North Cumbria University Hospitals **NHS**

NHS Trust

Embracing Diversity

Equality Scheme

September 2010 (April 2011 update)

CONTENTS

Foreword

North Cumbria University Hospitals NHS Trust is committed to promoting equality, diversity and human rights, and tackling and eradicating discrimination. Our intention is always to provide excellent healthcare, equal at the point of access, and excellent opportunities for staff and potential staff. This single equality scheme, written in 2010 and being updated annually, provides a clear picture of the targets the Trust has set in relation to equality and diversity, endorsed and supported by our Trust Board.

The Trust is committed to adopting the best practice in promoting equality and diversity and has therefore decided to go beyond the minimum legal obligations. As a result, this scheme embraces all the nationally recognised equality strands and also includes any other personal characteristic, so it will include groups of people not currently included by legislation, e.g. trade union or political affiliates.

The scheme sets out our commitment to taking equality and human rights into account in everything the Trust does, whether that is providing services, employing people, developing policies, communicating, consulting or involving people in our work. It outlines what the Trust intends to do to improve fair and equal access to services and employment and requires continuing improvement; it is not a one off initiative. The action plan at Appendix 4 accompanying this scheme will be kept under review by Trust Directors and the E&D lead, and a single year's action plan for every financial year (April to March) will be developed from it and monitored more closely.

Leadership and commitment at all levels of the organisation are central to the success of this scheme. As Chairman and Chief Executive of North Cumbria University Hospitals NHS Trust, it is our duty and that of all Trust Board members to implement this scheme successfully and to ensure the Trust is compliant. Making sure the action plan in our Single Equality Scheme happens is the responsibility of everyone in our organisation. This has to be planned and supported in an effective way so that everyone concerned can play their part in turning this scheme into reality.

The scheme will be kept under regular review and the Trust seeks and welcomes the views of interested stakeholders as part of feedback and to influence its development over time. This will always be a live document and as such the views of individuals are always welcomed to ensure our continual development and progress.

Mike Little   **Carole Heatly**
Chairman   **Chief Executive**

1. INTRODUCTION

1.1   Purpose

1.1.1 North Cumbria University Hospitals (NCUH) equality scheme sets out our organisational approach to equality and diversity; both as an employer and as a healthcare organisation providing secondary and tertiary care services.

1.1.2 It is effectively a 'single' equality scheme since it responds, in one document, to the Trust's duties to positively promote equality in respect of all personal characteristics including race, disability, gender or any other characteristics.

1.2   Key aims of the Scheme

- Fair and accessible services

- Build a workforce which reflects the communities the Trust serves

- Develop better relationships with all sections of the community, especially those currently underrepresented in any area of our activities

- Use our purchasing power and resources, wherever possible, to promote equality and redress discrimination, inequality and social exclusion

- Ensure that the promotion of both equality and diversity and human rights is central to our work and seen to be so

1.2.1 Fair and accessible services

The Trust will make sure services are equally accessible to people from all our communities, regardless of their race, ethnicity, cultural background, faith, belief, disability, gender, sexual orientation age or any other personal characteristic. The Trust will also make sure services are sensitive to different cultural needs.

1.2.2 A workforce which reflects the communities served

The Trust aims to build a workforce which is a fair reflection of the communities of the area served, which includes north Cumbria, parts of west Northumberland and parts of southwest Scotland. All staff should be able to realise their full potential, in an environment characterised by dignity and mutual respect, free from bullying and harassment.

The Trust will ensure wider access for people in Cumbria to professional health education, training and employment in the NHS, including at Trust management levels.

1.2.3 Better communications with all sectors of the community

In developing this Equality Scheme, the Trust has involved key groups who have a stake in these important issues. These groups include:

- Patient and public involvement forums

- Members of our board and staff

- Various voluntary organisations

- Local authorities in Cumbria

- Cumbrian equality and diversity networks

The Trust will:

- Make its equality scheme, action plan and update reports available to all staff, relevant partners and stakeholders

- Promote the scheme and associated activities to all staff

- Produce an annual summary report of all assessments, monitoring, and consultations

- Ensure that any information the Trust publishes is made available in a range of accessible formats on request

1.3 Policy Statement

1.3.1 The Trust wishes to provide a caring environment in which individuals feel valued and where differences are recognised and utilised fully in delivering effective care to patients.

1.3.2 All patients, employees and members of the public should be treated fairly and with respect, regardless of race, ethnic or national origin, disability, HIV status, gender, transgender status, marital status, pregnancy & maternity, age, sexual orientation, religion or belief, membership or non-membership of a trade union or political party, domestic circumstances, social & employment status, or any other personal characteristic.

1.3.3 For NCUH:
- Equality is about treating individuals fairly, supported by legislation designed to address unfair discrimination.
- Diversity is about the recognition and valuing of difference for the benefit of the organisation and the individual.
- Equality and diversity are not interchangeable, but are interdependent. There is no equality of opportunity if difference is not recognised and valued.
- Human rights are an important part of the agenda and will be maintained throughout the Trust.

1.3.4 Appendix 1 sets out a glossary and definitions of phrases used throughout this document.

1.4 Responsibilities and Accountabilities

1.4.1 Essential to the success of our equality scheme are:
- Board level commitment

- Fundamental underpinning of the Trust's strategic objectives
- Clear oversight of the scheme
- A comprehensive programme of action, identifying responsibilities and timescales
- The use of the NHS Knowledge & Skills Framework (KSF) to measure and raise performance

1.4.2 There are a number of key groups with responsibility for equality and diversity within North Cumbria University Hospitals Trust, on behalf of the Trust Board:
- Equality & Diversity Steering Group
- Trust Partnership Forum
- Patient and Public Involvement (PPI) Panels

1.4.3 The Chief Executive has overall accountability to the Trust board for the scheme, and is also responsible for leading the organisation in developing equality and diversity. All managers in the organisation also have responsibility for promoting and supporting equality and diversity. The head of equality and diversity makes an annual report on progress to the Trust board.

