

## Single Equality Scheme

### A Human Rights-based approach to Equality and Diversity in the Royal Free Hampstead NHS Trust

<b>Version</b>	1
Ratified by	HR and Diversity Committee
Date ratified	17 <sup>th</sup> July 2009
Name of originator/author	Jennifer Kenward – Operational Manager for Equality and Diversity
Name of responsible committee individual:	Equality steering Group
Date issued:	July 2009
Review date:	July 2011
Target audience	This policy applies to ALL staff and students including bank and agency employees and contractors.
Freenet	tbc
Related policies:	See validation grid page 4
Date equality impact assessment carried out	November 2008
Results of equality impact assess (see appendix D)	Race relevant Disability relevant Age relevant Gender relevant Religion / belief relevant Sexual orientation relevant

## Version Control Sheet

Version	Date	Author	Status	Comment
1	March 2009	Jennifer Kenward – Operational Manager for Equality and Diversity Dawn Atkinson – Deputy Director Clinical Governance, Equality and Diversity Angela Bartley – Public Health Lead Hilary Nightingale – Senior Assistant Director of Human Resources	Review March 2011	

# Contents

Validation Grid	Page 4
Foreward	Page 5
Introduction to the Single equality scheme	Page 6
Aims of the Single equality Scheme	Page 7
Legal framework	Page 8
Meeting our duties as an employer	Page 12
Meeting our duties as a healthcare provider	Page 13
Implementing the single equality scheme	Page 14
Governance and monitoring arrangements	Page 15
Strategy for engagement and consultation	Page 16
Dissemination	Page 17
Action plan 2009/10	Page 18
References	Page 38
Acknowledgements	Page 38
Appendices	Page 39
▪ Appendix 1: Achievements and progress 2007/08/09	Page 40
▪ Appendix 2: Guide to equality impact assessment	Page 46
▪ Appendix 3: Equality impact assessment screening checklist	Page 48
▪ Appendix 4: Full equality impact assessment matrix	Page 51
▪ Appendix 5: Staff equality data	Page 55
▪ Appendix 6: Staff training equality data	Page 56
▪ Appendix 7: Patient ethnicity data	Page 58

## Validation grid

Title	Single Equality Scheme
Primary Author	Jennifer Kenward – Operational Manager for Equality and Diversity
Commissioning body	Trust Board
Stakeholders consulted	Trust Board Trust Board Sub-committee for HR and Diversity Equal Access Group Clinical Governance Committee
Associated Policies / Documents	Standards for Better Health, core standards C2, C6, C7a, b, c and e, C8a and b, C10a, C11a, b and c, C13a, b and c, C14a, b and c, C15a and b, C16, C17, C18, C20a and b, C21, C22a, b and c, C23 Human Rights Act, 1998 LHO Community Health Profiles 07/08 Trust corporate objectives Patient experience strategy CARE strategy Human resources strategy
Policy Replacement	Single Equality Scheme 2006-09
Areas for Distribution	Trust wide
Date of Submission	
Date of Validation	
Date for Review	
Key Words	Human rights, fairness, respect, equality, dignity, accountability, diversity

## Foreward

We are delighted to present our revised Single Equalities Scheme (SES) for 2009 – 2011 with its accompanying action plan for 2009 – 2011. The SES outlines the trust's commitment to a human rights based approach to equality and diversity, both as a service provider and as an employer.

As a trust we aim to deliver excellent services. We understand that in order to achieve this, the promotion of the SES and a strong commitment to achieving the goals set out in its action plan will play an essential part in ensuring that we develop and modernise our services in partnership with our staff, service users and the local community.

Our updated SES sets out the trust's approach to human rights, equality and diversity and explains how we intend to meet our legislative duties to promote race, disability, and gender equality. The scheme also reflects the Government's aspirations, contained in the proposed Equality Bill, which was announced in the Queen's speech on 14<sup>th</sup> May 2008. This bill cites fairness and an absence of discrimination as the hall marks of a modern and decent society. The enactment of the bill aims to make Britain a fairer place where people have the opportunity to succeed and includes the additional areas of focus of religion and belief, age and sexuality within its guidance.

We have a robust governance framework around our equalities work, ensuring that this agenda is embedded in the core business of the organisation. It is our aim to further develop and sustain an organisation which people choose to access for care or treatment and that people want to join as a member of staff because they are confident that it supports and enables them to make their distinctive contributions and achieve their full potential.

As with our previous scheme there are key factors, which will ensure the success of our progress with regard to human rights, equality and diversity:

- Board level commitment and support
- A firm link with the trust's strategic objectives
- A clear action plan identifying responsibilities and timescales
- A transparent approach to measuring progress and outcomes.

**Pamela Chesters**  
**Chair**

**Andrew Way**  
**Chief Executive**

## Introduction to the Single Equality Scheme

'Every single person in the UK comes into contact with the NHS at some point in their lives, usually when they are at their most vulnerable. Therefore it is essential that human rights are taken into account when delivering services to ensure quality care.

Putting Human rights at the heart of the way healthcare services are designed and delivered can make for better services for everyone, with patient and staff experiences reflecting the core values of **fairness, respect, equality, dignity and autonomy.**' (DoH, 2008)

The Royal Free Hampstead NHS Trust has around 900 beds and sees about 700,000 patients a year from all over the world. We employ around 4,600 people and have a turnover of about £450m. Our services include a major accident and emergency service, all branches of surgery and medicine, a renal service serving the whole of north London, paediatrics, maternity services, care of elderly people, an adolescent psychiatric service and one of two high security infectious diseases units in the country. The hospitals and associated medical school conduct medical research, much of which is of international status, and constitute a leading site for the training of doctors, nurses, midwives and professions allied to medicine.

The human rights framework underpins the principles, practices and legislative duties associated with equality and diversity and empowers NHS trusts to focus on the individual in decision-making processes. It ensures the inclusion of staff, service users and carers and supports us as an organisation to ensure that fair, dignified and equitable treatment is received by all. The purpose of the single equality scheme is to set out the framework and processes with which the Royal Free Hampstead NHS Trust seeks to promote equality, diversity and inclusion.

In order to achieve this work within the current policy and legislative frameworks our scheme covers the six established diversity strands:

- Race
- Disability
- Gender
- Religion and belief
- Age
- Sexual orientation

Given the policy context for health and with knowledge based on local populations it is essential that further contributory factors to inequalities are also considered in relation to service delivery and employment. There is a complex interplay of factors which affect people's health and life chances, we know that people

living in poverty or social exclusion suffer poorer health than others. This understanding of population needs coupled with knowledge relating age, sex, race and ethnicity helps us to ensure our services are addressing health inequalities and creating more equitable services. Through our public health work we have completed a health needs assessment of our local hospital population, which gives us a baseline to start to plan our services more effectively and to understand our patients and their health needs. To support this we have included additional strands to our Single Equality Scheme to make sure we are picking up where our work can influence inequalities in health.

- Lower socio-economic groups
- Homelessness
- Involvement in the criminal justice system
- Looked after children
- Population groups at greater risk of developing certain health conditions

In taking this approach The Royal Free Hampstead NHS Trust seeks to establish itself as the hospital of choice for our local community, current as well as potential new services users and employees.

### **Aims of the Single Equality Scheme**

The strategic approach adopted by Royal Free Hampstead to embed equality and diversity to core business are defined by four guiding principles/ objectives The four key objectives of the strategic framework to integrate equality to the core business of quality healthcare in relation to clinical services provided are determined as:

- **Single Equality Scheme**- benchmark and demonstrate compliance with equality legislation and HealthCare Commission core standards for equality
- **Equality Impact Assessments**- to determine the required actions and approaches to address equality issues and where appropriate health inequalities
- **Leadership**- corporate, clinical and operational roles and responsibilities. Leadership support to foster and sustain organisational and operation engagement with equality and diversity agenda
- **Data and Health informatics**- Understanding patient's demographics to support high quality patient focused care

The cross-cutting aims of the single equality scheme are to:

- Ensure the scheme is an integral part of trust culture
  - Board level and senior management commitment and support
  - Progress mapped in line with organisational priorities
  - A clear governance, monitoring and reporting framework
  - A coherent and meaningful action plan

- A whole trust approach to delivery and accountability
- Ensure that all policies, strategies, functions, services and models of care are monitored for impact on different groups
  - Completion of equality impact screening and assessment
  - Deliver processes for quality assurance, monitoring and reporting to the board on equality impact assessment
  - Provide information to and receive feedback from the public with regard to equality impact assessment
- Effectively monitor service use and employment activity and data, in order to identify any possible discrimination or inequities in access to services or health outcomes (service users) and jobs or employment benefits (staff). This monitoring includes:
  - Recruitment activity
  - Workforce profile
  - Staff training and development
  - Flexible working
  - Formal performance and conduct outcomes
  - Bullying and harassment allegations
  - Formal grievance proceedings
  - Patient data on age, ethnicity, religion or belief, gender, disability and sexuality
  - PALS and complaints
  - Review of policies, strategies, services or functions to eliminate any direct or indirect discrimination and reduce inequalities
- Ensure the quality of ongoing consultation and engagement of local and service-user communities
  - Working with statutory as well as voluntary sector partners and emerging bodies such as Local Involvement Networks (LINKs) and Compact partners
  - Participation in local community group activities across all six diversity strands
  - Actively develop and promote the opportunity for service user and local community engagement in trust development and activities

## **Legal Framework**

Equality and human rights legislation places specific duties upon public sector organisations and, by extension, those who lead them. The principal aim of the legislation is to create a minimum threshold, below which no public organisation should fall.

