Northern Devon Healthcare **NHS**

NHS Trust

Incorporating community services in Exeter, East Devon and Mid Devon

Equality and Diversity Strategy

2013 – 2016

FOREWORD

Equality, Diversity and Human Rights are central to the vision, values and long term development of Northern Devon Healthcare Trust and continue to be at the heart of the NHS strategy. Investing in a diverse NHS workforce enables us to deliver a more inclusive service and improve patient care and it is therefore important that it is mainstreamed into everything we do.

This Strategy has been designed in response to the requirements of the Equality Act 2010 and is our public commitment of how we plan to meet the needs and wishes of local people and our staff, and meet the duties placed upon us by the Equality Act 2010, and the requirements of the national NHS Equality Delivery Scheme. **(EDS2)**. It also sets out how Northern Devon Healthcare Trust recognises the differences between people, and how we aim to make sure that (as far as possible) any gaps and inequalities are identified and addressed.

Our Strategy will be a fully 'live' document, in that it will be regularly reviewed and strengthened. In particular we would like to know about any areas where our staff, service users and carers feel we can improve our services. In the EDS2 there are 4 main goals.

- Better health outcomes
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership

Through the development of the EDS2, we will continue to promote equality of opportunity amongst different groups of people and ensure that potentially vulnerable groups and individuals are supported, and their needs are addressed, in ways that are best suited to them.

Achieving the outcomes to the EDS2 is a long-term commitment driven by both the needs and wishes of our local people and staff, and the equalities legislation. For that reason, much of the work will be ongoing. The Trust board commits to monitoring our progress and reporting regularly and openly in line with the specific duties of the Equality Act 2010.

Our action plan is currently being reviewed and updated in consultation with our staff side and service user groups. Progress on the action plan will be monitored and assessed, through the Workforce and Organisational Development Committee and reported on to the Board. This will enable to give the Board assurance that we are making continuous improvements and implementing the action we have set ourselves.

Jac Kelly
Chief Executive

1. INTRODUCTION

This document is a public commitment of how we aspire to meet the needs and wishes of our communities and our staff, and meet the duties placed upon us by the Equality Act 2010, and the requirements of the national NHS Equality Delivery System (EDS2). It recognises the differences between people, and how we aim to make sure that (as far as possible) any gaps and inequalities are identified and addressed.

Equality, Diversity and Human Rights are the key factors in the development of this strategy and underpin all our aims, objectives and actions towards addressing inequality and promoting Diversity as one of our core values.

With Diversity as one or our core values and as one of the largest employers in Devon our needs and aspirations will vary dependent upon individual experiences, a diverse workforce enriches us all and enables us to provide the best services to the local population.

Equality	means we have fair policies, practices and services that are inclusive to all and we strive to identify and remove any barriers to access, employment, information or communication. Equality is also about offering equality of opportunity so everyone is able to fulfil their potential regardless of who they are.
Diversity	means that we acknowledge and respect people's differences whether they are visible or non-visible and embrace the value those differences bring to our organisation. It means that our policies, practices and services are flexible and responsive to meet different people's needs.
Human Rights	are basic rights to humane dignified treatment and they belong to everyone. They are rights we all have simply because we are human beings, regardless of who we are, where we live or what we do. Human Rights represent all the things that are important to us, such as being able to choose how to live our life and being treated with dignity and respect. Human Rights form the basis of the NHS Constitution.

2. OUR VISION

Our Trust vision:

> *We will deliver local integrated health and social care to support people to live as healthily and independently as possible, recognising the differing needs of our local communities across Devon.*

We believe this is inclusive of both our staff and people who use our services including those who have protected characteristics and those who are vulnerable in our society.

We aim to be an organisation that promotes Equality and Diversity in Devon and strongly believe that in both delivery of services and in our workforce we have to reflect the communities and people we service and tackle all forms of discrimination.

We aim to implement this by:

- Promoting Equality, Diversity and Human Rights in service delivery
- Creating an organisation which recognises the contribution of all staff, and which is supportive, fair and free from discrimination
- Ensuring that Northern Devon Healthcare Trust is regarded as an exemplary employer.

3. MEETING OUR DUTIES

The Equality Act 2010 introduced the Public Sector Equality Duty which came into force on the 5th April 2010. This Duty applies to all public authorities. It brings together previous gender, race and disability duties and extends the protection from discrimination on the basis of nine 'protected characteristics' which are:

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

A glossary of terms is attached at Appendix 3.

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

Equality considerations must therefore be reflected in the design of all policies and the delivery of all services. In short, the organisation must have due regard of the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people who share a protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not (this includes tackling prejudice and promoting understanding).

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

It also requires the Trust to consider the need to:

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

Complying with the general duty may mean that we treat some people differently than others; this will be to ensure we meet their needs as far as this is allowed in discrimination law. It also explicitly recognises that disabled people's needs are different from those of non-disabled people. This may mean making reasonable adjustments for them or providing services in a different way to make sure they can achieve the same outcomes from our services.

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

- Set specific, measurable equality objectives;
- Analyse the effect of our policies and practices on equality and consider how they further the equality aims;

- Publish sufficient information to demonstrate we have complied with the general equality duty on an annual basis.

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

4. THE PROTECTED CHARACTERISTICS

The Trust appreciates the benefits that diversity brings but it also recognises that in order to give people equal access to services, we sometimes need to tailor our response. Equality of opportunity cannot be achieved by simply providing the same service to everyone in the same way. This means that it is really important that we understand the needs of different people and groups. Most people will experience inequality at some point in their lives, but some people experience greater inequality than others, including inequality in accessing services. If the Trust doesn't understand what inequalities people face and what can be a barrier for someone accessing services, then the Trust can't adapt the service to offer equal access and eliminate potential inequality. The most effective means of understanding and addressing an individual's needs is by engaging with them.

There are occasions when it is lawful to positively discriminate during recruitment processes in terms of selecting someone for a job / promotion / training / transfer etc. on the basis of their race, disability, gender, age, religion or belief, or sexual orientation, where there is a genuine occupational requirement or qualification and not solely on their ability to do the job. An example could be advertising specifically for a female counsellor for the Sexual Assault & Rape Centre where this is a proportionate means to achieving the required balance in service delivery.

To enhance understanding of the needs of our staff and patients we need to collate and analyse, where possible, intelligence relating to the nine protected characteristics. This helps us to understand who we are providing services to and how changes and decisions relating to those services may have an impact.

We are in the process of compiling equality data profiles to accompany this document and will continue to develop these as further information becomes available. The section below identifies some of the key equality issues that affect the different protected groups.

4.1 Disability

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

Some key statistics:

- **Four times as many people with learning disabilities die of preventable causes as people in the general population (Disability Rights Commission, 2006)**

- **There are 300,000 adults with autism but only 13% are in full time employment (Scottish Parliament, 2010)**

- **35% of deaf and hard of hearing people had been left unclear about their condition because of communication problems with their GP or nurse (Scottish Council on Deafness, 2009)**

- **87% of disabled health professionals felt their disability limited their chances of promotion (Bogg, 2005).**

There is some feedback from disability groups that they would prefer that the social model of disability is promoted rather than the medical model. The view is that the social model of disability aims to address the social, environmental and attitudinal barriers that can cause social exclusion and reduced self-esteem amongst disabled people.

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

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

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

4.2 Sex

Both males and females are protected under the Equality Act.

Some key statistics:

Almost twice as many men as women hold senior positions in the NHS yet 80% of NHS staff are women (Bogg, 2009)

More men are overweight than women, but men make up only 25% of patients in primary care weight loss programmes (O'Reilly, 2007)

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

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

4.3 Age

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

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.

