



The Newcastle Upon Tyne Hospitals 
NHS Foundation Trust

Single Equality Scheme

2008 – 2011

Acknowledgement

The Newcastle upon Tyne Hospitals NHS Foundation Trust would like to thank all the individuals, groups and organisations who gave their time and expertise to contribute to the development of this Scheme, and who continue to help us move further towards full equality for all people who access and work in our services.

If you would like this Scheme in another format that would better suit your needs, or in another language, then please just let us know by contacting the Trust Patient, Carer and Public Involvement Co-ordinator on: Tel: (0191) 233 61 61 Ext. 27740, or contact us at: www.newcastle-hospitals.org.uk

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

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Foreword

We are pleased to launch this new Single Equality Scheme for The Newcastle upon Tyne Hospitals NHS Foundation Trust. This Scheme sets out our commitment to taking Equality and Human Rights into account in everything we do whether that's providing services, employing people, developing policies, communicating, consulting or involving people in our work.

This Scheme provides a clear picture of the significant targets we have set in relation to Equality and Human Rights. It is a long-term commitment driven by both Equalities legislation, and by the needs and wishes of our local people and staff. For that reason, much of the work will be ongoing. Our Trust Board commits to monitoring our progress and reporting regularly and openly on the developments in this Scheme.

Making sure the action plan in our Single Equality Scheme happens is the responsibility of everyone in our organisation. This has to be planned and supported in an effective way so that everyone concerned can play their part in turning this Scheme into reality.

We look forward to the work ahead, facing the challenges, and meeting the targets we have set ourselves.

Mr Kingsley W Smith, OBE, Chairman
Sir Leonard R Fenwick, CBE, Chief Executive

1. Introduction

This Single Equality Scheme (SES) has been developed with other healthcare organisations across the North East of England. These organisations share the key objectives detailed in the Scheme. The actions required to make progress on Equality and Human Rights issues are the responsibility of The Newcastle upon Tyne Hospitals NHS Foundation Trust.

The SES is a public commitment of how we plan to meet the duties placed upon us by the equality legislation:

- The Race Relations (Amendment) Act 2000,
- Disability Discrimination Act 2005
- Sex Discrimination Act as amended by the Equality Act 2006

It also sets out how we plan to meet the needs and wishes of our service users local people and our staff.

The Trust has made a strategic commitment to adopting a Single Equality Scheme approach. Therefore the Scheme also includes actions on age, religion and belief, and sexual orientation.

The reasons for this combined approach include:

- a recognition that inequalities are rarely experienced in isolation, but are often interdependent;
- a wish to focus on the 'whole picture' when planning and delivering services;
- a determination to see patients and service users as individual people,
- a commitment to making the most of resources and investment.

This SES sets out The Newcastle upon Tyne Hospitals NHS Foundation Trust's recognition of the differences between people, and sets out how we describe a commitment to ensure that any gaps and inequalities are identified and addressed.

The Newcastle upon Tyne Hospitals NHS Foundation Trust is also a major employer. The needs and aspirations of staff will vary according to individual circumstances, and we recognise that opportunities relating to employment within the Trust must not be affected in by race, disability, gender, age, religion or belief or by sexual orientation. The diversity of the workforce enriches us all, and allows the best services possible to be delivered.

The SES is a 'live' document, and will be regularly reviewed and strengthened. Work is underway to explore how best to ensure stakeholders are fully involved in this process, increasing their ownership, and empowering them to hold the Trust to account for the commitments made.

A Human Rights approach underpins the entire scheme, and is fundamental to achieving its aims and objectives to ensure that everyone is equal in terms of dignity and rights.

Consideration of Human Rights is an important factor in understanding this Scheme. An appreciation of how the principles of Human Rights apply to Equality is vital to achieving the aims and objectives outlined in this Scheme. Human Rights underpins all our aims, objectives and actions towards addressing inequality and promoting diversity.

2. Our Shared Vision

Where after all, do universal human rights begin? In small places, close to home – so close and so small that they cannot be seen on any maps of the world. Yet they are the world of the individual person; the neighbourhood he lives in; the school or college he attends; the factory, farm, or office where he works. Such are the places where every man, woman, and child seeks equal justice, equal opportunity, equal dignity without discrimination. Unless these rights have meaning there, they have little meaning anywhere.”

Eleanor Roosevelt

2.1 [Vision, Aims, Values of The Newcastle upon Tyne Hospitals NHS Foundation Trust](#)

“To provide patients with the highest quality of healthcare and to be the most prolific and innovative Trust in moving the frontiers of clinical excellence forward for the benefit of people everywhere”.

Aims

- To put patients at the centre of all we do, providing the highest quality clinical care in our hospitals and associated locations and the local community we serve:
- To provide the highest quality support services to patients.
- In partnership with Newcastle University Medical School and others to be nationally and internationally respected for our successful clinical research and development programme which leads to benefits in healthcare and for patients.
- To promote healthy living and lifestyles through our own activities and in collaboration with partners in primary and social care and in statutory, voluntary and academic agencies.
- To ensure value for money and using the freedoms of Foundation Status to explore and develop new markets and partnerships and to exploit our strengths and specialisms to the full, including through vertical or horizontal integration and expansion where it is appropriate.

- To ensure effective corporate and clinical leadership while maintaining the highest standards of ethics and governance.
- To ensure a full appreciation throughout the organisation of the changing environment of competition, risk, regulation and patient choice and of our financial position.

Values

To place our patients at the heart of everything we do, working for them in a sensitive and compassionate manner and with their safety and dignity of the utmost importance.

- To value the contribution of staff, volunteers, members, Governors and other partners and stakeholders, trusting each other, working collaboratively and professionally and being committed to the development and improvement of skills.
- To focus upon continuous improvement in the pursuit of excellence and seeking and embracing new opportunities consistent with our aims.
- To manage our resources in a co-ordinated way, with an emphasis on value for money and sustainability.
- To see the diversity of our people and communities as strength, underpinned by our commitment to equality of opportunity.

2.2 The Vision of NHS North East is that:

“The NHS in the North East will be the leader of excellence in health improvement and health care services”.

In support of this, The Newcastle upon Tyne Hospitals NHS Foundation Trust aims to be a leading organisation for promoting Equality, Diversity and Human Rights in the North East. The Trust believes that any modern organisation has to reflect all the communities and people it serves, in both service delivery and employment, and tackle all forms of discrimination. The Trust needs to remove inequality and ensure there are no barriers to health and wellbeing.

In carrying out its functions The Newcastle upon Tyne Hospitals NHS Foundation Trust and its staff need to:

- promote equality of opportunity for everyone regardless of their race, disability, gender, age, religion/beliefs or sexual orientation;
- eliminate unlawful discrimination;
- promote good relations between people of different racial groups, religious beliefs and sexual orientation.

The Trust aims to implement this Equality and Diversity vision by:

- becoming a leading organisation for the promotion of Equality and Diversity, for challenging discrimination, and for promoting equalities in service delivery and employment
- creating an organisation which recognises the contribution of all staff, and which is supportive, fair and free from discrimination
- ensuring that The Newcastle upon Tyne Hospitals NHS Foundation Trust is regarded as an exemplary employer

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

The following principles underpin this work:

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

- Finding creative, sustainable ways of improving Equality and increasing Diversity
- Working with service users and staff towards achieving Equality
- Learning from what we do – both from what we do well and from where we can improve
- Using everyday language in our work on Equality and Diversity
- Working together to tackle barriers to equality across our organisations.

3. Meeting our Duties

As a public authority, the Trust has general duties to promote equal opportunities relating to race, disability and gender and to remove discrimination. The following three pieces of legislation are central to the Single Equality Scheme:

- Disability Discrimination Act (DDA) 1995 and 2005
- Equality Act 2006
- Race Relations Act 1976 (Amendment) 2000

The general and specific duties for each of these, together with their employment duties and guiding principles are summarised in Appendix 1 (Legislative Context) of this document.

In addition the following legislation is relevant and has influenced the development of the Single Equality Scheme:

- Employment Equality (Age) Regulations 2006
- Employment Equality (Sexual Orientation) Regulations 2003
- Employment Equality (Religion or Belief) Regulations 2003
- Sex Discrimination Act 1975
- Human Rights Act 1998
- Equal Pay Act 1970
- Gender Recognition Act 2004
- The Sex Discrimination (Gender Reassignment) Regulations 1999

In preparing the Action Plan to meet equality duties, the Trust has identified actions common to the legislation in each area – race, disability and gender – and actions specific to each individual strand.

3.1 Duties common across Race, Disability and Gender

In pursuing common duties, the Trust will review and build on the things it has in place to make sure equality is included and part of all policies, procedures and practices. Actions will include:

- **Publishing a three-year Equality Scheme and Action Plan setting out what the Trust will do to meet each of the duties**

This Scheme details how the Trust have met the specific duty to develop and publish a three-year Equality Scheme and Action Plan. The Action Plan also sets out what will done to meet each of the specific equality duties.

- **Undertaking impact assessments to identify and eliminate adverse impacts/outcomes**

Detail of the approach for carrying out impact assessments is outlined in section 6.2.

- **Consulting and involving those affected by the Trust's policies and practices**

Details of the consultation approach and the measures put in place to seek the involvement of representative people or groups are outlined in 6.3. This is an on-going process and further involvement activities are planned throughout the life of the Scheme to ensure a variety of perspectives continue to influence the way services are planned and delivered.

- **Monitoring and reporting on the Action Plan's Progress**

Arrangements for monitoring and reporting annually on race, disability, gender and age equality issues are set out in 6.7.

- **Training staff in relation to equality duties**

Training staff and raising their awareness will be essential to embedding positive attitudes and practices. The Action Plan includes clear actions for continual improvement and development in the provision of training, making sure it has an appropriate equality focus for the various responsibilities and functions of staff.

- **Ensuring public access to information about the Trust and its services**

Priority has been given to the review of our public services to ensure they are accessible to all groups.

4. A Profile of The Newcastle upon Tyne Hospitals NHS Foundation Trust

4.1 [About the Trust](#)

The Trust has been providing patient-centred healthcare to communities in the North East of England and beyond for over 250 years, and is one of the largest NHS trusts in the UK, offering a wider range of specialist services than any other. From newborn babies to the elderly and infirm, the Trust's aim is to deliver leading-edge healthcare with a personal touch.

We deliver healthcare services from seven major sites:

[Freeman Hospital](#)

[Royal Victoria Infirmary \(RVI\)](#)

[Newcastle General Hospital \(NGH\)](#)

[Newcastle Dental Hospital](#)

[Newcastle Fertility Centre](#)

[Northern Genetics Service](#)

[Walkergate Hospital](#)

Caring for the people of the North East and beyond

The Trust is proud of its Newcastle roots and proud to serve the people of the North East. The Accident and Emergency department at Newcastle General is one of the busiest in the country, dealing with over 75,000 patients every year. The RVI has one of the UK's largest maternity units, providing the best start in life to the city's smallest and most vulnerable. The new Northern Centre for Cancer Care treats patients from across the North East in state of the art facilities, while the Falls and Syncope Unit helps the elderly and infirm to continue to lead mobile, independent lives.