Although there are significant differences between the individual equality strands, the duties that relate specifically to the public sector include:

- To prepare and publish an equality scheme, showing how it will meet its general and specific duties through agreeing equality objectives
- To gather and use information on how the organisation's policies and practices affect equality in the delivery of services and within the workforce
- To consult stakeholders (e.g. service users, employees or local community groups) and take account of relevant information in order to determine its equality objectives
- To assess the impact of its current and proposed policies and practices on equality
- To implement actions set out within its scheme within three years, unless it is unreasonable or impracticable to do so
- To report against the scheme on a yearly basis and review the scheme at least every three years

Pending the implementation of the Single Equality Act, which will supersede all current existing UK equalities legislation, the following section briefly outlines the current legal framework covering race, disability, gender, age, sexual orientation, religion or belief and human rights.

### *Human Rights*

All UK equalities legislation is underpinned by the Human Rights Act 1998. The Act lends additional weight to the UK rights held within the European Convention of Human Rights (ECHR) 1950, which in turn stem from the Universal Declaration of Human Rights Adopted by the United Nations in 1948. The Act:

- Makes it unlawful for a public authority to breach Convention rights, unless an act of parliament meant that it could not have acted differently
- Means that cases can be heard within a UK court or tribunal
- States that all UK legislation must be given a meaning that fits with the Convention rights, where possible

The key articles relevant to the delivery of health services within the Convention include:

- Article 2 Everyone has the right to life, except in very limited circumstances, e.g. defending oneself or someone else from unlawful violence
- Article 3 No-one should be subjected to degrading or dehumanising treatment
- Article 5 Everyone has a right to liberty and security of person
- Article 8 Everyone has the right to respect for their private and family life, home and correspondence
- Article 9 Everyone has the right to freedom of thought, conscience and religion .... Subject only to such limitations as are prescribed by law and are necessary in a democratic society in the interests of public safety, public

- order, health, morals or the freedom of others
- Article 10 Everyone has the right to freedom of expression (subject to the same requirements as article 9), but the exercise of those freedoms carries duties and responsibilities to the rights of others
- Article 11 A person has the right to assemble with other people in a peaceful way. They also have the right to associate with other people, including the right to form a trade union. These rights may be restricted only in specific circumstances
- Article 14 Prohibition on discrimination. The enjoyment of the rights and freedoms :  
forth in the convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin

### *Race*

The Race Relations Act 1976, provided the specific legislative base for action to address the issue of racial discrimination in the UK. The Act makes it unlawful to discriminate directly or indirectly on the grounds of colour, race, nationality or ethnic origins.

The scope of the Act was significantly extended and strengthened as a result of the recommendations that came out of the Stephen Lawrence Enquiry, 1993, resulting in the Race Relations (Amendment) Act 2000 (RR(A)A). The Act, which came into effect in April 2001, has two main provisions:

- It places a general duty on public sector authorities to promote racial equality and eliminate unlawful discrimination
- It makes it unlawful for a public authority to discriminate on the grounds of race in carrying out any of its functions

All public sector authorities are expected to take into account the requirements of the Act as appropriate in future policy development.

In addition to the general duty to promote racial equality, there are specific duties imposed on those bodies named within the schedule of the Act, which includes the requirement to develop and publish a Race Equality Scheme. The specific race duty includes the requirement to carry out and report upon activities in relations to employment:

- Monitor the ethnicity of job applicants, appointments, promotion and training
- Monitor and analyse the results from grievance and disciplinary action, performance appraisal, training, dismissals and other reasons for leaving current employment
- Annual publication of the results of the above ethnic monitoring

## *Disability*

The Disability Discrimination Act 2005 (DDA 2005) builds upon and extends existing legislation. The DDA 2005 places general duties on all public authorities to:

- Promote equality of opportunity between disabled and other people
- Eliminate discrimination that is unlawful under the DDA
- Eliminate harassment of disabled people that is related to their disability
- Promote positive attitudes towards disabled people
- Encourage participation of disabled people in public life
- Take steps to meet disabled people's needs, even if this requires more favourable treatment

The legislation expects the public sector to positively remove barriers disabled people face when accessing employment or services. The Disability Equality Duty provides a framework for public sector organisations to carry out their functions more effectively and to actively promote equality in a positive way. In addition to the specific duties outlined above the trust is required to produce a Disability Equality Scheme (DES) and to demonstrate how disabled people have been actively involved in its development.

## *Gender and gender identity*

Gender inequality remains widely reported, despite anti-discrimination legislation having been in place in excess of thirty years. The Equality Act 2006 aims to address this imbalance by placing a duty on organisations to promote gender equality, as opposed to simply reacting to specific instances where discrimination has occurred.

The act brings into effect the Gender Equality Duty (GED) a new legal requirement for public sector organisations. The GED mirrors the existing duties on race and disability that require public sector organisations to tackle discrimination, prevent harassment and ensure that their work promotes equality of opportunity in policy, service provision and employment.

The duty requires the trust to take action on the most significant gender equality issues within their functions. The promotion of equal opportunities between men and women requires the organisation to first acknowledge that the two groups do not start from an equal position and that identical treatment is not always appropriate. Under the duty the trust also has an obligation to actively promote equality and eliminate discrimination and harassment towards transgender or transsexual staff and service users.

In addition to public sector organisations, the duty also covers private and voluntary sector organisations involved in carrying out public functions. Legal liability for meeting the duty rests with the public body, which is required to take appropriate action to ensure that contractors meet the requirements of the duty.

## *Age*

The Employment Equality (Age) regulations 2006 enforce the age strand of the EU Employment Directive 2000, which prohibits discrimination on specified grounds in work and vocational training. The Age Regulations apply to all employees and those applying to work for the organisation, as well as covering access to vocational training. The Age Regulations prohibit direct and indirect age discrimination, harassment and victimisation.

## *Sexual Orientation*

The Employment Equality (Sexual Orientation) Regulations 2003 outlaw discrimination in employment and vocational training on the grounds of sexual orientation.

The Civil Partnership Act 2004 created the new legal relationship of civil partnership. Civil partnership provides same sex couples with a legal right to parity of treatment in a wide range of matters in common with opposite sex couples who enter into a civil marriage.

The Equality Act 2006 includes provisions to make unlawful discrimination on the grounds of sexual orientation in the provision of goods, facilities, services, education, the use and disposal of premises and the exercise of public functions.

## *Religion or Belief*

The Racial and Religious Hatred Act 2006 extends the racial hatred offences in Part III of the Public Order Act 1986 to cover the incitement of hatred against persons on religious grounds and amends provisions relating to inciting racial hatred. In common with other existing legislation the Employment Equality (Religion or Belief) Regulations 2003 outlaw discrimination in employment and vocational training. The regulations apply to discrimination on the grounds of religion, religious belief or similar philosophical belief.

## **Meeting our duties as an Employer**

Current workforce monitoring practices are well established as outlined in the Annual Report on Equal Opportunities. Due to the new legislative requirements as defined in this SES an analysis of current monitoring strands has been undertaken, the results of which are at Appendix 6. The results of this monitoring and action taken in response were published in October 2008 as part of the Trust's Annual Report on Equal Opportunities.

In 1996, 69.8% of the Trust's staff who had provided their ethnic origin were white. Twelve years later, 52.67% were white. The increase of ethnic minority staff, who in 2008 make up 48% of the workforce, is largely in Asian staff.

The age profile of the Trust's workforce for 2008 shows that over one third of staff are in the 30-39 age groups.

Nearly 38% of the Trust's consultant staff are women, a 2% increase from 2007.

Current workforce monitoring practices have been extended to include information by sexual orientation on all job applicants.

The Annual Report also outlines current Action to ensure equality and diversity in the workplace. Current initiatives in 2007/08 include:

- A review of the Trust's Recruitment & Selection Workbook for managers
- Establishing standard selection criteria for inclusion in all person specifications
- Implementing competency based recruitment process
- Providing facilities for JobCentre Plus group seminars to introduce potential recruits from the local community to work
- Development of an internal mediation service with 12 senior managers trained a mediators

A wide range of support mechanisms have been put in place for staff. A Rehabilitation Service, provided by the Health and Work Centre, develops individual support for staff on sick leave to help them return to work as quickly and appropriately as possible. A Mediation Service was launched in 2008, with 12 managers being trained as mediators.

The following initiatives have been put in place to support the achievement of a work/life balance:

- childcare advice and support
- expectant mothers and carers forum
- childcare vouchers
- carers leave policy
- on-site staff day nursery
- breast feeding room for nursing mothers
- flexible working advice
- Flexible Working Toolkit.

### **Meeting our duties as a healthcare provider**

Organisations in the public sector are expected to lead the way in carrying out their functions with demonstrable respect for equality and human rights. In the delivery of services, and in the devising of policies and procedures, public authorities have a crucial role to play in promoting the values and practices of a fair and democratic society (EHRC, 2008).

All public authorities have legal duties relating to race, gender and disability. Their obligations within each area focus on:

- promoting equality of opportunity

- promoting good relations
- promoting positive attitudes
- eliminating harassment, and
- eliminating unlawful discrimination

These obligations are set out in the race equality duty, the gender equality duty and the disability equality duty. In addition the trust has chosen to take a six option approach, promoting equality and access in relation to sexual orientation, age and religion or belief. We have also reflected the need to consider further areas of inequality currently experienced by our local population as a result of learning gained from our public health work and health needs assessment within our equality impact assessment screening tool (see appendix 4).