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

Some key statistics:

- **Three out of four Senior Managers believe age discrimination exists in their local services, and that ageism is endemic (Robert, Robinson and Seymore, 2002)**

- **64% of people aged over 65 think that health and social care staff do not always treat older people with dignity (Harrop and Jobling, 2009)**

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

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

4.4 Race

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

Some key statistics:

- ***64% of health professionals believe that people from ethnic minorities are not well represented at senior levels in their organisation (Bogg, 2005)***

- ***50% South Asian people are 50% more likely to die prematurely from coronary heart disease than the general population (Race for Health, 2009)***

- ***The scale of health inequality between Gypsy Travellers and the UK general population is large, with reported health problems between twice and five times more prevalent (University of Sheffield, 2004)***

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

4.5 Religion and Belief

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

Some key statistics:

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

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

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

4.6 Sexual Orientation

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

Some key facts:

- ***Young gay and bisexual men are seven times more likely to have attempted suicide (Remefedi et al, 1998)***

- ***Although homophobia seems to have become less common, studies suggest that up to 25% of health service staff have expressed negative or homophobic attitudes (Beehler, 2001)***

- ***Lesbian, gay and bisexual people are less likely to access routine screening than heterosexual people (Department of Health, 2007)***

A report written by Stonewall and the Department of Health, 'Being the gay one' (2007), shows that there is still homophobia and discrimination in parts of the NHS. The National Audit Office and Stonewall estimate that around 6.5% of the national population is lesbian, gay or bisexual, which will be reflected in the local populations that we serve.

4.7 Gender Reassignment

The Equality Act provides protection for transsexual people. A transsexual person is someone who proposes to, starts or has completed a process to change his or her gender.

Some key facts:

- ***More than 1 in 3 Trans People have attempted suicide***
- ***17% of Trans People were refused (non-trans related) healthcare treatment by a doctor or a nurse because they did not approve of gender reassignment***

- ***29% of Trans People that being trans adversely affected the way they were treated by healthcare professionals***

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

The most obvious healthcare need for transgender people are around gender reassignment treatment and GP's have a crucial role in the process of seeking this treatment. On average transgender people have to wait

six years for treatment. Gender Reassignment can have huge implications for mental health although it is not a mental health illness and the NHS needs to understand the issues facing gender reassignment.

4.8 Pregnancy and Maternity

A woman is protected against discrimination on the grounds of pregnancy and maternity during the period of her pregnancy and any statutory maternity leave to which she is entitled. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Some key statistics:

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

4.9   Marriage and Civil Partnership

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

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

5. EQUALITY INFORMATION

This section outlines what we know about the make-up of our local population and our workforce in relation to the nine different protected characteristics. This information has been sourced from the Office of National Statistics, National Health Profiles, Devon County Council and the Employee Service Record (ESR) Employees are provided with the information we hold on them and asked to update their information on a voluntary basis, this in itself is one of the challenges as a number of staff prefer not to disclose their personal information. One of the actions in our plan is to undertake the same level of analysis for the people who use our services.

The demographic profiles within Devon vary, therefore for the purposes of this report they have been split into the following categories;

- Devon and districts (the County of Devon including areas such as Plymouth and Torbay)
- Exeter
- North Devon
- East Devon
- Mid Devon
- Torridge

5.1 Disability

2.3% of staff have formally disclosed to the Trust that they consider themselves to have a disability, however 26.7% of staff have not disclosed whether they have a disability.

Currently the number of staff declaring their disability status is 75%, which is higher than most other Trusts, where the average is 52% declaration.

When comparing the disability status of staff by pay band, the distribution of staff declared as disabled is proportionate across all pay bands.

5.2 Sex

The workforce is predominantly female with 84.5% of the total workforce (see Figure 1, Appendix 2).

The workforce gender profile status by pay band (see Figure 2, Appendix 2) shows a higher proportion of females within qualified and unqualified nursing posts, and a lower proportion of females in medical posts. This correlates with NHS gender profile data.

The gender profile within the Trust does not correlate to the population working age demographic in England of 48% women and 52% men.

5.3 Age

Compared to England the population of Devon has a higher proportion of older people; this is especially true for those aged 50 years and over.

Over the next 20 years the Office of National Statistics predicts that the population of Devon will grow by nearly a quarter which is an increase of 200,400 people. The greatest increase is expected in population aged 56 years and above with large increases of between 75% and 85%, being anticipated. There is expected to be little growth in the population aged 14 years and younger.

Figures 3, 4 and 5 in Appendix 2 show that Devon has a higher than average demographic age profile, particularly in East Devon, North Devon and the Torridge districts.

28% of the population within the County of Devon are currently above 60 years compared with 19% across England.

It is estimated that there are 28% of people above state pension age resident in Devon representing over a quarter of the total population.

The age profile within the Trust (see Figure 6, Appendix 2) shows that the largest age group of our workforce are those staff between the ages 36 – 65 and there are significantly lower figures for staff aged under 35 and over 66.

The Trust recognises that the under 21 year old age group is currently under represented and as a result there has been a concerted effort to attract young talent into the Trust through the apprenticeship scheme.

5.4 Race

96.6% of the Devon population (see Figure 7, Appendix 2) is white. This shows the County of Devon has a low ethnic mix.

The ethnicity profile within the Trust (see Figure 8, Appendix 2) reflects the Devon population, with 91% of the workforce being white. 5.62% of staff have not defined their ethnicity; thereby a small proportion of staff at 3.38% can be identified as falling into an ethnic group, other than white.

The ethnicity profile within the Trust by pay band (see Figure 9, Appendix 2) shows that ethnicity is proportionally distributed amongst all pay bands, with a higher percentage of ethnic groups represented within medical posts.

5.5. Religion and Belief

Of the staff who have disclosed a religion to us, the largest group remains Christianity at 47.7%, with the next highest group being Atheist at 8.33%. With 36.76% of staff not disclosing their religious belief, this leaves 7.21% of staff as declaring themselves as having a religious belief other than Christianity (see Figure 10, Appendix 2).

The South West figures state 80.1% of the South West general population declare themselves Christian.

5.6. Sexual Orientation

Of the staff who have disclosed their sexual orientation to us, the largest group remains Heterosexual at 64.89%, with 0.28% Bisexual, 0.35% Gay, 0.37% Lesbian and 34.08% of staff not disclosing their sexuality (see Figure 11, Appendix 2).

5.7 Gender reassignment

The Trust currently has no data regarding staff who may have, or be undergoing, gender reassignment.

5.8 Pregnancy and maternity

The Trust currently is correlating its data around pregnancy and maternity including adoption.

5.9 Marriage and civil partnership

The Trust currently has no data regarding staff's marital status including civil partnership.

6. NORTHERN DEVON HEALTHCARE TRUST

6.1 Work Experience

A comprehensive programme of work experience and work placements is offered to a range of people seeking employment and career opportunities in the NHS. Particular emphasis has been given to working with young people.

During the year so far for 2013, 37 work experience placements were provided, with 29 for girls and 8 for boys. In the year 2012, 31 work placements were provided, with 21 for girls and 10 for boys. In the year 2011, 25 work experience placements were provided, with 13 for girls and 12 for boys.

The Trust has additionally provided the Work Shadowing Programme for students over the age of 16 +. During the year 2012, 112 students participated of which 99 were female and 13 were male and in 2011, 106 students participated of which 86 were female and 20 were male. So far for the year 2013, 64 students have participated, of which 51 were female and 13 were male.