The Trust is recognised nationally and internationally as a centre of healthcare excellence, with patients coming from all over the country, from every walk of life, and with a wide range of illnesses and conditions.

More than 30% of the patients come from outside Tyne & Wear, to take advantage of the quality of care and expertise. The Trust treats complex cases referred to us by other hospitals from across the UK, and some patients come from as far afield as the USA and the Middle East.

Leading the way in modern healthcare

The Trust is at the forefront of healthcare practice in many specialist areas. The Freeman Hospital has an international reputation for leading-edge transplant surgery, for both children and adults. The team performed Europe's first successful heart transplant for a child in 1987 – that patient is now a healthy, young woman. The Trust continued to pioneer healthcare, performing the first single lung and the first dual lung transplants in Europe in the intervening years. At the NGH there is one of only two 'bubble units' in the country, where children with severe immune system problems are treated in a special air-tight isolation ward.

That pioneering tradition runs through everything the organisations does. It is a leader in healthcare research and development across a wide range of areas, delivering benefits not only for today's patients, but for the generations to come.

Investing in our people and our facilities

No matter which of the hospitals or clinics attended, all staff are dedicated to ensuring that the patients receive clinical excellence with a personal

touch. A Europe-wide healthcare survey in 2007 gave the Trust the highest level of patient satisfaction for any city in Europe.

The Trust continues to invest in facilities and in people. That commitment is reflected in the £300 million being invested in the Transforming Newcastle Hospitals programme to upgrade the city centre hospitals, ensuring that all benefit from the latest healthcare practices in a clean, friendly and modern environment.

The following tables illustrate the profiles of the Trust's patient population and those of the Trust's employees:

4.2 [Patient Population](#)

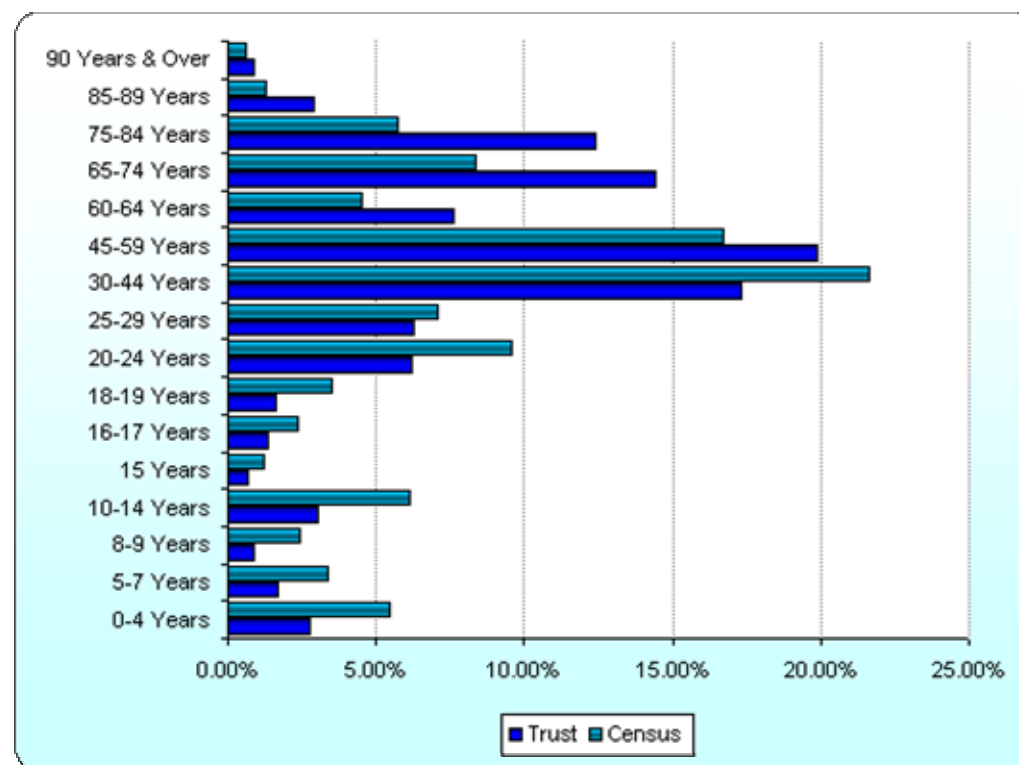
Equality & Diversity Statistics for Patients Treated Between 1st April - 30th June 2008

"Patients Treated": All elective and non-elective admissions and all outpatient attendances during the period.

1. Age.

Compares the age of patients seen by the Trust during the period to the age of Newcastle residents as collected in the 2001 census.

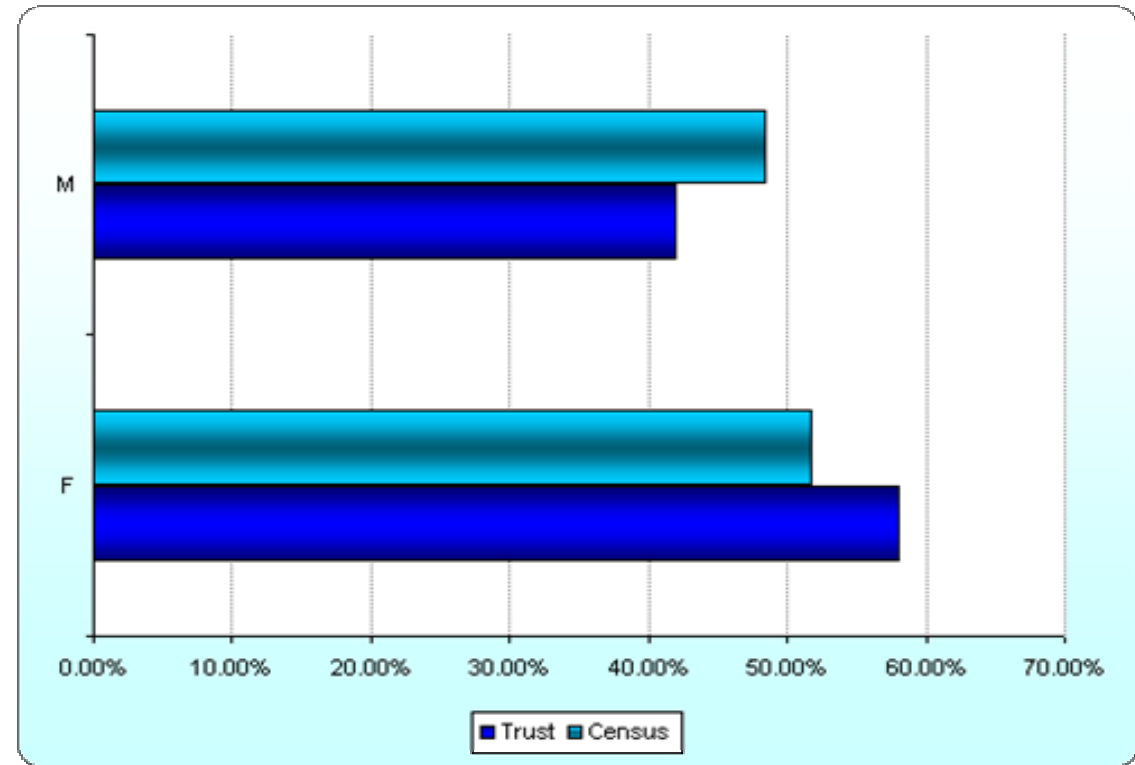
Age Band	Trust	Census
0-4 Years	2.74%	5.5%
5-7 Years	1.68%	3.4%
8-9 Years	0.91%	2.5%
10-14 Years	3.03%	6.2%
15 Years	0.71%	1.2%
16-17 Years	1.37%	2.3%
18-19 Years	1.64%	3.5%
20-24 Years	6.19%	9.6%
25-29 Years	6.29%	7.1%
30-44 Years	17.35%	21.7%
45-59 Years	19.85%	16.7%
60-64 Years	7.60%	4.5%
65-74 Years	14.45%	8.4%
75-84 Years	12.37%	5.7%
85-89 Years	2.93%	1.3%
90 Years & Over	0.89%	0.6%
Total	100.0%	100.0%



2. Gender

Compares the gender of patients seen by the Trust during the period to the gender of Newcastle residents as collected in the 2001 census.

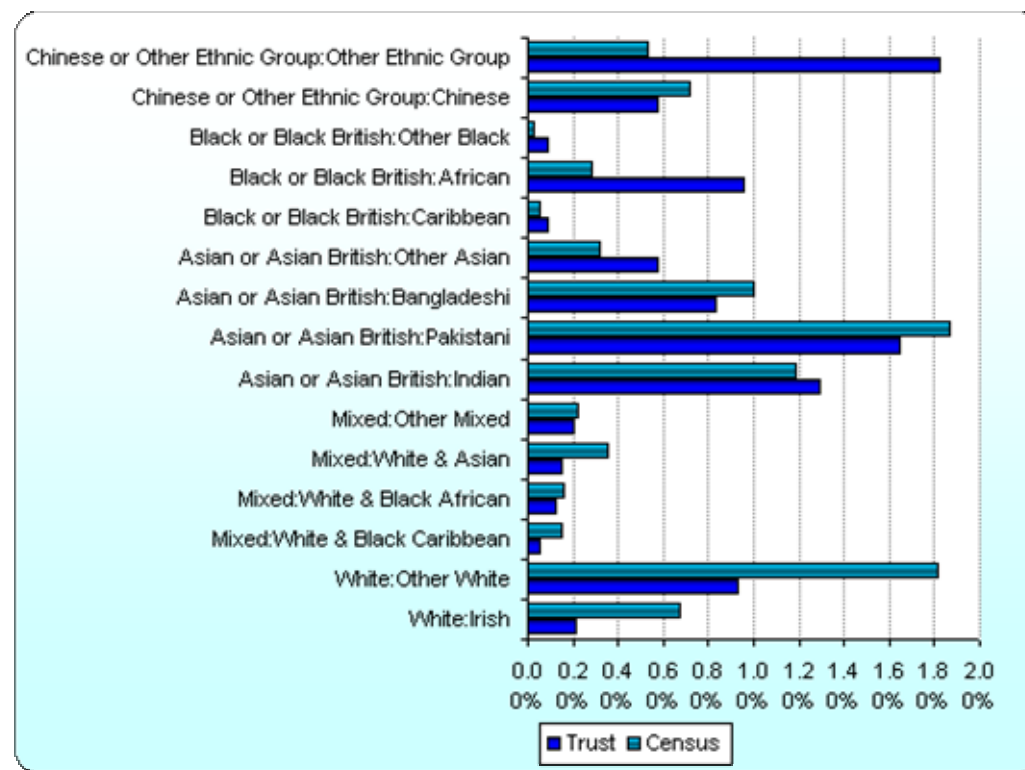
Gender	Trust	Census
F	58.03%	51.7%
M	41.97%	48.4%
Total	100.0%	100.0%



3. Ethnic Origin

Compares the ethnic origin of patients seen by the Trust during the period to the ethnic origin of Newcastle residents as collected in the 2001 census.