1.4.4. Definitions

BME   Black, Minority and Ethnic groups.

LGB   Lesbian, Gay and Bisexual

LGBT Lesbian, Gay, Bisexual and Transgender

2. CONTEXT

2.1 Commitment

Our core commitment to equality is underpinned by compliance with a range of legislation, a significant part of which is focused on equality and diversity.

2.2 Legal Duty

Organisations have been subject to a race equality duty since 2001. This has been added to with similar duties for disability (December 2006) and gender (April 2007). The Equality Act (2010) adds requirements for considering additional personal characteristics in our consideration of equality and diversity.

2.3 Legislation

Legislation brings with it duties that are included in our equality scheme, but much of the legislation of the last 20 years has been encompassed in the Equality Act 2010. While this Act does not absolutely require an Equality Scheme to be published, the Trust sees this document as the best practice in promoting equality within the Trust.

2.4 Impact Assessments

2.4.1 North Cumbria University Hospitals Trust is committed to ensuring that all individuals and population groups should have equal opportunity to benefit from our policies. The Trust is aware, however, that inequalities in health persist across the equality spectrum, whether related to a person's age, disability, gender, race or ethnic or national origin, religion or beliefs, sexual orientation, carer status, socio-economic group or any other personal characteristic. It is important that the Trust ensures that our policies are capable of delivering the changes required to address these potential inequalities by using impact assessment methodology. By assessing the potential effects of a policy on particular populations in a rigorous way, the Trust can increase the probability that a policy will promote equality of outcomes.

2.4.2 The Trust offers specific training for managers and other staff who may be required to assist with impact assessment, with updated guidance and documentation for undertaking equality impact assessment. This can be found in Appendix 2.

2.4.3 Impact Assessment comprises two parts:

- Initial Impact Assessment
- Full Impact Assessment

The procedure for Equality Impact Assessment (EIA) is included in Appendix 2, along with the relevant documentation.

3. INVOLVEMENT AND CONSULTATION

3.1 Commitment to Consultation

The Trust recognises the immense value of consultation in all aspects of the development and effective delivery of all aspects of its services. The Trust will strive to ensure that involvement and consultation will give all groups influence over the provision of their care, ensure higher satisfactions with service levels and help make best use of resources. The responsibility for action however remains with the Trust.

The Trust is committed to consultation on the on-going development of the equality scheme's action plan and during impact assessments of relevant policies and procedures. Involvement and consultation will take into account relevant guidance in relation to our statutory duties. Involvement and consultation may take a range of forms such as surveys, open / focus group meetings, public scrutiny and responses to written documents.

If you would like to make a comment about this Equality Scheme, please address it to:
Joan Joyce
Interim Head of Equality & Diversity
HR Department
Cumberland Infirmary
Carlisle
CA2 7HY
joan.joyce@ncuh.nhs.uk

3.2 Consultation Groups

3.2.1 Consulting with staff:

The single equality scheme will be placed on the Trust intranet for staff with access to a computer to see and comment. Managers of staff without access to a computer will be asked via postmaster and the weekly electronic briefs to print off the scheme and consult with their staff as part of their normal team briefings. Managers should send any feedback to the Director of HR or equality lead.

In addition, the scheme has been sent to the Trust's recognised trade union representatives for comment and will be reviewed with them on an ongoing basis.

3.2.2 Consulting with disabled staff, patients and local groups

The Trust aims to involve people with a disability who have an interest in the way it carries out its functions in the development of the disability element of this Equality Scheme. As a result the Trust has established a disability group to support the effective implementation of the equality scheme and action plan. It also has a link through the consortium to the Cumbria Disability Network.

3.2.3 Consulting with BME staff, patients and local groups

The Trust has established an ethnicity group and also has links through the consortium with AWAZ, the local forum for black and minority ethnic people.

3.2.4 It is envisaged that further internal networks will develop representing all diversity strands.

3.2.5 Through the consortium there are also links to OuTrEACH Cumbria, the local LGBT network, and this group is working with us to facilitate a group for staff that protects their privacy.

3.3 Disseminating Information

3.3.1 The equality scheme and action plan is published on the internet and intranet sites, and circulated both internally and externally. This enables staff and those outside the Trust who have an interest to access the documents. Alternative formats can be provided on request.

3.3.2 The Trust publishes an action plan in conjunction with the equality scheme to demonstrate the work it is doing related to equality and diversity.

3.3.3 The Trust publishes the results of each completed impact assessment on the internet site to increase public availability.

4. TAKING ACTION

4.1 Action Plan

The action plan in appendix 3 indicates in diagrammatic format the actions North Cumbria University Hospitals NHS Trust will take to both meet our statutory duties and further promote our commitment to equality and diversity. This will be developed each year into a fuller action plan for the year (April to March).

4.2 Training Staff in Equality & Diversity

4.2.1 North Cumbria University Hospitals NHS Trust remains fully committed to the provision of equality and diversity training that will also support the development of a culture built on positive attitudes.

4.2.2 The Trust currently provides formal equality and diversity training in the following ways:

- During the induction of all staff new to the Trust.
- As part of statutory annual training requirements, through sessions workbooks and e-learning.
- By regular dedicated face-to-face training sessions on both major sites and ancillary sites as requested.
- By departmental training sessions requested & booked by heads of departments.
- Through NVQ training to provide underpinning knowledge for the equality and diversity core unit within NVQs.

4.2.3 There is a mandatory presentation for all staff to attend, revised biennially, run from September to July in alternate years; e-learning for first level training is available for staff.

4.2.4 Specialist training and development is provided for any members of staff that are required to undertake impact assessments on policies or service provision. This training is booked via the training administrator at WCH and is held approximately bimonthly on each site.