6.2 Apprenticeship Scheme

There has been a concerted effort to attract young talent into the Trust's apprenticeship scheme to provide employment and career opportunities, particularly for younger people.

In 2008, 4 apprentices were recruited, of which 2 were male and 2 were female, in 2009, 9 new apprentices were recruited, all female. In 2010, 17 new apprentices were recruited, of which 4 were male and 13 were

female, in 2011, 13 new apprentices were recruited, all female, in 2012, 3 new apprentices were recruited, of which 2 were female and 1 was male and so far in 2013, 7 new apprentices have been recruited.

6.3 Positive about Disability"

The Trust is positive about employment and supporting disabled people. In 2011 we were again awarded the **"Two Ticks**" symbol for the commitments and continuing work regarding recruitment and retention of disabled staff, by Job Centre Plus.

The Trust has also embraced the **Project Search** initiative which is an innovative12 month project that provides opportunities for 12 young people with disabilities during term time to gain skills in the workplace.

The Trust is a founder member of the "**Mindful Employer"** initiative which is aimed at increasing awareness of mental health at work and providing support for employers in recruiting and retaining staff.

6.4. Training and Development

The Trust ensures that its staff are trained in equality and diversity issues via the Staff Training Access Resources (STAR) Platform and other training opportunities including an awareness session in the mandatory Trust induction programmes. Subject specific training is also provided on other relevant issues, for example, learning disability awareness. All staff have been provided with access to e-learning programmes and can access a range of equality and diversity programmes within this.

The Trust accredited management skills programme includes a module on equality and diversity aspects of the manager/employee relationship, to ensure managers are aware of diversity aspects of managing people. A wide range of managers, from different professions, undertake this programme.

To help settle overseas nurses into life in Devon, the Trust runs a comprehensive orientation programme for these nurses, the programme has been designed to familiarise overseas staff with all aspects of living and working in Devon.

7.   EQUALITY ANALYSIS

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

7.1 Our approach to Equality Analysis

We work closely with our Staff Side colleagues to ensure that all employment policies and procedures are reviewed on a regular basis; within that process is an Equality Impact Assessment (EIA).

All new staff policies are developed in partnership through our joint policy groups ensuring consultation prior to approval to ensure that they are equitable and fair to all our staff.

Our approach to Equality Impact Analysis is summarised as follows:

Step 1 – Scoping out the changes of significant policy and service changes, this involves analysing what it is that is proposed and who it will affect taking into account what aspects are relevant to equality.

Step 2 – collecting information which involves the collation of data which will assist with identifying the potential issues for people with a protected characteristic, it is then that consideration can be given to address any gaps in the information collected.

Step 3 – analysing the impact of the changes on any of the protected characteristics groups, this is meant to identify both positive and negative impacts of any changes.

Step 4 – understanding the differences and determining whether some groups are more affected than others. If there is one or more group adversely affected, the manager will be expected to explain what actions they will take to minimise the impact and ensure the changes are legally compliant.

Step 5 – the manager undertaking the analysis will need to demonstrate what, if any, work needs to be undertaken and how implementation will be monitored.

7.2 **Improved Patient Access and Experience**

The Equality Delivery System states that organisations should deliver better health outcomes and improved patient access and experience.

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

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

The Trust has the following groups that enable engagement:

- NDHCT Involving People Steering Group,
- Be Involved Devon, reader's panel,
- Healthwatch.

To support vulnerable people in accessing our services we have:

- Patient and Family Centred Care project – a project which works to understand and improve the experience of people with dementia or other forms of cognitive impairment when they come into hospital
- Working with the Devon Carers Strategy Board, to review engagement for carers to ensure it is effective and involving as many carers as possible and to refresh the 10 year strategy for carers
- Involving People Steering Group has representatives from local BME groups, learning disability group, and Age UK

We get the support of patient groups to undertake audits by working with our reader's panel, patient information groups and our Involving People Steering Group which has representatives from various groups in the community. Information is fed back to the board via our IPSG and LPEG (Learning from Patient Experience Group).

8. OUR GOALS

We will achieve our strategy by the activity/inputs, adopting the principles and methodology of the NHS Equality Delivery System (EDS2).

The EDS2 has been designed by the NHS, for the NHS, to support the delivery of services that are personal, fair and diverse. By using it, the Trust will drive up equality performance and embed equality into mainstream

NHS business. The EDS2 covers patient, public health, compliance and workforce issues. It applies to commissioning organisations including GP Consortia, and to NHS providers including Foundation Trusts.

Under the system, NHS organisations are required to develop an Equality Strategy based on their grading of their equality performance against a set of nationally determined EDS2 goals and outcomes (see below). When they grade themselves in discussion with local interests, organisations choose from 4 grades:

- Excelling

- Achieving

- Developing

- Undeveloped
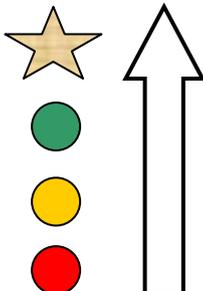
Based on the grading, the system will show how the most immediate priorities are to be tackled, by whom and when. Each year, organisations and local interest groups will assess progress and carry out a fresh grading exercise. In this way the EDS2 will foster continuous improvements.

We have used information and the EDS2 ratings to identify a small number of specific and measurable quality objectives. This will help us meet the public sector equality duty.

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

The EDS2 contains a number of outcomes grouped under 4 goals:

1. "Better health outcomes"
2. "Improved patient access and experience"
3. "A representative and supported workforce"
4. "Inclusive leadership".

8.1   Better Health Outcomes

The Equality Delivery System2 encourages organisations to deliver **"Better Health Outcomes".**

This means that when we plan and deliver services we need to make sure that:
- We understand the needs of the people who use our services and we involve them in deciding what things are important for us to focus on, so that our services are commissioned, procured, designed and delivered to meet the health needs of local communities.
- Individual patient health needs are assessed and met in appropriate and effective ways
- We coordinate care well when more than one service is involved.
- We have measures in place to check and make sure that our services are safe.
- Screening, vaccination and other health promotion services reach and benefit everyone.
- The same standard of outcomes are achieved for people of all groups.

Within Devon we are currently reviewing how we work in partnership to develop effective methods of involving all our community groups.

We have a Friends and Family test which takes place including patient's real time feedback to enable the Trust to act quickly on any findings. We also monitor our complaints and access to PALS Services to enable our service delivery to improve.

8.2   Improved Patient Access and Experience

The Equality Delivery System2 is driving towards improved patient access and experience.

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

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

8.3   A representative and supported workforce

The Equality Delivery System2 sets out goals which aim to ensure the engagement of a representative and supported workforce.

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

- We recruit and employ a workforce that leads to a more representative workforce at all levels of our local community.
- We are committed to equal pay for work of equal value.
- We support our staff to live healthily and promote healthy lifestyles including offering flexible working options consistent with the needs of the service and the way people live their lives.
- We have fair and flexible policies and practices in place to support our staff to do their jobs effectively and to take up training and development opportunities without fear of discrimination, abuse, harassment, bullying or violence from any source.
- We have sufficient staff that are properly qualified and trained to confidently and competently do their job resulting in staff reporting positive experiences of their membership of the workforce.
- We offer work experience which is accessible to all diverse groups.

8.4   Inclusive Leadership

The Equality Delivery System2 offers guidance around inclusive leadership.

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

- The Board and senior leaders routinely demonstrate their commitment to promoting equality.
- We ensure all papers that go before the Board and other major Committees include an Equality Assessment including risks and how risks are to be managed.
- We develop and support equality leaders and champions within the workforce to mainstream equality into every part of our business.
- Managers support their staff to work in culturally competent ways in an environment free from abuse, harassment, bullying, violence or discrimination from any source.