Ethnic Group	Trust	Census
White:British	81.28%	90.65%
White:Irish	0.21%	0.67%
White:Other White	0.93%	1.81%
Mixed:White & Black Caribbean	0.06%	0.15%
Mixed:White & Black African	0.13%	0.16%
Mixed:White & Asian	0.15%	0.35%
Mixed:Other Mixed	0.20%	0.22%
Asian or Asian British:Indian	1.29%	1.19%
Asian or Asian British:Pakistani	1.64%	1.87%
Asian or Asian British:Bangladeshi	0.83%	1.00%
Asian or Asian British:Other Asian	0.57%	0.32%
Black or Black British:Caribbean	0.09%	0.05%
Black or Black British:African	0.95%	0.28%
Black or Black British:Other Black	0.09%	0.03%
Chinese or Other Ethnic Group:Chinese	0.57%	0.72%
Chinese or Other Ethnic Group:Other Ethnic Group	1.82%	0.53%
Not Collected/Stated	9.18%	0.00%
Total	100.00%	100.00%



4.3 Workforce

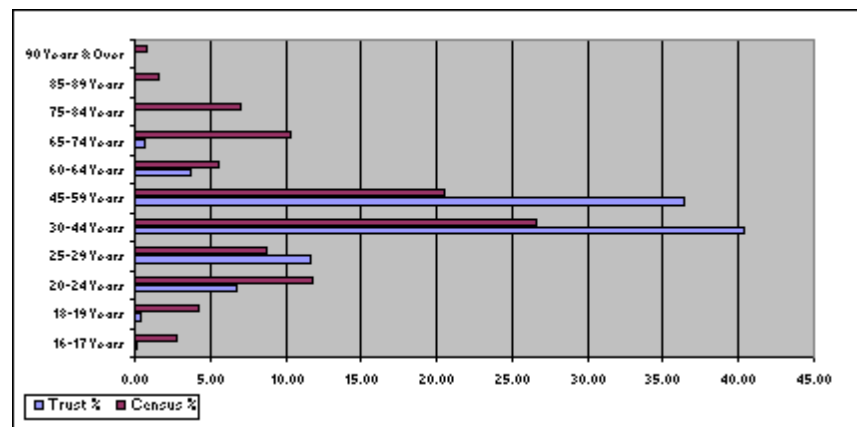
Equality and Diversity Statistics for Staff in Post at 11th September 2008

Those staff with more than one assignment have only been counted once.

1. Age

Compares the age of staff working for the Trust at this date to the age of Newcastle residents as collected in the 2001 census.

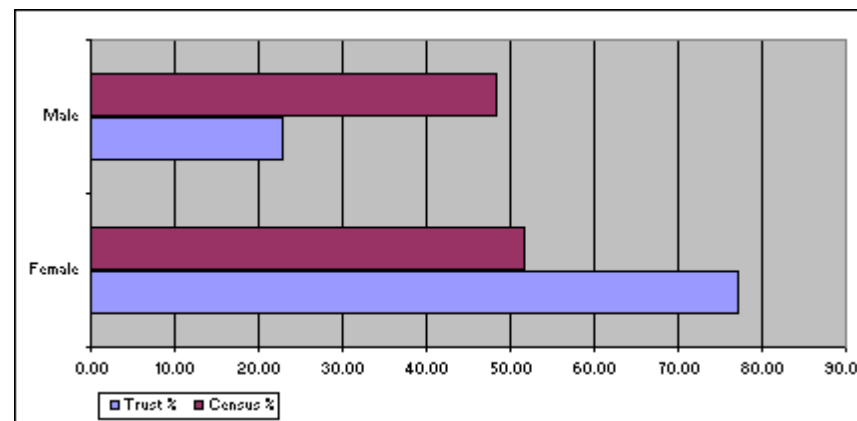
Age Band	Trust %	Census %
16-17 Years	0.10	2.8
18-19 Years	0.42	4.3
20-24 Years	6.77	11.8
25-29 Years	11.63	8.7
30-44 Years	40.36	26.7
45-59 Years	36.43	20.5
60-64 Years	3.67	5.5
65-74 Years	0.62	10.3
75-84 Years	0.00	7.0
85-89 Years	0.00	1.6
90 Years & Over	0.00	0.7
Total	100.00	100.0



2. Gender

Compares the gender of staff working for the Trust at this date to the gender of Newcastle residents as collected in the 2001 census.

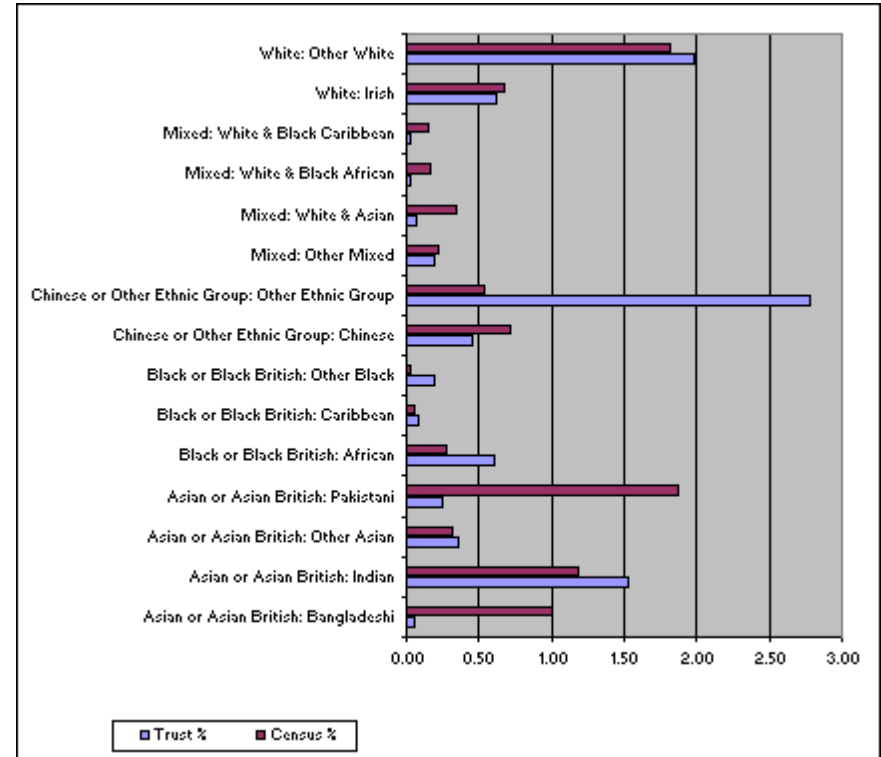
Gender	Trust %	Census %
Female	77.12	51.7
Male	22.88	48.4
Total	100.00	100.0



3. Ethnic Origin

Compares the ethnic origin of staff working for the Trust at this date to the ethnic origin of Newcastle residents as collected in the 2001 census.

Ethnic Origin	Trust %	Census %
Asian or Asian British: Bangladeshi	0.05	1.00
Asian or Asian British: Indian	1.53	1.19
Asian or Asian British: Other Asian	0.36	0.32
Asian or Asian British: Pakistani	0.25	1.87
Black or Black British: African	0.60	0.28
Black or Black British: Caribbean	0.08	0.05
Black or Black British: Other Black	0.19	0.03
Chinese or Other Ethnic Group: Chinese	0.45	0.72
Chinese or Other Ethnic Group: Other Ethnic Group	2.77	0.53
Mixed: Other Mixed	0.19	0.22
Mixed: White & Asian	0.07	0.35
Mixed: White & Black African	0.03	0.16
Mixed: White & Black Caribbean	0.03	0.15
White: Irish	0.62	0.67
White: Other White	1.98	1.81
White: British	80.86	90.65
Not Collected/Stated	9.93	0.00
Total	100.00	9.35



5. The Six Equality Strands

The Newcastle upon Tyne Hospitals NHS Foundation Trust has a legal duty to ensure that, wherever possible, all people can use or receive its services to the same standards regardless of race, disability, gender, age, religion or belief, or sexual orientation. As an employer the Trust has a legal duty to ensure that all people have equality of opportunity to be considered for employment, training and promotion, and must demonstrate how we it will promote equality and address the inequality, disadvantage and discrimination that people may face during their lives.

Across the region local people, groups and staff have been asked:

- why each of the different Equality Strands are important;
- why the Trust needs to take them seriously; how it can make a difference;
- and what key messages need to be taken on board.

The following sections describe the local responses received:

5.1 Race

In consultation with local people this is what they told us...

- ***Why is Race Equality important?***

To make sure that people from all racial backgrounds have the same quality of health services as the general population and that staff from Black and Minority Ethnic communities have equal access to employment and career development opportunities.

- ***Why should the NHS take Race Equality seriously?***

There is a lower uptake of some health services by people from Black and Minority Ethnic communities and also a higher incidence of some health conditions. People from Black and Minority Ethnic communities say that they find it difficult to find information about some



services and health conditions. Staff from Black and Minority communities are under represented in higher grade positions in the NHS, and this needs to be addressed.

- ***How can Race Equality make a difference?***

Through addressing the issues identified by local people, we can develop more responsive services and real choice for service users because they are aware of services and information and how to access these. Addressing Race Equality for staff would ensure a more diverse workforce throughout the organisation that reflects the local population and therefore feels more welcoming to them. BME staff can also help the organisation to better understand the needs of people from BME communities and to develop more appropriate services.

- ***3 Key Messages:***

1) Communication is key to good health care; ensure that trained interpreters are available and booked prior to appointments, and that information is provided in a way that is understandable.

2) Don't make assumptions; find out about my culture and health beliefs and please ask if you don't understand.

3) Involve people from Black and Minority Ethnic communities in the development of services; consider ways of attracting more people from BME communities to work within the Trust; and make sure the development of existing BME staff in the organisation is supported.

5.2 Disability

In consultation with local people this is what they told us...



- ***Why is Disability Equality important?***

It's about planning for disability equality at the beginning of processes rather than trying to add it at the end. It will help to 'see the person and not the disability' and reduce discrimination. The vast majority of disability groups would prefer that the 'social model' of disability is promoted rather than the 'medical model'. This aims to address the social, environmental and attitudinal barriers that can cause social exclusion and reduced self esteem amongst disabled people.

- ***Why should the NHS take Disability Equality seriously?***

One of the main ways is to empower disabled people. Health professionals should see the disabled person as an expert in their own care and include disabled people in the training of NHS staff. Historically this has not been the case and people from disability groups feel strongly that understanding disability can not be 'taught' through books and courses.

- ***How can Disability Equality make a difference?***

It helps to promote equality of opportunity for disabled people and aims to break down barriers of discrimination and stigma. Many people said that it would help to re evaluate disability and gradually change relationships in the care sector. It will help disabled people reclaim control over their lives and health.

- ***3 Key Messages:***

1) More training and education for all NHS staff which will ensure staff have the correct skills to provide person centred, high quality care to disabled people.

2) More progressive ideas in relation to true partnership working. 'Listening and learning' from disabled people would result in positive action planning for health care services.

3) Most people want to see improved communication, less jargon and technical language used within the NHS. This would support mutual understanding and respect.

5.3 Gender

In consultation with local people this is what they told us...



- ***Why is Gender Equality important?***

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

It is important to:

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

Although it comes under the Gender Strand – “transgender is a very distinct strand due to the feelings of discomfort associated with gender dysphoria”. It has huge implications for mental health although it's not a mental health illness. People need to understand the issues facing transgenderism.