4.2.5. Update training is provided annually by the Cumbria Consortium members for all staff who participate in impact assessment.

4.2.6 Impact assessment is led only by staff who have undertaken update training within the last 3 years.

4.3 Accountability

4.3.1 Directors, Clinical Directors and Divisional General Managers of the Trust will be responsible for ensuring that the Trust, and their service in particular, improves equality of access to services, employment and personal development.

4.3.2 The Trust board has established a sub-committee to oversee the implementation of the equality scheme. An annual report of the actions taken will be published each year.

4.3.3 Service managers are expected to undertake training to carry out impact assessments, and will be required to assess whether and how regularly such assessments are required on departmental policies and procedures and service provision.

4.3.4 Staff are expected to attend face to face mandatory training on equality and diversity at least every three years, and to appropriately report any incidents of discrimination or harassment.

4.4   Monitoring and Review

4.4.1 Progress towards meeting commitments detailed in the equality action plan will be reported annually by the EDSG to the Trust Board in line with statutory duties under current legislation.

4.4.2 NCUH Trust commits to reviewing and updating the equality action plan annually and to revisiting the equality scheme at least every three years. It is intended that the scheme will fit into the development and planning cycle. However, minor revisions to the document may be made more frequently, ensuring that it remains up to date with the current policy position or context.

5. ACTION PLAN

5.1 Our current action plan has been set up to run from September 2009 to December 2014.

5.2 The action plan is divided into two sections; corporate actions which apply across the Trust, and specific actions to be identified by the individual divisions.

5.3 The action plan is based on evidence obtained through our engagement and involvement process as well as addressing legal and strategic issues. It is designed, once fully implemented, to significantly improve the experiences of all our stakeholders. Any additional costs in delivering the action plan will need to be fully calculated and built into business plans. The Trust will identify those individuals within NCUH who will deliver the scheme and set target dates to deliver these plans in full.

5.4 The plan sets out:
- Objectives – what must be done and which areas will be impacted upon.
- Key elements – what is involved in taking forward each individual action.
- Performance / progress measures – the information that will be used to measure progress on the plan.
- Lead – where responsibility lies for taking the work forward.
- Target date – when it must be completed by.

Appendix 1 - Glossary and Diversity Definitions

For the purpose of this procedure, the following definitions shall apply:

Bullying is intimidation on a regular and persistent basis or as a one-off, which serves to undermine the competence, effectiveness, confidence and integrity of the person on the receiving end. A bully misuses their power, position or knowledge to criticise or humiliate a subordinate, colleague or their manager. It may be behaviour by an individual or can involve groups of staff and can be behaviour by a person in authority, a peer or subordinate.
ACAS guidance states that 'bullying may be characterised as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means intended to undermine, humiliate, denigrate or injure the recipient'.

Direct Discrimination takes place when a person is treated less favourably than others are, or would be treated in the same or similar circumstances. This may be on the grounds of age, disability, race, nationality, ethnic or national origin, gender, religion, beliefs, sexual orientation, domestic circumstances, social and employment status, HIV status, physical appearance, gender reassignment, political affiliation or trade union membership/non-membership or any other personal characteristic.

Diversity recognises that there is no such thing as a "typical" citizen. Diversity is beyond race, gender or physical and intellectual abilities. It includes opinions, sexual preferences, social customs, culture and other aspects of variations in lives and life styles.

Equality is about treating people the same, regardless of difference in race, disability, gender or any other personal characteristics.

Equal opportunity (EO) is primarily concerned with ensuring people from minority groups are treated equally with those from 'majority' groups. Generally EO is driven by rules and procedures that offer statutory protection for certain groups of employees. It focuses on treating people equally and consistently.

Equity or Fairness is about treating people fairly and acknowledging their differences.

Flexible working enables employers to attract and retain their people by offering choices to working contracts, such as working from home, job sharing, flexitime, etc. The right to apply for flexible working underpinned by legal requirement for people with caring responsibilities for certain groups of children.

Harassment is unwanted conduct which has the purpose or effect of violating another person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual. The key factor for consideration is that the actions or comments are viewed as unwelcome or uninvited by the recipient, not the intention of the person carrying out the behaviour.
Harassment may include suggestive remarks or gestures, pin-ups, graffiti, offensive comments, jokes and banter based on any of these. Such behaviour may focus on age, creed, disability, nationality, race, sex, sexual orientation, family status, religion or any other personal characteristic, and may affect the dignity of any individual or group at work.
Harassment can be a one-off event or a series of events and may be perpetrated by an individual or a group of people.
Equality legislation states that harassment may cover situations where

- the person on the receiving end of the unwanted behaviour does not have the protected characteristic but can be harassed because of being perceived to have it or by association with someone who does (such as a family member)

    e.g. a worker is subjected to homophobic banter, including by email, and name calling, even though his colleagues know he is not gay; this could amount to harassment related to sexual orientation.

    e.g. a worker has a son with a severe disfigurement and her work colleagues make offensive remarks to her about her son's disability, this could amount to harassment related to disability.
- a person may feel that they find behaviour which is not directed at them to be offensive

    e.g. an employee teases and humiliates a black worker and a white colleague who shares the office feels this behaviour has created an offensive environment for them.

Indirect Discrimination means applying a requirement or condition which, although applied equally to all persons is such that either none or a considerably smaller proportion of a category of people, such as those listed above, can comply with it and it cannot be strictly justified in terms of the requirements for performing the job, e.g. a rule about clothing or uniforms which disproportionately disadvantages a minority group and cannot be justified.

Racism is the term used to describe prejudice and discrimination on the basis of a person's skin colour, culture or language. It is derived from a belief – conscious or subconscious – in the superiority of particular people and is often promoted by stereotyping of other cultures, communicated by racist jokes that reinforce and legitimise notions of racial superiority.