The nursing and midwifery patient experience strategy for 2008/09 sets out the fundamental principles for the delivery of good care. The strategy defines objectives, action planning and reporting mechanisms that have been implemented to support the ongoing development and improvement of the patient experience. The strategy has been set out in seven key topic areas:

- Maintaining a clean and safe environment to reduce infection
- Leadership
- Cerner and documentation
- Safer patient initiative
- Dignity and privacy
- Patient information and feedback processes
- Modernising services

The trust's nursing and midwifery committee reports on progress to both the clinical governance committee and the trust board.

As part of this commitment, the Organisational Culture Group is a high level, multi-professional group that was founded to develop a framework for action to put patients at the centre of decision-making processes. A set of values and a framework of interventions were established are known as the CARE philosophy for the Royal Free. They are:

**C** - I know how to positively **Challenge** others and be positively challenged by them

**A** - I take personal **Accountability** as part of the team and deliver my promises

**R** - I **Respect** the people I work with and the patients and customers I work for

**E** - I am expert at **Escalation**

Taking a blended approach using our public health intelligence work together with the organisational culture developments and proactive community engagement the trust aims to provide responsive care that demonstrates an awareness of the health needs of the local population.

## **Implementing the Single Equality Scheme**

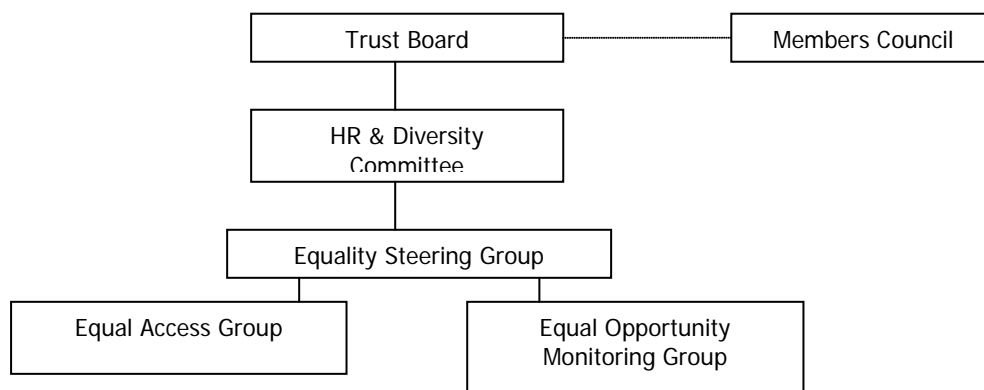
Being able to celebrate achievements and progress against previous years action plans as well as against our current work-streams is extremely important to us as an organisation. However, it is of equal importance that we continue to build upon this work and develop our processes going forward to ensure that we deliver our services in a sensitive, informed and respectful way.

In developing this SES we have focused on integrating the principles of human rights, equality and diversity into the core business of the trust. In order to ensure these principles are followed we will:

- Report on achievements and progress made against our previous scheme and action plan
- Demonstrate how we are meeting our legal duties with regard to disability, race and gender as well as against the wider equalities framework
- Ensure that we consult and engage with all sections of our workforce and community in order to better understand their needs and to ensure that our policies reflect and address their feedback
- Complete equality impact screening and assessment for all new policies, strategies, services, functions and models of care as they are developed and implemented and ensure this process is repeated as these policies, functions and documents come up for review
- Monitor and evaluate our progress on an ongoing basis, ensuring that we deliver against our priorities, actions and outcomes
- Undertake to share good practice and successes with our local, regional and national stakeholder and strategic partners

## **Governance and Monitoring Arrangements**

The trust board takes human rights, equality and diversity very seriously and is committed to promoting good practice in all aspects of equalities across the trust. In order to ensure that the board is assured that the key principles associated with equality and diversity are embedded in the trust's core business the governance structure has been revised. The new structure clearly demonstrates the reporting line to the trust board's HR and Diversity sub-committee via the Equality Steering Group.



The Equality Steering Group will oversee and co-ordinate the work of the Equal Opportunities Monitoring Group, the Equal Access Group, and any other groups established within the Trust to address equality and diversity issues

The Equality Steering group receives and reports to the HR& D sub committee issues arising from the following the scrutiny level of compliance to equalities legislation:

- Core standards
- Equality Impact Assessments
- Equality and Diversity Training education, and learning
- Equal Opportunity
- User engagement
- Data monitoring/ information intelligence
- Public Health and Health inequalities

The Equality Steering Group will establish compliance against legislation requirements and inform accordingly to other groups with time bound action plans in place. The group will contribute to the preparation of the trust annual report on Equalities and any other Equality and Diversity matters.

A strategy for quality assurance, monitoring and reporting on Equality Impact Assessment (EqIA) is included in Appendix 3.

### **Strategy for Engagement and Consultation**

In the past year we have regularly consulted and engaged with local community groups as well as having established new ways of working to ensure the inclusion of staff and services users in trust activities and developments e.g. consultation on the re-development of the hospital front entrance, the development of an accessible transport focus group and the expansion of the Equal Access Group to reflect a wider range of marginalised communities. In order to build upon this work and ensure that achievements are sustained the trust will:

- Continue to build on relationships, working with communities with whom links have already been established, including local statutory and voluntary sector organisations
- Work with community groups and their leaders, taking time to meet and explain the purpose of our engagement activities and allow time for this to be shared with their wider communities
- Take time to develop new relationships with communities where there are no formalised representative groups
- Support and help people to get involved, providing information, training and ensuring access to events and activities
- Provide interpreting and translation services as required and take action to minimise the risk of language becoming a barrier to engagement

## **Dissemination**

RFH NHS Trust ensures that all staff receives induction training on joining the trust, together with additional training as required for their role and function within the organisation. Dissemination and raising awareness of this scheme in order to safeguard the interests of both patients and staff will be achieved by:

- The scheme being highlighted on relevant training and education programmes, e.g. general trust orientation, junior doctors' induction programme, management training programmes, customer care training, etc.
- Circulation of the scheme via local community networks
- Scheme and action plan available on trust intra and internet websites
- Feedback on progress against the scheme action plan by divisional leads to the trust board via Equality Steering Group.

## Action Plan 2009/10

Key:

	Human Rights		Age
	Race		Religion or belief
	Disability		Sexuality
	Gender/gender identity		Additional areas of potential impact

### Corporate

Action	Core standards	Stakeholders consulted	Responsible Lead/ Division	Start Date	Deadline/ comments	Relevant to
Review the governance structures for equality and diversity and their related reporting processes to ensure the provision of cross-divisional and corporate	C7e, C8b	Trust board Equality steering group DoH equality and human rights group Joint staff	Deputy director for clinical governance, equality and diversity Deputy director for risk and	April 2009	Reporting to the trust board via the sub-committee for HR and diversity from July 09, then ongoing.	

accountability for equality and diversity		committee Trust staff Barnet PCT and Links Camden PCT and Links Trust staff Public	safety Director of Workforce Divisional leads						
Deliver demonstrable progress against the equality agenda using the HCC standards to be incorporated into all senior managers operational performance objectives	C7e, C8b, C13a, C17, C18, C22a, C22c	Trust Board Equality Steering Group DoH Equality and Human Rights Group Joint Staff Committee Trust Staff Barnet PCT and Links Camden PCT and Links Trust staff Public	Chief Executive Executive leadership team	April 2009	First reports to trust board Oct. 09 then ongoing				

<p>All formal and informal complaints data should capture and report on trends in complaints in relation to ethnicity, disability, gender, age, religion and belief.</p>	<p>C7e, C14b, C17</p>	<p>Trust Board Equality Steering Group DoH Equality and Human Rights Group Joint Staff Committee Trust Staff Barnet PCT and Links Camden PCT and Links Trust staff Public</p>	<p>Deputy director of nursing Divisional leads</p>	<p>April 2009</p>	<p>First reports to trust board Oct. 09 then ongoing</p>				
<p>Articulate and emphasis of respecting equality and diversity through the provision of choice developed by ongoing engagement and partnership with</p>	<p>C7e, C17, C18, C22a, C22c</p>	<p>Trust Board Equality Steering Group DoH Equality and Human Rights Group Joint Staff</p>	<p>Director of Marketing Director of facilities and PPI Operational manager for equality and</p>	<p>April 09</p>	<p>First reports to trust board by Sept. 09 then ongoing</p>				

community partners and services		Committee Trust Staff Barnet PCT and Links Camden PCT and Links Trust staff Public	diversity Public health lead						
Implement a governance structure which support the process of equality impact assessment, including the implementation of cross-divisional quality and assurance which reports to the trust board quarterly via the equality steering group	C7e, C18		Deputy director of clinical governance, equality and diversity Operational manager for equality and diversity Divisional leads	April 09	First report to trust board by Oct. 09 then ongoing				

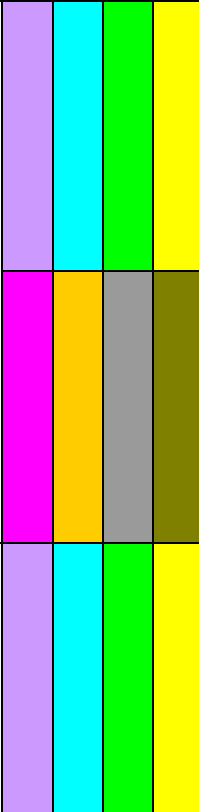
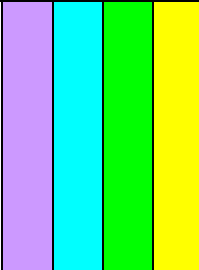
## Workforce