- We involve our public in all aspects of our work making sure we listen and involve patient's carers and the public from all diversity groups in our planning.

9. EQUALITY OBJECTIVES

Under the Equality Act 2010, Northern Devon Healthcare Trust has a duty to publish equality objectives. We are also required to publish details of the engagement work we have done to develop our objectives and set out how we will measure our progress against them.

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

The following draft objectives have been created from the information gathered from a session with LPEG and members of the staff partnership forum. The results of this exercise is attached as part of appendix 1, following a recent Equality and Diversity workshop it was felt that the Trust had over-rated our grading against the criteria and as such our Equality Objectives need to be reviewed to take account of this feedback along a need for further engagement with service users.

Objective 1 (All EDS2 Goals) - Data collection and usage

Build on progress made to date; ensuring equality data is collected and used for the provision of services across all activities.

This will include capturing data for all 9 protected characteristics on:
- Access to services
- Patient experience levels and complaints
- Workforce

How Measured: Trust will be able to provide data for all 9 protected characteristics.

Objective 2 (EDS2 Goals 1, 2 and 3) - Engagement with staff and local interest groups

Further develop meaningful engagement with staff, service users, carers and the local community to improve and align Trust services to meet the needs of the local population.

For Service users, carers and the local community this will include:

- Identifying key interest groups to engage with
- Interest Groups and service users to be involved in service change planning and resourcing decisions, where appropriate.
- Raise the profile of the importance of Equality information with service users, confidentiality, use and benefits of providing relevant, personal information.

How measured: Successful relationships built with interest groups from all 9 protected characteristics; number of Equality Impact Assessments that include confirmation of interest groups involvement; register of interest group relationships established and positive feedback received.

For Employees this will include:

- Raising profile, visibility and awareness across the Trust regarding equality and diversity
- Regular communication about equality related matters using communication channels such as the Partnership Forum, Heads of Department meetings, induction and mandatory training programmes, Chief Executive Bulletin, Pulse and BoB

- Raise profile of the importance of Equality monitoring information in training programmes

How measured: Training information, Staff Survey, Service User and Employee data quality.

Objective 3 (EDS2 Goal 3) - Culturally competent and empowered staff

Develop consistency of equality approach across the organisation in respect of leadership, staff empowerment and access to development opportunities.

This will include:

- Providing advice and guidance to enable and support staff to work in culturally competent ways.
- Raising awareness of equality issues and encouraging the development of initiatives to address inequality and promote understanding amongst all staff.
- Taking responsibility for delivering a high quality service which is appropriate and culturally sensitive and meets the needs of our diverse users.
- Identify training to ensure staff are competent in their understanding of equality and diversity issues and the Trust's commitment.

By When: This will be on-going but would expect to see outcomes by August 2014

How Measured: The Trust will measure this through patient and staff feedback via resources such as the annual staff survey, mini staff survey, engagement events and patient experience surveys and complaint reports.

Objective 4 (EDS2 Goal 4) - Demonstrate leadership in Equality and Diversity

Demonstrate leadership in advancing the equality agenda to ensure inequalities are addressed and to ensure equity of access, experience and outcomes for patients

This will include:

- Identifying HR initiatives to ensure staff represented under the protected characteristics are actively supported.
- Ensure Board members and senior and middle managers have an understanding of equality, diversity and human rights so that equality is advanced within the organisation.

How Measured: The Trust will measure this through workforce data, HR policies and staff survey.

EDS GRADES				
EDS2 OBJECTIVE 1: BETTER HEALTH OUTCOMES				
Outcome Number	Outcome title	Grade	Summary of evidence	Lead Accountability
1.1	Services are commissioned, procured, and designed to meet the health needs of local communities.	Achieving	Our Equality Impact Assessment process requires staff to undertake staff to assess the quality impact on changes to services, policies and strategies. Our data evidence is thorough and we have many ways of talking to patients, across all of the equality groups, to find out what they think. Grass root engagement and mainstreaming begins with the Involving Patients Steering Group and progresses upward towards the Board, culminating in actions being agreed. This applies throughout Objective 1 and 2. There are a number of ways in which we obtain the views of patients and report back on actions taken to improve our service delivery. These are detailed and promoted on the Trust website, on wards and in other service areas. They include; Your views and how we act on them Tell us what you think feedback Involving Patient Steering Group Learning from patient experience group Mystery shopper initiative	Katherine Allen
1.2	Individual people's health needs are assessed and met in appropriate and effective ways.	Achieving	The good picture in 1.1 above suggests we are getting this right. Our clinical documentation ensures that we look at patient need right across all of the equality groups, as well as an impressive range of other needs. These procedures are further supported and explained to patients through the use of Patient information videos on Out Patients, Maternity and other procedures information on our website and our 'Coming into hospital' leaflet amongst other literature made available to patients.	Katherine Allen

1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.	Developing	During our strategic changes to service by integrating Exeter, East and Mid Devon Provider Services and by applying for Foundation Status, we have focused on the needs of some protected characteristics, but had no system to ensure the needs of all groups were considered. An example of this working is the Better Health & Care at Home project. The project in Mid Devon has been developed to improve health and social care provision across Devon. The project which includes additional investment will take place over 3 years and represents an exciting opportunity to work collaboratively across primary health and social care teams as well as the voluntary sector. The main focus of the work will be to develop two new Pathways around admission avoidance and timely discharge from hospital.	Katherine Allen
1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	Achieving	We have analysed incident reporting, complaints and looked at several patient surveys. We think, overall, we look after patient safety well across all of the different equality groups. Northern Devon Healthcare Trust is in the fourth year of a five year Quality and Patient Safety Improvement Programme, for acute care, and joined a similar programme, which focuses on improvement in community health services. Progress is monitored at the monthly Patient Safety and Infection Prevention and Control Committee, and the Patient Safety Team, with the support of the Executive Directors, manages the overall programmer.	Katherine Allen
1.5	Screening, vaccination and other health promotion services reach and benefit all local communities.	Achieving	Qualitative evidence shows that our screening programs are adjusted to meet the specific needs of 8 protected groups. (We are unaware of how we might adjust them to meet the needs of transgender people.) The screening programmes take into account the following disadvantaged groups: those whose first language is not English, HIV sufferers, people with comprehension difficulties and people with drug/alcohol abuse issues. We run specific screening in the following areas: Bowel Cancer, Chlamydia, Targeted Newborn Hearing Screening MRSA	Katherine Allen

EDS2 OBJECTIVE 2: IMPROVED PATIENT ACCESS AND EXPERIENCE					
Outcome Number	Outcome title	Provisional grade	Summary of evidence		Lead Accountability
2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.	Achieving	We have looked at patient numbers (see how they match our local community), access to communication support (like interpreters) and survey feedback. We have not found any major concerns, for any of the equality groups, but there are always actions in place to improve access such as our Information Centre, as we always aim to improve ourselves.		Katherine Allen
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care.	Achieving	We have looked at patient surveys and found that they suggest we are good at involving patients in their care, across all of the equality groups. The overall standard of care at North Devon District Hospital puts it among the top 20% of hospitals in the NHS, according to the latest survey of in-patients. One area in which the hospital was rated among the top 20% include: • Patients' involvement in decisions about their care and discharge • Availability of someone to talk to about worries and fears • Choice of admission dates		Katherine Allen
2.3	People report positive experiences of the NHS.	Achieving	Again we looked at surveys, but added comment cards and complaints to our evidence base. There were no concerns emerging for any of the equality groups. The overall standard of care at North Devon District Hospital puts it among the top 20% of hospitals in the NHS, according to the latest survey of in-patients. The survey also puts NDDH in the top fifth of hospitals for issues such as the way doctors and nurses work together, and the level of respect and dignity for patients.		Katherine Allen
2.4	People's complaints about services are handled respectfully and efficiently.	Achieving	We comply with the national standard for efficiency, which is that complaints should be resolved within 6 months. We send a diversity monitoring questionnaire with every complaint response.		Katherine Allen

