



# Equality Strategy & Equality Delivery System 2013 - 2016



**META DATA**

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## **Foreword from the Chief Executive and Chairman**

Over the years, Heart of England NHS Foundation Trust has welcomed its responsibility to reflect diversity and promote equality amongst staff, patients, visitors and the general public in line with equal opportunities legislation.

We fully understand the need to provide services that are accessible, appropriate and of a high standard for all. We have therefore implemented a system for continuously monitoring and assessing services and policies to ensure that targets to promote equality are met across our hospitals.

This statutory requirement for the development and publication of the Trust's Equality Strategy and Equality Delivery System (EDS) will provide further assurance that action will be taken to ensure services do not discriminate or disadvantage anyone because of their age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

Implementing this strategy and framework across such a large organisation as Heart of England NHS Foundation Trust, serving different communities and demographics on multiple sites will be a major task and will undoubtedly reveal many challenges. However, the Trust is committed to ensuring that our local communities will be fully involved in the consultation and involvement processes, to ensure the services we provide meet the needs of all our patients.

At the heart of the revised operating framework for the NHS in England 2010/2011 (published on the 21 June 2010) is the recognition that we live in a diverse society. NHS organisations are required to put patients at the heart of decision making, focus on quality/outcomes and have greater devolved responsibilities.

In addition, the document indicated there are real opportunities presented by the implementation of the equality act 2010 and the associated public sector equality duty/specific duties. The above will assist in the development of diverse services which are personal and fair.

The Equality Act has created a new obligation on public authorities to consider inequalities of health outcomes that may result from socio-economic disadvantage when making strategic decisions. There is also strengthening of the protection from discrimination for disabled people and carers.

Heart of England NHS Foundation Trust is committed to the principles of the equality legislation, equality delivery system, NHS constitution and Care Quality Commission regulations. The Trust Board commend this document to all of our patients, their families and carers and our staff.

**Dr Mark Newbold**  
**Chief Executive**

**Mr Philip Hunt**  
**Chairman**

## Executive summary

This Equality Delivery System sets out the way the Trust intends to meet its duties under the Equality Act 2010. The Act replaces previous anti-discrimination laws with a single act. It simplified the law, removing inconsistencies and made it easier for people to understand and comply with. It also strengthened the law in important ways, to help tackle discrimination and inequality.

The Public Sector Equality Duty (PSED) (section 149 of the act) came into force on 5 April 2011. The Equality Duty applies to public bodies and others carrying out public functions. It supports good decision-making by ensuring public bodies consider how different people will be affected by their activities, helping them to deliver policies and services which are efficient and effective, accessible to all, and which meet different people's needs. The Equality Duty is supported by:

### Specific duties

As from 10 September 2011:

- The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the equality duty.
- To set themselves specific, measurable equality objectives.

### Equality duties include:

- **Eliminate unlawful discrimination:** harassment and victimisation and any other conduct prohibited by the act.
- **Advance equality of opportunity** between people who share protected characteristic and people who do not share it.
- **Foster good relations** between people who share a protected characteristic and people who do not share it.

The PSED requires the Trust to publish equality information to demonstrate its compliance with the general Equality Duty by 31 January 2012 and annually thereafter. The equality information must include information relating to people who share a relevant protected characteristic, who are employees, people affected by our policies and practice and service users. The information must be published in open, standardised and re-useable format and accessible to the public.

Publishing relevant equality information will enable the Trust to be transparent about their decision-making processes, and accountable to their service users. It will also provide the public information they need to hold the Trust to account for our performance on equality.

Enforcement of the equality and specific duties will be undertaken by the Equality & Human Rights Commission who has responsibility for assessing compliance.

In the development of this document, the Trust has sought to involve and consult with representatives of those groups to whom this strategy and EDS framework will affect. Those who have contributed to this strategy will be informed of its publication, as its success is dependent on how well we communicate it to others as well as how we deliver the actions within the strategy and EDS framework.

The implementation of this strategy will be monitored through mainstream business planning processes and the head of equality and diversity will report annually on progress to the board of directors.

Monitoring is essential tools for ensuring services are accessed in an equitable way. The Trust is committed to gathering and analysing data on all the equality strands and acting upon the information received.

The Trust has a policy of openness and transparency. We will publish information on our workforce and report the progress made in the delivery of the action plans within this strategy, using language appropriate to the intended audience and ensure our information is available in accessible formats.