Action	Core standards	Stakeholders consulted	Responsible Lead/ Division	Start Date	Deadline/ comments	Relevant to								
Monitor and report on recruitment and employment success rates against race, disability, gender and age. Reports bi-annually to the trust board via the equality steering group	C7e, C8b	Trust Board Equality Steering Group Joint Staff Committee Trust Staff Public Barnet PCT and Links Camden PCT and Links NHS Employers	Director of workforce	April 09	First report to trust board Oct. 09 then ongoing	<table border="1"> <tr> <td style="background-color: #ccccff;"></td> <td style="background-color: #00ffff;"></td> <td style="background-color: #00ff00;"></td> <td style="background-color: #ffff00;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>								
Monitor and report on grievances and disciplinary procedures, against race, disability, gender and age. Report bi-annually to the trust board via the equality steering group	C7e, C8b	Trust Board Equality Steering Group Joint Staff Committee Trust Staff Barnet PCT and Links Camden PCT and Links NHS Employers	Director of workforce	April 09	First report to trust board Oct. 09 then ongoing	<table border="1"> <tr> <td style="background-color: #ccccff;"></td> <td style="background-color: #00ffff;"></td> <td style="background-color: #00ff00;"></td> <td style="background-color: #ffff00;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>								

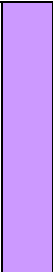
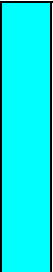
Monitor and report on staff development and training against race, disability, gender and age. Report bi-annually to the trust board via the equality steering group	C7e, C8b, C11b, C17, C18	Trust Board Equality Steering Group Joint Staff Committee Trust Staff Barnet PCT and Links Camden PCT and Links NHS Employers	Director of organisational learning and development	April 09	First report to trust board Oct. 09 then ongoing				
Disability awareness training to be reviewed and re-launched as part of trust mandatory training	C7e, C11b, C17, C18	Trust Board Equality Steering Group Joint Staff Committee Trust Staff Barnet PCT and Links Camden PCT and Links NHS Employers	Director of organisational learning and development	May 09	Proposed training to be ready for consultation with key stakeholders by Sept. 09 and for delivery by Nov. 09				
The trust will complete work to meet the objectives set out in the 'Louder than words' audit carried out by the	C7e, C11b, C17, C18	Trust Board Equality Steering Group Joint Staff Committee	Director of Workforce Director of organisational learning and	April 09	First report to trust board Oct. 09 then ongoing				


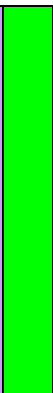
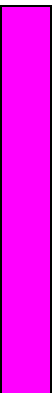

RNID (February 2009) to improve the experience of deaf and hard of hearing staff and service users		Trust Staff Barnet PCT and Links Camden PCT and Links NHS Employers	development						
Review the provision and delivery of training on equality and diversity re-launch as part of trust mandatory training	C7e, C8b, C11b, C17, C18	Trust Board Equality Steering Group Joint Staff Committee Trust Staff Barnet PCT and Links Camden PCT and Links NHS Employers	Director of organisational learning and development	April 09	Proposed training to be ready for consultation with key stakeholders by Sept. 09 and for delivery by Nov. 09				

## Service Delivery

Action	Core standards	Stakeholders consulted	Responsible Lead/ Division	Start Date	Deadline/ comments	Relevant to
Engage with service users, trust members and local community members to agree and validate the processes for obtaining equality data information	C7e, C14b, C18	Trust Board Equality Steering Group Joint Staff Committee Trust Staff Public Barnet PCT and Links Camden PCT and Links DoH equality and human rights group	Director of information Divisional leads Director of facilities and PPI Director of marketing Operational manager for equality and diversity	June 09	Reporting to commence by Dec. 09	
Review and update processes for monitoring and use of patient equality data to include fields relating to gender, religion and belief, age,	C7e, C14b, C18	Trust Board Equality Steering Group Joint Staff Committee Trust Staff	Director of information Divisional leads Deputy director for clinical governance,	June 09	Reporting to commence by Dec. 09	

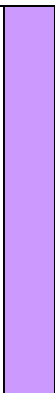
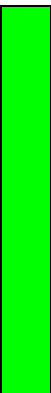


sexual orientation and disability		Public Barnet PCT and Links Camden PCT and Links DoH equality and human rights group	equality and diversity						
Monitor and report on ethnic coding of service users ensuring completeness of ethnicity monitoring across division	C7e, C18	Trust Board Equality Steering Group Joint Staff Committee Trust Staff Public Barnet PCT and Links Camden PCT and Links DoH equality and human rights group	Director of information Divisional leads Director of facilities and PPI Director of marketing deputy director for clinical governance, equality and diversity	June 09	Reporting to commence by Dec. 09				

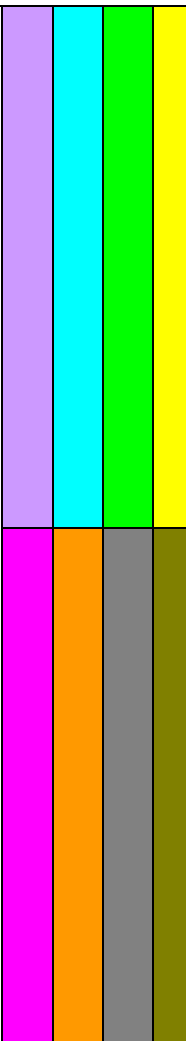
<p>Take action to develop the awareness of staff on how to request monitoring data with sensitivity in areas that are identified as having a specific training need</p>	<p>C7e, C18</p>	<p>Trust Board Equality Steering Group Joint Staff Committee Trust Staff Public Barnet PCT and Links Camden PCT and Links DoH equality and human rights group</p>	<p>Director of information Divisional leads Director of organisational learning and development</p>	<p>June 09</p>	<p>Reporting to commence by Dec. 09</p>				
<p>Monitor and report on interpreting services in terms of range of services required and access for service users. Reports to the board quarterly via the equality steering group</p>	<p>C7e, C17, C18</p>	<p>Trust Board Equality Steering Group Joint Staff Committee Trust Staff Public Barnet PCT and Links Camden PCT and Links DoH equality and human rights group</p>	<p>Deputy director of nursing PALS manager Director of facilities and PPI Divisional leads</p>	<p>June 09</p>	<p>First report Dec. 09 then ongoing</p>				

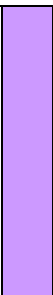
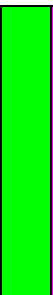


<p>In response to the Michael Inquiry 'Healthcare for All Report'</p> <p>The trust will:</p> <ul style="list-style-type: none"> <li>Work with academic partners to ensure pre and post registration curricula for nursing and medical staff includes training on learning disabilities</li> </ul>	<p>C7e, C13a, C17</p>	<p>Trust Board          Equality steering Group          Trust safeguarding adults board          DoH equality and human rights group          Camden learning disability partnership board          Centre 404 carers group          Camden healthcare matters group          Camden PCT and Links          Barnet PCT and Links</p>	<p>Director of organisational learning and development          Divisional directors</p>	<p>April 09</p>	<p>First report Sept. 09 then ongoing</p>				
---	-----------------------	---	--	-----------------	---	---	---	---	---

<p>In response to the Michael Inquiry 'Healthcare for All Report' the trust will:</p> <ul style="list-style-type: none"> <li>Develop a process for collecting relevant data and information to identify people with learning disabilities and to track their care pathways</li> </ul>	<p>C7e, C13a, C17, C18</p>	<p>Trust Board          Equality steering Group          Trust safeguarding adults board          DoH equality and human rights group          Camden learning disability partnership board          Centre 404 carers group          Camden healthcare matters group          Camden PCT and Links          Barnet PCT and Links</p>	<p>Director of information          Divisional directors of operations          Trust lead for care of vulnerable adults          Operational manager for equality and diversity</p>	<p>April 09</p>	<p>First report Sept. 09 then ongoing</p>				

<p>In response to the Michael Inquiry 'Healthcare for All Report' the trust will:</p> <ul style="list-style-type: none"> <li>▪ Involve and consult with patients and the public on the plan and development of services and to ensure that the trust board considers the views of people with learning disabilities and their carers</li> </ul>	<p>C7e, C13a, C17, C18</p>	<p>Trust Board Equality steering Group Trust safeguarding adults board DoH equality and human rights group Camden learning disability partnership board Centre 404 carers group Camden healthcare matters group Camden PCT and Links Barnet PCT and Links</p>	<p>Director of facilities and PPI Divisional leads Trust lead for vulnerable adults Operational manager for equality and diversity</p>	<p>April 09</p>	<p>First report Sept. 09 then ongoing</p>				
---	----------------------------	---	--	-----------------	---	--	--	--	--

<p>In response to the Michael Inquiry 'Healthcare for All Report' the trust will:</p> <ul style="list-style-type: none"> <li>Ensure that the trust board is able to demonstrate that effective systems are in place to deliver 'reasonable adjustments' in the delivery of care, including the provision of advocacy and access to PALS</li> </ul>	<p>C7e, C13a, C17, C18</p>	<p>Trust Board Equality steering Group Trust safeguarding adults board DoH equality and human rights group Camden learning disability partnership board Centre 404 carers group Camden healthcare matters group Camden PCT and Links Barnet PCT and Links</p>	<p>Deputy director of nursing PALS manager Divisional leads</p>	<p>April 09</p>	<p>First report Sept. 09 then ongoing</p>				
--	----------------------------	---	---	-----------------	---	---	---	---	---