- ***Why should the NHS take Gender Equality seriously?***

- *The NHS can only achieve gender equality when it understands the different needs of men, women and transgender people*
- *The NHS must target resources to meet the needs of men, women and transgender people as identified by people in our local community.*

- ***How can Gender Equality make a difference?***

Gender Equality can make a difference...

- *by achieving equal health outcomes for men and women and transgender people*
- *in providing services which are meeting the needs of the whole community*

- to career pathways and life choices
- to relieve mental and emotional stress experienced by transgender people

- **3 Key Messages:**

1) All people should be treated the same as others in society regardless of gender, and to have the same opportunities

2) There should be more awareness raising and training around the issues impacting on men, women and transgender people

3) There should be gender equality in terms of the take up of senior positions in the NHS

5.4 Age

What Older People told us...

- **Why is Age Equality important?**



Age equality is concerned with responding to differences between people that are linked to age, and with avoiding preventable inequalities between people of different age groups. Ageism, the attitudes of others, and the assumptions they make, can have a dramatic effect on Older People – on their quality of life, access to services and choices, employment, and other opportunities. Older People are more likely to have a range of complex health conditions, and often have less access to informal social support.

- **Why should the NHS take Age Equality seriously?**

- So that Older People are not denied access to services or treatment because of their age
- To make sure Older People have choices
- To make sure that services promote and encourage independence
- Ageism can act as a major barrier to wellbeing and participation and can lead to stereotyping Older People

- **How can Age Equality make a difference?**

It could help make sure that resources are more equally shared out between those services which are mainly used by Older People, and those used by other age groups. It would also help make sure Older People's human rights are better protected, and that Older People have better opportunities to participate fully in society.

- **3 Key Messages:**

1) Take age equality seriously as the impact of age discrimination and ageist practices on our Older People is profound.

2) The cost to healthcare for not treating Older People because of their age or tailoring services to meet their needs is needlessly high. Failure to 'nip things in the bud' or prevent them from happening in the first place, leads to the development of chronic, long term conditions which become costly to treat and result in avoidable hospital admissions.

3) Age equality needs to be mainstreamed throughout all policies and processes, and staff at all levels need to be aware of its importance.

What Younger People told us...



- **Why is Age Equality important?**

Young people can come up across a range of barriers to health services. This is especially around services on sexual health and contraception. BME young people do not feel comfortable accessing services as they sometimes lack confidence and, girls especially, are unable to attend appointments unless chaperoned.

- **Why should the NHS take Age Equality seriously?**

The following example highlights the barriers some young people face when trying to access services on their own. "A 16 year old female patient attended a health centre for the morning after pill. She was distressed and needed support. However she was not welcomed nor treated with respect and was unable to get the treatment she required, being advised to go to a pharmacy. However she had no money and didn't know what to do."

- **How can Age Equality make a difference?**

Young people will not be put off from accessing the help and support they need and will find accessing services easy and affordable. All young people will be listened to and treated with respect and dignity. Young people will feel empowered to make choices and decisions about their health and wellbeing.

- **3 Key Messages:**

1) Services need to be more welcoming and accessible for young people.

2) Staff need to take young people seriously, listen to them, and not stereotype them.

3) There needs to be more places and websites where young people can get information anonymously and confidentially.

5.5 Religion and Belief

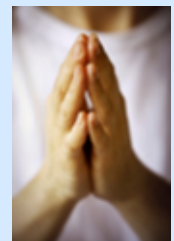
In consultation with local people this is what they told us...

- **Why is Religion and Belief Equality important?**

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

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

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



- ***Why should the NHS take Religion and Belief Equality seriously?***

Spiritual healthcare is an important aspect of healthcare. Total care includes care for the physical, social, psychological and spiritual dimensions of the person. If we do not acknowledge a patient's Religion and Belief, we cannot communicate with the 'whole' person, and they cannot participate in their recovery and make informed decisions about their treatment. Different cultures and faiths have a variety of views on health, ill health, birth, dying and death, and we need to be aware of the diversity which will affect their path and outcome of treatment.

- ***How can Religion and Belief Equality make a difference?***

There is a growing body of knowledge that shows a positive link between spiritual and religious practices and well being. Allowing patients to express or practice their Religion helps them to overcome the sometimes multiple losses (health, mobility, role, status, self image) which ill health brings.

In palliative care Religion and Belief can provide hope and a sense of meaning. Religion and Belief can provide comfort to a patient whose life is ending. The sense of belonging which Religion gives can enable a dying patient to be peaceful, and overcome anxiety and terminal restlessness and can be a support to bereaved relatives. At the time of diagnosis respect for Religion and Beliefs can help work through anticipatory grief.

- ***3 Key Messages:***

1) Don't make assumptions – ask the individual about their faith and beliefs – and ensure every patient has the opportunity to access spiritual care so that they can choose to be supported in their Religion and Belief.

2) Use Multi-Faith calendars as a valuable tool for promoting dignity and respect in care settings and the workplace.

3) The importance of the social network of the local faith community – Healthcare needs to make more use of these links.

5.6 Sexual Orientation

In consultation with local people this is what they told us...

- ***Why is Equality around Sexual Orientation important?***

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



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

- ***Why should the NHS take Equality around Sexual Orientation seriously?***

Every day at work and in their personal lives, lesbian, gay and bisexual people are forced to choose between being open and honest about their sexuality, avoiding the issue or lying to their colleagues or friends. This can cause a huge amount of stress to the individual, both at work and in their personal lives.

This is evidenced in the health inequalities suffered by many LGB individuals.

There is a lower uptake of some health services (e.g. gay and bisexual men are less likely to be registered with a G.P.) and a higher occurrence of various health conditions (e.g. LGB people demonstrate significantly higher levels of mental distress, self-harm and suicide when compared to heterosexual people).

- ***How can Equality around Sexual Orientation make a difference?***

By addressing the issues identified locally we can tackle these health inequalities, developing more responsive services which are appropriate to the needs of LGB individuals.

By launching an NHS North East LGB Staff Network in response to requests by LGB staff, we aim to provide support for LGB staff, and to tackle the discrimination and harassment that LGB people can face.

- **3 Key Messages:**

1) The LGB community should feel comfortable using any health service, with NHS staff who have been trained on LGB issues, to be responsive to their needs.

2) NHS organisations should value their LGB staff, and encourage a culture and environment where LGB staff feel able to be open about their sexuality.

3) By monitoring the sexual orientation of staff and patients, we can ensure that our workforce is representative of the population that we serve, and that the LGB community is accessing our services.

6. Key Objectives

6.1 Leadership, Corporate Commitment and Governance

Working in partnership across NHS North East, the Trust Board will ensure that it regularly demonstrates a public commitment to promoting equity in everything it does.

The Trust has taken, and will continue to take, into account the duties placed on it by legislation on race, disability, gender, age, religion/belief and sexual orientation. It is committed to applying good practice to all the equality areas to ensure equity of health outcomes and employment.

The Trust has recently appointed an “E&D Champion” at Trust Board level. This Non-Executive Director will ensure that the E&D Agenda is recognised and supported at the highest level in the organisation. With a defined responsibility to Chair the Trust’s E&D Steering Group, this will be a key role in ensuring two way communication between all levels in the organisation and the Trust Board.

6.2 Equality Impact Assessments

Equality Impact Assessments are designed to allow organisations to identify the impact or effect (either negative or positive) of their policies, procedures and functions on various sections of the population paying particular regard to the needs of minority groups. Where negative impacts are identified the organisation then needs to take steps to deal with this and make sure equity of service delivery to all. Impact Assessments are required to be carried out under equalities legislation.

The Trust’s Policy “Trust Policies and Procedural documents: Development Approval and Dissemination”, clearly identified the need for all policies to be impact assessed at the time of review or development, ensuring a systematic approach. A structured process and proforma have been developed to ensure consistency of approach. Training is on-going across the Trust to ensure effective Impact Assessment. The outcome of these Impact Assessments is published and used to improve practice.

6.3 Partnership Working, Consultation and Involvement

It is essential that The Newcastle upon Tyne Hospitals NHS Foundation Trust works with local people, staff and partner organisations to ensure they have a voice which will influence the planning and delivery of health services.

The communities served by the Trust are part of all its activities, in terms of the care it provides, and the contribution the Trust can make as an employer of local people.

As an NHS Foundation Trust with a public membership of over 6,500 and staff membership of over 3000, this allows the Trust to ensure that its services meet the demands of the population it serves by enabling patients, the public, and staff, to have much more say in how local healthcare services are delivered and developed.

The Council of Governors includes people elected from the Membership as well as people from Primary Care Trusts, the Local Authority, Universities and other partner stakeholder organisations. The Council of Governors advises the Board of Directors on forward plans for the Trust, holds meetings which are open to all members of the public and approves the Annual Report and Accounts of the NHS Foundation Trust. It is also involved in the appointment process of the Board of Directors.

The Trust's Patient, Carer and Public Involvement Committee brings together staff and representatives from the various patient and public involvement mechanisms (Council of Governors, Patient Advice and Liaison Service (PALS) and Community Advisory Panel) to act as a Forum for monitoring our Patient, Carer and Public Involvement Strategy. The Committee receive the findings and resulting action plans from the national patient survey programme as well as directorate annual plans for consultation and engagement.

In order to promote patient, carer and public involvement within The Trust, a Community Advisory Panel was established in 2002. The aim of the panel is to provide advice to the Trust on the patient, carer and public perspective

and actively participate in work with the Trust to improve the patient experience.

The Trust can cite many examples of work with other organisations, patients, and the public, in order to improve services, for example within the last year, Governors and patients representatives have been involved in:

- Cleanliness visits and Patient Environment Action Team (PEAT) inspections.
- The review of all internally produced patient information
- Menu review group and taste testing of food
- Judging the 'Sharing Good Practice' Awards organised by the Clinical Governance and Risk Department

From an Equality and Diversity and Human Rights perspective the Trust has a well established E&D Working Group which includes in its membership representatives from the Trust and a number from local community and stakeholder groups. This consultation forum has influenced a number of changes since it was established. (For Terms of Reference and membership see Appendix 2).

6.4 Accessibility and Communications

The Newcastle upon Tyne Hospitals NHS Foundation Trust has a duty to ensure that all people can access the services it provides.

For example, making reasonable adjustments to cater for the needs of disabled people, making information available in different formats and languages; providing advocacy support where this is needed; and ensuring religious/belief needs are met (e.g. multi faith rooms, taking into account dietary needs etc.).

The Trust has a duty to ensure that it can communicate information to its patients and service users in a way that is appropriate to their particular requirements – e.g. large print and Braille information is available on request or documents are available to be translated into different languages as required.

There are many examples of the Trust's efforts to ensure effective communication including:

- A Patient Information Review Panel exists within the Trust and is responsible for ensuring that patient information meets defined standards. This group meets fortnightly and includes Community Advisory Panel representation. Content is reviewed using a checklist which ensures that areas related to consent and full information are included.
- Interpreter Services Policy identifies how staff can access services for patients whose first language is not spoken English.
- All approved internally produced patient information is available in standard and large print on the Trust's intranet and internet sites. A contract exists to produce this information in a range of languages and formats, should this be requested. Within Ophthalmology, there are several examples of this including information about diabetic retinopathy, cataract and glaucoma. Information is available in taped and booklet form and includes the following languages: Gujarati, Bengali, Punjabi, Urdu, Hindi, Cantonese and Chinese.
- The Patient Information section of the Trust's intranet site includes Guidance on the production of patient information, which clearly identifies a range of requirements including the need for this to be evidence based, to define the risks and benefits, to be sensitive to religious, cultural and ethical and gender issues, and to explain where the reader can obtain further information should they wish and provide contact numbers.

