

Appendix 1

# Equality Strategy

## 2011 - 2012



## Acknowledgement

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NHS County Durham and Darlington would like to thank all the individuals, groups and organisations who gave their time and expertise to contribute to the development of this Strategy, and who continue to help us move further towards full equality for all people in County Durham and Darlington.

If you would like this Strategy in another format that would better suit your needs, or in another language, then please just let us know by contacting by: Telephone 0191 3724109, emailing us at [cd-pct.communications@nhs.net](mailto:cd-pct.communications@nhs.net).

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

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# Foreword

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Our Equality Strategy 2011/12 for NHS County Durham and Darlington acknowledges the new Equality Act 2010 which provides a new cross-cutting legislative framework to:

- protect the rights of individuals and advance equality of opportunity for all
- update, simplify and strengthen the previous legislation; and
- deliver a simple, modern and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

This strategy sets out our commitment to taking Equality and Human Rights into account in everything we do, whether that is commissioning services, employing people, developing policies, communicating, consulting or involving people in our work.

We describe a clear picture of the significant targets we have set in relation to Equality and Human Rights. It is a long-term commitment driven by both Equalities legislation, and by the needs and wishes of our local people and staff. For that reason, much of the work will be ongoing. Our Consolidated Board is committed to monitoring our progress and has requested regularly reporting on the implementation of the strategy.

Ensuring that the resulting action plan moves forward is the responsibility of everyone in our organisation. This has to be planned and supported in an effective way so that everyone concerned can play their part in turning this strategy into reality.

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

Yasmin Chaudhry  
Chief Executive NHS County Durham and Darlington

# 1. Introduction

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This is the Equality Strategy 2011/12 for NHS County Durham and Darlington.

NHS County Durham and NHS Darlington work jointly as the local commissioners of health services for 600,000 people living in County Durham and Darlington; many of the services are provided by independent contractors such as local GPs, dentists, pharmacists and optometrists.

We commission services from independent contractors and other organisations outside of County Durham to provide healthcare for people living in these areas. We are also the local lead commissioner of Offender Health and Mental Health and Learning Disabilities across the North East.

County Durham and Darlington has a population of around 600,000. Nearly 10% of our population live in rural areas. We employed approximately 400 staff and had an annual budget of just under £1.2 billion in 2010/11 to spend on services for local people in County Durham and Darlington.

Our role is to commission healthcare that will improve health outcomes, reduce health inequalities and ensure fair and equitable access to high quality, safe, patient-centred services.

Our mission is to improve the health status of our population. We will do this through the following four strategic goals:

- giving children a better start in life
- helping to keep our public healthy
- ensuring high quality care at the most appropriate time and place
- helping people get the most out of later life

This Equality Strategy sets out who we are, what we do and how and why equality, diversity and human rights are important to us, in ensuring that we will fulfill our moral, social and legal obligations and to put equality, diversity and human rights at the heart of everything we do in the coming years.

As a public authority we have a legal duty to deliver on equality duties. The equality duty was created by the Equality Act 2010 and replaces the race, disability and gender equality duties. The duty came into force in April 2011 and covers age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation. It applies in England, Scotland and in Wales. The general equality duty is set out in section 149 of the Equality Act. In summary, NHS County Durham and Darlington must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups

The duty to have due regard to the need to eliminate discrimination also covers marriage and civil partnership.

To assist public authorities in the better performance of the Equality Duty, the government laid before Parliament and approved on 28 June 2011 the Equality Act 2010 (Specific Duties) Regulations 2011. These regulations promote the better performance of the equality duty by requiring public authorities to publish:

- equality objectives, at least every four years
- information to demonstrate their compliance with the equality duty, at least annually

The aim is for public bodies such as NHS County Durham and Darlington to consider the needs of all individuals in their day to day work, in developing policy, in delivering services, and in relation to their own employees.

This scheme sets out what we will do to meet these duties and extends beyond them to include the other areas of equality. Therefore, the specific areas we cover are:

- Age
- Disability
- Gender
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sexual orientation

All the above protected characteristics are underpinned and driven by The Human Rights Act 1998 and the Equality Act 2010.

In this Equality Strategy we set out what we plan to do to improve equality and human rights.

Our main priorities for action in this scheme are:

- Embedding equality and human rights in the way we work internally and with other NHS organisations, particularly in performance, commissioning and public health
- Ensuring Equality Analysis are undertaken
- Expanding our work on staff network groups including Black and Minority Ethnic (BME) staff, disabled staff and Lesbian, Gay, Bisexual and Trans (LGBT) staff
- Making sure that our buildings and working practices are accessible to all
- Making sure that contractors providing goods, facilities and services to and for us meet our procurement criteria for all equality areas
- Developing an involvement strategy that includes all groups of people from the local communities we serve.

## 2. NHS County Durham and Darlington Overview

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NHS County Durham and Darlington aims to be a leading organisation for promoting Equality and Diversity in the North East. We believe that any modern organisation has to reflect all the communities and people it serves, in both service delivery and employment, and tackle all forms of discrimination. We need to remove inequality and ensure there are no barriers to health and wellbeing.

We need to remove inequality and ensure there are no barriers to health and wellbeing. To carry out these functions, NHS County Durham and Darlington collectively as organisations and our staff need to:

- Promote equality of opportunity for everyone regardless of their Age, Disability, Gender, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief and Sexual Orientation
- Eliminate unlawful discrimination
- Promote good relations between people of different communities in the local areas that we serve.