<p>Privacy and dignity – communication audits to be undertaken raise staff awareness and facilitate work influence and change attitudes and behaviour.</p> <ul style="list-style-type: none"> <li>▪ 12 clinical areas will develop projects to improve dignity in care.</li> <li>▪ 12 clinical leaders to be supported with action learning to provide opportunity to learn from challenges across different clinical settings.</li> <li>▪ Trust lead nurse for dignity is working within clinical areas to support changing practice. Reporting on project progress is on quarterly basis to the Trust Nursing and Midwifery Committee which also reports to the trust</li> </ul>	<p>C7e, C13a, C17, C18</p>	<p>Trust Board Equality Steering Group Joint Staff Committee Trust Staff Public Barnet PCT and Links Camden PCT and Links DoH equality and human rights group</p>	<p>Lead nurse for dignity</p>	<p>March 09</p>	<p>Reports to trust board via the TNMC from June 09 then ongoing</p>	
--	----------------------------	---	-------------------------------	-----------------	--	--

<p>The trust will complete work to meet the objectives set out in the 'Louder than words' audit carried out by the RNID (February 2009) to improve the experience of deaf and hard of hearing service-users and staff</p>	<p>C7e, C13a, C17, C18</p>	<p>Trust Board Equality Steering Group RNID Joint Staff Committee Trust Staff Public Barnet PCT and Links Camden PCT and Links DoH equality and human rights group</p>	<p>Lead Nurse for Dignity Operational Manager for Equality and Diversity Director of Facilities Director of Estates Divisional Leads</p>	<p>April 2009</p>	<p>First report Oct. 09 then ongoing</p>				
---	----------------------------	--	--	-------------------	--	---	---	---	---

<p>End of life care (EOLC):</p> <ul style="list-style-type: none"> <li>▪ The Palliative care team will trial a Preferred Priorities of Care Document to record patients preferences and wishes</li> <li>▪ Under the new Divisional trust structure the EOLC group will become an EOLC board to ensure cross divisional working in this area of care and to work in</li> </ul>	<p>C7e, C17, C18</p>	<p>Trust Board          Equality Steering Group          EOLC board          Barnet          EOLC board          Camden          Joint Staff Committee          Trust Staff          Public          Barnet PCT and Links          Camden PCT and</p>	<p>Trust EOLC lead          Divisional leads          Director of organisational learning and development</p>	<p>April 09</p>	<p>First report June 09 then ongoing</p>				
---	----------------------	---	---	-----------------	--	--	--	--	--

<p>partnership with EOLC boards in Barnet and Camden PCTs</p> <ul style="list-style-type: none"> <li>▪ EOLC lead and director organisational learning and development will be scoping a communication skills training and piloting a communications tool</li> </ul> <p>Reports on action will be made to the Equal Access Group which reports to the trust board via the Equality Steering Group on a quarterly basis</p>		<p>Links DoH equality and human rights group</p>							
---	--	--	--	--	--	--	--	--	--

<p>Public health:</p> <ul style="list-style-type: none"> <li>▪ Delivering health screening for pre-assessment clinics and as part of discharge planning. We will conduct focus groups with a cross section of our population to ensure the lifestyle screening is acceptable and appropriate for our local population.</li> <li>▪ We will offer alcohol screening to all patients in A&amp;E. based on this we will offer brief interventions and advice for patients.</li> <li>▪ We will also collect data on assaults and send</li> </ul>	<p>C7e, C22, C23</p>	<p>A range of stakeholders and a steering group of patients and local residents are developing this work with the Trust.</p> <p>Local police and PCT representatives</p>	<p>Public health lead</p>	<p>March 09 – June 09</p> <p>April 09 – ongoing</p>	<p>First report June 09 then ongoing</p> <p>Reports to be given at the Equal access Group</p>				
---	----------------------	--	---------------------------	---	---	--	--	--	--

<p>anonymised data to the Camden Safer Communities partnership to help pin point areas of violence.</p> <ul style="list-style-type: none"> <li>▪ HIV and worklessness we have undertaken a survey of our HIV patient population. This is in response to high levels of unemployment in this population group ( 28% compared to 3.8% in the general population) the research will help us identify the best ways of supporting people with HIV to remain in or re-enter employment.</li> </ul>		<p>The steering group comprises HIV consultants, Occupational Health Consultant and public health.</p>		<p>Results published in 09</p>	<p>Reports to be given at the Equal Access Group</p>				
---	--	--	--	--------------------------------	--	--	--	--	--

## References

Department of Health, 2008, Human rights in Healthcare – A short introduction, London

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_088970](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088970)

Equality and Human Rights Commission (EHRC), 2008,

<http://www.equalityhumanrights.com/en/forbusinessesandorganisation/publicauthorities/Pages/HumanRights.aspx>

Legislation references from:

- Race Relations Act 1976
- Race Relations (Amendment) Act 2000
- The Statutory Code of Practice on Racial Equality in Employment (2005)
- Employment Equality (Religion or Belief) Regulations 2003
- Disability Discrimination Act 1995
- Disability Discrimination Act 2005
- The Duty to Promote Disability Equality: Statutory Code of Practice (2005)
- Sex Discrimination Act 1975
- Equal Pay Act (Amended 1975)
- Gender Recognition Act 2004
- New Gender Equality Duty Code of Practice – undergoing consultation
- Employment Equality (Sexual Orientation) Regulations 2003
- Civil Partnership Act 2004
- Employment Equality (Age) Regulations 2006
- Human Rights Act 1998 (underpins all areas of equality legislation)
- Equality Bill 2006 (creates a Commission for Equality & Human Rights)

## Acknowledgements

Lewisham PCT – Single Equality Scheme

Cheshire Hospitals NHS Trust – Single Equality Scheme

Department of Health – Single Equality Scheme

## **Appendices**

Appendix 1: Achievements and progress 2008/09

Appendix 2: Guide to equality impact assessment

Appendix 3: Equality impact assessment screening checklist

Appendix 4: Full equality impact assessment matrix

Appendix 5: Recruitment and employment data

Appendix 6: Staff training equality data

Appendix 7: Patient equality data

## **Appendix 1: Achievements and progress 2008/09**

### **Corporate**

#### *Trust Board Engagement*

In October 2008 Surinder Sharma National Director of Equality and Human Rights Department of Health delivered a training session to the trust board on it's duties as an NHS organisation in relation to equalities legislation.

#### *Development of Quality Performance Indicators*

In order to embed equality and diversity into to the way "we conduct business" at every level within the organisation we have undertaken the development of a formal corporate equality and diversity scorecard which will monitor and benchmark the organisational key equality and diversity initiatives and performance activities within the divisional governance and quality framework.

#### *Equality Impact Assessment*

The trust has reviewed and further developed our processes in relation to screening and undertaking full equality impact assessment of any newly developed policies, strategies, functions, services and models of care. This has been supported by the roll out of equality impact assessment training across the trust in addition to us revising the governance structure for monitoring and quality assuring all our Equality impact assessments.

A database of equality impact assessments is now available on the trust intranet and will be copied to the public website on a quarterly basis.

### **Workforce**

#### *Positively Diverse Lead Site*

Working in partnership with NHS Employers The Royal Free Hampstead NHS Trust hosted a one-day conference on equality and diversity for local, regional and national diversity leads within NHS trusts.

Using funding received as a Positively Diverse Lead Site the trust has procured and delivered equality impact assessment training for senior managers and staff with responsibility for writing, developing and reviewing policies, strategies, services, functions and models of care.

#### *Pacesetters*

As part of the Pacesetters programme we are engaged in workforce projects which promote equality of opportunity and access as address inequalities experienced by

people or communities who experience discrimination and disadvantage. Workforce projects include:

- Improving the collection and use of staff ethnicity data
- Taking action to recruit from under-represented local communities
- Improving access to flexible working options
- Training and developing mediators for staff who are subject to or accused of bullying and harassment

## **Service Delivery**

### *Engagement and communication with the local community*

The operational manager for equality and diversity has developed and improved upon community engagement and consultation processes. The trust regularly attends and participates in local groups such as Camden Forum for Race and Health (now Camden Health and Inequalities Forum), Camden Mobility Forum, Camden and Barnet Partnership Boards, Camden and Barnet Learning Disability Groups and has established new groups such as the Trust Accessible Transport Forum. Further public involvement in trust activities has been achieved through the second annual Patient Experience Action Team (PEAT) meetings, this year held over three sessions both at the hospital and off-site in Barnet.

### *Pacesetters*

The Royal Free Hampstead NHS Trust has successfully become a Pacesetters site, participating in the Department of Health Equality and Human rights Group change programme to achieve equality and diversity improvements and innovations resulting in:

- Patient and public involvement in the design and delivery of services
- Reduced health inequalities for patients and service users from communities who experience discrimination and disadvantage; and
- Working environments that are free of discrimination

We are currently engaged in 11 projects crossing both service delivery and workforce, the four workforce projects are noted in the section above, service delivery projects include:

- Working with members of the transgender community to improve access to and experience acute care settings
- Working in partnership with service users, Barnet and Camden PCTs to develop safer care pathways for people with learning disabilities
- Working with women using cardiac services and the British heart Foundation to design women-focussed health promotion materials and test the benefits of providing women-only cardiac risk-factor programmes

- Working with staff and service users to improve the process for collection, monitoring and use of patient ethnicity data
- Working with service users and staff to improve the process for collection, monitoring and use of data on religion/belief and its purpose in terms of accessing spiritual care for patients
- Engaging with Gypsy and Traveller communities
- Working in partnership with Gypsy and Traveller to communities in order to develop a programme raising awareness among staff of the health inequalities faced by this community

### *Dignity in Care Project*

Thirteen band 7 (Ward Sisters) have been recruited to develop projects to promote dignity within their clinical areas. They are supported in doing this with monthly action learning sets and the Lead Research and Development Nurse is working in three areas, four months each, working with the ward teams, collecting feedback from patients, staff and relatives and developing actions to improve care.