The Trust is committed to engaging with all stakeholders (including those hard to reach communities) and ensuring consultation with public and service users is an essential part of service development or service change.

The Trust will ensure its staff are adequately informed in the implementation of the equality act 2010 and is committed to ensuring the employment and representation of women, black and ethnic minority staff and disabled staff at all levels in the organisation and equal pay between male and female staff through the implementation of positive action, where indicated.

The Trust has an equality impact assessment (EIA) system which determines the extent to which policies, procedures and services impact upon individuals and groups in relation to one or more of the equality categories.

## Introduction

Historically, the law has focused upon eliminating discrimination on the grounds of gender, race and disability until the human rights act was adopted into UK law in 2000. Since then, the focus of directives and law has expanded to include the nine equality strands identified above.

The anti-discrimination laws of the 1960s and 1970s laid down basic standards of behaviour between people at work and in wider society. These laws have largely succeeded in changing our culture so that, for example, relatively few people would find it acceptable for open discrimination to take place because someone's skin colour was different, or for a woman to be paid less than a man sitting next to her doing the same job.

More recently, the law has required employers and service providers to make it possible for disabled people to take part in the activities non-disabled people take for granted, for example, ensuring that a consultation event is not arranged upstairs if it means that a wheelchair user would be unable to attend. The legislation requires fair treatment for people at work – and in most cases more widely – whatever their age, sexual orientation, religious or non-religious belief or gender identity.

It is true to say that some people's attitudes have not kept pace with the legal requirement to treat everyone fairly, so that both low level and very serious incidents of discrimination (bullying, harassment and even hate crime) continue to occur. The current laws are still required but British society has become increasingly tolerant over the last 30 years; with a substantial liberalisation of social attitudes. Most people today recognise that every individual, whatever his or her different characteristics, is entitled to a fair chance to make the best they can of themselves.

However, despite this important change in individual behaviour and attitudes, inequality and unfairness persist. The cause is likely to be failure by policy-makers, service providers and employers to tackle the most entrenched and persistent inequalities than simply personally held prejudices. Governments have accepted that voluntary schemes to challenge and adjust behaviours and attitudes have not, on the whole, had much impact. Thus, as well as the law, there are many policy initiatives and practice based procedures designed to ensure that rhetoric does indeed become reality.

Equality impact assessment (EIA) is a mechanism for examining how the services we provide and the employment practices we use, impact on our patients and staff. It is a tool to identify whether or not policies, services and procedures are having an impact on a particular group of people due to the above nine equality strands. It aims to ensure that we are not providing services or using employment practices that discriminate against any equality groups. It enables us to critically examine our practices and identify any institutional barriers, acts or omissions that detrimentally affect individuals and communities.

The EIA process requires us to look at each equality group in turn and consider whether there is evidence or reason to believe that a policy, service or function affects that group differently. It asks us to look at evidence and identify whether there is anything we can do to change the policy or function to reduce the impact on equality groups. Our aim is to respond to issues raised and to make sure that our policies, services and functions are more accessible and responsive to the needs of all the communities we serve. EIA of Trust policies and services forms part of the mandatory requirement to implement key components of equal opportunities legislation. The Trust has

developed relevant assessment tools (**Appendix 1**) and training which are being delivered to key staff on an ongoing basis. This will assist with mainstreaming of the process across the Trust.

Heart of England NHS Foundation Trust currently operates across four sites, namely Birmingham Heartlands Hospital in Bordesley Green East, Solihull Hospital, the Birmingham Chest Clinic and Good Hope Hospital in Sutton Coldfield. We have a combined workforce of approximately **10,000** staff. The Trust is therefore a major acute healthcare provider across North, East and South Birmingham. Our aim is to be the provider of choice, delivering high quality services to local people.

The city of Birmingham has a culturally diverse population. Over 29.7% (figure drawn from the 2001 national census) of the population comes from an ethnic minority background. In the Solihull area this figure decreases to 5.4%, whilst in the vicinity of the Heartlands Hospital this increases to 75% (figures drawn from neighbourhood statistics online, [www.statistics.gov.uk](http://www.statistics.gov.uk)).

The Trust has a policy of equality of opportunity in the recruitment, retention, development and support of staff from all groups. We also have effective policies and procedures which enable staff to raise concerns. We strive to eliminate discrimination and have successfully been awarded the “two ticks” disability symbol.