NHS County Durham and Darlington has made a commitment to valuing Diversity and achieving Equality as a member of the NHS North East Equality and Diversity Group. The group's vision is that NHS care in the North East will have a culture of Fairness, Equality, and Respect for Diversity that is evident to everyone.

The Equality Act 2010 received Royal Assent on 8 April 2010. The Act brings together nine separate pieces of legislation into one single Act simplifying and streamlining all information.

The Act relates to the delivery of equality in the workplace and also extends to the provision of goods, facilities and services. It encourages action to be taken to reduce the inequalities that people face in their everyday lives, and aims to make the current legislation stronger and encourage broader thinking in terms of how decisions are made and how people are treated.

Under the Equality Act a new single Public Sector Equality Duty is proposed which will apply throughout Great Britain. This will require public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, the advance of equality of opportunity; and fostering good relationships across the protected characteristics.

NHS County Durham and Darlington is committed to embedding the Act into the day to day workings of the organisations and will endeavour to ensure that this is also the case for any organisations commissioned to provide services on behalf of the public of County Durham and Darlington.

### **3. NHS County Durham and Darlington Vision**

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The Equality Strategy supports County Durham and Darlington's vision.

As the local leaders of the NHS, our aim is to transform healthcare services and support people to manage their own health in a way never before experienced in our area.

Our vision is that NHS County Durham and Darlington will be an organisation where fairness, equality and respect for diversity is embedded in the organisation's culture. We are working to commission first class healthcare services, prevent ill health and promote positive well being by putting patients and customers at the centre of all we do.

The Equality Strategy for NHS County Durham and Darlington demonstrates that we are serious about making equality a natural and positively conscious element in our everyday dealings with people. The Equality Act and its duties are viewed as more than just a piece of legislation – it reflects the philosophy that NHS County Durham and Darlington is totally committed to, ultimately achieving a fairer future for all.

NHS County Durham and Darlington has once again maintained the disability symbol. The symbol means we are positive about employing disabled people and will be keen to know about individual's abilities. The symbol is awarded by Jobcentre Plus to employers in England, Scotland and Wales who have made commitments to employ, keep and develop the abilities of disabled staff.

## 4. Our Shared Vision

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NHS County Durham and Darlington believes that to be successful it must work closely with partner organisations both within the NHS but also externally with Local Involvement Networks (LINks), Overview and Scrutiny Committees (OSC) and Voluntary and Community Sector (VCS) groups who have key contacts within the local community.

NHS County Durham and Darlington are one of many NHS organisations in the North East who regularly work closely with NHS North East to develop a consistent and clear vision for improving the health of the people of North East England.

The Vision of NHS North East is that:

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

NHS North East aims to be a leading organisation for promoting Equality and Diversity in the North East and believes that any modern organisation has to reflect all the communities and people it serves, in both service delivery and employment, and tackle all forms of discrimination.

To implement this Equality and Diversity Vision all partner organisations must:

- become leading organisations for the promotion of Equality and Diversity, for challenging discrimination, and for promoting equalities in service delivery and employment;
- create an organisation which recognises the contribution of all staff, and which is supportive, fair and free from discrimination;
- ensure that they are regarded as an exemplary employer.

NHS County Durham and Darlington has further made a commitment to valuing Diversity and achieving Equality as a member of the NHS North East Equality and Diversity Group.

The group’s vision is that NHS care in the North East will have a culture of fairness, Equality, and respect for Diversity that is evident to everyone.

The following principles underpin the groups work:

- Support and respect for everyone’s Human Rights as a fundamental basis for our work with people
- Identifying and removing barriers that prevent people we serve from being treated equally
- Treating all people as individuals with their own experiences and needs
- Finding creative, sustainable ways of improving Equality and increasing Diversity
- Working with our service users and staff towards achieving Equality
- Learning from what we do – both from what we do well and from where we can improve

- Using everyday language in our work on Equality and Diversity
- Working together to tackle barriers to equality across our organisations.

The Equality Act 2010 will mean some important changes for the way the public sector operates as an employer and provider of services. Our Equality Strategy builds on good practices already established and our action plans not only reflect the Act, but seek to promote equality in every aspect of our organisation to local people and to the staff we employ.

## **Our Strategy**

Our strategic commitment to adopting an Equality Strategy includes:

- Recognition that inequalities are rarely experienced in isolation but are often interdependent.
- A commitment to observe the “whole picture” when planning and delivering services.
- A determination to see patients and service users as individuals and put the human at the heart of everything we do.
- A commitment to make the most of resources and investment to ensure as far as possible that inequalities are identified and addressed.

Work will continue to explore how best to allow stakeholders to hold the local NHS to account for the commitment made and to increase involvement and ownership of this Equality Strategy to achieve a Fairer Future for all.

## 5. Making a Difference to Local People

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### Our Approach

This Equality Strategy (ES) demonstrates how we will meet our legal obligations as a public sector organisation whenever we deliver services, contract/ procure other organisations to deliver services on our behalf and in the day-to-day management of our organisations. As a commissioner of services we must ensure that all people have equal access to the same standards of service, regardless of any of the aforementioned protected characteristics. As an employer we have a legal duty to ensure that all people have equal opportunity to be considered for employment, training and promotion.

We do not want equality to be a separate focus of how we communicate with local people and deliver healthcare services; moreover it should be a positive and proactive part of our everyday approach. A culture of conscious awareness needs to be established so that we can be aware of barriers that individuals may encounter when using our services and create solutions accordingly. In addition we have already developed, and continue to improve areas where we are able to eliminate discrimination and promote equality of opportunity.