EDS2 OBJECTIVE 3: A REPRESENTATIVE AND SUPPORTED WORKFORCE				
Outcome number	Outcome title	Grade	Summary of Evidence	Lead Accountability
3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Developing	Sources of evidence: - Staff survey question on equal opportunities in promotion and career progression - Equality data analysis of the recruitment process (includes 6 characteristics, those making paper-based applications and those with prior convictions). - Profile of staff by banding and protected characteristic. - Profile of staff by staff group and protected characteristic. - Promotions data. - Returners from maternity leave. - Profile of the Board and Executive.	Amanda Roberts
3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligation	Achieving	Agenda for Change.	Complete
3.3	Training and development opportunities are taken up and positively evaluated by all staff.	Developing	The evidence sources are: - data analysis of provision of non-essential training - data analysis of provision of appraisal - staff survey feedback on access to training and development. We could have also alluded to: - % of staff who have received equality training as per the staff survey - % of staff who have equality competence in date (as per ESR) - Fair and reasonable processes in place to manager capability of staff	Chris Chapman/ Workforce Development
3.4	When at work, staff are free from abuse, harassment, bullying	Achieving	Data evidence is: - Staff survey questions 24-27 (analysis by equality category) on harassment etc	Chris Chapman/ HR Managers

EDS2 OBJECTIVE 3: A REPRESENTATIVE AND SUPPORTED WORKFORCE				
Outcome number	Outcome title	Grade	Summary of Evidence	Lead Accountability
	and violence from any source.		- Staff survey question on perception of effective action by employer following harassment etc. - Levels of reported discrimination compared to national norms. Policies and procedures are in place to prevent/reduce and if it does occur, the action to be taken dependant on if internal or external abuse/bullying/harassment/violence.	
3.5	Flexible working options are available to all staff, consistent with the needs of the service and the way people lead their lives.	Achieving	Staff survey questions (analysed by equality category) on: - Uptake of flexible working options - Trust commitment to work-life balance.	HR Managers
3.6	Staff report positive experiences of their membership of the workforce	Achieving	2013 Staff Survey, our overall Engagement Score is in the top 20% of Trusts maintaining our performance from 2012. Staff motivation is also in the top 20% of Trusts and is an improvement from 2012. The Trust has a Staff Health & Wellbeing Strategy and supports: • Mindful Employer • Slimming World • Exercise • Occupational Health • Stress • Flu vaccines Mindful Employer Charter Review submission	Health & Wellbeing Lead

EDS2 OBJECTIVE 4: INCLUSIVE LEADERSHIP				
Outcome number	Outcome title	Grade	Data Evidence	Lead Accountability
4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	Developing	No data evidence. Evidence might include: - publication of Board Report and supporting information - web pages on the Internet, which include reference to the Board's commitment to equality - the Inclusive Equality Scheme, which is endorsed by the Chief Executive - coverage of equality in the Annual Report and Quality Accounts - personal ownership of diversity web pages by HR - active leadership in diversity issues provided by the HR Director at the Strategic Workforce Development Committee - the appointment of a Non Executive Director for E&D. We have an LPEG, which is personally led by a senior manager.	Darryn Allcorn, Amanda Roberts, Katherine Allen
4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.	Achieving	All Board and sub-committee papers are presented with a header sheet which requires consideration of Equality and Risk implications. Section 5 of the header sheet = Equality and Diversity Implications: The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. No adverse or positive impacts have been identified from this report. If a negative impact is identified then further explanation to the Board/sub-committee would be required.	Trust Secretary
4.3	Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination.	Developing	The following data evidence suggests middle managers are acting as required - release of staff for equality training - attendance at new mangers training - uptake of excellence in leadership - uptake of equality & diversity e-learning	Workforce Development

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

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

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

4.1b People who use services benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety *(Regulation 10, Outcome 16)*

Figure 1 – Gender profile of workforce (Headcount) pie chart

Gender profile of NDHT employees (Headcount)

15.48%

84.52%

■ Female
■ Male
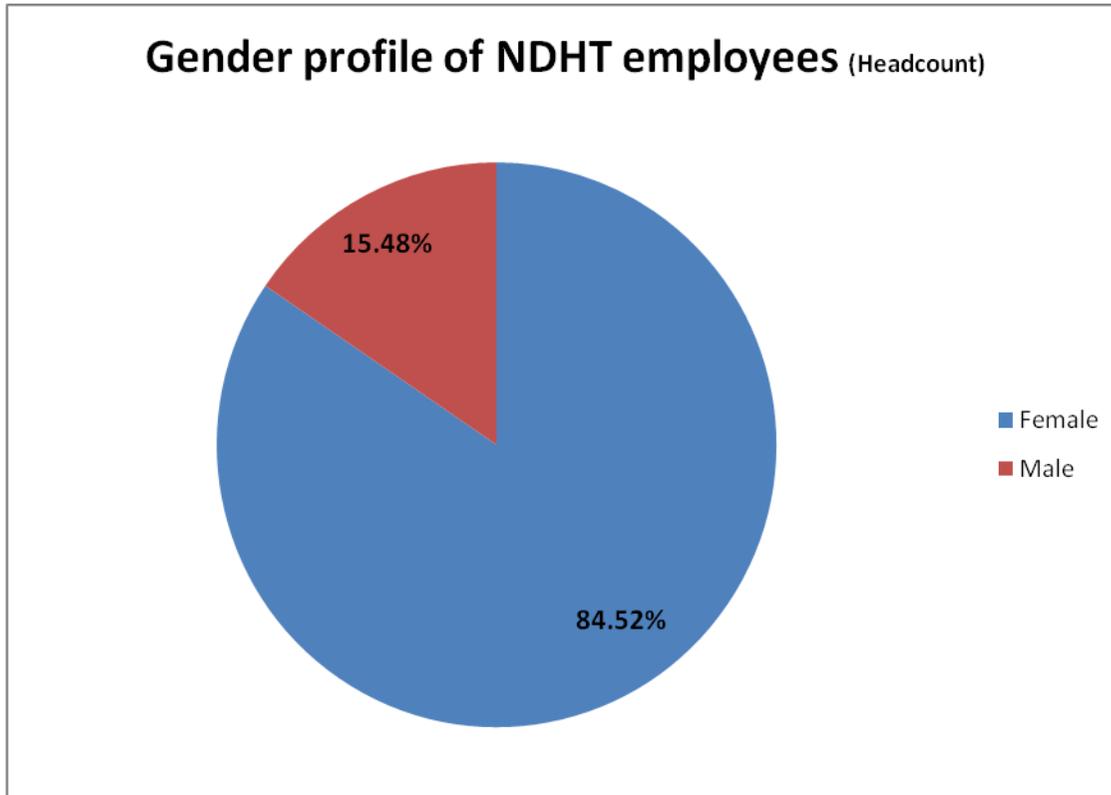
Figure 2 – Gender profile of workforce (Headcount) by pay band graph