- Radiology, Breast Screening Unit, service information is widely distributed to GP surgeries, hairdressers, libraries, leisure centres, pharmacists and dentists, and is also included with every invitation. In addition, posters are placed in bus shelters, metro stations on buses and taxis.
- Northern Centre for Cancer Treatment (NCCT) have an information centre which is based in the out-patients department and open to all. They have a range of formats available, and access to a directory of “external” information available. They disseminate information via GPs surgeries, libraries and pharmacists.

6.5 Workforce and Training

The Newcastle upon Tyne Hospitals NHS Foundation Trust is committed to providing a working environment free from discrimination, victimisation, and harassment, whether on an individual or institutional basis on the grounds of: race, disability, gender, age, religion/belief, or sexual orientation or any other grounds that infringe on Human Rights.

The Trust also aims to recruit a representative workforce from all sections of the community in order to provide a healthcare service that respects and responds to the diverse needs of the local population it serves.

The Newcastle upon Tyne Hospitals NHS Foundation Trust is continually striving to achieve three key equality aims which are:

- To recruit, develop and retain a workforce that is able to provide high quality services that are accessible, responsive and appropriate to meet the diverse needs of different groups and individuals.

- To be a model employer achieving equality of opportunity and outcomes in the workplace.
- To use its influence and resources as an employer to make a difference to the life opportunities and the health of its local communities, especially those who are disadvantaged.

The Trust has also made a commitment to the training of all its staff. Staff training about the public equality duties, and the impact this has on Human Rights, is well underway and is now an integral part of the Trust's Mandatory Training Programme. Varied methods of training are provided to target all staff groups. It is recognised that people learn in different styles, and the Trust will provide different methods of training. A summary of the Trust's E&D training provision is provided at Appendix 3.

6.6 Commissioning and Procurement

The Newcastle upon Tyne Hospitals NHS Foundation Trust is required by law to make sure that when it buys from another organisation, to help support the Trust's provision of services, for example the purchase of medical devices or equipment, or the hiring of locum agency staff, the supplying organisations will comply with equality legislation. In its procurement, the Trust utilises standard NHS contract terms and conditions published by the NHS Purchasing and Supply Agency which contain specific clauses placing clear obligations on contractors in respect of equality and non-discrimination.

6.7 Monitoring Data, Reporting and Publishing

Equality Monitoring is driven by legislation and the Health Care Commission's Standards, with the aim of developing appropriate and equitable service for service users, and career development opportunities for staff. Trusts have to demonstrate compliance with specific equality and diversity standards set out by the Health Care Commission (see Appendix 4).

In addition to providing evidence of compliance with legislation and these defined standards, monitoring data provides a source of useful information for the Trust. It allows, for example, the Trust to ensure that its workforce reflects the needs of the local population, that health inequalities can be identified and addressed, and that seldom heard from groups can be identified, and their access needs considered.

Each year a report will be produced to demonstrate progress. This annual progress report, on the Single Equality Scheme, will be available online and in other formats.

The Trust will work collaboratively with all members of the NHS North East Equality and Diversity and Human Rights Network, to ensure a consistent approach and sharing of best practice.

6.8 Complaints

Complaints are an important measure of people's satisfaction with our services and help The Newcastle upon Tyne Hospitals NHS Foundation Trust make sure there is continuing improvement in service provision. Our aim is to respond to any concerns or complaints as speedily, effectively, and fairly as possible through both formal and informal processes, within a clear framework and timescales.

Complaints are also an important source of information for monitoring impact on equality and can support the identification of potentially unlawful discrimination and taking action to promote equality.

The Trust triages all complaints and concerns received to identify and code all reasons for complaint including identification of potential discrimination or equality issues for action and future monitoring. All issues from complaints are reported each month to the Complaints Panel which has membership of Executive Directors, non-Executive Directors and Public Governors of the Trust and where close scrutiny of the issues takes place. Any matters of discrimination or equality are also reported to the

appropriate lead officer, who is required to respond to these and take any necessary action.

7. Action Plan

This action plan sets out the things to be done in order to make sure performance around Equality, Diversity and Human Rights is continuously improved and the Trust duties fulfilled. The action plan is set out to clearly show which of the Equality Strands each action relates to. All actions impact on Human Rights and therefore, Human Rights underpins each of the Equality Strands in the plan.

To facilitate understanding the specific duties are listed below.

The **Race Equality Duty** gives us the following responsibilities:

1. Eliminate unlawful discrimination
2. Promote equality of opportunity
3. Promote good relations between people of different racial groups

The **Disability Equality Duty** gives us the following responsibilities:

4. Eliminate unlawful discrimination
5. Eliminate harassment of disabled people that is related to their disabilities
6. Promote equality of opportunity between disabled people and others
7. Take steps to take account of disabled people's disabilities, even where that involves treating them more favourably than others
8. Promote positive attitudes towards disabled people
9. Encourage participation by disabled people in public life

The **Gender Equality Duty** gives us the following responsibilities:

10. Eliminate unlawful sex discrimination
11. Eliminate harassment
12. Promote equality of opportunity between men and women

Key Objective Area 1: Leadership, Corporate Commitment, and Governance (* = SHA wide actions)

Action		Benefits / Rationale	Lead	Timescale	Measures of Success	Race	Disability	Gender	Age	Religion / Belief	Sexual Orientation
						Human Rights					
1. *	Identify a Non Executive Equality and Diversity Champion	Equality and Diversity issues are championed at a Board level	Trust Board	Every 3 years	Non Executive Director Champion Identified	✓	✓	✓	✓	✓	✓
2. *	Equality and Diversity structures and leadership roles are identified within the organisation	Equality and Diversity is embedded throughout the organisation	Operational Leads	April 2009	Identifiable structures and roles in place	✓	✓	✓	✓	✓	✓
3. *	Following further engagement with communities, the SES will be amended and presented to Trust Board for approval	The SES is continually improved and strengthened and Board Members are fully engaged with the process	SHA Network / Trust Board	April 2009	Enhanced SES in place and endorsed by the Board	✓	✓	✓	✓	✓	✓

Action		Benefits / Rationale	Lead	Timescale	Measures of Success	Race	Disability	Gender	Age	Religion / Belief	Sexual Orientation
						Human Rights					
4. *	Complete Learning Disabilities Performance and Self Assessment Framework	The performance framework is monitored by the SHA	Senior Nurse Service Improvement	May 2009	The Learning Disabilities Performance and Self Assessment Framework is complete identifying areas of good practice and those in need of development		✓				
5. *	Complete annual learning disabilities health action review and develop an action plan	The annual health check is undertaken to ensure people with learning disabilities have taken part in the annual review	Senior Nurse Service Improvement	May 2009	The Trust can demonstrate it has worked with people with Learning disabilities to ensure their health care needs are being met		✓				

Action		Benefits / Rationale	Lead	Timescale	Measures of Success	Race	Disability	Gender	Age	Religion / Belief	Sexual Orientation
						Human Rights					
6. *	The Trust to participate in the Stonewall equality work place index	Each Trust can demonstrate their commitment to equality in the workplace	Operational E&D Leads	May 2009	The Trust can publicly demonstrate a commitment to work based equality	✓	✓	✓	✓	✓	✓
7.	Review status of E&D Working and E&D Steering Groups within the Trust to include links to Trust Board/ identification of a non-Executive champion.	To provide assurance to Trust Board that the Trust is meeting its obligations. To ensure that the ED&HR agenda is embedded at all levels in the organisation.	Operational E&D Leads	March 2009							
8.	Develop regular reports, on a twice annual basis to Trust Board (standard reporting template to be agreed).										

Action		Benefits / Rationale	Lead	Timescale	Measures of Success	Race	Disability	Gender	Age	Religion / Belief	Sexual Orientation
						Human Rights					
9.	Establish a process by which the Directorates are required to report, through the Quarterly Performance Reviews. Progress in relation to key E&D agenda (TBC) to include, compliance with mandatory training policy, use of KSF, and the use of available monitoring information.										

Key Objective Area 2: Equality Impact Assessments (* = SHA wide actions)

Action		Benefits / Rationale	Lead	Timescale	Measures of Success	Race	Disability	Gender	Age	Religion / Belief	Sexual Orientation
						Human Rights					
1. *	Develop a SHA wide Equality Impact Assessment Outcome Databank	There will be a consistent approach to Equality Impact Assessment reporting and a shared evidence base	SHA Network	April 2009	EIA Outcome Databank is in place and used	✓	✓	✓	✓	✓	✓
2. *	Continue to ensure policies, procedures and services are Equality Impact Assessed on a minimum 3 yearly basis	Any areas of potential negative impact can be identified and addressed and areas of positive impact can be further promoted	E&D Lead Officer	Annual Update required (April 2009)	Evidence of Completed EIAs is in place	✓	✓	✓	✓	✓	✓

Action		Benefits / Rationale	Lead	Timescale	Measures of Success	Race	Disability	Gender	Age	Religion / Belief	Sexual Orientation
3.	Identify training needs / Establish teaching sessions.	To ensure that all those responsible for IA are fully aware of the process of their responsibilities.									

Key Objective Area 3: Partnership Working, Consultation, and Involvement (* = SHA wide actions)

Action	Benefits / Rationale	Lead	Timescale	Measures of Success	Race	Disability	Gender	Age	Religion / Belief	Sexual Orientation	
					Human Rights						
1. *	The Trust must demonstrate that it works in partnership with its patients/service users, carers, staff and the public using a variety of methods (including those from minority groups)	Local people and staff have an opportunity to influence service planning and development and feedback on their experiences	PCPI Co-ordinator	Annual Update required (April 2009)	The Trust can demonstrate the ways in which local people and staff have been involved in service planning and development	✓	✓	✓	✓	✓	✓
2. *	The Trust must demonstrate that it works in partnership with other statutory and community and independent sector organisations and groups using a variety of methods	Partner organisations and local groups have an opportunity to influence service planning and development and feedback on their experiences	Deputy Director of Nursing & Patient Services	Annual Update required (April 2009)	The Trust can demonstrate the ways in which partner organisations and groups have been involved in service planning and development	✓	✓	✓	✓	✓	✓

Action		Benefits / Rationale	Lead	Timescale	Measures of Success	Race	Disability	Gender	Age	Religion / Belief	Sexual Orientation	
						Human Rights						
3.	Access audit.	To ensure that the ED&HR agenda is kept under review and taken forward to support continuous improvement.	Operational E&D Leads									
4.	Volunteers from BME Communities.											
5.	Widening access and employment opportunities for those with disabilities.											