Our aim is to be responsive to the needs of different groups and individuals within society. With reference to service provision, we place great importance on the consultation and involvement of users when reviewing services and developing new initiatives to better serve patients.

## **Our purpose**

The purpose of this strategy is to make this vision a reality. In achieving the vision we can expect to see the following measurable outcomes:

- Consistently high ratings from staff, patients and the public regarding our values, how our staff behave and the quality of patient care.
- Strong leadership that delivers high performing, productive, cost effective services and top quality patient care.
- A national and local reputation as the first choice/first class employer.
- Capacity and skills to manage change and meet challenges.

The Trust aims to provide better focused care for customers, this includes local GP's and healthcare partners, in addition to staff and other interested parties.

## **Our diversity strategy**

Our diversity vision statement for the Trust is as follows:

Heart of England NHS Foundation Trust will continuously improve its employment practices and service provision to ensure that all staff and patients are valued and treated with dignity and respect in an inclusive environment, renowned for celebrating diversity. In order to achieve the above we have set out a comprehensive action plan in relation to the following strategic objectives:

- We will strive to recruit and develop a workforce that reflects the diversity of the local community.

- We will continue to monitor our workforce in all areas. This baseline information will provide us with a guide on our progress to recruit more people from diverse groups.
- We will ensure fair employment practices, achieving equality of opportunity in the workplace for people from all groups.
- We will ensure that our bullying and harassment policy and initiatives are effective in promoting a zero tolerance environment.
- We will fully involve people from all groups in shaping and developing new systems and practices to progress our diversity agenda.
- We will provide a service that is appropriate and of high quality to all that wish to, or need to, use it, effectively ensuring that all patients can get the right service, at the right time, in the right place and in the right way.
- We will increasingly look at patients/users to be involved in the shaping and design of services.”

## **NHS constitution**

In July 2007 a review of NHS was undertaken. Clinical working groups were established in each NHS region (strategic health authorities) to identify potential improvements to local services. In total, 74 such groups, led by 2,000 frontline clinicians (doctors, nurses and other health and social care professionals), have examined services across eight or more “pathways of care” from maternity to end-of-life, engaging with patients, NHS staff, stakeholders and the public.

In June 2008, the final report of the review was published “NHS next stage review – high quality care for all.” One of the outcomes of the review was the proposal to create an NHS constitution. At the heart of the constitution is a requirement that all NHS organisations when making decisions and carrying out its functions, have a duty to safeguard the rights and responsibilities of patients and staff as follows:

- Patients and the public have the right to feel secure in the knowledge that they will not be discriminated against in the provision of NHS services, on grounds of age, disability, gender, race, religion/belief and sexual orientation.
- Staff have the right to work in a diverse working environment, free from discrimination on the basis of race, sexual orientation, sex, disability, age or religious belief.
- Staff have the right to be treated fairly in recruitment and career progression e.g. promotions to posts in the NHS.
- Staff have the right to work in an environment where equality of opportunity is promoted for all those who work in it.

The NHS constitution, published on 21 January 2009, establishes the principles and values of the NHS in England. The constitution’s first principle states:

*“The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.”*

It is intended that all NHS bodies and private and third sector providers supplying NHS services will be required by law to take account of this constitution in their decisions and actions.

The constitution includes the following rights and pledges, which are of particular relevance to the ability of people with disabilities in terms of their access to premises where services are delivered:

*“You have the right not to be unlawfully discriminated against in the provision of NHS services, including on the grounds of gender, race, religion or belief, sexual orientation, disability (including learning disability and mental illness) or age.”*

### Meeting equality duties

This Equality and Diversity strategy aims to create a framework where we can ensure that by 2016, we have a culture in HEFT to treat all our patients and staff fairly. This will support our corporate vision of providing the best possible healthcare to the people of Birmingham and beyond.

To support this aim we will:

- Be taking a human rights based approach to equality which supports basic human rights to which we are all entitled in areas such as employment, service delivery and issues associated with welfare both in the workplace and in the home.
- Accept that unfairness persists for some sections of our community and work hard to eradicate this.
- All share the right to be treated fairly and develop a mutually supportive environment that upholds this.
- Accept our responsibility to ensure that we treat others fairly.

We have a legal duty to respect human rights. Our equality and diversity strategy aims to address this by creating organisational change which incorporates the core principles contained in a human rights based approach. This puts human rights at the heart of policy, planning, development and delivery. This framework should improve the quality of services, patient experience and reduce the risk of complaints and litigation.