Gender as % of Pay Band

Legend: ☐ Female ■ Male

Pay Band	Female	Male
AfC 1	81%	19%
AfC 2	87%	13%
AfC 3	92%	8%
AfC 4	92%	8%
AfC 5	91%	9%
AfC 6	86%	14%
AfC 7	81%	19%
AfC 8+	70%	30%
EXEC	71%	29%
Medical	38%	62%
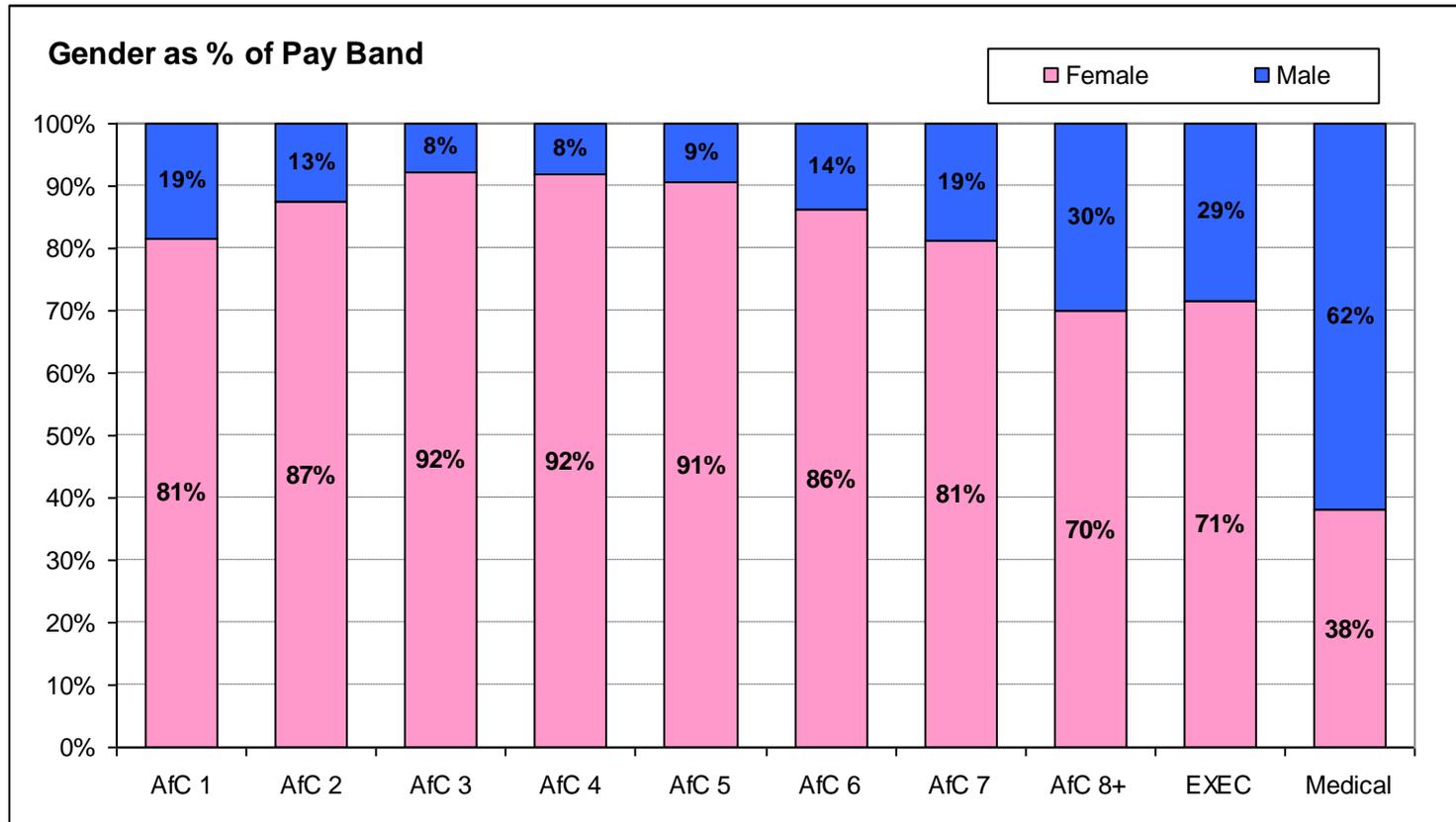
Figure 3 – Devon population demographic age profile - table

Area	Population	Age									
		0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+
Devon and Districts (County)	1,135,500	115,600	130,800	137,200	119,900	133,600	147,600	153,300	100,100	59,000	13,300
Exeter	117,100	123,00	13,900	23,200	15,400	15,200	12,600	11,000	7,400	5,000	3,100
North Devon	94,000	98,00	10,900	9,600	9,700	13,300	12,500	13,500	8,600	4,900	1,100
East Devon	133,300	12,000	14,500	11,000	11,900	17,900	17,500	20,900	15,200	10,000	2,400
Mid Devon	77,900	8,800	9,400	8,400	8,100	11,600	10,700	10,700	6,600	3,700	800
Torridge	64,000	6,200	7,200	5,700	6,100	9,000	9,100	12,300	6,300	3,300	700

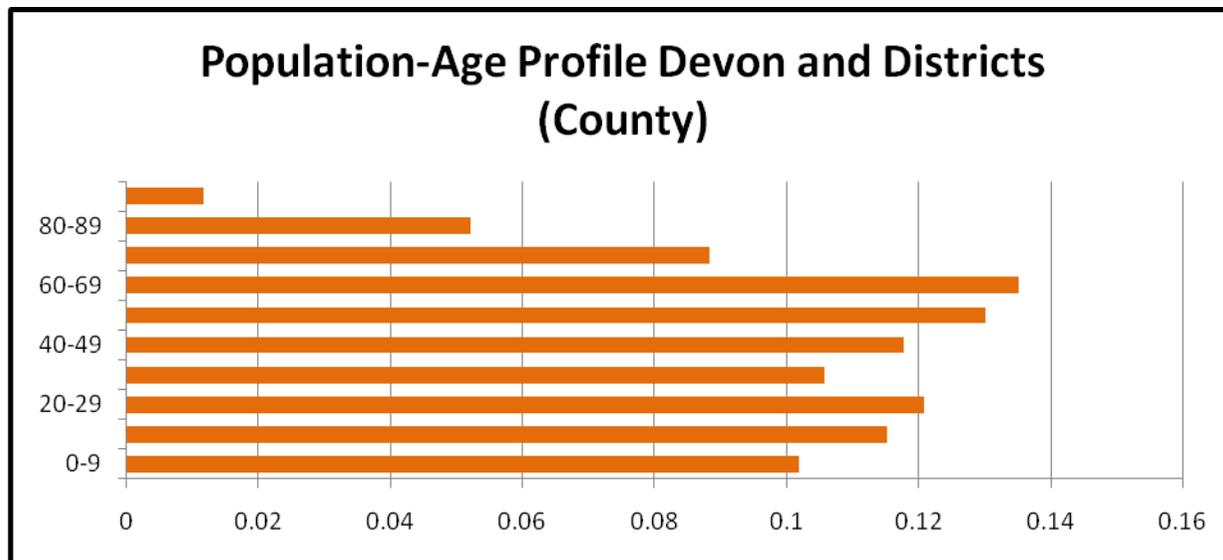**Figure 4 – Devon population demographic age profile (County of Devon)-graph**

Population-Age Profile Devon and Districts (County)