Key Objective Area 4: Accessibility and Communications (* = SHA wide actions)

Action		Benefits / Rationale	Lead	Timescale	Measures of Success	Race	Disability	Gender	Age	Religion / Belief	Sexual Orientation
						Human Rights					
1. *	Ensure a clear interpreting policy in place	People whose first language is not English can access an Interpreter	Deputy Director of Nursing & Patient Services	April 2009	An interpreting policy is in place and available to staff	✓					
2. *	Ensure DDA audits of the Trust's buildings are carried out	All people can access all buildings of the Trust	Head of Estates & Facilities	Annual Update required (April 2009)	Up to date access audits have been completed and acted upon		✓				
3. *	All information is appropriate and available in different formats on request to meet individual need	People have access to information in formats they can understand, that is relevant to them, and they can use	PCPI Co-ordinator	April 2009	Information can be supplied in different formats	✓	✓				

Action		Benefits / Rationale	Lead	Timescale	Measures of Success	Race	Disability	Gender	Age	Religion / Belief	Sexual Orientation
						Human Rights					
4. *	Ensure information is available about all services provided by the Trust	People can understand the purpose of different services and know how to access them	Trust Security	April 2009	Information is easily accessible about all services	✓	✓	✓	✓	✓	✓
5. *	Ensure clear guidance is in place to enable the communication and access needs of all people are met	Staff are clear on how to meet the communication and access needs of all people	Head of Education & Development	April 2009	Guidance is in place and available to all staff	✓	✓				

Key Objective Area 5: Workforce and Training (* = SHA wide actions)

Action		Benefits / Rationale	Lead	Timescale	Measures of Success	Race	Disability	Gender	Age	Religion / Belief	Sexual Orientation
						Human Rights					
1. *	Equality, Diversity and Human Rights is incorporated into all Induction training	All new staff are informed about their duties and responsibilities around equality and diversity	Head of Education & Development	April 2009	Induction programmes include Equality and Diversity and Human rights	✓	✓	✓	✓	✓	✓
2. *	Equality and Diversity training is made mandatory and all staff to have received Equality and Diversity training every 3 years	All staff are aware of their duties and responsibilities around equality and diversity	Head of Education & Development	April 2009	Trust can demonstrate that all staff have received E&D training within last 3 years	✓	✓	✓	✓	✓	✓
3. *	Identify the specific E&D needs of different staff groups in the	E&D training is targeted appropriately and effectively	Head of Education & Development	Annually	E&D training needs for different staff	✓	✓	✓	✓	✓	✓

Action		Benefits / Rationale	Lead	Timescale	Measures of Success	Race	Disability	Gender	Age	Religion / Belief	Sexual Orientation
						Human Rights					
	annual training plan				groups are identified in the annual training plan						
4. *	The Trust Board are to receive training on Equality and Diversity and an annual update thereafter	The Trust Board are aware of their duties and responsibilities around equality and diversity	Head of Education & Development	Annually	All Board members to have received E&D training or update each year	✓	✓	✓	✓	✓	✓
5. *	All HR policies to undergo an Equality Impact Assessment	Employment practices and policy do not unfairly discriminate	Senior HR Manager	Reviewed at a minimum of every three years	Completed EIAs for all HR policies	✓	✓	✓	✓	✓	✓

Action		Benefits / Rationale	Lead	Timescale	Measures of Success	Race	Disability	Gender	Age	Religion / Belief	Sexual Orientation
6. *	Continue to promote the Disability Award (2 tick symbol)	More disabled people apply for jobs with the Trust	Head of Staff Engagement	Annual Update required (April 2009)	No's of disabled people benefiting from the Scheme		✓				
7. *	The Trust must publish on an annual basis, a breakdown of its workforce by gender, age, ethnicity and disability (<i>good practice would include a breakdown by sexual orientation and religion/belief</i>)	The Trust can monitor if its workforce is representative of the communities it serves	Head of Workforce and Reward	Annually	Breakdown of workforce is published annually	✓	✓	✓	✓		
8. *	The Trust must have policies in place to support staff who feel bullied, harassed or stressed	Mechanisms are in place to support staff	Director of HR	April 2009	Policies are in place and available to staff	✓	✓	✓	✓	✓	✓

Action		Benefits / Rationale	Lead	Timescale	Measures of Success	Race	Disability	Gender	Age	Religion / Belief	Sexual Orientation
9. *	Workforce planning considers how the local population can be reflected	The workforce reflects the local population and increases understanding within the organisation of meeting the diverse needs of a population	Head of Workforce & Reward	Annually	Workforce plan demonstrates how reflecting the local population has been considered	✓	✓	✓	✓	✓	✓

Key Objective Area 6: Commissioning and Procurement (* = SHA wide actions)

Action		Benefits / Rationale	Lead	Timescale	Measures of Success	Race	Disability	Gender	Age	Religion / Belief	Sexual Orientation
						Human Rights					
1. *	All contracts and SLAs must contain clauses and performance measures around duties and responsibilities under Equality and Diversity legislation <i>(refer to good practice published by NHS Purchasing and Supply Agency)</i>	Contracted services are fully aware of their duties and responsibilities around Equality and Diversity	Supplies Manager	April 2009	Contracts and SLAs contain E&D clauses and performance measures	✓	✓	✓	✓	✓	✓
2. *	Contract monitoring processes take into account equality and diversity issues to ensure compliance to E&D legislation	Contracted services have to demonstrate their compliance to Equality and Diversity legislation	Supplies Manager	April 2009	Contract Monitoring Processes monitor compliance to E&D legislation	✓	✓	✓	✓	✓	✓

Key Objective Area 7: Monitoring Data, Reporting and Publishing (* = SHA wide actions)

Action		Benefits / Rationale	Lead	Timescale	Measures of Success	Race	Disability	Gender	Age	Religion / Belief	Sexual Orientation
						Human Rights					
1. *	A demographic breakdown of patients/service users by race, disability, gender, and age is published on an annual basis	Any areas of under representation can be identified and addressed through positive action	Head of Information	Annually	Up to date statistics are published	✓	✓	✓	✓		
2. *	A demographic breakdown of the workforce by race, disability, gender, and age is published on an annual basis and this should include applicants for posts, successful applicants, applicants for training, training recipients, and staff leaving the organisation.	Any areas of under representation can be identified and addressed through positive action	Head of Workforce & Reward	Annually	Up to date workforce statistics are published						

Action		Benefits / Rationale	Lead	Timescale	Measures of Success	Race	Disability	Gender	Age	Religion / Belief	Sexual Orientation
						Human Rights					
3. *	Ensure the outcomes of all Equality Impact Assessments are published on the Trust website	The Trust can demonstrate that EIAs are being completed and outcomes from EIAs can be shared	E&D Operational Leads	Annual Update required (April 2009)	EIAs are published on the website	✓	✓	✓	✓	✓	✓
4. *	Publish on an annual basis a report which sets out the Trust's progress in implementing this scheme	Staff, Services and the public are informed of the Trust's work and progress on the area of equality and diversity	E&D Operational Leads	Annually	Annual Report is published	✓	✓	✓	✓	✓	✓
5. *	Ensure that service usage is monitored to enable any areas of under representation to be identified	Any areas of under representation can be identified and addressed	E&D Steering Group & Trust Public Health Group	Annual Update required (April 2009)	Service Monitoring Reports are in place	✓	✓	✓	✓		

Key Objective Area 8: Complaints (* = SHA wide actions)

Action		Benefits / Rationale	Lead	Timescale	Measures of Success	Race	Disability	Gender	Age	Religion / Belief	Sexual Orientation
1. *	Ensure that reports of all formal complaints are broken down by Race; Disability; Gender; and Age	Trends in complaints can be monitored	Patient Relations Manager	April 2009	Complaints reports are broken down by different equality strands	✓	✓	✓	✓		
2. *	Introduce the collection of religion/belief and sexual orientation in complaints monitoring	Trends in complaints can be monitored by all equality strands	Patient Relations Manager	April 2010	Complaints reports are broken down by all equality strands	✓	✓	✓	✓	✓	✓
3. *	Ensure that reports of all PALS complaints are broken down by Race; Disability; Gender; and Age	Trends in complaints can be monitored	PCPI Co-ordinator	April 2009	PALS Complaints reports are broken down by each equality strand	✓	✓	✓	✓		

8. Glossary of Terms

Here is a guide to some of the commonly used terms that are used in relation to Equality and Diversity, many of which have been used in the Scheme.

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

Term	What it means
Consultation	<p>Asking for views on services or policies from service-users, staff, decision-making groups or the general public.</p> <p>Consultation can include a range of different ways of consulting, e.g. focus groups, surveys and questionnaires or public meetings.</p>
Culture	<p>Relates to a way of life. All societies have a culture, or common way of life, which includes:</p> <ul style="list-style-type: none"> • Language — the spoken word and other communication methods • Customs — rites, rituals, religion and lifestyle • Shared system of values — beliefs and morals • Social norms — patterns of behaviour that are accepted as normal and right (these can include dress and diet).
Direct Discrimination	<p>Treating one person less favourably than another on the grounds of race / disability / gender / age / religion or belief / sexual orientation or other grounds.</p>
Disability	<p>The Disability Discrimination Act 1995 defines disability as ‘a physical or mental impairment that has a substantial and long term adverse effect on a person’s ability to carry out normal day-to-day activities’.</p>
Discrimination	<p>Unfair treatment based on prejudice. In health and social care, discrimination may relate to a conscious decision to treat a person or group differently and to deny them access to relevant treatment or care.</p>
Diversity	<p>Appreciating diversity goes beyond the mere recognition that everyone is different; it is about valuing and celebrating difference and recognising that everyone through their unique mixture of skills, experience and talent has their own valuable contribution to make.</p>

Term	What it means
Duty	Under equalities legislation public authorities have gender duties and specific duties. These are things that have to be done by the authority in order to meet with the requirements of the law.
Equal Opportunities	This is a term used for identifying ways of being disadvantaged either because of, for example, race, disability, gender, age, religion/belief or sexuality. 'Equal Opportunities' is an attempt to provide concrete ways to take action on the inequalities revealed by analysis of the differences and barriers that exist for people in the above groups.
Equalities	This is a short hand term for all work carried out by an organisation to promote equal opportunities and challenge discrimination, both in employment and in carry out functions and delivering services.
Equality	Equality is about making sure people are treated fairly and given fair chances. Equality is not about treating everyone in the same way, but it recognises that their needs are met in different ways.
Ethnicity	A sense of cultural and historical identity based on belonging by birth to a distinctive cultural group.
Gender	Gender options are male, female, or other (in order to allow an option for transgender and self-identifying individuals).
Gender Dysphoria	Gender dysphoria is a condition in which a person feels that they are trapped within a body of the wrong sex.

Term	What it means
Genuine Occupational Requirement (GOR)	In strictly limited situations, each piece of anti-discrimination legislation allows for a job to be restricted to a person of a particular race, disability, gender, age, religion / belief, sexual orientation if it is proportionate to apply a GOR to the job.
Harassment	<p>Behaviour which is unwelcome or unacceptable and which results in the creation of a stressful or intimidating environment for the victim amounts to harassment.</p> <p>It can consist of verbal abuse, racist jokes, insensitive comments, leering, physical contact, unwanted sexual advances, ridicule or isolation.</p>
Homophobia	An irrational fear of, aversion to, or discrimination against people who are gay and homosexuality.
Indirect Discrimination	Setting rules or conditions that apply to all, but which make it difficult for a group to comply with on the grounds of race, disability, gender, age, religion or belief, or sexual orientation.
Institutional Racism	Occurs when the systems and procedures in an organisation discriminate against a person – or a group of people – on the basis of race.
Interpreting	The conversion of one spoken language into another, enabling communication between people who do not share a common language.
LGB	Lesbian, Gay and Bisexual
Monitoring	The process of collecting and analysing information about people's gender/racial or ethnic origins/disability status/sexual orientation/religion or belief/age to see whether all groups are fairly represented.