Sectarianism is the determination of actions, attitudes and practices by beliefs about religious difference, which often results in conflict. There is little research evidence on the extent of sectarianism in the UK. The effects of sectarianism may resemble those of racism. While sectarianism in the UK is traditionally associated with divisions between Catholics and Protestants, it is also present in anti-Semitism.

Victimisation occurs when an employer subjects a person to a detriment because the person has carried out (or it is believed they have or may carry out) what is referred to as a 'protected act'. It includes
- unfair and selective punishment of, or discrimination against, an individual because they have brought a complaint of bullying or harassment or supported someone who has made a complaint.
- any form of behaviour which results in the individual being disadvantaged in some way and might include bullying, threats, lack of cooperation from colleagues, being excluded or malicious gossip.

A protected act is any of the following:
- bringing proceedings under the Act
- giving evidence or information in proceedings brought under the Act
- doing anything which is related to the provisions of the Act
- making an allegation that another person has done something in breach of the Act.

The term 'detriment' has not been defined under the Act but it can be reasonably inferred that if an action has the effect of putting a person at a disadvantage or if it makes their position worse, such treatment will amount to a detriment.

The legislation also covers where an individual has been supporting a person with a protected characteristic who is making a claim. An employee is not protected from victimisation if they have maliciously made or supported an untrue complaint.

Appendix 2 Equality Impact Assessment (EIA)

The equality impact assessment is a two-step process.

The word 'policy' is used within the text but it must be remembered that this also applies to procedures, protocols, guidelines, service provision and service development.

1. Initial Impact Assessment
Assess whether a proposed policy is relevant to the various equality duties, looking at the extent to which a proposed policy has potential to have a differential or negative effect on equality. If it is believed that the policy has the potential to impact on any race, disability, gender or other personal characteristic, an internal impact assessment will be undertaken by a team of four trained staff. The 'policy owner' will participate in the assessment with the team.

2. Full Impact Assessment
If a policy is assessed as having a negative impact on a particular group, which cannot be eliminated by changing the policy, then a full assessment is required to identify the steps to be taken to mitigate the impact. This will be undertaken in liaison with the Head of Equality and Diversity and in conjunction with relevant community groups.

A   What is an EIA?
An EIA is a way of systematically and thoroughly assessing whether a policy* affects certain groups differently. It includes looking for opportunities for positive impact that may have been missed, or could be better exploited. The main purpose, however, is to pre-empt the possibility that a policy could affect some groups unfavourably, and involves thinking in advance about how it may affect people from different groups. As such, there is an opportunity to reconsider the proposals if their effects are likely to put a particular group at a disadvantage, to consider additional measures that would mitigate any adverse effects, or to introduce safeguards when putting it into practice. The aim is therefore preventative rather than remedial. The assessment extends to monitoring the actual effects of the policy once it has been implemented, and being alert to any concerns about the way it is (or is not) working.

*   the term 'policy' or 'policies' is used throughout the document as shorthand, but should be taken to read the set of principles or criteria an organisation develops, or is using to help it carry out its role, i.e. the full range of functions, activities, systems, decisions and practices for which the it is responsible. It may therefore include policies, procedures, protocols, guidelines or service provision.

The process aims to:

- take account of the needs, circumstances and experiences of those who are affected by the policy
- identify actual and potential inequalities in outcomes
- consider other ways of achieving the aims of the policy, in order to minimise or remove any possible adverse impact

Undertaking EIAs applies to the Trust's role as an employer and as well as a service provider. Most policies that involve and affect people will have the potential for affecting different groups in different ways.

EIAs need to be carried out on all *existing* policies, changes to policies, as well as *future potential* policies. The time given to an EIA will differ according to the size and scale of the policy, and its overall impact on equality.

B   Why Undertake an EIA?

Policies do not affect everyone in the same way. By ensuring at an early stage of their development that they will not have any unfavourable effects on some groups than others, or by taking steps to mitigate any effects, the Trust will be able to:

- ensure that policies are properly targeted
- anticipate problems and make informed decisions
- improve its ability to deliver suitable and accessible services that meet varied needs
- encourage greater openness about policy making
- increase confidence in public services by different groups of people
- develop good practice, and promote equality
- comply with the law, and therefore reduce potential discrimination claims

The Trust is required under employment legislation to undertake EIAs, and therefore they should be seen as an integral part of the policy design process.

C   When Should an EIA be Undertaken?

For proposed policies, an EIA should be started at the point that the policy aims and objectives are being decided. This will ensure that the individual who is writing the policy is thinking about how it will affect different groups and considers whether diverse groups should be considered right from the outset. EIAs on existing policies should be carried out in line with the Trust's Equality Scheme and action plan, however the process will be the same. It is therefore implicit that anyone leading on policy development or service provision should complete and regularly update training as an assessor.

D   Who Should Undertake an EIA?

The individual / group developing the policy will have an increased knowledge and understanding of it, and will be aware of the broader impacts arising out of it. They are therefore the best placed to lead the EIA. The EIA team will comprise at least 4 trained assessors from the Trust register. The policy lead must attend. The assessors should not all come from the same area that the policy affects, but should have some insight into what the policy is trying to achieve to enable full participation in the assessment process.

E   How Should an EIA be Undertaken?

Not all policies will be relevant to equality, particularly if they are technical procedure documents. However EIA should be undertaken if there are significant impacts on equality, or you are uncertain about the impacts, and the policy cannot be amended to minimise them.

Stage 1 – Initial EIA

The policy is first assessed to see if there is potential for it to have any adverse effects on certain groups, as listed in table A, or whether there is an opportunity to promote equality. It should be noted that if the policy is not seen as relevant, this decision, and the reason for it, should also be documented, and appropriately signed off (this will be necessary, for example, if the decision is questioned in the future).

Where internal impact assessment is performed, the process should include:

Identifying the main aims of the policy.

What is the purpose of the policy?

Why is it needed?

