

## EQUALITY AND DIVERSITY POLICY

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Relevant Staff Group/s	All Trust staff, patients/service users, carers and partner agencies.

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## DOCUMENT CONTROL

<b>Reference</b> VE/Jul15/EDP	<b>Version</b> V2	<b>Status</b> Final	<b>Author</b> Trust Equality and Diversity Lead
<b>Amendments</b>	Minor amendments June 2012 to reflect new Trust governance arrangements. May 2015 CQC Section Updated, July 2015 new WRS and EDS2 requirements added, new Accessible Information Standard added and appendices removed.		
<b>Document Objectives:</b> This document sets out the Trust's arrangements for ensuring its commitment to the equality and diversity agenda and adherence to its legal obligations to the general and specific duties under the Equality Act 2010.			
<b>Intended Recipients:</b> All members of Trust staff, patients/service users, carers and agencies with which the Trust is involved.			
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<b>Training/resource implications:</b> Detailed within the policy.			
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## CONTRIBUTION LIST Key individuals involved in developing the document

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## **INTRODUCTION**

- 1.1 Somerset Partnership NHS Foundation Trust is committed to promoting diversity and enabling equality of opportunity for our patients/service users and their carers, Trust Board Members, the Council of Governors and our staff, to ensure equitable access to our services, employment, opportunities and training. The Trust will ensure all elements of diversity are given equal respect and consideration.

## **2. PURPOSE AND SCOPE**

- 2.1 The policy outlines how our Trust will meet our legislative requirements and demonstrate we are delivering services in an equitable manner to all members of the community, free from discrimination and with respect to all.
- 2.2 The Trust has nominated Executive, Non Executive Director and senior management leads for equality and diversity who will ensure the actions in the policy are delivered.
- 2.3 In line with our statutory obligations, the protected characteristics of age, disability, gender reassignment, marital status/civil partnership, pregnancy and maternity, race, religion or belief, sex/gender and sexual orientation under the Act are recognised by the Trust. In addition, the Trust has recognised Learning Disability as a further protected characteristic.
- 2.4 This policy specifies the arrangements for Trust as an employer and service provider to meet the general and specific duties contained within the Equality Act 2010.

## **3. LEGISLATIVE CONTEXT**

### **The Equality Act**

- 3.1 The Equality Act 2010 received Royal Assent on 8 April 2010 and the first phase was implemented on 1 October 2010. It replaced previous anti-discrimination legislation (including the Race Relations Act 1976 and the Disability Discrimination Act 1995). The Equality Act also contained other provisions, including the concept of dual discrimination, an extended Public Sector Equality Duty, and a prohibition on age discrimination in services and public functions.

### **Public Sector Equality Duty**

- 3.2 The Public Sector Equality Duty was created by the Equality Act 2010. It contains two parts, the General Duty and the Specific Duty. Public Sector organisations are required to meet both.

### **General Duty**

3.3 The duty is set out in the Equality Act 2010 (the Act). In summary, the Trust must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a protected characteristic and those who do not.

### **Specific Duty**

3.4 Specific duties are legal requirements designed to help public bodies meet the general duty. These require the publication of:

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

In summary, the Trust is required to:

### **3.5 Publish information**

The Trust is required to publish sufficient information annually to demonstrate our compliance with the general equality duty across its functions. This information must include, in particular:

- information on the effect that our policies and practices have had on people who share a relevant protected characteristic, to demonstrate the extent to which we have furthered the aims of the general equality duty for our employees and for others with an interest in the way we perform our functions;
- evidence of analysis undertaken to establish whether policies and practices have (or would) further the aims of the general equality duty;
- details of the information considered in carrying out this analysis;
- details of engagement we have undertaken with people considered to have an interest in furthering the aims of the general equality duty.

### **3.6 Prepare and publish equality objectives**

The Trust is required to publish:

- objectives that we reasonably think we should achieve to meet one or more aims of the general equality duty;
  - details of the engagement we undertook, in developing our objectives, with people whom we consider have an interest in furthering the aims of the general equality duty.
- 3.7 The information on equality objectives must be published at least every four years in a manner that is reasonably accessible to the public.