We will use the protected characteristics to help us gain clarity in the issues local people face, how NHS County Durham and Darlington can make a difference to delivery of services and information and consider messages and actions that ensure that we do much more than meet our legal obligations.

In addition, through joint working with partner organisations and by listening to the needs of the local community we can position ourselves as the local leaders in equality for all.

### Benefits for Real People

By taking a pro-active and joined-up approach to equality we believe we can deliver benefits:

#### ***For patients, public and carers, who will:***

- Have a clear picture of what they are entitled to when they use NHS services even if they don't know who provides which service
- Receive consistent support and help across the services commissioned by NHS County Durham and Darlington
- Not have to give the same feedback to many different organisations – the cause of 'consultation fatigue'
- Be able to see that services are focusing on people, not organisations

#### ***For staff, who will:***

- Know that the service they deliver is working to the same equality standards as others
- Be able to provide information about other services' standards with confidence
- Know, as an employee, that they are being treated with respect.

***For organisations, which will:***

- Act consistently so that patients, public and carers receive the same positive experience, whichever service they are in contact with
- Share information about the barriers that affect local people
- Keep patients, public and carers involved and informed
- Share learning and good practice with colleagues
- Create the capacity to do more with what we have
- Share resources to achieve better value for money

## 6. Meeting our Duties

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The Equality Act aims to make current legislation stronger. There are eight key aspects to building upon this strength:

1. New duties on public bodies. The socio –economic duty and a new equality duty, both of which encourage organisations to consider how their decisions and actions might impact upon people.
2. Banning age discrimination and respecting the rights of older people.
3. Ensuring equal pay for men and women –publishing of gender pay information and preventing businesses from banning staff from discussing their pay.
4. Promoting equality through procurement of services – allowing public bodies to take action when they buy from the private sector.
5. Positive action to help people have the same opportunities – especially those from an under-represented group.
6. Protecting carers, family and friends – making discrimination by association against the law.
7. Protecting the rights of mothers and expectant mothers.
8. Better protection for disabled people.

We will recognise the expanded range of protected characteristics as defined in the Equality Act 2010:

- Age
- Disability
- Gender
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief

This Equality Strategy sets out how NHS County Durham and Darlington recognises the differences between people, and sets out how we aim to ensure that (as far as possible) any gaps and inequalities are identified and addressed.

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

In preparing our Action Plan to meet equality duties, NHS County Durham and Darlington has identified actions common to the legislation in each area – race, disability and gender – and actions specific to each individual protected characteristic.

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

NHS County Durham and Darlington will fulfil the following to comply with the Equality Duty:

- Publish equality objectives every four years
- Publish information annually to demonstrate NHS County Durham and Darlington compliance with the general Equality Duty
- Publish information relating to NHS County Durham and Darlington employees and others affected by NHS County Durham and Darlington policies such as service users
- All information will be published on the trust website making it accessible to the public

## 7. The Protected Characteristics

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NHS County Durham and Darlington has a legal duty to ensure that, wherever possible, all people can use or receive our services to the same standards regardless of any of the protected characteristics. We must demonstrate how we will promote equality and address the inequality, disadvantage and discrimination that people may face during their lives.

Throughout the strategy you will see reference to 'protected characteristics'. These are as follows:

### **Age**

Where this is referred to, it refers to a person belonging to a particular age

### **Disability**

A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

### **Gender reassignment**

The process of transitioning from one gender to another.

### **Marriage and civil partnership**

Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.

### **Pregnancy and maternity**

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavorably because she is breastfeeding.

### **Race**

Refers to the protected characteristic of Race. It refers to a group of people defined by their race, color, and nationality (including citizenship) ethnic or national origins.

### **Religion and belief**

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

### **Sex**

A man or a woman.

## **Sexual orientation**

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Both nationally and across the region there has been lots of work to help identify some of the key equality issues around the different protected characteristics.

We strongly support engagement with local people and listen to their views about each of the protected characteristics. Across the region we have asked local people, groups and staff: Why each of the different protected characteristics is important, why the NHS should take the protected characteristics seriously and what key messages need to be considered.

Local people were asked to comment on **race, disability, gender, age, religion and belief, sexual orientation, gender reassignment, marriage and civil partnership and pregnancy and maternity.**

## **Race**

### **What People told us...**

- **Why is Race Equality important?**

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



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

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

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

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

- **3 Key Messages:**

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

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

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

## **Disability**

### **What People told us...**

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

*It's about planning for disability equality at the beginning of processes rather than trying to add it at the end.*



*It will help to 'see the person and not the disability' and reduce discrimination. The vast majority of disability groups would prefer that the 'social model' of disability is promoted rather than the 'medical model'. This aims to address the social, environmental and attitudinal barriers that can cause social exclusion and reduced self esteem amongst disabled people.*

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

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

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

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

- ***3 Key Messages:***

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

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

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

## Gender

### What People told us...

- **Why is Gender Equality important?**

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

It is important to:

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

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

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

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

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

Gender Equality can make a difference...

- by achieving equal health outcomes for men and women and transgender people
- in providing services which are meeting the needs of the whole community
- to career pathways and life choices
- to relieve mental and emotional stress experienced by transgender people

- **3 Key Messages:**

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



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

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

## Age

### What Older People told us...

- **Why is Age Equality important?**

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



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

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

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

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

- **3 Key Messages:**

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

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

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

### **What Younger People told us...**

- **Why is Age Equality important?**

Young people can experience a range of barriers to health services. This is especially around services for sexual health and contraception. Black Minority Ethnic (BME) young people in particular may not feel comfortable accessing services as they sometimes lack confidence and, girls especially, are unable to attend appointments unless chaperoned.