What is it meant to achieve?

Who is intended to benefit, and how?

How will you ensure that it works as intended?

What is the context within which it will operate?

Collecting and considering the evidence.

How will the policy be implemented?

Which groups it is likely to affect, and what are the outcomes?

It is essential to have as much up-to-date information as possible about the different groups the policy is likely to affect, although this will depend upon the nature of the policy.

Deciding whether the policy is relevant.

In deciding if the policy is relevant, the following questions should be asked. If the answer to any of them is **YES**, then EIA must be undertaken.

is there any evidence, or other reason to believe, that:

- the groups outlined in Table 1(A) have different needs, experiences, concerns or priorities in relation to this particular policy, or to the issues addressed by the policy? If there is, in what proportions?
- the groups outlined in Table 1(A) could be affected differently by this policy?
- the policy discriminates unlawfully, either directly or indirectly, against the groups outlined in Table 1(A), and if it does, can it be justified?
- there is an opportunity to promote equality of opportunity and/or good relations between the groups outlined in Table 1(A) more effectively either internally or external to the Trust?
- the policy could damage good relations between the groups outlined in Table 1(A) – even unintentionally?
- previous research or policy has indicated that this particular policy may create problems?
- additional information/research/consultation is needed to help reach an informed decision (absence of data/information should not be a justification for assuming there is no differential impact)? Would this be proportionate to the importance of the policy?
- there any impacts about which you feel uncertain?
- that outcomes of the policy may be different for different groups?

Assessment

Assess the likely impact on the different groups outlined in Table 1(A).

any policy targeted at a particular group by definition will have a differential impact on other groups. The assessment of this impact must take into account whether it is lawful and justifiable to address the needs of a particular group. Specify whether the impact is positive or negative. To reach a view on the potential impact, consider the prompts outlined in Table 1(B).

Consider alternatives/changes.

either to the actual policy itself or the way that it is to be implemented. Consideration should also be given to whether a different policy is implemented altogether, which still achieves the aims of the original proposal, but avoids any adverse impact on different groups. Any changes which are made to policies should also be screened to ensure that they do not create an adverse impact on another group. If this is unavoidable, you may need to satisfy yourself that you can justify this.

Where negative impacts can be ameliorated by amending the policy, recommendations for amendment should be made. These must be assigned with a target date for action.
If no obvious amendment can be made to improve the negative effect then a full EIA may be required. Liaise with the Head of Equality and Diversity for advice.

The EIA documentation must be completed fully and submitted to the Head of Equality and Diversity for publication.

Stage 2 – Full EIA

Involves fully assessing the policy to establish if it could have any adverse effects on any of the groups shown in Table 1(A), and to make changes, or consider supplementary measures, to mitigate any negative effects. This assessment will be undertaken by staff and relevant stakeholders – members of the potentially affected groups – working in partnership. Assessment will be undertaken in a similar way but with much wider consultation.

Decide whether to adopt the policy.

The decision on whether to adopt the policy should be based on its aims, the evidence collected, the results of consultations, the relative merits of alternative approaches. you should consider the following questions when making your decision on whether to introduce the policy:

- is there any adverse impact identified?
- what are the main consultation findings, and what influence do they have on the policy?
- are there any alternative measures or mitigation that could have been taken which would achieve the desired aim without the adverse impact identified?
- can the adverse impact or discrimination be justified?

If the assessment shows that the policy could be discriminatory, and you are unable to justify it, the policy should be rejected, and other means found of achieving the aim. If the assessment shows that the policy may not promote equality of opportunity or good relations between different groups, you should consider alternatives, including mitigating measures to lessen the impact. It should be noted that the steps taken to reduce the impact of the policy will depend upon the scale of the impact identified, and the weight given to ensuring equal opportunities. You may also wish to give consideration to piloting/testing the policy out first to establish the impact.

<u>Make arrangements to monitor and review the way the policy is working.</u>
Monitoring will establish whether the policies are actually working, and whether they are having the effects the Trust intended and expected. Monitoring is a three stage process and involves the following:

- collecting and analysing information to highlight any inequalities
- investigating their underlying causes
- removing any unfairness or disadvantage

An EIA is not a one-off exercise, and continual monitoring will be required to ensure that the aims are still being met. This should be carried out when the policy is being reviewed under existing arrangements.

<u>Publish the results of the assessment.</u>
by publishing the results of the assessment, the Trust will be able to show that it is carrying out its legal obligations, and is committed to promoting equality. Additionally, staff will be better informed about the policies of the Trust and the standards expected of them.

All EIA conclusions should be recorded on the EIA Summary Report form. This should demonstrate the weight given to particular data and the contributions made by stakeholders during the consultation. You should provide the reasons for the decision, and recommend what is needed to ensure a fair and effective implementation, including any arrangements for monitoring.

Table 1

(A) People who may be affected by the policy	(B) Impacts a policy may have
Not all of the following groups will be relevant to all policies, and are given as examples to help stimulate your thinking. **Employees** minority ethnic employees (inc Gypsy/Travellers, refugees and asylum seekers) employees of any gender, including trans disabled employees employees of any age employees of any faith or none employees of any sexuality carers employees from any socio-economic group employees with any other personal characteristic	Not all of the following impacts will be relevant, and are given as examples to help stimulate your thinking. They do not have to be limited to the categories outlined. If there are other impacts that you identify as a result of the screening process, they should be documented. You should think broadly about the indirect and unintended effects of the policy, as well as the direct ones. You should also document impacts about which you feel uncertain. **Lifestyle** diet and nutrition exercise and physical activity substance use risk taking behaviour education and learning
Local Population people with any other race, disability, gender or any other personal characteristic in particular: minority ethnic people (inc gypsy / travellers, refugees and asylum seekers) people of any gender, including trans disabled people people of any faith or none people of any age people of any sexuality carers people from any socio-economic group **Remember** all people have human rights	**Services (Access and Quality)** healthcare transport/mobility social services housing services education leisure
	Physical Environment living conditions working conditions pollution or climate change accidental injuries/public safety transmission of infectious diseases
	Social Environment social status employment (paid or unpaid) social/family support stress income
	Equality discrimination equality of opportunity relations between different groups inclusive communication – appropriate format / time / venue of event

North Cumbria University Hospitals **NHS**
NHS Trust

EIA Summary Report

Name of policy

Aim of policy

This policy is:

Existing ☐   Proposed ☐

This policy is aimed at:

Staff ☐   Public/Patients ☐

Details of the individuals (include name, job title, dept and base) carrying out the EIA (ensure the lead person is clearly identified)

Lead Impact Assessor:

Impact Panel Members:

Which groups of people were considered during the assessment that may be affected by the policy?