Figure 5 – Devon population demographic age profile over 60 years – graph

Age Profile Over 60

Region	
Exeter	~22.5%
North Devon	~30%
East Devon	~36%
Mid Devon	~28%
Torridge	~35%
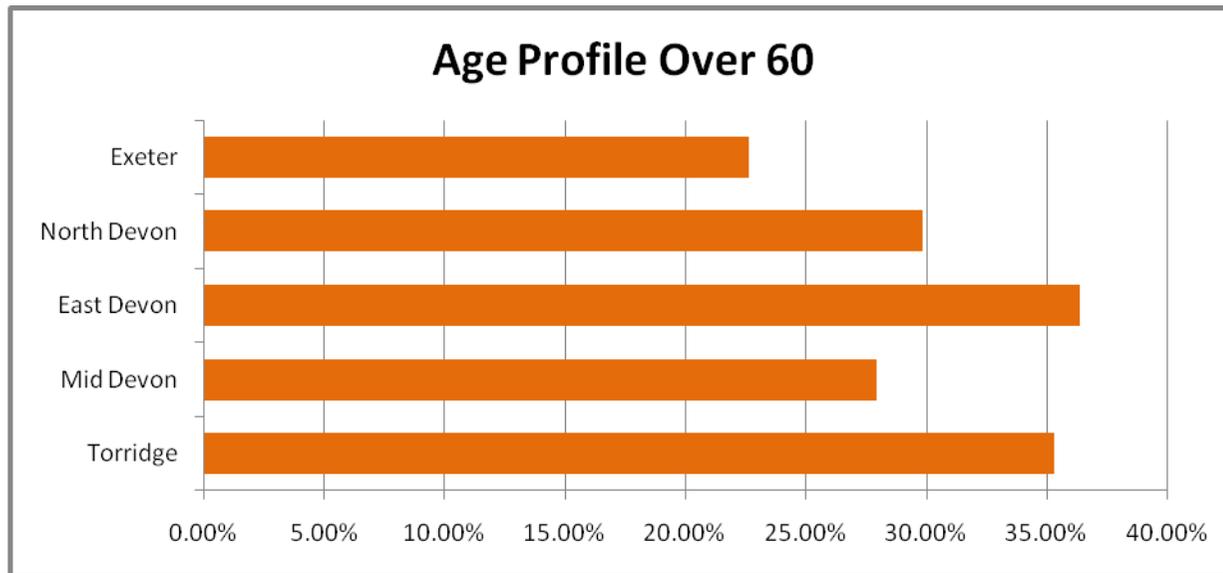
Figure 6 – Age profile of workforce (Headcount) - graph

Age Profile of NDHT employees

Age group	
Under 21	~1%
21-35	~23%
36-50	~41%
51-65	~34%
66-80	~1%

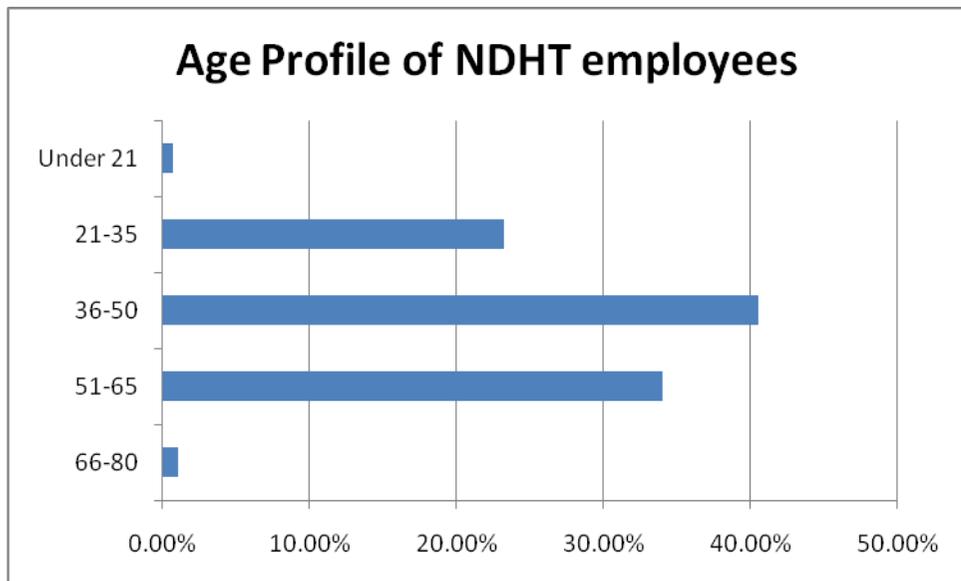**Figure 7 - Devon population demographic ethnicity profile - table**

Ethnic Group	Devon mid-year estimates (2007)		England mid-year estimates (2007)	
	Number	%	Number	%
White	724,700	96.6%	45,082,800	88.2%
Mixed	6,400	0.9%	870,000	1.7%
Asian	7,800	1.0%	2,914,800	5.7%
Black	4,400	0.6%	1,447,900	2.8%
Chinese or Other	6,700	0.9%	776,400	1.5%
All Groups	750,100	100%	51,092,000	100.0%

Figures are rounded to the nearest hundred and generated from experimental estimates
Source: Office for National Statistics

Figure 8 –Ethnicity profile of workforce -table

White British	88.44%
White other	2.62%
Mixed white and black	0.18%
Indian	0.9%
Pakistani	0.2%
African	0.31%
Chinese	0.13%
Not stated	5.62%
Other	1.42%

Figure 9 –Ethnicity profile of workforce by pay band – graph

Ethnicity as % of Pay Band

Legend: □ White · ■ Other · ■ Undefined / Not Stated

Band	White %
Band 1	88%
Band 2	93%
Band 3	94%
Band 4	93%
Band 5	92%
Band 6	92%
Band 7	93%
Band 8+	96%
EXEC	100%
Medical	69%
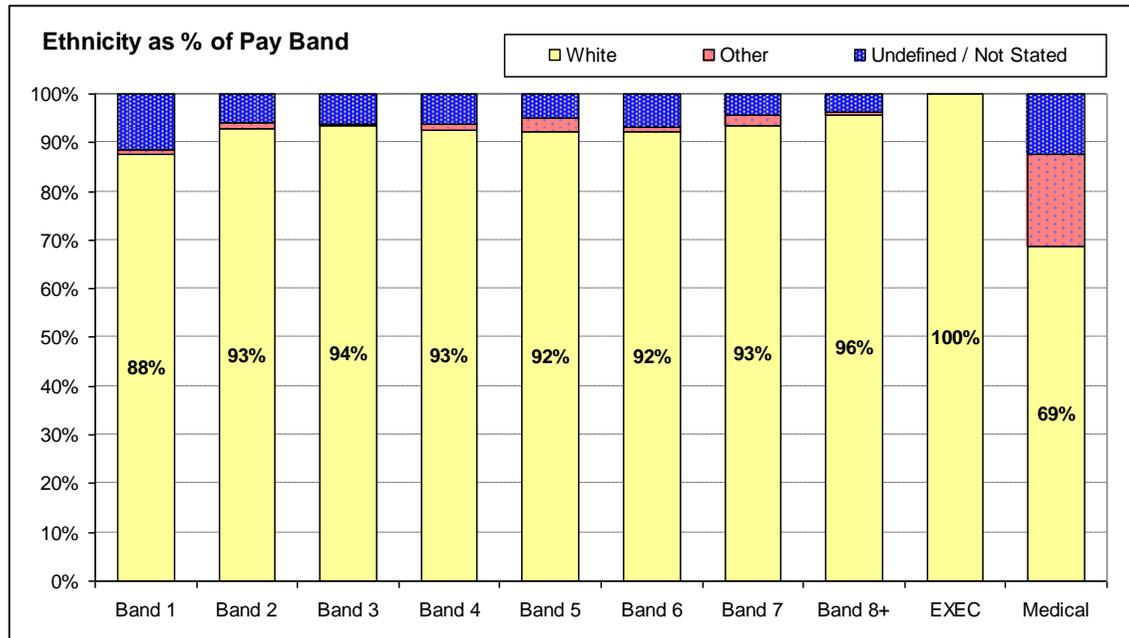
Figure 10 – Religious belief profile of workforce - table