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

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

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

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

- **3 Key Messages:**

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

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

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

## Religion and Belief

### What People told us...



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

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

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

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

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

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

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

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

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

- **3 Key Messages:**

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

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

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

## **Sexual Orientation**

### **What People told us...**

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

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



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

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

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

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

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

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

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

- **3 Key Messages:**

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

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

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

NHS County Durham and Darlington will be working with all equality target groups and communities to determine local opinions in the foreseeable future. Below identifies national views and opinions from each community. These include **gender reassignment, marriage and civil partnership and pregnancy and maternity.**

## **Gender Reassignment**

### **What People told us...**

#### **Why is Equality around Gender Reassignment important?**

*We often use the terms 'Gender' and 'Sex' interchangeably in conversation but they are not the same thing.*

*'Gender' refers to an individual's personal sense of how much like a man or a woman they feel. The way we express this (through how we dress, talk and style ourselves) tells people about our personal 'Gender Identity'.*

*'Sex' refers to the anatomical differences between males and females. This includes the so-called 'Primary characteristics' (external genitals and internal reproductive organs) and 'Secondary characteristics' (e.g. hair and body fat distributions, skeletal differences, and breasts in females).*

*All human societies construct male and female 'gender roles' based on observable sex characteristics. These will not always be the same across history, across societies, or across classes; i.e. the rules are not biologically determined.*

*Trans people change their physical presentation so that the gender role expectations we apply to them are in better accord with the gender identity they need to express.*

*The Gender Recognition Act 2004, which came into effect in March 2005, provides transsexual people with legal recognition of their acquired gender.*

#### **Why should the NHS take Equality around Gender Reassignment seriously?**

*Gender discrimination is normally thought of in terms of being a man compared with being a woman – covering issues like maternity provision, inequality in pay and occupational opportunities.*

*For Trans people this is about the circumstances of being a particular kind of woman or a particular kind of man and what might happen because of gender reassignment.*

*For these reasons it is best practice to add 'gender identity' explicitly to those policies which already refer to treatment on the grounds of gender, race or ethnic background, disability, sexual orientation, religion or belief and age.*

*Medical treatment to enable transsexual people to alter their bodies to match their gender identity is highly successful and has been available through the NHS for several decades. The medical process is known as 'gender reassignment'*

### **How can Equality around Gender Reassignment make a difference?**

*Ensuring that there is equality in regards to Gender reassignment will promote fairness and respect difference.*

- **3 Key Messages:**

*1) Address remaining vulnerabilities of trans people in discrimination law, and promote greater knowledge and awareness through the forthcoming Public Sector Duty and through the promotion and enforcement roles of the Commission for Equality and Human Rights.*

*2) Build awareness of the problems which Trans people experience*

*3) Develop from that awareness an agenda for change among decision makers*

## **Marriage and Civil Partnership**

### **What People told us...**

#### **Why is Equality around Marriage and Civil Partnership important?**

*The Civil Partnership Act 2004 creates a new legal relationship of civil partnership, which two people of the same-sex can form by signing a registration document. It also provides same-sex couples who form a civil partnership with parity of treatment in a wide range of legal matters with those opposite-sex couples who enter into a civil marriage.*

*The Equality Act (Sexual Orientation) Regulations 2007- These regulations outlawed discrimination (direct and indirect) and victimisation in the provision of goods, facilities and services. Discrimination was also outlawed in education and in the exercise of public functions.*

#### **Why should the NHS take Equality around Marriage and Civil Partnership seriously?**

*The Equality Act sets out the framework for the gender duty by legislating for a general duty (the equivalent of an overarching obligation), which requires public bodies to:*

- *Promote equality of opportunity; and*
- *Not to unlawfully discriminate between women and men when carrying out their employment or service functions. The duty will also cover contraventions or breaches to the 1970 Equal Pay Act.*

*The Act also places specific obligations on public bodies to help them fulfil their responsibilities under the general duty.*

*The Civil Partnership Act 2004 gives rights and imposes duties on people in same sex relationships who register their relationships as a civil partnership:-*

- *A duty to provide reasonable maintenance for your civil partner*
- *A duty to provide reasonable maintenance for children of the family*
- *Civil partners to be assessed in the same way as spouses for child support*
- *Equitable treatment for the purposes of life assurance*
- *Employment as well as pension benefits Recognition under intestacy rules*
- *Access to fatal accidents compensation*
- *Protection from domestic violence*
- *Recognition for immigration and nationality purposes*

#### **How can Equality around Marriage and Civil Partnership make a difference?**

##### **• 3 Key Messages:**

*1) Services need to be flexible and accessible to all*

*2) Staff should be embracing equality for all who access NHS services*

*3) NHS County Durham and Darlington should involve the public, carers and staff in the development of services to ensure where possible all needs are met*

## **Pregnancy and Maternity**

### **What People told us...**

#### **Why is Equality around Pregnancy and Maternity important?**

*The main acts that give workers rights during pregnancy and maternity are:*

- *the Employment Rights Act 1996*
- *the Sex Discrimination Act 1975*
- *the Working Time Regulations 1998*

*Workers have the right not to be treated unfairly compared to other workers because they are pregnant or on maternity leave.*

*When a worker becomes pregnant but have not yet started maternity leave, they have the right not to be treated less favourably because of their pregnancy.*

*For example:*

- *workers should be offered the same training and promotion opportunities as other staff*
- *workers should be allowed to keep the same duties and responsibilities*

