issues, both in employment practices and in delivery of services.
- 2.2 To encourage and promote the positive aspects of recruiting and retaining a diverse workforce.
- 2.3 To encourage and support partnership working across all aspects of the Equality and Diversity Strategy.
- 2.4 To ensure the Trust's commitment to treat all its employees, potential employees and patients with dignity at all times and in accordance with the Poole Approach.
- 2.5 To ensure that employees and potential employees are respected for their ability to perform their duties to the best of their ability.
- 2.6 To make all staff aware of their responsibilities in their relationship with colleagues and patients through communication, training and awareness programmes.

3. MEMBERSHIP

- 3.1 Each member shall be an employee of the Trust and every effort shall be made to ensure that this reflects the diversity of the staff and the community it serves.
- 3.2 The membership of the Group will be made up of:
 - Director of Nursing (Chair)
 - HR - Head of Resources
 - Representative from each Care Group and Directorate
 - Representative from Senior Nurses
 - Staff side representatives
 - PALS Co-ordinator
 - PPI Lead
 - Representative from affiliated groups within the Trust.
 - Representative from support groups
- 3.3 It may at times be necessary to co-opt individuals representing groups within the Trust and/or outside agencies for advice such as:
 - Dorset Race Equality Council

- Other Employers

3.4 The Group may invite any employee of the Trust to attend a meeting.

3.5 Each Care Group and Directorate should nominate a member and a deputy for attendance at all meetings.

3.6 Representatives from minority groups will be encouraged..

4. REPORTING MECHANISMS

4.1 The group will be accountable to the Hospital Executive Committee through the Clinical Governance Committee.

4.2 The group will publish a formal annual report which will be presented to the Hospital Executive Committee and Trust Board.

5. FREQUENCY OF MEETINGS

5.1 Meetings will be held at least twice a year.

6. AGENDA, MINUTES & RECORDS

6.1 Agenda items should be given to the minute secretary 3 weeks before a meeting is due. The agenda shall be circulated 2 weeks prior to the meeting date.

6.2 Minutes will be completed and circulated within 3 weeks of the meeting having taken place.

6.3 All members who have had points for action at the previous meeting shall be expected to bring the results to the following meeting. If necessary issues may have been dealt with in the intervening period. If the member or deputy is unable to attend a paper should be presented and circulated with the Agenda.

6.4 A master copy of the Agenda and Minutes will be kept by the Chairman.

7. QUORUM

7.1 The Chairperson/Deputy Chairman must be present at all meetings.

7.2 At least 4 other members including at least one staff side representative shall be present at each meeting in order to constitute a quorum for the transaction of business. In the event that members cannot attend they should send their nominated deputy.

8. REVIEW

8.1 The Terms of Reference will be reviewed on an annual basis and changes agreed at the Clinical Governance Committee.

8.2 The position of chairman will be reviewed by the Clinical Governance Committee every three years.

9. PROCESS

The group will:

- 9.1 Promote equal opportunity for all employees, prospective employees, patients and visitors in relation to race, gender, disability, age, sexual orientation, sexual assignment, religion or belief, marital status or disability.
- 9.2 Propose and implement a robust Equality and Diversity strategy for the Trust.
- 9.3 Review all Trust policies that ensure no employee, prospective employee or patient suffers any disadvantage, discrimination or exclusion.
- 9.4 Ensure that training and awareness on Equality and Diversity issues is available and taken up by all Trust employees.
- 9.5 Support the work of other groups working for the benefit of staff.
- 9.6 Ensure that all anti-discriminatory legislation is communicated and implemented for employees, prospective employees and patients as appropriate.
- 9.7 Identify & prioritise key issues affecting the Trust in relation to Equality and Diversity issues.
- 9.8 Review & monitor progress on equality and diversity issues on a regular basis, particularly the working of SES.
- 9.9 Promote a culture of partnership working across minority community organisations and other Trusts/PCTs to reduce any duplication of Equality and Diversity activity.
- 9.10 Influence and ensure Equality and Diversity are embedded in the culture of the organisation.
- 9.11 Publish the annual report on Equality and Diversity for the Hospital Executive Committee and Trust Board