The human rights based approach can give the five principles real meaning in people’s lives. This is illustrated by the following table which shows how changing a policy or practice to respect, protect or fulfil a particular human right also supports other broader principles. For example:

Principle	Human right	Example policy or practice change
<b>Equality</b>	Right not to be discriminated against in the enjoyment of other human rights.	Ensuring that people are not denied treatment solely on the basis of their age.
<b>Dignity</b>	Right not to be tortured or treated in an inhuman or degrading way.	Ensure there are sufficient staff to change wet sheets promptly to reduce the risk of people suffering degrading treatment.
<b>Respect</b>	Right to respect for family and private life.	Respecting all diverse families e.g. same sex couples with children.
<b>Fairness</b>	Right to a fair trial.	Ensuring that there is a robust and fair

		process for disciplining staff.
<b>Autonomy</b>	Right to respect for private life.	Involving people in decisions made about their treatment and care.

**Implementation and mainstreaming of the equality strategy and EDS framework:**

The Trust Board will provide direction, purpose and leadership for the implementation of the above strategy. The board has a responsibility to ensure that the Trust is compliant with equality and human rights legislation. The Trust must measure its performance on equality and human rights; as outlined in the above documents/legislation as well as in relation to CQC regulations and the NHS constitution.

The Chief Nurse has overall responsibility for the implementation of the equality and diversity agenda and the implementation of the equality and diversity agenda as outlined above. The director of human resources has responsibility for employment aspects of the strategy and EDS framework.

The Head of Equality and Diversity is the Trust lead for equality and diversity and will have specific responsibility for advising the board on all aspects of the strategy/EDS framework.

Each member of staff has responsibility for adhering to and supporting the equality, diversity and human rights policies and is expected to:

- Familiarise themselves with equality, diversity and human rights policies.
- Ensure that they do not subject any colleague to harassment, bullying or discrimination.
- Challenge any behaviour which is observed to be discriminatory.
- Take responsibility for delivering a high quality service which is appropriate and culturally sensitive and meets the needs of our diverse users.
- Fully understand they have a responsibility to report and not collude with inappropriate behaviour, either from any other member of staff, patients or the public.

Working closely with the SHA regional lead, it has been agreed that given the timescale for implementing the EDS, the outcome of our equality analysis would be submitted as a pilot initially. Adopting a pragmatic approach will enable us to better gauge our performance, provide learning and form the foundation of our roll-out program.

**How Heart of England NHS Foundation Trust will meet Equality Duties**

The key aim of the strategy is to make sure that equality, diversity and human rights are embedded into every aspect of Trust activity.

Using the framework will enable the Trust to identify key requirements and the level of resource required to implement the key objectives within the action plan. The action plan will highlight who has responsibility to undertaken specific areas of work. It will also include the assessment and review of progress against the objectives identified on an ongoing basis. Annual reports will be developed and published in relation to progress achieved.

The effective implementation of this strategy will depend upon clear accountabilities and responsibilities and active ownership at all levels and by all staff. The head of equality and diversity,

with the support of the executive directors, are responsible for the implementation of the strategy. The equality and diversity department will support the employment services department in achieving diversity in the workforce and promote human rights.

The strategy/EDS will be published on the Trust internet website on the Equality and Diversity page.

Training will be continued, it be linked to the core equality and diversity competencies of the NHS's knowledge and skills framework (KSF). Heart of England NHS Foundation Trust will therefore ensure that managers and staff have the appropriate knowledge and support in the implementation and mainstreaming of the equality and diversity agenda.

The following training will assist staff in gaining the appropriate knowledge, skills and competencies:

- Equality Impact Assessment
- Disability Equality
- Learning Disabilities Awareness
- Safeguarding
- Human Rights
- Deaf/Deafblind Communication Awareness
- Managing Diversity
- Cultural Awareness
- Customer Care (Health Care Assistants)
- Customised E&D Sessions
- Trust Induction.

### **Consultation and involvement of patients and staff**

In order to be compliant with the equality act 2010, the Trust formally involves patient/community groups in the development in service planning activities as is required by the above legislation. The Trust has an established a disability advisory group, which is chaired by external stakeholders. We have established an equality and diversity / learning disabilities steering group, with a membership which involves patients/carers and a staff network/equality champions. We have also formed working relationships with the local LINKS/health watch forums which is a new requirement within the EDS framework. The Trust will work with the above interest groups to undertake the equality performance analysis against the objectives outlined within the EDS/CQC action plan.