What impacts did you identify?

Positive Impacts	Negative Impacts

What information / data / research / evidence was used? Is any additional information / research required?

Information / data / research / evidence used:	Additional information required:

Which Groups / Organisations / Committees / Directorates involved in the policy development?

Recommendations for Action Plan (see page 4)

Lead EIA Signature	Date

Monitoring and review dates for assessment

Monitoring Dates:	Review date

The Lead Impact Assessor is responsible for forwarding a signed hard copy of the summary report and screening checklist, along with an electronic version, to the Head of Clinical Planning / Equality and Diversity, WCH, for publication on the Website.

Approved for publication onto Website

Joan Joyce
<u>Interim Head of Equality & Diversity</u>

North Cumbria University Hospitals **NHS**

NHS Trust

EIA Checklist

Groups considered		Positive Impact	Negative Impact	None
Minority Ethnic Groups	☐			☐
Disability	☐			☐
Gender / Transgender	☐			☐
Marital status	☐			☐
Pregnancy and maternity	☐			☐
Age	☐			☐
Sexual Orientation	☐			☐
Religion, Faith and Belief	☐			☐
Carers	☐			☐
Socio-Economic status including Rurality	☐			☐
Human Rights	☐			☐
Any other personal characteristic	☐			☐

Action Plan

	Recommendation	Action By			
		Name	Title	Date	Complete
1					
2					
3					
4					
5					

North Cumbria University Hospitals **NHS**

Equality Impact Assessment Consideration

Name of policy

This policy has been examined by
who is a trained Equality Impact Assessment panellist.

This policy

does not require EIA   ☐

requires internal EIA   ☐ undertaken on_____

has been recommended for full EIA   ☐ undertaken on_____

Recommendations for change

EIA Signature	Date

Appendix 3 Action Plan

Area of action	Action to be taken				
	2010	**2011**	**2012**	**2013**	**2014**
Corporate	Contact SHA to enquire start date of E&D Leadership Forum.	Join SHA E&D Leadership Forum	Follow up action from SHA E&D Leadership Forum	Follow up action from SHA E&D Leadership Forum	Follow up action from SHA E&D Leadership Forum
	Facilitate meetings of BME focus group.	Facilitate meetings of BME focus group.	Facilitate meetings of BME focus group.	Facilitate meetings of BME focus group.	Facilitate meetings of BME focus group.
	Form and facilitate meetings of disability focus group	Facilitate meetings of disability focus group	Facilitate meetings of disability focus group	Facilitate meetings of disability focus group	Facilitate meetings of disability focus group
		Form and facilitate meetings of LGBT focus group.	Facilitate meetings of LGBT focus group.	Facilitate meetings of LGBT focus group.	Facilitate meetings of LGBT focus group.
			Form and facilitate meetings of faith focus group.	Facilitate meetings of faith focus group.	Facilitate meetings of faith focus group.
	Incorporate positive actions from focus groups	Incorporate positive actions from focus groups	Incorporate positive actions from focus groups	Incorporate positive actions from focus groups	Incorporate positive actions from focus groups
	Improve collaborative working across organisational boundaries, particularly through equality and diversity networks	Improve collaborative working across organisational boundaries, particularly through equality and diversity networks	Improve collaborative working across organisational boundaries, particularly through equality and diversity networks	Improve collaborative working across organisational boundaries, particularly through equality and diversity networks	Improve collaborative working across organisational boundaries, particularly through equality and diversity networks
	Raise the profile of equality staff networks	Raise the profile of equality staff networks across the Trust	Raise the profile of equality staff networks	Raise the profile of equality staff networks	Raise the profile of equality staff networks

	across the Trust	across the Trust	across the Trust	across the Trust
	Ensure that mechanisms for monitoring / analysing patient profiles/ uptake etc by equality target group are built into system.	Publish statistics	Publish statistics	Publish statistics	Publish statistics
	Ensure that E&D is mainstreamed throughout Business Plans and the Assurance Framework	Review links with organisations representing equality target groups across the health economy			Review links with organisations representing equality target groups across the health economy
	Ensure that untoward incident reporting systems have mechanisms to identify any elements relating to E&D issues	Monitor incidents and complaints	Monitor incidents and complaints	Monitor incidents and complaints	Monitor incidents and complaints
	Develop a strategic plan for engagement with the voluntary sector	Develop engagement with the voluntary sector	Improve engagement with the voluntary sector	Improve engagement with the voluntary sector	Improve engagement with the voluntary sector
	Consult on new revised Equality Scheme with staff, key partners, stakeholders and equality groups. Finalise scheme in light of comments received.		Review Equality Scheme with staff, key partners, stakeholders and equality groups. Update scheme in light of comments received.		Consult on new revised Equality Scheme with staff, key partners, stakeholders and equality groups. Finalise scheme in light of comments received.
	EIA of new	EIA of Trust			