### **The Equality Delivery System 2**

- 3.8 The Equality Delivery System (EDS) was launched in 2011 and became a mandatory reporting tool in April 2015. The main purpose is to help NHS organisations, in discussion with the public and patients, to review and improve their performance for people with characteristics protected by the Equality Act 2010.
- 3.9 The refreshed EDS - *EDS2* - supports organisations to respond to the public sector Equality Duty. It does not replace legislative requirements for equality; rather it is designed as performance and quality assurance mechanism for the NHS and a means by which NHS organisations can meet the requirements of the Equality Act (2010) and the NHS Act (2006).
- 3.10 The EDS2 requires the Trust to analyse and grade performance, and set defined equality objectives, supported by an action plan. Performance against the selected objectives will be annually reviewed and these processes will be integrated within mainstream business planning.
- 3.11 EDS2 includes 18 outcomes grouped under four performance goals which are:
- better health outcomes for all;
  - improved patient access and experience;
  - empowered, engaged and well supported staff;
  - inclusive leadership at all levels.
- 3.12 EDS2 is applied to people whose characteristics are protected by the Equality Act 2010 (see section 2.3 of this policy).

### **Workforce Race Equality Standard**

- 3.13 A new requirement to ensure employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace came into force on 1 July

2015. Each year, NHS Trusts have to report against the nine Workforce Race Equality Indicators and publish this information on their website.

3.14 The Workforce Race Equality Indicators include:

- percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce;
- relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts;
- relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation;
- relative likelihood of BME staff accessing non mandatory training and CPD as compared to White staff National NHS Staff Survey findings.

(From national NHS staff survey)

- percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months;
- percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
- percentage believing that trust provides equal opportunities for career progression or promotion
- in the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues
- is the Board broadly representative of the population they serve.

#### **Accessible Information Standard**

3.15 From 31 July 2016, NHS Trusts and Foundation Trusts will be required to follow the new Accessible Information Standard to provide people who have a disability, impairment or sensory loss with information that they can easily read or understand. Somerset Partnership will work to make sure people get information in different formats, for example in large print, braille or via a British Sign Language (BSL) interpreter.

3.16 As part of the accessible information standard, these organisations must do five things:

- ask people if they have any information or communication needs, and find out how to meet their needs. Record those needs clearly and in a set way;
- highlight or 'flag' the person's file or notes so it is clear that they have information or communication needs and how those needs should be met;
- share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so;
- take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

### **Mental Health Act**

- 3.17 As a provider of services to patients who may be detained under the Mental Health Act 1983, the Trust must consider our duties in relation to equality and human rights for patients subject to the Act in line with the current Code of Practice, including making reasonable adjustments to ensure their rights, dignity and ability to engage in their own care are respected and supported.

## **4. MEETING THE STANDARDS**

- 4.1 In order to meet the standards expected by our patients, staff, public and commissioners, we will:
- undertake impact assessments of all our policies and service changes to identify any potential negative impacts on those in protected characteristics and take steps to address these;
  - undertake a thorough assessment of our performance against the EDS2 objectives, engage public and patients in each of the ten protected characteristics on our assessment, and publish our EDS2 performance on our public website each year;
  - identify an EDS2 action plan which details plans to improve our EDS2 performance, engage on the plan, and publish the plan on our public website each year;
  - review our equality and diversity objectives, engage our public and patients on those objectives and publish them, every four years;
  - complete the Workforce Race Equality Standard and assess areas for improvement for the EDS2 action plan each year;



- implement the Accessible Information Standard;
- complete and publish a quarterly and annual staff equality and diversity report to the Trust Board.

### **Engaging our public and patients**

4.2 To support the work of EDS2 and fulfilling our responsibilities to our patients and our public we will also identify and engage with those in the protected characteristics through national and local representative groups to:

- identify any particular needs of our patients and public in each protected characteristic;
- examine the reasons for any difference in access to or experience of our services;
- develop initiatives to meet these needs and overcome any barriers;
- identify opportunities to promote equality and diversity;
- determine priorities for our EDS2 action plan;
- analyse the equality impact of particular programmes, policies or proposals;
- check the quality, relevance and comprehensiveness of relevant public and patient information.

### **Supporting our staff**

- ensure that all our staff are trained at induction and regularly throughout their career with the Trust on equality and diversity and review this awareness through supervision and appraisal;
- actively promote diversity awareness and respond to individual patient needs in line with our duties under the Act;
- develop staff forums and other networks to support staff within protected characteristic groups;
- make all reasonable adjustments to support staff to be able to do their jobs and contribute fully to the work of the Trust.