#### **Why should the NHS take Equality around Pregnancy and Maternity seriously?**

*NHS County Durham and Darlington is a equal opportunities employer who recognises the need for a diverse workforce, NHS County Durham and Darlington will continue to develop the flexible, affordable and sustainable workforce to deliver high quality care to patients.*

*The percentage of women working for NHS County Durham and Darlington is 71%, many of these women may require flexible working arrangements, NHS County Durham and Darlington recognises the need to actively promote flexible working and as such a policy is in place.*

#### **How can Equality around Pregnancy and Maternity make a difference?**

*Consulting and involving individuals on matters such as pregnancy and maternity means that services can be tailored to meet the needs of the individuals who are and will be using the services.*

#### **• 3 Key Messages:**

- 1) *Listen to the needs of both staff and service users to shape NHS services*
- 2) *Monitor the local population to ensure data is captured and used to ensure services meet the needs of the community*
- 3) *Value staff and recognise the need for flexibility*

## 8. Equality Information

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This section outlines what we know about the make up of local population, the people who use our services, and our workforce in relation to the different protected characteristics.

### 8.1 Our local population

NHS County Durham and Darlington is now solely a commissioning organisation. We will use our role as commissioners to ensure providers adhere to our strict equality and diversity policies.

### 8.2 Our workforce

NHS County Durham and Darlington collates workforce information on the ethnicity, gender, disability, age, sexual orientation and religion/belief of our staff, which is published on an annual basis on NHS County Durham and Darlington websites and is included in the Equality Strategy. NHS County Durham and Darlington also measures workforce Key Performance Indicators (KPI) a measure of performance on gender, ethnicity and disability in order to reflect our local population, and these are reported to the Board on a regular basis.

Our workforce information is available in our Equality, Diversity and Human Rights Annual Report 2010/11 at [www.cdd.nhs.uk](http://www.cdd.nhs.uk)

All staff were invited to participate in the 2010 staff survey with 45% responding and offering their views. The survey asked questions about work-life balance, team working, job satisfaction, training, learning and development, management and supervision, violence, bullying and harassment and communication. The overall aim of the survey was to seek staff opinion to help to identify what could be done to improve staff working life and to enable us all to provide better care for patients and the public, the survey is repeated annually

## 9. Our Equality Analysis

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As a public sector organisation NHS County Durham and Darlington has a duty to analyse the effects of 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 protected characteristics. It can help us identify any practical steps to tackle any negative effects or discrimination, and to promote equality and foster good relations between different groups.

### 9.1 Our approach to equality analysis

Equality Analysis's are a systematic way for NHS County Durham and Darlington to assess how accessible, inclusive and effective it is as an employer and commissioner of services. We are committed to tackling health inequalities and to improving the health of NHS County Durham and Darlington.

NHS County Durham and Darlington will use equality analysis to improve service quality and staff and patient experiences.

Each Directorate is responsible for the following:

- All new strategies and policies will automatically have an equality analysis
- Every policy/strategy will be equality impact-assessed at least once every three years on a rolling basis (Senior managers to decide priorities, timescales and responsible officers)
- Any major reorganisation or significant change of service or policy is to have an equality analysis
- Completed Equality Analysis' will be uploaded to the trust website for public consumption

## 10. Our Goals

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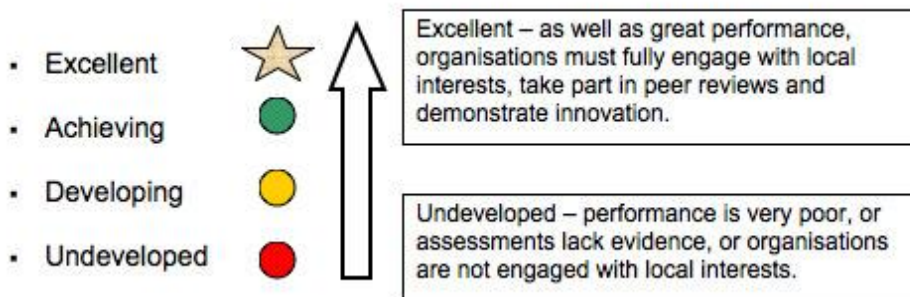
The Equality Delivery System has been designed by the NHS for the NHS. It is about real people making real improvements that can be sustained over time. It focuses on the things that matter the most for patients, communities and staff. It emphasises genuine engagement, transparency and the effective use of evidence.

The EDS applies to both current and planned NHS commissioning organisations, including GP Consortia, and to NHS providers including Foundation Trusts.

In full engagement with local interests, NHS County Durham and Darlington will develop a four-year Equality Strategy and priorities, based on a grading of equality performance against a set of EDS goals and outcomes. There are 18 outcomes, grouped under five goals:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and inclusive staff
4. Inclusive leadership at all levels.

Based on transparency and evidence, NHS County Durham and Darlington and local interests should agree one of four grades for each outcome.



Based on the grading, Annual Improvement Plans will show how the most immediate priorities are to be tackled, by whom and when. Each year, organisations and local interests will assess progress and carry out a fresh grading exercise. In this way, the EDS will foster continuous improvements. The first Annual Improvement Plans should be ready for April 2012.

## **10.1 Better health outcomes for all**

The Equality Delivery System states that organisations should:

*“Achieve improvements in patients’ health, public health and patient safety for all, based on comprehensive evidence of needs and results”.*

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
- 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
- The same outcomes are achieved for people of all groups.

## **10.2 Improved patient access and experience**

The Equality Delivery System states that organisations should:

*“Improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient 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.