	hospital development	strategy			
		Analyse workforce statistics against local demographic data for bullying and harassment cases, disciplinaries, grievances, capability reviews and employment tribunals.		Analyse workforce statistics against local demographic data for bullying and harassment cases, disciplinaries, grievances, capability reviews and employment tribunals.	
		Set up system to ensure that any business cases submitted to the SHA for capital investment include details of and response to the outcome of equality impact assessment			
	2010	**2011**	**2012**	**2013**	**2014**
Education	Undertake 2nd round of E&D training for all staff	Complete 2nd round of E&D training for all staff	Undertake 3rd round of E&D training for all staff	Complete 3rd round of E&D training for all staff	Undertake 4th round of E&D training for all staff
	Continue EIA training on a monthly basis	Continue EIA training on a monthly basis	Continue EIA training on a bimonthly basis	Continue EIA training on a bimonthly basis	Continue EIA training on a 3 monthly basis
	Participate in initiatives such as deaf awareness training for nurses	Participate in initiatives such as deaf awareness training for nurses	Participate in initiatives such as deaf awareness training for nurses	Participate in initiatives such as deaf awareness training for nurses	Participate in initiatives such as deaf awareness training for nurses
	Review	Update equality	Update equality	Update	Update equality

	equality and diversity provision in induction programme.	and diversity provision in induction programme.	and diversity provision in induction programme.	equality and diversity provision in induction programme.	and diversity provision in induction programme.
	Provide specific training for managers on E&D aspects of HR procedures.	Provide specific training for managers on E&D aspects of HR procedures.	Provide specific training for managers on E&D aspects of HR procedures.	Provide specific training for managers on E&D aspects of HR procedures.	Provide specific training for managers on E&D aspects of HR procedures.
		Ensure assessment and egress plans for disabled employees are built into induction.			
	2010	**2011**	**2012**	**2013**	**2014**
HR	Develop ways to improve gender balance in grading	Develop ways to improve BME balance in grading	Develop ways to improve disability balance in grading	Develop ways to improve other imbalances in grading	Develop ways to improve other imbalances in grading
	Develop robust and standardised jd and contract clauses that make equality and diversity activities and responsibilities explicit	Use robust and standardised jd and contract clauses that make equality and diversity activities and responsibilities explicit	Use robust and standardised jd and contract clauses that make equality and diversity activities and responsibilities explicit	Use robust and standardised jd and contract clauses that make equality and diversity activities and responsibilities explicit	Use robust and standardised jd and contract clauses that make equality and diversity activities and responsibilities explicit
	Monitor recruitment statistics	Monitor recruitment statistics	Monitor recruitment statistics	Monitor recruitment statistics	Monitor recruitment statistics
	Monitor staff statistics	Monitor staff statistics	Monitor staff statistics	Monitor staff statistics	Monitor staff statistics
	Evaluate leavers feedback in respect of equality issues	Evaluate leavers feedback in respect of equality issues	Evaluate leavers feedback in respect of equality issues	Evaluate leavers feedback in respect of equality	Evaluate leavers feedback in respect of equality issues

				issues
Ensure follow up on all reported instances of bullying, harassment or victimisation, reporting statistics annually.	Ensure follow up on all reported instances of bullying, harassment or victimisation, reporting statistics annually.	Ensure follow up on all reported instances of bullying, harassment or victimisation, reporting statistics annually.	Ensure follow up on all reported instances of bullying, harassment or victimisation, reporting statistics annually.	Ensure follow up on all reported instances of bullying, harassment or victimisation, reporting statistics annually.
Maintain standards to ensure the Trust retains the "Two Ticks" standard as an employer of disabled people	Maintain standards to ensure the Trust retains the "Two Ticks" standard as an employer of disabled people	Maintain standards to ensure the Trust retains the "Two Ticks" standard as an employer of disabled people	Maintain standards to ensure the Trust retains the "Two Ticks" standard as an employer of disabled people	Maintain standards to ensure the Trust retains the "Two Ticks" standard as an employer of disabled people
Improve quality of Electronic Staff Record information through skills audit	Improve quality of E&D elements of Electronic Staff Record information by 50% through audit questionnaire		Improve quality of E&D elements of Electronic Staff Record information by 50% through audit questionnaire	
		Equal Pay audit of Trust staff, including overall % and grade. Benchmark with another Trust.	Maximise use of Electronic Staff Record to develop more comprehensive staff profile across equality strands	Equal Pay audit of Trust staff, including overall % and grade. Benchmark with another Trust.
	Ensure that disabled employees are assessed where considered appropriate and have personal emergency			

		egress plans (built into induction).			
	Update relevant HR policies including EIA	Update relevant HR policies including EIA	Update relevant HR policies including EIA	Update relevant HR policies including EIA	Update relevant HR policies including EIA
	2010	**2011**	**2012**	**2013**	**2014**
Divisions	Ensure relevant staff are trained in equality impact assessment	Ensure EIA trained staff participate in EIAs to improve and update their skills	Ensure EIA trained staff participate in EIAs to improve and update their skills	Ensure EIA trained staff participate in EIAs to improve and update their skills and update training	Ensure EIA trained staff participate in EIAs to improve and update their skills
	Ensure EIAs have been undertaken on all current policies.	Ensure EIAs have been undertaken on the way all services are provided.	Continually review EIAs on service provision	Continually review EIAs on service provision	Continually review EIAs on service provision
	Monitor impacts on policies and service provision	Monitor impacts on policies and service provision	Monitor impacts on policies and service provision	Monitor impacts on policies and service provision	Monitor impacts on policies and service provision
	Ensure EIAs are updated every 3 years	Ensure EIAs are updated every 3 years	Ensure EIAs are updated every 3 years	Ensure EIAs are updated every 3 years	Ensure EIAs are updated every 3 years
		Seek positive action initiatives to address underrepresentation of particular equality target groups at specified levels.	Seek positive action initiatives to address underrepresentation of particular equality target groups at specified levels.	Seek positive action initiatives to address underrepresentation of particular equality target groups at specified levels.	Seek positive action initiatives to address underrepresentation of particular equality target groups at specified levels.
		Ensure E&D competence is included in PDPs.	Ensure E&D competence is included in PDPs.	Ensure E&D competence is included in PDPs.	Ensure E&D competence is included in PDPs.
		Identify services	Identify specific	Ensure	