### *Patient transport*

Working in partnership with Transport for All the trust has developed and an Accessible Transport Focus Group, which advises the Transport management group of access issues in to patient transport services as well as additional aspects of access to the trust (e.g. car parking). The group has met twice and successfully reviewed and re-developed the patient assessment criteria for use of the patient transport system.

### *End of life care*

The End of Life Strategy Group, a multi-disciplinary inter-organisational network, have been meeting throughout the past year initially in preparation and now implementation of the National End of Life Strategy, ensuring appropriate care and choice is available to all patients and their carers attending the Royal Free Hampstead NHS Trust. The group have undertaken a mapping process against all the recommendations in the strategy and identified leads for workstreams. Key areas of compliance such as the implementation of the Care of the Dying Pathway and Care after Death the work is well advanced. Fast track discharge pathways in order to expedite patients to die at home where possible have been designed and implemented. The group has developed guidelines on Advanced Care Planning and audit work has been undertaken to understand where and how people die in the hospital so that changes in place and mode of death can be monitored.

### *Access to faith rooms*

In January 2009 re-development of the Muslim prayer room commenced together with work to create a Shabbat Room within the chaplaincy centre.

### *PALS and Patient Affairs*

Patient Advice and Liaison Services (PALS) and Patient affairs have reviewed and updated their monitoring processes for complaints to include allegations of discrimination and report quarterly to the complaints and litigation committee.

The PALS and Patient Affairs team have all undergone deaf awareness training, which was delivered by the Royal National Institute for the Deaf (RNID)

PALS have provided support to vulnerable patients by communicating appointments to patients/carers, will arrange for volunteers to chaperone a patient. If a patient has specific needs we will communicate this with the area/ward.

In line with the safeguarding vulnerable patients recommendations - we have an alert system on our database and also flag up concerns and issues with the trust lead for vulnerable adults.

PALS have specific knowledge of the Hospital Cost Travel Scheme and have assisted in arranging public transport in advance of an appointment for patients who are in receipt of benefits and cannot afford the cost of travel in advance e.g. child attending hospital appointment from Wolverhampton but mother unable to pay in advance as on benefits. PALS purchased tickets and provided directions etc.

The PALS team have completed training on the Mental Capacity Act.

### *Interpreting Services*

The trust is developing processes to improve telephone interpreting making it more accessible to staff and thus patients across the organisation. A number of initiatives have/are being instigated to progress this:-

- Trial of wireless head set took place in community gynaecology
- Trial of wireless head set commenced in pain management on 26/1 for the next 2 months.
- Two-way handsets provided to all clinics to improve access to telephone interpreting.
- Re-launch of interpreting scheduled 3 & 4 March which will also include visits to local GP practices. this is to further raise awareness with staff, visitors and GPs
- PALS have set up a database with contact details for deaf patients to ensure two-way communication with the organisation.

### *Working with Deaf, deafened and hearing impaired service user, staff and visitors*

The trust has formed a forum for Deaf, deafened and hearing impaired service users, staff and visitors. Working in partnership with the RNID the trust has completed the 'Louder Than Words Audit' of services and facilities and will be using

the results to create an action plan to improve access to the trust and improve on the patient experience.

### *Public Health*

The Royal Free Hampstead NHS Trust is at the forefront of developing and delivering public health within an acute trust setting. Work undertaken includes:

- The trust has invested in a public health post to ensure we are actively working with local partners on public health issues and that the trust is at the forefront of developing public health work programmes within an acute trust setting
- **Alcohol.** We are implementing alcohol screening for all patients attending in A&E and collecting and analysing emergency admission data for assaults (including knife crime) and alcohol as part of this work. We are also working with NHS London and the met police on this project as an early implementer hospital in London.
- **Smoking.** We have conducted a smoking prevalence audit across the trust, the data were broken down by age, sex, ethnicity and social class to try and determine need across the trust. Based on this, wrote an action plan on how we could increase referrals to smoking cessation services
- On an international level we are now member of the World Health Organisations health promoting hospitals network.
- **Local health needs.** We have undertaken a health needs assessment of our hospital population, covering age, sex, deprivation, ethnicity and lifestyle factors. This has been shared with both PCTs and is part of our Integrated Business Plan to help inform future services.
- **Termination of pregnancy.** We conducted a termination of pregnancy audit identified high levels of need among young black African women which was fed back to PCTS and support services put in place post discharge for this vulnerable group.
- **CVD risk and BME communities.** We are running outreach cardiovascular disease risk screening services for high risk groups at the BAPS Swaminarayan Mandir temple in Neasden in partnership with Heart UK and AL Rahman Mosque in Camden, with Camden PCT.
- **HIV.** The unemployment rate among our HIV patients is almost twice as high as other patient groups. To help address this we have started a programme of work in our HIV department which looks at trying to support patients back into work or to stay in work. To understand patients concerns better we have designed a questionnaire which asks HIV patients their employment history, their perception of barriers to work and stigma. This links to Dame Carol Black's review of the health of Britain's working age population, which promotes a 'fit for work' approach as opposed to a sick note. We have had over 750 returns to our patient questionnaire and we are currently analysing the results.

### *Estates management*

Following consultation with service users, staff and the trust's DDA consultant a new signage system has been implemented at the trust's main site. This has provided a simplified wayfinding system within the hospital, using bold graphics at key points which act as signposts for both patients and staff. This new system has been complemented by the revised naming scheme for the wards using floor numbers, compass points, colours, shapes and floor numbers as identifiers, enabling staff and patients to find their way around irrespective of language, literacy or colour perception.

A programme to refurbish that main patient lifts in the trust is due to commence in 2009. The design and accessibility of the updated lift system has been assessed by the trust's DDA consultant.

The refurbishment programme for the trust's ward areas is ongoing. Refurbished wards benefit from labelled single sex toilets, improved fire alarm systems that include visual warning lights as well as sound alarms and improved access to washing facilities.

### *Patient information*

Working in partnership with Camden Learning Disability Services the trust's patient information officer has developed an easy-read guide to having a blood test which will be used both at the trust and within the local community.

## Appendix 2: Guide to equality impact assessment

### Guide to Equality Impact Assessment

An Equality Impact Assessment (EqIA) is a tool which aims to improve the quality of services and functions within the organisation by ensuring that teams and individuals carefully consider the impact of their work on different communities or groups. The process involves reviewing policy or service proposals and trying to anticipate where there is potential for a negative impact on different communities and how this might be eliminated or minimised.

The EqIA has two parts, the **screening checklist** and the **full assessment matrix**.

A negative impact is an impact that could disadvantage one or more groups or communities. The disadvantage may be differential, where the negative impact on one group may be greater than on another.

A positive impact is an impact that could have a particularly beneficial effect on one or more groups or communities or improve equality of access or opportunity or indeed relationships between different groups or communities. Again positive impacts may be differential in their nature.

#### Why should we carry out EqIA?

##### We want to:

If we are to appropriately serve our diverse local community and ensure that health services provided are equitable and are genuinely accessible to all, making us the hospital and employer of choice.

##### We need to:

EqIAs actively support the practical delivery of policies, services and strategies, helping us to meet the Healthcare Commission's Standards for Better Health and contribute towards inspection programmes and partnership arrangements.

##### We have to:

All public sector organisations have **a legal duty to undertake equality impact assessments** for their services, policies and functions.

#### When should I carry out EqIA?

An impact assessment should be carried out when:

- Developing a new policy, strategy, service, function or model of care
- Reviewing existing policies, strategies, services, functions or models of care

#### What are policies, strategies, functions, services and models of care?

**Policy** An official or prescribed plan intended to guide decisions and actions, e.g. child protection policy, complaints policy, infection control policy

<b>Strategy</b>	A long-term plan of action designed to achieve particular objectives or outcomes, e.g. service development plan, risk strategy, integrated business plan
<b>Function</b>	The actions and activities assigned to, or required/expected of a person, group or organisation, e.g. finance and budgeting, emergency planning
<b>Service</b>	A department or group within the trust providing specific care or support, e.g. Day surgery, community gynaecology, occupational health
<b>Model of care</b>	A framework for the planning, organisation and delivery of care services.

### **What areas should the EqIA cover?**

EqIAs must cover the six equality strands as covered by current (and forthcoming) legislation. As a trust we have also chosen to highlight and examine additional areas of inequality that have been chosen as a result of gaining intelligence in relation to health inequalities for our local communities.

### **Who is responsible for EqIAs?**

The author of the policy or service development/review is responsible for completing the EqIA and ensuring that this is recorded by the Operational Manager for Equality and Diversity within the trust EqIA database. However, all employees, including independent contractors working within the trust, directors and board members have a degree of responsibility for ensuring that EqIAs are carried out.