## **5. DUTIES AND RESPONSIBILITIES**

5.1 The **Trust Chief Executive** has overall responsibility for equality and diversity issues within the Trust and is accountable for ensuring this policy is fully implemented.

- 5.2 The **Director of Governance and Corporate Development** is the Executive Lead for equality and diversity within the Trust and is accountable for the implementation of the policy.
- 5.3 The **Non-Executive Director Lead** ensures equality, diversity and human rights are monitored and considered at Trust Board meetings and represents the Board at the Public and Patient Involvement Group.
- 5.4 The **Trust Equality and Diversity Lead** is responsible for the development and operational management of the policy. The Lead reports to the Trust Public and Patient Involvement Group and the Workforce Development Group.
- 5.5 **All Trust Directors, Heads of Division and managers** have a responsibility to ensure that their services and functions are impact assessed in line with this policy and that their staff and teams have access to support and advice to meet their responsibilities under this policy.
- 5.6 **All staff employed by the Trust** are directly accountable and responsible for their actions within their service areas and for ensuring equality, diversity, dignity, respect and human rights are at the core of all the Trust's work with staff, patients/service users and their carers.

## 6. **MONITORING AND REPORTING COMPLIANCE AND EFFECTIVENESS**

- 6.1 Trust Performance against equality and diversity requirements and the standards set out in section 3 of this policy will be monitored by the Trust's Equality and Diversity Lead (public) and the Director of Human Resources and Organisational Development (staff) and reported as follows:
- public-facing equality and diversity performance will be reported to and monitored by the Trust's Public and Patient Involvement Group on a quarterly basis;
  - staff-facing equality and diversity performance will be reported to and monitored quarterly by the Trust's Workforce Governance Group;
  - the Integrated Governance Committee will then review and monitor both reports and submit those to the Trust Board;
  - the Trust will publish an annual Equality and Diversity report, identifying progress against the EDS2 standards and our published objectives, including patient and public assessment of

our performance. This will be presented to the public Board meeting and published on the Trust website.

## **7. EQUALITY AND DIVERSITY TRAINING REQUIREMENTS**

- 7.1 The Trust recognises the critical role training and development has in ensuring our Trust is able to meet the diverse needs of the community which we serve. Our Trust will continue to ensure we organise and deliver mandatory diversity and training for all staff. This includes:
- Equality and Diversity training that is part of the corporate induction course for all new Trust staff;
  - refresher mandatory e-learning equality and diversity training for existing Trust staff on a minimum of a three yearly basis.
- 7.2 The Trust recognises the importance of ensuring all its staff receive diversity and equality training, have a good understanding of their duties. Respect, privacy and dignity are central to the standards and staff involvement has ensured greater ownership.
- 7.3 The Trust Learning and Development Team continue to monitor access to diversity training and annually report on numbers who have accessed the training, by gender, disability, age and race.

## **8. EQUALITY IMPACT ASSESSMENT**

- 8.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

## **9 RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS**

- 9.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the **fundamental standards** which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 14:	Meeting nutritional and hydration needs
Regulation 16:	Receiving and acting on complaints
Regulation 18:	Staffing

Regulation 20: Duty of candour  
Regulation 20A: Requirement as to display of performance assessments.

9.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 12: Statement of purpose  
Regulation 18: Notification of other incidents

9.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

## 10 REFERENCES, ACKNOWLEDGMENTS AND ASSOCIATED DOCUMENTS

### 10.1 References

- the Equality Act (2010);
- the Equality Act 2010 (Statutory Duties) regulations 2011;
- NHS Workforce Race Equality Standard (WRES) guidance 2015 – 2016;
- Mental Health Act Code of Practice – January 2015.

### 10.2 Cross reference to other procedural documents

- Trust Equality Impact Assessment Policy.
- Trust Human Rights Policy.
- Trust Annual EDS2 Report and equality Outcomes  
[http://www.sompar.nhs.uk/about\\_the\\_trust/equality\\_and\\_diversity.aspx](http://www.sompar.nhs.uk/about_the_trust/equality_and_diversity.aspx)

10.3 All current policies and procedures are accessible in the policy section of the public website, on the home page, click on 'Policies and Procedures'. Trust Guidance is accessible to staff on the Trust Intranet.