Term	What it means
Multicultural	Of, or relating to many cultures; including people who have many different customs and beliefs. For example, Britain is increasingly a multicultural society.
National Origin	Relates to the country where someone was born, regardless of where they are now living and their current citizenship.
Positive Action	<p>Activity intended to improve the representation in a workforce where monitoring has shown a particular group to be under-represented, either in proportion to the profile of the total workforce or of the local population.</p> <p>Positive action permitted by the anti-discrimination legislation allows a person to:</p> <ul style="list-style-type: none"> - provide facilities to meet the special needs of people from particular groups in relation to their training, education or welfare, and - target job training at people from groups that are under-represented in a particular area of work, or encourage them to apply for such work. <p>Positive action is not the same as positive discrimination.</p>
Positive Discrimination	Selecting someone for a job / promotion / training / transfer etc purely on the basis of their race, disability, gender, age, religion or belief, or sexual orientation, and not on their ability to do the job.
Prejudice	Is a negative assumption or judgement about a person – or a group of people – that we do not know.
Procurement	Procurement can be defined as the responsibility for obtaining (whether by purchasing, lease, hire or other legal means) the services, equipment, materials or supplies required by an organisation so it can effectively meet its business objectives.

Term	What it means
Race	A human population considered distinct based on physical characteristics such as skin colour. This term is often interchanged with ethnicity. Ethnicity is a term which represents social groups with a shared history, sense of identity, geography and cultural roots which may occur despite racial difference.
Racial Group	A group of people defined by race, colour, nationality and ethnic or national origins. All racial groups are protected from unlawful racial discrimination.
Racism	Belief (conscious or unconscious) in the superiority of a particular race, leading to acts of discrimination and unequal treatment based on an individual's skin colour or ethnic origin or identity.
Religion	The term religion – sometimes used interchangeably with faith or belief system – is commonly defined as belief concerning the supernatural, sacred, or divine, and the moral codes, practices and institutions associated with such belief.
SES	Single Equality Scheme
Sexism	A prejudice based on a person's gender in which one gender is seen as inferior. Also may be used to describe discrimination on grounds of gender.
Sexual Orientation	<p>Within the sexual orientation regulations, sexual orientation is defined as:</p> <ul style="list-style-type: none"> - An orientation towards persons of the same sex (lesbians and gay men) - An orientation towards persons of the opposite sex (heterosexual) - An orientation towards persons of the same sex and opposite sex (bisexual)

Term	What it means
Sexuality	This term refers to the general sexual preferences of people i.e. both lesbian and gay and heterosexual. It is often a preferable term to use to that of sexual orientation.
SLAs	Service Level Agreement is a form of contract between two parties.
Social Model of Disability	A model created and endorsed by disabled people internationally, this emphasises the barriers and structures which exclude disabled people, rather than their disabilities.
Stereotypes	Generalisations concerning perceived characteristics of all members of a group – rather than treating people as individuals.
Strategic Health Authority (SHA)	The North East Strategic Health Authority is responsible for the development of health services in the north east, on behalf of the Department of Health. Its role is to make sure that services are fit for purpose, that quality and improvement targets are met and that NHS organisations in the region, such as primary care trusts, hospitals and the ambulance trust, are providing well-planned, good quality services to meet the needs of local communities.
Transsexual / Transgender People	Transgender, transsexual or trans person describes a person who appears as, wishes to be considered as, or has undergone or is undergoing surgery to become a member of the opposite sex.
Victimisation	Treating people less favourably because they have made a complaint or intend to make a complaint about discrimination or harassment.

Term	What it means
Workforce Profile	<p>What our workforce looks like. Make up of the people who work for an organisation. Analysing the workforce profile allows us to see how many people from different groups work for the organisation, how many men, how many women, how many disabled people, how many people from different ethnic groups, how many lesbian and gay people. It also allows us to see what kind of jobs people do, how much they are paid and at what grades to see if there are any patterns.</p>

9. List of Groups who contributed to this Scheme

The Trust is grateful to the many different organisations and groups were contacted to assist in the development of this Scheme. Those who contributed included:

ADAPT, Northumberland
Age Concern, Northumberland
Age Concern, Sunderland
Bell View Older People's Group, Belford, Northumberland
Fruit Salad Transgender Group, North Tyneside
Gateshead Local Engagement Board
Help the Aged, Alnwick Northumberland
Multiple Sclerosis Society, Sunderland and District Branch
NHS North East Lesbian, Gay and Bisexual Staff Network
North East Equalities Coalition *
North East Laryngectomees Association
North Tyneside Deaf Forum
North Tyneside Disability Forum
Our Voice Consultation Forum
Prudhoe Older People's Forum, Northumberland
Sign Health Evaluation Meeting
South Tyneside Local Engagement Board
St Johns Methodist Church, Ashbrooke
Sunderland Local Engagement Board

The Positive People's Trust
University of Sunderland, School of Health, Natural and Social Sciences
Young Asian Voices, Sunderland

* The Equalities Coalition is a collection of voluntary and community sector (VCS) organisations with an interest in equality and diversity issues in the North East which represent the six diversity groups that are formally recognised within discrimination legislation and the Equality and Human Rights Commission (EHRC) – Age, Disability, Faith, Gender, Race and Sexuality. Members of the Coalition work closely with people who are at risk of exclusion through discrimination and with the community groups that support them.

Strand	Strand lead	VCS partners/sub regional leads/steering members/groupings
Deaf and disability	Gateshead Access Panel	Hartlepool Access Group ADAPT (Northumberland) Skills for Care (North East) Ideatree
Faith	Churches' Regional Commission in the North East	Regional Faith Network Middlesbrough Council of Faiths Tees Valley Faith Communities Regeneration Group Newcastle Council of Faiths Positive Images (Gateshead) Gateshead Interfaith Forum County Durham Faiths Network People to People North East Across Communities Roman Catholic Commission for Inter-Religious Relations Durham Diocese Interfaith Task Group Darlington Partnership's Inter Faith Group North East Further Education Interfaith Project North East Religious Learning Resources Centre Council for Christians and Jews Housing Action North East

Children and young people	Regional Youth Work Unit North East	Regional Forum for Voluntary Youth Organisations
Gender	The Angelou Centre	Fourth Action (sub regional lead Northumberland) The Bridge Project (sub regional lead Durham) WHIST- Women's Health in S. Tyneside (Sub regional lead, S Tyneside) South Bank Women's Centre (sub regional lead Tees Valley) LBI (Diversity lead-sexual orientation) African Women's Network (Diversity lead- ethnicity) Middlesborough Council of Faiths (Faith) West End women and girls (Girls and young women lead) The Riverside Centre
LGBT	LBI Women North East	North East LGBT Federation Hart Gables (Southern region and focus on transgender) Lesbian Line (region-wide) Mesmac NE (focus on gay and bisexual men) NEOLN (focus on older lesbians)
Older age	Age Concern Support Services (North East Region)	Years Ahead; the North East Regional Forum on Ageing Help the Aged Alzheimers Society - Northern Region Age Concern England Age Concern North East Equal Arts
Race	BECON (Black and Ethnic Minority Community Organisations Network)	The Regional BME Network BECON has 93 full BME member organisations. In addition it has 25 associate members. Each local BME network we work with also has between 18 and 52 members

10. Bibliography

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<i>NHS Yorkshire and Humber, "The Potential for Efficacy of Healthcare Chaplaincy and Spiritual Care Provision in the NHS (UK)" (January 2008)</i>
<i>North East VCS Coalition (Disability Strand), "A stronger Voice : questionnaire results", (May 2007)</i>
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<i>Newcastle Quality of Life Partnership, "Westgate Bazaar", (2008)</i>
<i>Newcastle PCT, "Ethnic Minority Well Being", (2007)</i>

<i>Shakespeare, T, "Disability Rights and Wrongs" (2006) Routledge London</i>
<i>Stonewall; "Being the gay one – experiences of lesbian, gay and bisexual people working in the health and social care sector" (2007)</i>
<i>The Yogyakarta Principles: Principles on the application of International Human Rights Law in relation to Sexual Orientation and Gender Identity (March 2007)</i>
<i>Trescom, "Our Voice Consultation", (2006-2007)</i>

Appendix 1: Legislative Context

The legislation which imposes a duty on public sector bodies to put in place an Equality Scheme are the Race Relations (Amendment) Act 2000 which amends the Race Relations Act 1976, the Disability Discrimination Act 2005 which amends the Disability Discrimination Act 1996 and the Equality Act which amends the Sex Discrimination Act 1975 and the Equal Pay Act

A summary of the duties under these Acts is set out in the tables below:

General Duties

Race - 2000 Disability - 2005 Gender – 2006

- Eliminate Unlawful Racial discrimination
- Promote equality of opportunity
- Promote good relations between persons of different racial groups
- Eliminate unlawful discrimination
- Promote equality of opportunity between disabled people and others
- Eliminate disability related harassment
- Promote positive attitudes towards disabled people
- Take account of disabled person's disabilities, even where that means treating disabled persons more favourably than other persons
- Encourage participation by disabled people in public life
- Eliminate unlawful discrimination and harassment
- Promote equality of opportunity between men and women

Specific Duties

Race - 2000 Disability - 2005 Gender- 2006

- Publish a Race Equality Scheme (RES) and action plan
- Race Equality Impact Assessments
- Clear and evidenced based race equality goals
- Consultation with stakeholders
- Employment monitoring
- Staff training
- Publication of information

- Review and revise RES every three years
- Publish a Disability Equality Scheme (DES) and Action plan
- Disability Equality Impact Assessments
- Clear and evidence based race equality goals
- Involvement of disabled people in development of DES
- Report against DES annually
- Review and revise DES every three years
- Publish a Gender Equality Scheme and action plan
- Gender Equality Impact Assessment
- Clear and evidence based gender equality goals
- Consultation with stakeholders
- Equal Pay policy statement
- Report against GES annually
- Review and Revise GES every three years

Human Rights Act 1998

The Department of Health recently published “A Framework for Local Action” for human rights in Healthcare. This framework was developed in conjunction with the British Institute of Human Rights and five NHS Trusts to assist organisations across the NHS to use Human Rights based approach to help improve the way services are delivered. The purpose of the framework is to assist NHS Trusts to develop and use a Human Rights based approach to support core business of planning and delivering high quality and accessible health services for all. As such, it is a starting point for the Trust to:

- Implement duties under the Human Rights Act 1998, as well as progressing Healthcare;
- Put principles such as dignity, respect and equality into practice;
- Shape services and procedures that put the ‘human’ at the heart of healthcare;
- Effectively support staff and commissioned providers to fulfil their specific duties;
- Commission standards on Human Rights and patient treatment;

- Support and add value to our work on related duties and priorities such as Equality, Health Inequalities, Dignity in Care and Commissioning a Patient-Led NHS.