### **How do I carry out an EqIA?**

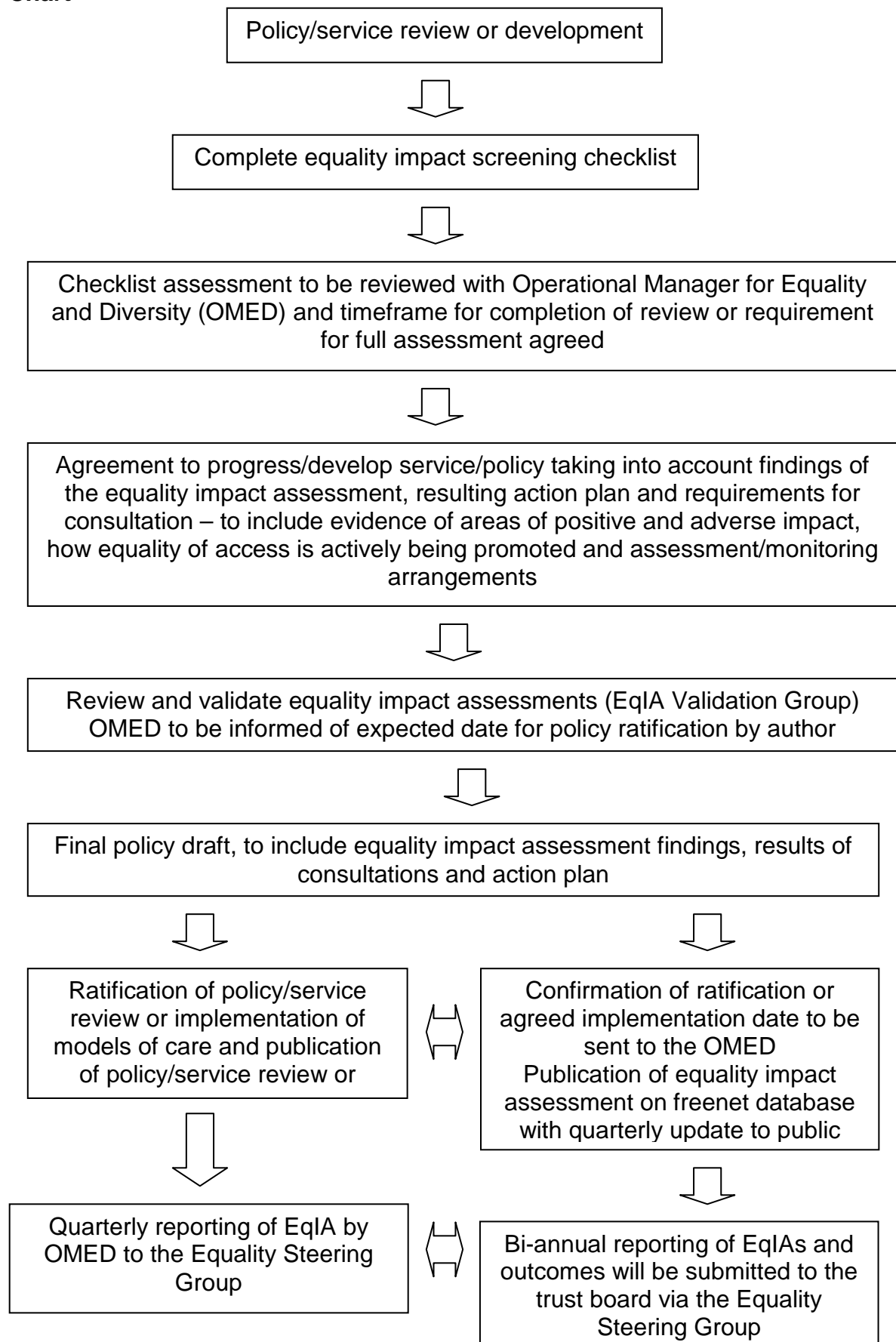
A flow chart describing the EqIA process is included in this document. Further information on the process and purpose of carrying out EqIAs can be found on the Department of Health website at:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Healthassessment/Browsable/DH\\_075622](http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Healthassessment/Browsable/DH_075622)

For specific advice and support on conducting EqIAs you may also wish to discuss the process and your findings with:

Dawn Atkinson	Deputy director for clinical governance equality and diversity <a href="mailto:dawn.atkinson@royalfree.nhs.uk">dawn.atkinson@royalfree.nhs.uk</a>
Jennifer Kenward	Operational manager for equality and diversity <a href="mailto:jennifer.kenward@royalfree.nhs.uk">jennifer.kenward@royalfree.nhs.uk</a>
Angela Bartley	Public health lead <a href="mailto:angela.bartley@royalfree.nhs.uk">angela.bartley@royalfree.nhs.uk</a>

## Equality Impact Assessment Process and Monitoring Arrangements – Flow Chart



## Appendix 3: Equality impact assessment screening checklist

### Equality and Health inequalities Impact Assessment Screening Checklist

Name of policy/service	
Is this a new or existing policy/service	
Purpose of the policy/service	
Stakeholders in policy/service development	
Person responsible for policy/service impact assessment	
Proposed date for implementation of policy/service	

Do you think the policy/service will impact upon any group within the population based upon:

Race/ethnicity		Lower socio-economic groups	
Gender		Involvement in the criminal justice system	
Religion/belief		Homelessness	
Disability (including long term conditions and mental health)		Looked after children	
Age		Population groups more at risk of developing conditions (based on community health profile)	
Sexual orientation or gender identity		Any other groups	

What impact will the policy/service have on lifestyles? For example:

- Diet and nutrition
- Exercise and physical activity
- Substance use; tobacco, alcohol, drugs
- Risk taking behaviour
- Education and learning or skills
- Functional ability
- Quality of life

Will the policy/service have any impact on the social environment? For example:

- Social status
- Employment (paid or unpaid)
- Social/family support
- Stress
- Income

Will the policy/service have any impact upon:

- Discrimination?
- Equality of opportunity?
- Relations between groups?
- Improving uptake of services by under represented groups?

Will the policy/service have any impact on the physical environment? For example:

- Living conditions
- Working conditions
- Pollution or climate change
- Accidental injuries or public safety
- Infection control

Will the policy/service impact on access to and experience of services? For example:

- Healthcare
- Transport
- Social services
- Housing services
- Education

<b>Equality impact assessment screening checklist summary sheet</b>	
1. Positive impacts (Note groups affected)	2. Negative impacts (note groups affected)
3. Additional information/evidence required	
4. Recommendations	
5. As a result of completing the impact checklist, have any negative impacts been identified, and if so is impact assessment recommended?	
6. If impact assessment has not been recommended please state the reasons why.	
Date for completion of screening checklist review /completion of full impact assessment :	
Managers name and signature:	Date:
Approved by Operational manager for Equality and Diversity(name and signature)	Date:

#### Appendix 4: Full equality impact assessment matrix

Full Equality Impact Assessment Matrix			
Name of policy/service			
Name of Manager responsible for completing impact assessment			
Is this a new policy/service or a review of an existing policy/service?			
What is the purpose of the policy/service?			
Who is intended to benefit from the policy and in what way?			
Date commenced		Date completed	
Policy/service review date			

**Using the matrix below, review the policy/service under consideration, in relation to the six equality strands, together with any additional areas of potential impact identified in the equality impact screening tool, for differential impact upon service users or trust staff and identify what these might be:**

Group (highlight relevant groups)	Age	Race/ethnicity	Gender	Disability	Religion/belief	Sexual orientation	Additional areas of potential impact
1. Is there any evidence that groups have different needs, experiences or priorities in relation to this policy and if so, what?							

	<b>Age</b>	<b>Race/ethnicity</b>	<b>Gender</b>	<b>Disability</b>	<b>Religion/belief</b>	<b>Sexual orientation</b>	<b>Additional areas of potential impact</b>
2. Is there any evidence/concern that this proposal could result in a qualitative or quantitative differences in impact on any group and if so what?							
3. Does the proposal promote equality of opportunity/access/good relations within the organisation and the wider community and how is this evidenced?							
4. Who are the key stakeholders in relation to this policy and how are they being consulted?							

	<b>Age</b>	<b>Race/ethnicity</b>	<b>Gender</b>	<b>Disability</b>	<b>Religion/belief</b>	<b>Sexual orientation</b>	<b>Additional areas of potential impact</b>
5. Are there any concerns that the policy/service development could have a differential impact on any group(s) and how might this be evidenced?							
6. Do you anticipate any areas where there may be inconsistencies in application and are there alternative arrangements that could reduce/eliminate impact?							

Using the information from the matrix complete the following action plan:

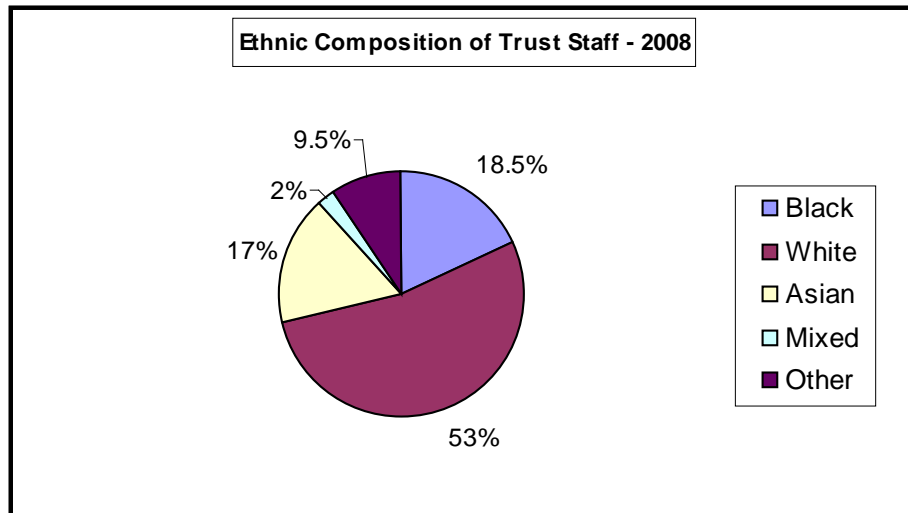
Area of concern	Groups likely to experience differential	Action planned to minimise discrimination/promote equality of access	Monitoring arrangements	Review date
1.				
2.				
3.				
4.				
5.				
6.				