## **10.3 Empowered, engaged and well-supported staff**

The Equality Delivery System states that’s NHS County Durham and Darlington should:

*“Increase the diversity and quality of the working lives of the paid and non paid workforce, supporting all staff to better respond to patients and communities’ needs”.*

NHS County Durham and Darlington will endeavour to:

- Publish a demographic breakdown by all the equality strands and publish on an annual basis
- NHS County Durham and Darlington will actively engage with staff
- All new staff will receive Equality, Diversity and Human Rights induction training
- Offer specific E&D training to all staff annually and deliver mandatory E&D training to staff every three years

## **10.4 Inclusive leadership at all levels**

The Equality Delivery System states that NHS County Durham and Darlington should:

*“Increase the diversity and quality of the working lives of the paid and non paid workforce, supporting all staff to better respond to patients and communities, needs”.*

NHS County Durham and Darlington will endeavour to:

- Identify a non Executive member of the Board to champion Equality at a senior level
- Deliver Board level E&D training annually
- Offer regular and annual Equality, Diversity and Human Rights training and have audit measures in place to monitor uptake of training
- Ensure we have a process in place for Equality Analysis and completion and standard of analysis are of a high standard
- We will publish equality information, Equality Objectives and details of the engagement undertaken to develop them
- E&D Structures and leadership roles are identified in the organisational structure

## 11. Our Equality Objectives

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Under the Equality Act 2010, public sector organisations such as NHS County Durham and Darlington, have a duty to publish equality objectives by April 2012 and at least every four years after that. We also have to publish details of the engagement work we have done to develop our objectives and set 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. They will also help us demonstrate how we are meeting our statutory duties.

## 12. Action Plan

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This action plan sets out the things we are doing in order to make sure we continue to improve our performance around Equality, Diversity and Human Rights, and make sure we meet our duties. The action plan is set out to clearly show which of the protected characteristics each action relates to. We believe that all actions impact on Human Rights and therefore, Human Rights underpins each of the Equality Strands in the plan.

### **Regionally agreed actions:**

Within the action plan, there are actions that all Trust's across the region have 'signed up to' and these are marked with an asterisk (\*). Those not marked with an asterisk are our locally developed actions.

### **Meeting our Duties:**

In order to demonstrate how our actions link with our legal obligations under the Equality Act 2010, we have numbered the three key duties below. Against each action in the plan under the heading 'Benefits/Rationale', we have listed which of the general duties the action relates to.

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
2. Advance equality of opportunity between people who share a protected characteristic and those who do not
3. Foster good relations between people who share a protected characteristic and those who do not

### **Monitoring our Progress:**

Against each action is a 'Status' column. This tells us what progress we are making against each action using the key below:

 Completed or in place	 Progressing	 Not progressing	 Not due to start yet
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## Goal 1: Better health outcomes for all

[local actions to be added based on previous and new engagement and consultation with the public, staff, community groups; and partner organisations – there is no limit to the number of actions to be listed (add additional rows as necessary), however all actions should be Specific, Measurable, Achievable, Realistic; and Time Bound)

### Achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
<b>1.1 Services are commissioned, provided and contractually monitored so that they meet the needs of all patients and local communities</b>														
a. *	All Pre Qualifying Questionnaires (PQQs) must ensure that they take into account Equality, Diversity and Human Rights	Equality, Diversity and Human Rights issues are considered from the outset in the procurement and commissioning process  (1,2)	Deputy Director of Commercial Services	April 2011	PQQs have been checked and contain E&D specific questions		✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
b. *	All contracts and SLAs must contain clauses and performance measures around duties and responsibilities under Equality and Diversity legislation	Contracted services are fully aware of their duties and responsibilities around Equality and Diversity  (1,2)	Jan Foster, Director of NEPCS A (Once North East)	April 2011	All contracts and SLAs contain E&D clauses and performance measures		✓	✓	✓	✓	✓	✓	✓	✓
c. *	Contract monitoring processes take into account equality and diversity issues to ensure compliance to E&D legislation	Contracted services have to demonstrate their compliance to Equality and Diversity legislation  (1,2)	Jan Foster, Director of NEPCS A (Once North East)	April 2011	Contract Monitoring Processes monitor compliance to E&D legislation		✓	✓	✓	✓	✓	✓	✓	✓

**1.2 Public health outcomes are measurable, substantive and are developed through evidence-based strategies, developed with the involvement of patients and local communities OR Health improvement and prevention outcomes are prioritised, with outcomes for individual service users measurable and substantive**

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
a.														
<b><i>1.3 Patient safety outcomes are demonstrating measurable increases across all equality target groups, with the active participation of staff and managers engaging with patient groups and involving local communities</i></b>														
a.														

## Goal 2: Improved Patient Access and Experience

[local actions to be added based on previous and new engagement and consultation with the public, staff, community groups; and partner organisations – there is no limit to the number of actions to be listed (add additional rows as necessary), however all actions should be Specific, Measurable, Achievable, Realistic; and Time Bound)

### Improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
<b>2.1 Patients and communities are affectively accessing services, taking into account barriers that historically hinder equality of access</b>														
a. *	Ensure that staff understand how to access and use the interpreting service	Staff have accessible information regarding the interpreting service  (1,2)	Head of Communications and Involvement	April 2011	Staff understand what is required for interpreting		✓	✓						
b. *	Continue to ensure Access audits of the Trust's buildings are carried out	All people can access all buildings of the Trust  (1,2,3)	Head of Estates	April 2011	Up to date access audits have been completed and acted upon			✓					✓	