Appendix 2: Terms of Reference & Membership

EQUALITY, DIVERSITY AND HUMAN RIGHTS WORKING GROUP

- (i) To facilitate partnership working between the Trust and key stakeholder groups to inform policy and practice developments within the organisation.
- (ii) To address related issues of mutual concern raised by members of the Group.
- (iii) To pro-actively encourage stakeholder involvement and sharing of best practice, both internal and external to the Trust.
- (iv) Provide advice to the Trusts Equality and Diversity Steering Group in relation to Equality, Diversity and Human Rights issues.
- (v) Actively supports the implementation of Equality and Diversity Strategy at all levels.

Membership:

Senior Human Resources Manager
Deputy Director of Nursing and Patient Services
Head of Training and Education
PCPI Co-ordinator
Chaplains x 1 (with Nominated Deputy)
Employment Services Manger
Rehabilitation Manager
Medical Records and OPD Manager
Estates (Building Officer)
Audiology, Services Manager
Matron – Ophthalmology
Directorate Manager
Staff Side Representative
Matron Musculo Skeletal Services (LD Partnership).
Sally Baylis, Eye Clinic Liaison Officer
Disability North AB/RA
T.A.L.K (JF)
DEAFLINK (RS/HR)

Frequency of Meetings: Quarterly

Reports to: Equality and Diversity Steering Group

Appendix 3: Summary of E&D Training Provision

Newcastle upon Tyne Hospitals NHS Foundation Trust Summary of Equality and Diversity Training Provision

Course Title	Target Group	Aims and Objectives	KSF Dimensions & Level of Application Supported through attendance on this Programme.
E&D Managers	Managers/Supervisors wishing to develop knowledge of good practice in Managing Diversity	<p>To develop awareness, knowledge and skills on key issues relating to E&D to support the role managers & supervisors have in ensuring best practice is maintained</p> <p>On completion of the workshop participants will:</p> <ul style="list-style-type: none"> • Understand a manager's responsibility to comply with law and legislation relating to equality and diversity • Be familiar with Trust policies and procedures, and gain confidence and competence in the implementation of these • Develop action plans to achieve the standards set within the Trust Equality and Diversity Strategy • Promote equality and diversity within a framework of best practice 	<p>C1 C2 C4 C6 G6</p> <p>C1/Level 4-Communication Develop & maintain Communication with people on Complex matters, issues and Ideas and/or in complex situations</p> <p>C2/Level 3-Personal & People Development Develop oneself and contributes To the development of others</p> <p>C4/Level 3 – Service Improvement Appraise, interpret and apply suggestions , recommendations& directives to improve services</p> <p>C6/Level 3 –Equality&Diversity Promote Equality and Value Diversity</p> <p>G6/Level 2 People Management Plan, allocate and supervise the Work of a team</p>

<p>E&D Facilitators</p> <p>C1 C2 C4 C6 G1</p>	<p>Managers/Supervisors/Training Leads who have attended basic training and wish to develop skills in cascading throughout Ward/Department</p>	<p>To develop knowledge skills and confidence to enable staff to deliver high quality training to other members of their team</p> <p>On completion of the workshop participants will:</p> <ul style="list-style-type: none"> • Understand and be competent in the role of a facilitator • Feel confident in preparing and setting up a training session, developing session themes and delegate understanding of the topic • Be familiar with Trust policies and procedures, and gain confidence and competence in the delivery of this 	<p>C1 C2 C4 C6 G6</p> <p>C1/Level 3 – Communication Develop and maintain communication with people about difficult matters and/or in difficult situations</p> <p>C2/Level 3 – Personal & People Development Develop oneself and contribute to the development of others</p> <p>C4/Level 2 – Service Improvement Contribute to the improvement of services</p> <p>C6/Level 3 – Equality and Diversity Promote Equality and Value Diversity</p> <p>G1/Level 2 – Learning and Development Enable people to learn and develop</p>
<p>E&D Support Staff</p>	<p>All staff who have direct contact with patients, visitors and users of Trust Services</p>	<p>To develop knowledge, skills and confidence to enable staff to deliver a high quality service at all times to all colleagues and to all users of Trust Services</p> <p>On completion of the course, participants will be able to:</p> <ul style="list-style-type: none"> • Understand the importance of policies and procedures • Relate policies and procedures to practice • Understand their professional and personal responsibility for practice 	<p>Should this session be condensed into the Practical Skills /Aids to Communication Session. For what is covered the training team could lead a 45 minute 'set the scene' session for the day to follow.</p> <p>C1, C2 C6</p>
<p>E&D Practical Skills</p>	<p>All staff who have direct contact with patients, visitors and users of Trust services</p>	<p>To enhance knowledge and skills to enable staff to communicate effectively</p> <p>On completion of the course, participants will be able to:</p> <ul style="list-style-type: none"> • Recognise the needs of people who have a hearing, speech, sight, learning or physical disability • Understand the key issues involved when communicating with a person who has a sensory impairment • Communicate appropriately with people who have special learning needs 	<p>C1 C2 C4 C6</p> <p>C1/Level 3 – Communication Develop and maintain communication with people about difficult matters and/or in difficult situations</p> <p>C2/Level 2 – Personal & People Development Develop own skills and knowledge and provide information to others to help their development</p> <p>C4/Level 2 – Service Improvement Contribute to the improvement of services</p> <p>C6/Level 3 – Equality and Diversity Promote equality and value diversity</p>

E&D Awareness	All staff	<p>To ensure all staff are informed of laws and legislation in relation to E&D and what their responsibilities are in this area. (3 yearly update required)</p> <p>This is the mandatory session that all staff must attend, unless they have attended any of the previous training</p>	<p>C1, C2 C6 C1/Level 2 Communication Communicate with a range of people on a range of matters</p> <p>C2/Level Level 2 Personal and People Development Develop own skills and knowledge and provide information to others to help their development</p> <p>C6/Level 3 Equality and Diversity Promote Equality and Value Diversity</p>
Equality Impact Assessment	Managers and staff who will be involved in the process to impact assess Trust policies, procedures and functions	<p>To develop understanding and awareness on key issues relating to impact assessment, in order that managers and staff are equipped with the knowledge and skills to undertake the process within the Trust.</p> <p>On completion of the workshop participants will:</p> <ul style="list-style-type: none"> ▪ Understand the implications of the Race Relations (Amendment) Act 2000 ▪ Appreciate the requirement to assess the impact of Trust policies, procedures and functions ▪ Apply the key stages of the impact assessment process with competence and confidence ▪ Cascade information relating to impact assessment to team members as relevant to support good practice 	<p>C1, C4, C5, C6, IK2, G6 C1/Level 3 – Communication Develop and maintain communication with people about difficult matters and/or in difficult situations</p> <p>C4/Level 2 – Service Improvement Contribute to the improvement of services</p> <p>C5/Level 3 – Quality Contribute to improving quality</p> <p>C6/Level 4 – Equality and Diversity Develop a culture that promotes equality and values diversity</p> <p>IK2/Level 2 – Information Collection and Analysis Gather, analyse and report a limited range of data and information</p> <p>G6/Level 2 – People Management Plan, allocate and supervise the work of a team</p>

Aids to Communication	Senior Clinical Nurses (Matrons), Ward Sisters and Senior Clerical Officers working within outpatient areas trust-wide	<p>To extend knowledge and skills, and raise awareness of the current communication aids resources available and how to access them.</p> <p>To promote the value of enhancing communication with those people who have special communication needs.</p> <p>On completion of the workshop participants will feel confident to:</p> <ul style="list-style-type: none"> • Ensure all staff working within their team understand the carer's role, and the key issues inherent within this • Identify situations in which the use of an aid/s will enhance communication in an appropriate and sensitive manner • Source and aid to communication with a timely response to effectively meet an individual's needs • Ensure all relevant information is shared with colleagues, using a range of methods • Identify learning and development needs for team members, and source appropriate training programmes to address these 	<p>C1 C2 C4 C6 G1</p> <p>C1/Level 3 – Communication Develop and maintain communication with people about difficult matters and/or in difficult situations</p> <p>C2/Level 2 – Personal & People Development Develop own skills and knowledge and provide information to others to help their development</p> <p>C4/Level 2 – Service Improvement Contribute to the improvement of services</p> <p>C6/Level 3 – Equality and Diversity Promote equality and value diversity</p> <p>G1/Level 1 Learning and Development Assist with learning and development activities</p>
Recruitment & Selection	Managers and individuals who currently interview candidates and participate in recruitment and selection, or are likely to become involved in the process	<p>While this programme is not primarily an E&D programme, a significant amount of the course content is devoted to the Trust's Equal Opportunities policy, non-discriminatory practice and the relevant law relating to discrimination</p> <p>To develop knowledge and skills in managing the recruitment process and selection interviewing</p> <p>On completion of the course, participants will be able to:</p> <ul style="list-style-type: none"> ▪ Identify the main stages of the Trust's Recruitment and Selection code of practice ▪ Specify the requirements of a job vacancy to be filled ▪ Identify criteria against which to select the most suitable candidate for the vacancy ▪ Explain the role and responsibilities of the panel ▪ Identify the specific skills used in interviewing candidates ▪ Plan and conduct selection panel interviews professionally 	<p>C1, C2, C6, G6</p> <p>C1/Level 3 – Communication Develop and maintain communication with people about difficult matters and/or in difficult situations</p> <p>C2/Level 2 – Personal & People Development Develop own skills and knowledge and provide information to others to help their development</p> <p>C6/Level 3 – Equality and Diversity Promote equality and value diversity</p> <p>G6/Level 2 – People Management Plan, allocate and supervise the work of a team</p>

Corporate Induction	All new starters to the Trust	<p>To ensure all new starters in the Trust are supported whilst they orientate themselves within the organisation and their workplace, with a working knowledge of their statutory and mandatory responsibilities</p> <ul style="list-style-type: none"> • All staff, regardless of grade or profession attend corporate induction • The organisational induction provides mandatory training in key areas (E&D being one of them) • All staff regardless of grade or profession must complete an induction to their Directorate or Department. Departmental Induction will begin on the first day of employment and include all areas of specific relevance to that area. • Realise the expectations the Trust has of each individual employee 	<p>This programme contributes to the KSF Core Dimensions</p>
Other Courses e.g. Assertiveness, Appraisal Skills for Managers & Supervisors, Team Management Skills, Customer Care	Specific to learner requirement	Many other sessions within the Training Department's remit include E&D as part of the session	<p>These programmes contribute to the KSF Core Dimensions and all have short session looking at Equality and Diversity in relation to specific subject</p> <p>C6/level 2 –Equality and Diversity Support Equality and Value Diversity</p>

Appendix 4: Healthcare Commission Standards

The following standards have implications for equality:

Core standard 7e

Healthcare organisations challenge discrimination, promote equality and respect Human Rights

Core standard C13a

Healthcare organisations have systems in place to ensure that staff, treat patients, their relatives and carers with dignity and respect.

Core standard C16

Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.

Core standard C17

The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

Core standard C18

Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.