<b>Name/signature of manager completing assessment</b>	
<b>Date assessment sent to Equality and Diversity Manager</b>	
<b>Name/signature of Equality and Diversity Manager</b>	
<b>Date of publication of Impact assessment</b>	

## Appendix 5: Staff Ethnicity Data

*Workforce profile 2008*

Ethnic Origin	31/03/1996	31/03/2001	31/03/2006	31/03/2007	31/03/2008
Black	16.9%	16.2%	17.7%	18.36%	18.39%
White	69.8%	63.2%	53.5%	52.19%	52.67%
Asian	5.3%	9.6%	19.1%	17.39%	17.38%
Mixed	0.7%	1.1%	2.0%	2.19%	2.15%
Other	7.4%	9.9%	7.6%	9.86%	9.41%



## Appendix 6: Staff training and development data

### Equal Opportunities Data Organisational Learning & Development Department

April 2008 - January 2009

**Total records** 3370

#### Age

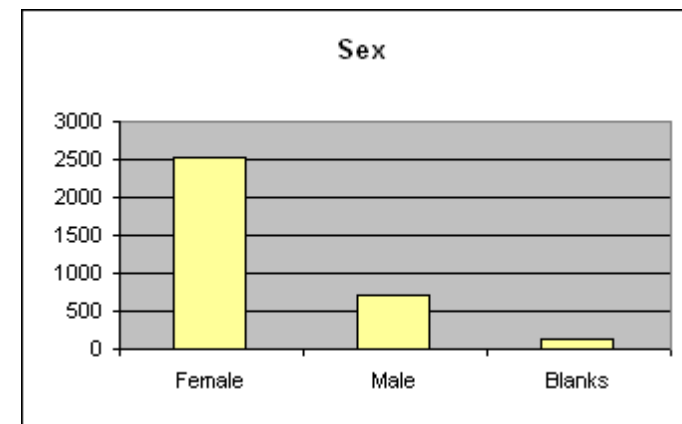
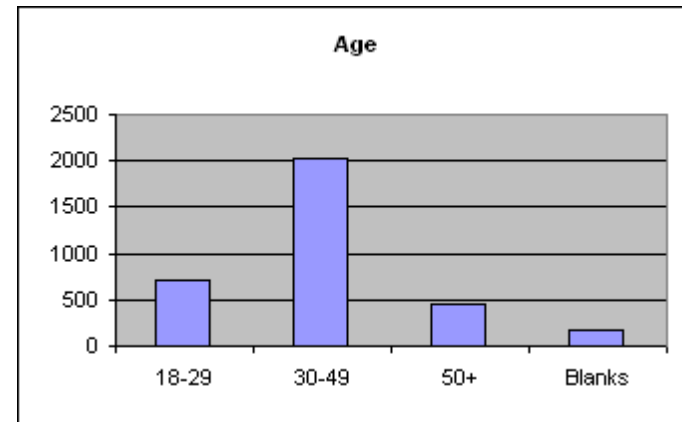
18-29 719  
30-49 2027  
50+ 462  
Not stated 162

#### Sex

Female 2523  
Male 707  
Not stated 140

#### Ethnicity

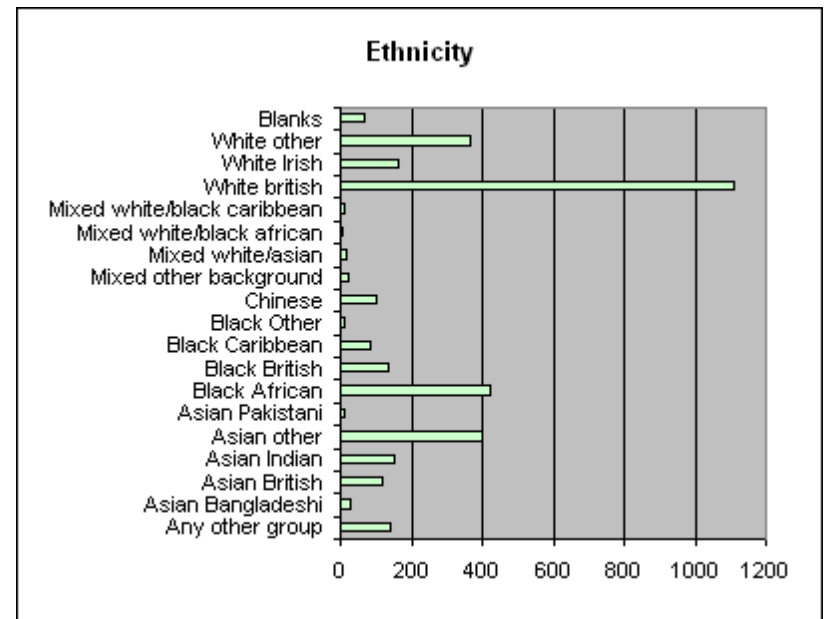
Any other group 141  
Asian Bangladeshi 27  
Asian British 118  
Asian Indian 154  
Asian other 399  
Asian Pakistani 12  
Black African 421  
Black British 138  
Black Caribbean 82  
Black Other 13



Chinese	100
Mixed other background	24
Mixed white/Asian	17
Mixed white/black African	6
Mixed white/black Caribbean	11
White British	1109
White Irish	164
White other	366
Not stated	68

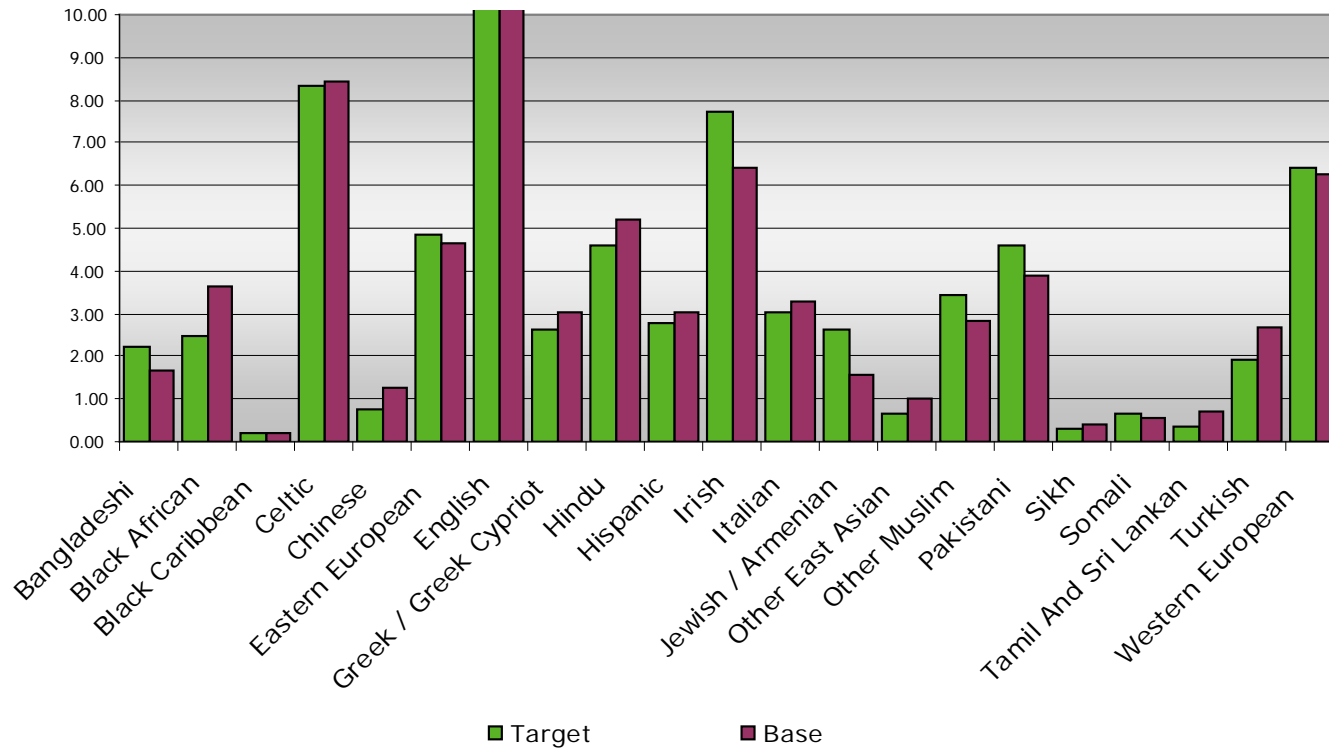
**Disability**

Long Standing Illness or Health Condition	18
Sensory Impairment	12
Learning Disability/Difficulty	2
Mental Health Condition	1
Other	8
Physical Impairment	7
None	2566
Not stated	756



## Appendix 7: Patient ethnicity data

The graph below shows a breakdown of our inpatient population by ethnicity and culture. The green bars show inpatient population and the burgundy bars show the proportion of this group in our catchment population. Our patients broadly reflect local population although we see a much higher number of patients from the Jewish community compared to our local catchment population as a whole. This is also true of for the Pakistani and Irish communities.



The graph below shows a breakdown of our outpatient population by ethnicity and culture. The green bars show the outpatient population and the burgundy bars show the proportion of this group in our catchment population.