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
c. *	Help Cards to be made available to patients and visitors. Staff to be aware and understand their role with regard to the Help Card	Help cards are displayed and available where required. Staff have been briefed/ trained on the Help Card  (2)	Ben Murphy, Equality & Diversity Lead	May 2011	Help cards are available and staff understand their purpose	☺	✓	✓	✓	✓	✓	✓	✓	✓
d. *	A demographic breakdown of patients / service users by race, disability (including Learning Disability explicitly), gender, and age is published on an annual basis	Any areas of under representation can be identified and addressed through positive action.  (1,2)	TBC	April 2011	Up to date statistics are published	☺	✓	✓	✓	✓				

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
e. *	Ensure that service usage is monitored to enable any areas of under representation to be identified and addressed	Any areas of under representation in terms of accessing and using services, are identified and addressed.  (1,2)	Jan Foster, Director of NEPCS A (Once North East)	April 2011	Service Monitoring Reports are in place	☺	✓	✓	✓	✓				
f. *	Continue to ensure policies, procedures and services undergo equality analysis on a minimum 3 yearly basis	Any areas of potential negative impact can be identified and addressed and areas of positive impact can be further promoted  (1,2,3)	Policy Lead	April 2011	Outcomes from analysis are published on the website  Analysis is available for all policies & procedures  Analysis is available for all services and functions	☺	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
<b>2.2 Patients and communities are provided with appropriate communications support and information about services, so that they can make informed choices and be assured of diagnoses and treatments tailored to their needs</b>														
a. *	The Trust must demonstrate that it works in partnership with other statutory and community and independent sector organisations and groups using a variety of methods	Partner organisations and local groups have an opportunity to influence service planning and development and feedback on their experiences  (2,3)	Head of Communication and Involvement	April 2011	The organisation has a proactive plan of partnership work with 3 <sup>rd</sup> sector organisations and publishes outcomes.	☺	✓	✓	✓	✓	✓	✓	✓	✓
b. *	Continue to ensure that all information is appropriate and available in different formats on request to meet individual needs	People have access to information in formats they can understand, that is relevant to them, and they can use  (1,2,3)	Head of Communication and Involvement	April 2011	Information can be supplied in different formats	☺	✓	✓						

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
c. *	Continue to ensure information is available about all services provided by the Trust	People can understand the purpose of different services and know how to access them  (2)	Head of Communication and Involvement	April 2011	Information is easily accessible about all services	☺	✓	✓	✓	✓	✓	✓	✓	✓
d. *	Continue to ensure clear guidance is in place to enable the communication and access needs of all people are met including those people who are deaf, blind, deafblind or disabled	Staff are clear on how to meet the communication and access needs of all people  (1,2,3)	Ben Murphy, Equality and Diversity Lead	April 2011	Guidance is in place and available to all staff	☺	✓	✓						

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
e. *	Ensure that television sets in public areas have, where possible, subtitles enabled	This is a helpful adjustment for hard of hearing and deaf patients  (2,3)	Ben Murphy, Equality and Diversity Lead	April 2011	Subtitling is enabled where possible	☺	✓	✓		✓				
<b>2.3 Patients report positive experiences of the NHS, where they are listened to and respected, and the services they receive are safe, effective and personalised to their specific needs</b>														
a. *	The organisation actively engages with patients and services users	Local people have an opportunity to influence service planning and development.  (2,3)	Scrutiny Liaison and Involvement  Scrutiny Liaison and Involvement Manager	April 2011	Engagement, monitored by protected groups Outcomes of engagement published	☺	✓	✓	✓	✓	✓	✓	✓	✓
b.	The organisation	Carers have an	Scrutiny		Outcomes of	☺	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
*	actively engages with carers	opportunity to influence service planning and development. (2,3)	Liaison and Involvement Manager		engagement published									
c. *	Ensure that reports of all formal complaints are broken down by protected characteristics	Trends in complaints can be monitored (1,2)	Nurse Advisor/ Clinical Quality Lead	April 2011	Complaints reports are broken down by protected groups	☺	✓	✓	✓	✓	✓	✓	✓	✓
d. *	Ensure that reports of PALS concerns are broken down by all protected characteristics	Trends in complaints can be monitored (1,2)	Nurse Advisor/ Clinical Quality Lead	April 2011	PALS Complaints reports are broken down by protected groups	☺	✓	✓	✓	✓	✓	✓	✓	✓

### Goal 3: Empowered, engaged and well-supported staff

[local actions to be added based on previous and new engagement and consultation with the public, staff, community groups; and partner organisations – there is no limit to the number of actions to be listed (add additional rows as necessary), however all actions should be Specific, Measurable, Achievable, Realistic; and Time Bound)

**Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs**

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
<b>3.1 A workforce that is diverse within all occupations and grade levels through fair and flexible recruitment, development and retention practices</b>														
a. *	Workforce planning considers how the diverse local population can be reflected in the workforce	The workforce reflects the local population and increases understanding within the organisation of meeting the diverse needs of a population  (2,3)	Head of Strategy and Planning	April 2011	Workforce plan demonstrates how reflecting the local population has been considered	☺	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
b. *	A demographic breakdown of the workforce by all equality strands is published on an annual basis and this should include: applicants for posts, shortlisted applicants; successful applicants, applicants for training, training recipients, staff leaving the organisation, staff involved in disciplinary, grievance, bullying and harassment, and performance management procedures.	Any areas of under representation can be identified and addressed through positive action  (1,2)	Janine Lutz, Head of HR Once North East	April 2011	Up to date workforce statistics are published in the Equality Strategy and information published on website	☺	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
<b>3.2 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population</b>														
a.														
<b>3.3 The workforce is confident, competent and feels empowered to deliver appropriate and accessible services and improved patient experience for all communities</b>														
a.*	The organisation actively engages with staff	Staff have an opportunity to influence the working environment and service planning and development.  (2,3)	Head of Strategy and Planning	April 2011	Engagement, monitored by protected characteristics  Outcomes of engagement published	☺	✓	✓	✓	✓	✓	✓	✓	✓
b.*	All new staff receive training on Equality, Diversity and Human Rights at Induction	All new staff are informed about their duties and responsibilities around equality, diversity and human rights	Ben Murphy, Equality and Diversity Lead	April 2011	Induction programmes include Equality, Diversity and Human Rights	☺	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
	(1,3)													
c. *	Appropriate Equality, Diversity and Human Rights training is mandatory and all staff are to have received this training at least every 3 years	All staff are aware of their duties and responsibilities around equality, diversity and human rights  (1,3)	Ben Murphy, Equality and Diversity Lead	April 2011	Trust can demonstrate that all staff have received this training within the last 3 years	☺	✓	✓	✓	✓	✓	✓	✓	✓
d. *	Identify and address the specific needs of different staff groups (i.e. managers) for Equality, Diversity and Human Rights training, in the annual training plan	EDHR training is targeted appropriately and effectively, with examples of different programmes delivered  (1,3)	Ben Murphy, Equality and Diversity Lead	April 2011	EDHR training needs for different staff groups are identified in the annual training plan, with different programmes delivered	☺	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
<b>3.4 The workforce is free from actual and potential discrimination – from recruitment to retirement – and all staff are able to fully realise their potential</b>														
a. *	All HR policies to undergo an equality analysis	Employment practices and policy do not unfairly discriminate  (1,2)	Janine Lutz, HR Lead Once North East	April 2011	Completed equality analysis for all HR policies	☺	✓	✓	✓	✓	✓	✓	✓	✓
b. *	Maintain accreditation of the Disability Award ('Two Tick' symbol)	More disabled people apply for jobs with the Trust, and staff with disabilities are supported  (2)	Janine Lutz, HR Lead Once North East	April 2011	Accreditation by JobCentre Plus is maintained	☺		✓						

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
c. *	The Trust monitors complaints of bullying and harassment by the different protected characteristics	Mechanisms are in place to ensure staff are not discriminated against  (1)	Janine Lutz, Head of HR Once North East	April 2011	The Trust reports on bullying and harassment complaints by protected characteristic in its Equality Strategy	☺	✓	✓	✓	✓	✓	✓	✓	✓

## Goal 4: Inclusive Leadership at All Levels

[local actions to be added based on previous and new engagement and consultation with the public, staff, community groups; and partner organisations – there is no limit to the number of actions to be listed (add additional rows as necessary), however all actions should be Specific, Measurable, Achievable, Realistic; and Time Bound)

### Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
<b>4.1 Corporate leadership demonstrates the commitment and knowledge to assure equality outcomes within the organisation and the local health economy</b>														
a. *	Identify a Non Executive Equality and Diversity Champion	Equality and Diversity issues are championed at a Board level  (2,3)	Head of Communications and Involvement	April 2011	Non Executive Dir. Champion Identified. Audit and Risk Committee will include within its ToR an appendix which sets out the roles and responsibilities for all members.	☺	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
b. *	Ensure arrangements are in place to audit uptake of Equality, Diversity and Human Rights training	The Trust is able to demonstrate what percentage of staff have completed this training  (1,3)	Head of Policy	April 2011	The Trust can report on the percentage of staff who have received this training	☺	✓	✓	✓	✓	✓	✓	✓	✓
c. *	Develop a process for ensuring that the quality of EIAs is assured	EIAs are not only completed, but are of a high standard, are based on a thorough analysis of data to assess impact, and lead to improvements in service provision  (1,2)	Head of Policy	April 2011	Evidence of a quality assurance process being in place around EIAs	☺	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
d. *	Publish Equality Information	To provide evidence of how the Trust complies with the general duties  (1,2,3)	Ben Murphy, Equality and Diversity Lead	31 July 2011, then annually	Equality information is published	☺	✓	✓	✓	✓	✓	✓	✓	✓
e. *	Publish Equality Objectives and the details of engagement to develop them	To strengthen performance and improve service outcomes and the way we employ staff  (1,2,3)	Ben Murphy, Equality and Diversity Lead	6 April 2012	SMART Equality Objectives are published  Details of engagement are published	☺	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / Rationale	Lead	Time-scale	Measure of Success	Status	Race	Disability	Sex	Age	Religion/Belief	Sexual Orientation	Marital Status	Pregnancy/Maternity	Gender Reassignment
						Human Rights								
<b>4.2 The organisation develops and supports equality leaders and champions within the workforce to the standards of capability defined by the NHS competency framework for equality and diversity leadership</b>														
a. *	Equality and Diversity structures and leadership roles are identified within the organisation	E&D is embedded throughout the organisation. E&D structure charts to be produced  (2,3)	Janine Lutz – Head of HR Once North East	April 2011	Identifiable structures and roles in place.	☺	✓	✓	✓	✓	✓	✓	✓	✓
b.	The Trust Board receive annual training on Equality, Diversity and Human Rights	The Trust Board are aware of their duties and responsibilities around equality, diversity and human rights  (1,3)	Ben Murphy, Equality and Diversity Lead	Sept 2011	All Board members to have received EDHR training annually	☺	✓	✓	✓	✓	✓	✓	✓	✓