### **Grading outcome**

Once the final EDS grades have been agreed between the NHS organisation and local interests, the group will have the responsibility to ensure that LINKS/health watch or its local equivalent relay the priorities and grades of individual organisation to local authority overview and scrutiny committees and health and wellbeing boards, NHS Trust Boards, committees and staff.

The objectives within the action plan are derived from information obtained through patient/staff survey, feedback from NHS partners and third sector organisations, complaints, as well as directives from the above PSED, CQC regulation and NHS Constitution guidance.

The EDS is a set of nationally agreed objectives and outcomes comprising of 18 outcomes grouped under the following 4 objectives:

- Better health outcomes for all.
- Improved patient access and experience.
- Empowered, engaged and well-supported staff.
- Inclusive leadership at all levels.

All NHS organisations will be required to develop 4-year equality objectives and priorities based on the grading of their equality performance against the EDS goals and outcomes. The organisations equality objectives would be developed through analysis of their performance in conjunction with local interest groups and staff and the above would be reviewed and revised annually as necessary.

The grades are RAG rated according to the following categories:

### Grading Process/Tool

Factors	Undeveloped	Developing	Achieving	Excelling
1. Better health outcomes for all				
2. Improved patient access and experience				
3. Empowered, engaged and well supported staff				
4. Inclusive leadership at all levels				

## Appendix 1

### EDS Objectives and Outcomes

The analysis of the outcomes must cover each protected group and be based on comprehensive engagement, using reliable evidence.

Objective	Narrative	Outcome
1. Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results.	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities.
		1.2 Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways.
		1.3 Changes across services are discussed with patients, and transitions are made smoothly.
		1.4 The safety of patients is prioritised and assured.
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups.
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience.	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds.
		2.2 Patients are informed and supported so that they can understand their diagnosis, consent to their treatments, and choose their places of treatment.
		2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised.
		2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently.

Objective	Narrative	Outcome
<p>3. Empowered, engaged and well supported staff</p>	<p>The NHS should increase the diversity and quality of working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs.</p>	<p>3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades.</p>
		<p>3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing the same work in the same job being remunerated equally.</p>
		<p>3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately.</p>
		<p>3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all.</p>
		<p>3.5 Flexible working options are made available to all staff, consistent with the needs of the patients, and the way that people lead their lives.</p>
		<p>3.6 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.</p>
<p>4. Inclusive leadership at all levels</p>	<p>NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions.</p>	<p>4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond.</p>
		<p>4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination.</p>
		<p>4.3 The organisation uses the NHS equality and diversity competency framework to recruit, develop and support strategic leaders to advance equality outcomes.</p>

## Appendix 2 – Consultation and Communication

The successful implementation of the strategy/EDS framework is dependent on our robust internal/external communication process, undertaken to communicate it's content to key stakeholders.

Stages of development	Type of involvement	Groups involved
Accountability and leadership	Reports	Executive directors Non-executive directors Chairman Chief executive
HEFT equality strategy/EDS framework/action plan	Publication on Trust internet	Patients Public Members Staff
Process for consultation and involvement of stakeholders to ensure compliance with equal opportunities	Stakeholder events/meetings	LINKS/health watch forums User advisory groups Learning disability Disability advisory group Council for disabled people Staff side representatives E&D / LD steering group HEFT diversity staff network / E&D champions Cystic fibrosis patient Learning disabilities Advocates

**Appendix 3 – Communication with stakeholders**

<b>Group</b>	<b>Mechanism</b>
The Heart of England NHS Foundation Trust staff	E&D / LD steering group HEFT diversity staff network / E&D champions Heartbeat staff newsletter GP new bulletin E&D webpage
The Heart of England NHS Foundation Trust members	Heart and soul members newsletter E&D internet webpage
NHS partners and third sector organisations	Midlands East/Birmingham & Solihull Clusters Ward End Asian elders association Heartlands older people's forum Council of disabled people Warwickshire and Coventry East Birmingham community forum Small Heath community forum Job centre plus/access Patient information centre

**Appendix 4 – Key milestones**

<b>Date</b>	<b>Details</b>
December 2011	Review and consultation on draft strategy commences.
December 2011	Consultation on HEFT E&D strategy/EDS framework/action plan closes.
January 2012	Equality strategy/EDS framework approved, published and implementation begins.