		targeted to specific equality groups within divisions.	targeted initiatives requested by commissioners.	targeted services are subject to a regular audit programme	
		Analyse staff data for absence against bands within divisions to identify trends in health.		Analyse staff data for absence against bands within divisions to identify trends in health.	
		DGMs to have completed training in EIA.	All BMs and HoDs to have completed training in EIA.		
		DGMs to participate in EMT OD programme.			
	2010	**2011**	**2012**	**2013**	**2014**
Purchasing	Ensure contracting complies with E&D legislation and audit to assure current situation.	Explore third sector provision for contracts. Procurement establish reporting to EDSG.	Introduce EIA for procurement.		

Action Plan part 2 – Divisional Plans

This section will be developed as Divisions produce bespoke plans relevant to their local issues and services. Sections for each Division will be supplemented by Action Plans from departments.

1. Medical Division

includes A&E, emergency medical units, acute general medicine, gastroenterology / endoscopy, nephrology, coronary care / cardiology, respiratory, neurology, clinical neurophysiology, bone densitometry, cancer services, radiotherapy, medical investigation, dermatology, rheumatology, elderly medicine, stroke, rehabilitation, orthotics, disablement services centre, bed management, ATC, discharge lounge and OPD clinics.

Objectives
- Embedding human rights and E&D within the division.
- Ensuring staff training.
- EIA on all current policy documents.
- EIA of service provision within individual departments.

Key Elements
Participation in training.
Mainstreaming of E&D throughout the division.

Outcomes
Staff are trained in E&D and where necessary in EIA.
All staff demonstrate an understanding of and compliance with E&D requirements.
Reduction in incidents and complaints.
All policy documents EIAed.
EIAs undertaken on all service provision.

Performance/progress measures
- Numbers attending E&D training.
- EIA assessor register.
- Published EIAs.

Lead/s –   HRBP   Alison Beck
**   Divisional representative   Anna Wilson**

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2. Surgical Division

includes theatres, recovery, critical care, ICU / HDU, anaesthetics, pain management, sterile supplies, general surgery, vascular surgery, breast services, day surgery, ophthalmology, ENT, audiology, maxillofacial surgery, orthopaedic surgery and trauma.

Objectives
- Embedding human rights and E&D within the division
- Ensuring staff training
- EIA on all current policy documents
- EIA of service provision within individual departments

Key Elements
Participation in training.
Mainstreaming of E&D throughout the division.

Outcomes
Staff are trained in E&D and where necessary in EIA.
All staff demonstrate an understanding of and compliance with E&D requirements.
Reduction in incidents and complaints.
All policy documents EIAed.
EIAs undertaken on all service provision.

Performance/progress measures
- Numbers attending E&D training.
- EIA assessor register.
- Published EIAs.

Lead/s -   **HRBP**   **Pauline Isaac**
             Divisional representative   Anita Carr

3. Family Services & Clinical Support Division

includes paediatric and neonatal services, maternity and obstetric services gynaecology and women's outpatients department; pathology, radiology, medical photography, medical physics, pharmacy,

physiotherapy, occupational therapy, dietetics and spiritual and pastoral care.

Objectives
- Embedding human rights and E&D within the division
- Ensuring staff training
- EIA on all current policy documents
- EIA of service provision within individual departments

Key Elements
Participation in training.
Mainstreaming of E&D throughout the division.

Outcomes
Staff are trained in E&D and where necessary in EIA.
All staff demonstrate an understanding of and compliance with E&D requirements.
Reduction in incidents and complaints.
All policy documents EIAed.
EIAs undertaken on all service provision.

Performance/progress measures
- Numbers attending E&D training.
- EIA assessor register.
- Published EIAs.

Lead/s -   HRBP   Andrew Pounds
**   Christine Lightfoot**
**   Divisional representative   Diana Shead**

4. Corporate Division
includes finance, communications & marketing, human resources, informatics, information management, admin services, nursing & operations, service improvement, strategy & planning, risk, governance & medical education.

Objectives
- Embedding human rights and E&D within the division

- Ensuring staff training
- EIA on all current policy documents
- EIA of service provision within individual departments

Key Elements
Participation in training.
Mainstreaming of E&D throughout the division.

Outcomes
Staff are trained in E&D and where necessary in EIA.
All staff demonstrate an understanding of and compliance with E&D requirements.
Reduction in incidents and complaints.
All policy documents EIAed.
EIAs undertaken on all service provision.

Performance/progress measures
- Numbers attending E&D training.
- EIA assessor register.
- Published EIAs.

Leads -   **HRBP**   **Louise Gibson**
                Divisional representatives **Jill Drysdale, Informatics**
                                                              Farouq Din, IM&T
                                                              Alison Ridley, Finance
                                                              Andrew Butcher, Purchasing

5. Estates & Facilities Division

includes facilities, clinical engineering, and at WCH estates, car parking, catering, portering and domestic departments.

Objectives
- Embedding human rights and E&D within the division
- Ensuring staff training
- EIA on all current policy documents
- EIA of service provision within individual departments

Key Elements

Participation in training.
Mainstreaming of E&D throughout the division.

Outcomes
Staff are trained in E&D and where necessary in EIA.
All staff demonstrate an understanding of and compliance with E&D requirements.
Reduction in incidents and complaints.
All policy documents EIAed.
EIAs undertaken on all service provision.

Performance/progress measures
- Numbers attending E&D training.
- EIA assessor register.
- Published EIAs.

Lead/s -   **HRBP**   **Ann James**
                   Divisional representative   **Carol Johnston**