Atheism	8.33%
Buddhism	0.42%
Christianity	47.7%
Hinduism	0.2%

Islam	0.62%
Jainism	0.02%
Judaism	0.02%
Sikhism	0.06%
Other	5.9%
Undefined/disclosed	36.76%

Figure 11 – Sexual orientation profile of workforce -table

Bisexual	0.28%
Gay	0.35%
Heterosexual	64.89%
Lesbian	0.37%
Undefined/disclosed	34.08%

Appendix 3: GLOSSARY

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

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

Term	What it means
Culture	Relates to a way of life. All societies have a culture, or common way of life, which includes: • 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	Treating one person less favourably than another on the grounds of one of the protected characteristics.
Disability	The Equality Act 2010 defines disability as: "a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities."
Discrimination	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.
Discrimination by association	This is direct discrimination against someone because they associate with another person who possesses a protected characteristic.
Discrimination by perception	Direct discrimination against someone because the others think they possess a particular protected characteristic.
Diversity	Appreciating diversity goes beyond the mere recognition that everyone is different; it is about valuing and celebrating difference and recognising that everyone through their unique mixture of skills, experience and talent has their own valuable contribution to make.
Duty	Under equalities legislation public authorities have gender duties and specific duties. These are things that have to be done by the authority in order to meet with the requirements of the law.

EDS2	Equality Delivery System2 – is a public commitment of how NHS intends to meet the duties placed on it by the Equality Act.

Term	What it means
Equal Opportunities	This is a term used for identifying ways of being disadvantaged either because of, for example, race, disability, gender, age, religion/belief or sexuality. 'Equal Opportunities' is an attempt to provide concrete ways to take action on the inequalities revealed by analysis of the differences and barriers that exist for people in the above groups.
Equalities	This is a short hand term for all work carried out by an organisation to promote equal opportunities and challenge discrimination, both in employment and in carry out functions and delivering services.
Equality	Equality is about making sure people are treated fairly and given fair chances. Equality is not about treating everyone in the same way, but it recognises that their needs are met in different ways.
Equality Impact Assessment	An Equality Impact Assessment (EIA) is a way of systematically and thoroughly assessing the effects that a proposed policy or project is likely to have on different groups
Ethnicity	A sense of cultural and historical identity based on belonging by birth to a distinctive cultural group.
Gender	Gender options are male, female, or other (in order to allow an option for transgender and self-identifying individuals).
Gender Dysphoria	Gender dysphoria is a condition in which a person feels that they are trapped within a body of the wrong sex.
Genuine Occupational Requirement (GOR)	In strictly limited situations, each piece of anti-discrimination legislation allows for a job to be restricted to a person of a particular race, disability, gender, age, religion / belief, sexual orientation if it is proportionate to apply a GOR to the job.
Harassment	Behaviour which is unwelcome or unacceptable and which results in the creation of a stressful or intimidating environment for the victim amounts to harassment. It can consist of verbal abuse, racist jokes, insensitive comments, leering, physical contact, unwanted sexual advances, ridicule or isolation.

Term	What it means
Homophobia	An irrational fear of, aversion to, or discrimination against people who are gay and homosexuality.
Homosexual	This term refers to a person, male or female, who is sexually and emotionally attracted to people of the same sex. It is both a legalistic and medical term and so its use is often seen to be oppressive.
Indirect Discrimination	Setting rules or conditions that apply to all, but which make it difficult for a protected characteristic group to comply with.
Institutional Racism	Occurs when the systems and procedures in an organisation discriminate against a person – or a group of people – on the basis of race.
Interpreting	The conversion of one spoken language into another, enabling communication between people who do not share a common language.
Lesbian	This term refers to a woman who is sexually and emotionally attracted to other women.
LGB	Lesbian, Gay and Bisexual
Monitoring	The process of collecting and analysing information about people's gender/racial or ethnic origins/disability status/sexual orientation/religion or belief/age to see whether all groups are fairly represented.
Multicultural	Of, or relating to many cultures; including people who have many different customs and beliefs. For example, Britain is increasingly a multicultural society.
National Origin	Relates to the country where someone was born, regardless of where they are now living and their current citizenship.
PCT	Primary Care Trust
Perception discrimination	This is direct discrimination against an individual because others think they possess a particular

	protected characteristic. It applies even if the person does not actually possess that characteristic.

Term	What it means
Positive Action	Activity intended to improve the representation in a workforce where monitoring has shown a particular group to be under-represented, either in proportion to the profile of the total workforce or of the local population. Positive action permitted by the anti-discrimination legislation allows a person to: - provide facilities to meet the special needs of people from particular groups in relation to their training, education or welfare, and - target job training at people from groups that are under-represented in a particular area of work, or encourage them to apply for such work. Positive action is not the same as positive discrimination.
Positive Discrimination	Selecting someone for a job / promotion / training / transfer etc. purely on the basis of their race, disability, gender, age, religion or belief, or sexual orientation, and not on their ability to do the job.
Prejudice	Means to pre-judge someone, knowing next to nothing about them but jumping to conclusions because of some characteristics, like their appearance.
Procurement	Procurement can be defined as the responsibility for obtaining (whether by purchasing, lease, hire or other legal means) the services, equipment, materials or supplies required by an organisation so it can effectively meet its business objectives.
Race	A human population considered distinct based on physical characteristics such as skin colour. This term is often interchanged with ethnicity. Ethnicity is a term which represents social groups with a shared history, sense of identity, geography and cultural roots which may occur despite racial difference.
Racial Group	A group of people defined by race, colour, nationality and ethnic or national origins. All racial groups are protected from unlawful racial discrimination.
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.

Term	What it means
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	Within the sexual orientation regulations, sexual orientation is defined as: - An orientation towards persons of the same sex (lesbians and gay men) - An orientation towards persons of the opposite sex (heterosexual) - An orientation towards persons of the same sex and opposite sex (bisexual)
Sexuality	This term refers to the general sexual preferences of people i.e. both lesbian and gay and heterosexual. It is often a preferable term to use to that of sexual orientation.
SLAs	Service Level Agreement is a form of contract between two parties.
Social inclusion	The position from where someone can access and benefit from the full range of opportunities available to members of society. It aims to remove barriers (social exclusion) for people or for areas that experience a combination of linked problems, such as unemployment, poor skills, low incomes, poor housing, high crime environments, poor health and family breakdown.
Social Model	A model created and endorsed by disabled people internationally, this emphasises the barriers and structures which exclude disabled people, rather than their disabilities.

Stereotypes	Generalisations concerning perceived characteristics of all members of a group – rather than treating people as individuals.

Term	What it means
Third Party Harassment	Third party harassment means harassment caused by a person or group of people who work outside the control of the employer, such as contractors, clients, customers, vendors and suppliers, or some other party which makes frequent visits in the place of business.
Transsexual/Transgender People	Transgender, transsexual or trans person describes a person who appears as, wishes to be considered as, or has undergone or is undergoing surgery to become a member of the opposite sex.
Victimisation	Treating people less favourably because they have made a complaint or intend to make a complaint about discrimination or harassment.
Workforce Profile	What our workforce looks like. Make-up of the people who work for an organisation. Analysing the workforce profile allows us to see how many people from different groups work for the organisation. It also allows us to see what kind of jobs people do, how much they are paid and at what grades to see if there are any patterns.