## Appendix 4 Equality and diversity - policy screening checklist

Policy/service title:		Directorate:					
Name of person/s auditing/developing/authoring a policy/service:							
Aims/objectives of policy/service:							
<b>Policy content:</b> <ul style="list-style-type: none"> <li>For each of the following check the policy/service is sensitive to people of different age, ethnicity, gender, disability, religion or belief, and sexual orientation?</li> <li>The checklists below will help you to see any strengths and/or highlight improvements required to ensure that the policy/service is compliant with equality legislation.</li> </ul>							
<b>1. Check for DIRECT discrimination against any group of SERVICE USERS:</b>							
<b>Question:</b> Does your policy/service contain any statements/functions which may exclude people from using the services who otherwise meet the criteria under the grounds of:		<b>Response</b>		<b>Action required</b>		<b>Resource implication</b>	
		Yes	No	Yes	No	Yes	No
1.1	Age?						
1.2	Gender re-assignment?						
1.3	Disability?						
1.4	Race or ethnicity?						
1.5	Religion or belief (including lack of belief)?						
1.6	Sex?						
1.7	Sexual orientation?						
1.8	Marriage & civil partnership?						
1.9	Pregnancy & maternity?						
If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.							
<b>2. Check for INDIRECT discrimination against any group of SERVICE USERS:</b>							
<b>Question:</b> Does your policy/service contain any statements/functions which may exclude people from using the services under the grounds of:		<b>Response</b>		<b>Action required</b>		<b>Resource implication</b>	
		Yes	No	Yes	No	Yes	No
2.1	Age?						
2.2	Gender re-assignment?						
2.3	Disability?						
2.4	Race or Ethnicity?						
2.5	Religion or belief (including lack of belief)?						
2.6	Sex?						
2.7	Sexual Orientation?						

2.8	Marriage & civil partnership?						
2.9	Pregnancy & maternity?						

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

**TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING DIRECT DISCRIMINATION =**

**3. Check for DIRECT discrimination against any group relating to EMPLOYEES:**

	Question: Does your policy/service contain any statements which may exclude employees from implementing the service/policy under the grounds of:	Response		Action required		Resource implication	
		Yes	No	Yes	No	Yes	No
3.1	Age?						
3.2	Gender re-assignment?						
3.3	Disability?						
3.4	Race or ethnicity?						
3.5	Religion or belief (including lack of belief)?						
3.6	Sex?						
3.7	Sexual orientation?						
3.8	Marriage & civil partnership?						
3.9	Pregnancy & maternity?						

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

**4. Check for INDIRECT discrimination against any group relating to EMPLOYEES:**

	Question: Does your policy/service contain any conditions or requirements which are applied equally to everyone, but disadvantage particular persons' because they cannot comply due to:	Response		Action required		Resource implication	
		Yes	No	Yes	No	Yes	No
4.1	Age?						
4.2	Gender re-assignment?						
4.3	Disability?						
4.4	Race or ethnicity?						
4.5	Religion or belief (including lack of belief)?						
4.6	Sex?						
4.7	Sexual orientation?						
4.8	Marriage & civil partnership?						
4.9	Pregnancy & maternity?						

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

**TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING INDIRECT DISCRIMINATION =**

Signatures of authors / auditors:

Date of signing:

## Equality action plan / report

**Directorate:**

**Service/policy:**

**Responsible manager:**

**Name of person developing the action plan:**

**Consultation group(s):**

**Review date:**

The above service/policy has been reviewed and the following actions identified and prioritised. All identified actions must be completed by the date: \_\_\_\_\_

Action:	Lead:	Timescale:
Re-writing policies or procedures		
Stopping or introducing a new policy or service		
Improve / increased consultation		
A different approach to how that service is managed or delivered		
Increase in partnership working		
Monitoring		
Training / awareness raising / learning		
Positive action		
Reviewing supplier profiles / procurement arrangements		
A rethink as to how things are publicised		
Review date of policy / service and EIA: This information will form part of the governance performance reviews		
If risk identified, add to risk register. Complete an incident form where appropriate.		

When completed please return this action plan to the Trust equality and diversity lead; Pamela Chandler or Jane Turvey. The plan will form part of the quarterly governance performance reviews.

Signed by responsible manager:  Date: