

DRAFT

Equality Objectives

6 April 2012

to

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Version 2

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English

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Punjabi

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Kurdish

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Foreword

We believe that the Royal Wolverhampton Hospitals NHS Trust (the Trust) has an important role to play not only in improving the health and social care services for our local population but also in the continuing regeneration of the City of Wolverhampton as a vibrant multicultural and diverse community.

Over the years, the Trust has demonstrated a commitment to equality and diversity by the publication and implementation of Equality Schemes. Now the publication of our **Equality Objectives** sets out how we will continue to take this work forward, taking account of our responsibilities as a service provider and a major employer in the city to improve health, provide employment and reduce health inequalities for the citizens of Wolverhampton.

It sets out our commitment to equality and our resolve which aims to ensure that our policies and practices meet the needs of our staff as well as the people who use our services.

We know that discrimination has a detrimental impact upon the health of communities. Our Equality Objectives sets out how the Trust will meet its obligations under equality legislation over the next four years but, more than that, how it will make a real and positive difference to the lives of people who are affected by what we do.

Making sure the action plan(s) in our Equality Objectives happens is the responsibility of everyone in the Trust, so we can turn our plans into reality.

We are looking forward to the work ahead, meeting the actions we have set ourselves and facing the challenges.



.....
Barry Picken
CHAIRMAN



.....
David Loughton CBE
CHIEF EXECUTIVE

Executive Summary

Our Equality Objectives (EOs) set out the way the Trust intends to meet its duties under the Public Sector Equality Duty (2011).

In the development of our EOs the Trust has sought to involve and consult with representatives of groups on whom the EOs will have an impact. Its success is dependent on how well we communicate it to others as well as how we deliver the actions within it.

The implementation of our EOs will be monitored through mainstream business planning processes and the Chief Nursing Officer will report annually on progress to the Trust Board.

Monitoring is an essential tool for ensuring that there is no disproportionate way services or employment are accessed. The Trust is committed to gathering and reviewing information on Personal Protected Characteristics (PPCs) and acting upon the information received.

The Trust has a commitment to openness and transparency. We will publish information on our workforce and report the progress made in the delivery of the action plans within this document, using language appropriate to the intended audience.

The Trust's Patient and Public Involvement and Consultation Policy sets out its commitment to engaging with stakeholders ensuring consultation with public and service users is an essential part of service development or change.

The Trust will ensure staff familiarise themselves with equality, diversity and human rights policies and procedures.

The Trust has an Undertaking an Equality Impact Assessment [EIA] policy which determines the extent to which policies, procedures, practices and services impact upon people with Personal Protected Characteristics.

Introduction

The Royal Wolverhampton Hospitals NHS Trust

The Trust provides a wide range of services for the people of Wolverhampton, the Black Country, South Staffordshire and beyond. The Trust employs nearly 6900 staff (as at 31.1.2012), excluding bank staff. Further information can be found at Wolverhampton City Council, Window on Wolverhampton 2009 <http://www.wolverhampton.gov.uk/council/statistics/window/>

Vision, Values and Strategic Goals

The Trust's vision and values play an important role in describing the principles and beliefs that underpin the way in which the Trust does business. They provide the checks and balances to make sure that all Trust plans improve the experience for our patients.

EOs are the Trust's statement of its own purpose and objectives regarding equality and human rights. They will form the Trust's commitment towards the implementation and delivery of a comprehensive equality strategy/policy. All NHS organisations are required to act in ways compatible with the Human Rights Act 1998. Putting Human Rights principles and standards at the heart of our organisation is not only a good way for NHS organisations to reduce the risk of complaints and litigation, but will also meet the increased monitoring requirements of some inspectorates, such as the Care Quality Commission. It will also allow us to become an organisation of choice for both service users and in employment.

A Glossary of Terms and Definitions can be found in Appendix 1.

Our Vision

An NHS organisation that is striving continuously to improve patient experience and outcomes

Our Values

Patients are at the centre of all we do.

We maintain a professional approach in all we do.

We are open and honest at all times.

We involve patients and their families and carers in decisions about their treatment and care.

Working together we deliver top quality services.

We work in partnership with others.

Working in teams we will recognise and respect our differences.

We support each other as members of the Trust.

We will be innovative in how we work.

We make it easy to do the right thing.

We continue to improve the experiences of those who use our services.

We encourage and support people who lead change.

We create an environment in which people thrive.

We empower people to explore new ideas.

We act as positive role models.

We work hard for our patients.

We recognise achievements.

Equality and Human Rights principles are threaded throughout these priorities. Our staff are responsible for leading and driving forward change in the Trust, as well as improving standards in health. The Trust will ensure services and new policies are developed in collaboration with service users / patients, community groups, health and social care staff and the voluntary sector.

The Trust is determined to challenge all forms of inequality that impact on its staff or service users. The Trust values the diversity of our workforce and patients and are firmly committed to creating a culture that respects the rights and privileges of each individual.

The Trust aims to recruit a workforce that is representative of the community we serve. Using Wolverhampton City Council reports; Window on Wolverhampton 2008 (<http://www.wolverhampton.gov.uk/council/statistics/window/>) the Trust is broadly reflective of the local community.

The Trust understands that individuals and communities may experience unfair discrimination and disadvantage within employment and service delivery. It realises that discrimination, harassment and victimisation can have a direct negative impact upon the people who work for us. The Trust will not tolerate any form of harassment or discrimination. It is unequivocally opposed to treating individuals unfairly for all of the following reasons:

- Unfair discrimination in employment and/or service delivery damages the health and wellbeing of individuals and groups within the workplace and the wider community. This has a profound negative effect upon the prosperity and the cohesion of the communities in which we live and our capacity to build meaningful and productive relationships with others.
- Ensuring health services are delivered fairly and appropriately to the needs of the patient is integral to the promotion of effective governance. High quality clinical services are essentially those that include meeting individual needs and respecting differences such as cultural and religious needs.

- For the Trust to function effectively it is imperative that staff are fully valued for the skills they are able to bring to their work and for those they are able to develop in meeting their full potential. Unfair discrimination will result in the attrition of skills, knowledge and experience vital to delivering better services and meeting the needs of the wider population.

Finally, the Trust recognises the importance of complying with UK and EU employment legislation as well as the Public Sector Equality Duty (PSED) (2011).

Strategic Goals

Delivering EOs action plans will help support the Trust in the delivery of the strategic goals:

Overall Outcomes

- Trust Board approved EOs.
- Trust compliance to PSED both the General and Specific duties.
- Trust assurance to Care Quality Commission (CQC) that compliance around the Essential Standards of Quality and Safety are being met. Equality and Diversity and Human Rights runs throughout the CQC outcomes.
- Equality and Diversity is integrated into organisational core values, operating principles and business planning.
- Established designated Equality and Diversity staff to manage and coordinate the implementation of the Trust's EOs.
- Robust reporting, monitoring and governance framework which will inform the Trust Board of progress and issues.

A Safer Environment and Culture for Patients, Staff and Visitors outcomes

- All patients, staff and visitors are treated with dignity and respect in an appropriate environment
- Patients, staff and visitors have equitable access to information and facilities

To be the Employer of Choice outcomes

- Published annual workforce information in accordance with PSED.
- Improved employment monitoring data that reflects PPCs.
- Workforce which is representative across all pay bands

Service Delivery (this includes clinical and non clinical) outcomes:

- Demographics of service users completed and health inequality issues identified
- Equality legislation is integrated into procurement contracts

Equality Act 2010 / Public Sector Equality Duty (PSED) – Brief Summary

The Equality Act 2010 replaces previous anti-discrimination laws with a single Act. It simplified the law, removing inconsistencies and making 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) 2011** is made up of a general overarching equality duty supported by specific duties (came into force 10.9.2011) intended to help performance of the general equality duty. The general equality duty (5.4.2011) is set out in section 149 of the Equality Act 2010.

The General Equality Duty

In the exercise of functions, the Trust has to 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

These are often referred to as the three aims of the general equality duty.

Advancing equality of opportunity involves in particular, having due regard to the need to:

- Remove or minimise disadvantages suffered by people due to their protected characteristics
- Take steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people
- Encourage people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low

This includes taking into account the needs of disabled people and treating some people more favourably.

PPCs covered under the Equality Act 2010 are:

1. *Age
2. Disability
3. Gender re-assignment
4. *Marriage and civil partnership
5. *Pregnancy and maternity
6. Race (includes colour, nationality, ethnic or national origins)
7. Religion or belief (includes lack of religion or belief)
8. Sex
9. Sexual orientation

*Not all aspects of the duty apply

The Specific Duties

As part of the PSED, the Trust has to meet the following requirements:

- **Publish** annual equality information (accessibly) to comply with the PSED by 31.1.2012
- Gather, analyse and use **equality information**
- Develop and publish **Equality Objectives** (EO) by 6.4.2012 then review at least every four years and produce annual progress reports
- Use **Equality Analysis** and publish the findings of the impact on equality
- Engagement can help with developing an evidence base, decision making and transparency

Compliance

Equality and Human Rights Commission (EHRC)

The EHRC is responsible for monitoring, assessing compliance with and enforcing the Equality Duty. It has powers to issue compliance notices to public bodies that have failed to comply and can apply to the courts for an order requiring compliance. The Equality Duty can also be enforced by judicial review. This can be done by the EHRC or any individual or group of people with an interest.

Care Quality Commission (CQC) <http://www.cqc.org.uk/>

CQC is the independent regulator of all health and social care services in England. Providers are required to assure the CQC that the care they deliver is safe, appropriate and effective by complying with the Essential Standards of Quality and Safety. Equality and Diversity and Human Rights runs throughout the CQC's outcome requirements.

NHS Key Documents

Equality and Diversity and Human Rights are part of core NHS business and as such the NHS has produced key documents such as:

- Quality Accounts toolkit 2010/11
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122540.pdf
- High Quality Care for All – The Next Stage NHS Review Final Report (June 2008)
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_085828.pdf
- The Operating Framework for the NHS in England 2012/13 (24.11.2011)
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131428.pdf
- World Class Commissioning Framework

These documents all committed to delivering greater equity with regard to health outcomes and reducing health inequalities.

Development of Equality Objectives (EOs)

Development: EOs have been developed using information gathered and information published on the website http://www.royalwolverhamptonhospitals.nhs.uk/patients_public/equality_diversity.aspx

1. Available published workforce information.
2. Equality Impact Assessment Register.
3. Some outstanding actions from the Trust's Single Equality Scheme (2009-2012).
4. National Staff Opinion Survey Results.
5. CQC Review of Compliance Report (May 2011).
6. CQC Dignity and Nutrition for older people Review of compliance (June 2011) Report Inspection.
7. PALS and Complaints information (January – December 2011).

Engagement: In the development of EOs the Trust has sought to engage and involve a range of people with PPCs who have an interest in furthering the aims of the General Equality Duty. These include stakeholders, partners, staff, specific groups and service users. (Appendix 2).

The philosophy that consultation and feedback is an ongoing process should ensure that the Trust's EOs is a live document and such changes or additions will be reported in the annual Trust Board reports.

Summary of Key Points from External Engagement Activities

To be added after engagement/consultation activities.

Action Plans: From the equality information gathered and reviewed, action plans have been drawn up and prioritised to have the biggest impact on the main aims of The General Equality Duty. Appendix 3 also has details of how this evidence has been used. Additional actions will be developed from work carried out in 2012.

Where is the Trust now?

Some work has already been carried out within the Trust, for example:-

- a) Equality Impact Assessments (EIA) have been carried out on :-
 - i. **OP46:** Development of Patient/Carer Information has been reviewed to ensure all patient/carers documents have a statement on them to say they will be available in alternative formats, different languages. The Trust's Medical Illustration department can produce alternative formats.
 - ii. **OP1:** Development and Control of Trust policy and procedural documents has been reviewed to ensure that all policies have an Equality Impact Assessment (using revised EIA tools) before they are ratified.
 - iii. **OP73:** Undertaking an Equality Impact Assessment policy and proformas has been revised to include all PPCs.
- b) **April 2011:** The Website and Intranet sites have been re-designed and include up-to-date information.
- c) **June 2011:** An EIA register has been published on the website
<http://www.royalwolverhamptonhospitals.nhs.uk/pdf/Equality%20Impact%20Assessment%20Register%20PUBLICATION%20VERSION%2012.7.2011.pdf>
- d) **July 2011:** Available workforce data has been published
http://www.royalwolverhamptonhospitals.nhs.uk/patients_public/equality_diversity/data/workforce_data.aspx
- e) **July 2011:** An update on the Trust's Single Equality Scheme has been published on the website
<http://www.royalwolverhamptonhospitals.nhs.uk/pdf/RWHT%20150711.pdf>
- f) **July 2011:** The Trust's Interpreting Services include Face to Face language interpreting, language Telephone interpreting and British Sign Language interpreting.
- g) **October 2011:** The Trust has developed an Employment Equality and Diversity monitoring form to capture all PPCs as part of exit interviews and the flexible working policy.

h) **September 2011:** The Trust has included a section on transport and travel on the website which links to Direct Enquires The Nationwide Access Register. Information on this link includes: RWHT site detailed information, disability access, transport methods (car, bus, walking), premises plans and photographs. The site has a facility to change font size and some font and background colours.

The webpage will be updated as and when there are significant changes in the public areas of buildings within New Cross Hospital site.

Direct Access The Nationwide Access Register New Cross Hospital's homepage

<http://www.directenquiries.com/information/New%20Cross%20Hospital/362044/summary/information.aspx>

Implementing Equality Objectives (EOs)

The key aim of the Trust's EOs is to make sure that equality, diversity and Human Rights are embedded in to every area of Trust activity.

The effective implementation of the Trust's EOs will depend upon clear communication with accountabilities, responsibilities and active ownership at all levels and by all staff.

Publication/Raising Awareness of Equality Objectives (EOs)

EOs will be published on the Trust's website and on the staff Intranet (Equality and Diversity sections) site in PDF format. They will be available in alternative formats on request.

All groups that have been involved with their development (Appendix 2) will be sent a copy.

Equality Objectives (EOs) - Key Milestones

Date	Details
February / March 2012	Review equality information and develop draft EOs
	Engagement activities
	Directors' involvement
April 2012	Compliance Committee
	Finalised at Trust Management Team and Trust Board
	Published final version, commence implementation

Accountability and Structure

Responsibility: The Trust Board has a responsibility to ensure that the Trust is compliant with equality and human rights legislation and will provide direction, purpose and leadership for the implementation of the EOs.

Each member of staff has responsibility for adhering to and supporting 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 or service user to unlawful discrimination, harassment, victimisation, bullying or other prohibited conduct
- Challenge behaviour which is observed to be discriminatory or unlawful
- Take responsibility for delivering a high quality service which is appropriate and endeavours to meet the needs of our service users

Lead: The Chief Nursing Officer is the Trust Board lead for Equality and Diversity and will have specific responsibility for advising the Board on aspects of the EOs.

The Patient Experience Lead supported by the Equality and Diversity Officer is responsible for the implementation of the EOs and will support the Trust to deliver on its legislative requirements.

Implementation/Maintenance: All leads identified in the action plan (Appendix 3) are responsible for the implementation of the EOs.

Business Planning: The Trust's EOs will be linked to and embedded in all business planning and functions. The published plans are not the end result in itself.

Monitoring and Reporting: A reporting and monitoring mechanism will be put in place to ensure that service users / patients, Trust Members and staff are able to see the Trust's commitment to deliver on actions contained within the action plans.

Progress in achieving the scheme will be reported annually to the Trust Board and published on the Trust's website.

The Trust will endeavour to introduce appropriate policies, procedures and programmes of action that protect individuals from discrimination, harassment and victimisation, and to promote the right to be treated with dignity and respect while at the same time meeting individual needs wherever possible.

Complaints and Non-Compliance

Any complaints by members of the community or staff on or around the statutory obligations under Equality Legislation will be addressed with using the following procedures:

For Staff

HR05 Equality of Opportunity Policy
HR06 Grievance Policy
HR15 Prevention of Bullying and Harassment Policy
HR16 Raising Concerns at Work - Whistleblowing policy

For Service Users

Patient Advice and Liaison Service (PALS)
OP08 Complaint Management Policy

Acknowledgements

The Trust would like to thank everyone who has been involved with the development of its EOs.

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Glossary of Terms and Definitions

The following definitions of discrimination are derived from the anti discrimination legislation:

Age: Refers to a person having a particular age (e.g., 30 year olds) or being within an age group (e.g., 20-25 year olds). This includes all ages, including children and young people.

Civil partnership: Is the legal recognition of a same-sex couple's relationship. Civil partners must be treated the same as married couples on a range of legal matters.

Compliance notice: The EHRC can, if a public authority does not comply with its general or specific duties, serve a compliance notice on that authority under section 32 of the Equality Act 2006.

CQC: Care Quality Commission.

Direct discrimination: This refers to less favourable treatment because of a person's PPC.

Disability: A person has a disability if they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities.

Diversity: Recognising and accepting that people are individuals with different needs and requirements.

EHRC: Equality and Human Rights Commission - a non-departmental public body established by the Equality Act 2006 (came into being on 1.10.2007). It has responsibility for the promotion and enforcement of equality and non-discrimination laws.

Engagement: the range of ways in which the public authorities interact with service users, employees and other stakeholders, over and above service provision or within a formal employment relationship.

Equality: Treating people **fairly**, with reasonableness, consistency and without prejudice.

Equality Act 2010: Brings together the majority of existing equality legislation so that it is easier to understand and use.

Equality Analysis (EA): Public authorities are required to have due regard to the aims of the general equality duty when making decisions and when developing policies. EA can help identify potential negative impacts or unlawful discrimination, as well as any positive opportunities to advance equality.

Equality Impact Assessment (EIA): An assessment employed to determine the extent to which policies, procedures, practices and services etc impact upon individuals and groups with PPCs.

Equality information: Information held or information that will be collected about people with PPCs, and the impact of decisions and policies on them.

Equality objectives: A duty for relevant public authorities to prepare and publish one or more objectives to meet the aims of The General Equality Duty.

Equal opportunities: Giving everyone a chance to meet their full potential by providing fair access to employment and service.

Gender re-assignment: The process of transitioning from one sex to another. See also trans, transsexual, transgender.

Harassment: Unwanted conduct related to a PPC that has the purpose or effect of violating a person's dignity or creates an intimidating, degrading, hostile, humiliating or offensive environment.

Human Rights: The right to be treated fairly, respectfully, dignified and courteously. Core values of the Human Rights Act:- fairness, respect, equality, dignity and autonomy (FREDA).

Indirect discrimination: A provision, criterion or practice is applied in a way that creates disproportionate disadvantage for a person with a PPC (compared to those who do not share that characteristic) and is not a proportionate means of achieving a legitimate aim.

Judicial review: A claim to the High Court, asking the Court to review the way a public authority carrying out public functions made a decision.

Marriage: A union between a man and a woman.

Maternity: The period after giving birth. Employment: linked to maternity leave. Non-work context: protection against maternity discrimination is for 26 weeks after giving birth, including discrimination as a result of breastfeeding.

Pregnancy: Condition of being pregnant.

PSED: Public Sector Equality Duty.

PPC: Personal Protected Characteristics under the Equality Act 2010.

Race: Refers to a group of people defined by their colour, nationality (including citizenship), ethnic or national origins.

Reasonable adjustment: Making adjustments to the way in which functions are delivered so that disabled people are not disadvantaged by the way in which those functions are carried out.

Religion or belief: **Religion** - any religion, including a reference to a lack of religion. **Belief** - includes religious and philosophical beliefs including lack of belief (eg Atheism).

RWHT: The Royal Wolverhampton Hospitals NHS Trust.

Sex: A man or a woman.

Sexual orientation: A person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Stakeholders: People with an interest in an issue or a subject.

Trans: The terms 'transgender people' and 'trans people' are both often used as umbrella terms for people whose gender identity and/or gender expression differs from their sex at birth; including transsexual people, transvestite/cross-dressing people, androgyne/polygender people, and others who define as gender variant.

Transgender: An umbrella term for people whose gender identity and/or gender expression differs from their sex at birth. They may/may not seek to undergo gender reassignment hormonal treatment/surgery. This term is often used interchangeably with trans.

Transsexual: Is a person who intends to undergo, is undergoing or has undergone gender reassignment (which may or may not involve hormone therapy or surgery). This could include part of the process. Transsexual people have the protected characteristic of gender reassignment under the Equality Act 2010.

Engagement Activities in Developing Equality Objectives (EOs)

Communication

In the development of EOs the Trust has sought to engage and involve a range of people with PPCs who have an interest in furthering the aims of the General Equality Duty. These include stakeholders, partners, staff, specific groups, service users as identified below.

Section A – Draft EOs

Group	Type of Involvement	Audience	Mechanism
RWHT Staff / groups	Draft EOs – initial internal consultation	<ul style="list-style-type: none"> • BME Staff Group Chair • Catering Project Manager • Chairman • Chaplaincy • Chief Executive • Chief Nursing Officer • Chief Operating Officer • Communications Office • Complaints Manager • CQC Lead • Deputy Chief Nurse - Quality and Safety • Deputy HR Directors • Divisional HR Manager • Divisional Nurses (Division one and two) • Governance Coordinator Division one • Graphic Designers (Medical Illustration) • Head of Education and Training • Head of Governance • Head of Hotel Services • Head of Nursing and Midwifery Education and Development • Head of Nutrition and Dietetics • Head of Procurement • Head Of Strategic Development • HR Advisor • Human Resources Manager Division two • Learning Disabilities Specialist Nurse • Midwifery Department • PALS Manager • Patient Access Manager • Patient Experience Lead • Patient Information Centre • Patient Safety Manager • Project Manager Projects and Estates • Senior Training Officer • Sexual Health Personal Assistant/Administrator • Staffside Members • Team Manager Projects and Estates • Undergraduate Coordinator • Workforce Information Manager • Directors 	<ul style="list-style-type: none"> • E-mail / meeting • E-mail

Group	Type of Involvement	Audience	Mechanism
RWHT Staff / groups	Draft EOs	<ul style="list-style-type: none"> • RWHT staff as above • BME Staff Group • Head of Shared Services (HR) 	<ul style="list-style-type: none"> • E-mail
	Advertisement of draft EOS	<ul style="list-style-type: none"> • Intranet (Equality and Diversity section) • Trust-wide staff bulletin / newsletter 	<ul style="list-style-type: none"> • E-mail
Local Interest Groups service users / patients and public / local community including voluntary groups	Draft EOs	<ul style="list-style-type: none"> • Local interest groups (groups in contact with people with PPCs) including; <ul style="list-style-type: none"> • African Caribbean Community Initiative • Age UK • Beacon Centre for the Blind • BID Services for Deaf People • Compton Hospice • Educare • Ekta Centre • Gender Matters • L:Bow Room • LGBT Network • MENCAP Our Shout Empowerment • Netmums • One Voice-Action for Disability • Press for Change • Prostate Cancer Support Group • Rethink Advocacy Service • Roundabout Children's Centre • Skills for Life • Sunbeam Children's Centre • Sure Start • Take Two Youth Group • The Children's Village • The Haven Wolverhampton • The Rainbow Children's Centre • West Midlands Caribbean Parents and Friends Association • Wolverhampton Citizens Advice Bureau • Wolverhampton Interfaith and Regeneration network • Wolverhampton Over 50's Forum • Wolverhampton Sickle Cell Care & Social Activity Centre • Women of Wolverhampton (WOW) • Include Me TOO • Wolverhampton Voluntary Sector Council • LINKs • Patient Experience Forum • Website (RWHT) • Patient Information Centre 	<ul style="list-style-type: none"> • E-mail • Meeting / e-mail • Meeting / e-mail • E-mail • Print

Group	Type of Involvement	Audience	Mechanism
Partner Organisations	Draft EOs	<ul style="list-style-type: none"> Wolverhampton Homes Wolverhampton City Council Wolverhampton University Wolverhampton City Primary Care Trust Community Development Workers Wolverhampton City Primary Care Trust Commissioners Black Country Partnership NHS Foundation Trust Equality and Diversity Forum NHS Dudley 	<ul style="list-style-type: none"> E-mail E-mail E-mail E-mail Meeting / E-mail E-mail E-mail E-mail

Section B – Publication of Final EOs

Group	Type of Involvement	Audience	Mechanism
RWHT Staff / groups	Advertisement of EO publication	<ul style="list-style-type: none"> As above in section A 	<ul style="list-style-type: none"> E-mail
Local Interest Groups service users / patients and public / local community including voluntary groups	Advertisement of EO publication	<ul style="list-style-type: none"> As above in section A 	<ul style="list-style-type: none"> E-mail
Partner Organisations	Advertisement of EO publication	<ul style="list-style-type: none"> As above in section A 	<ul style="list-style-type: none"> E-mail
Trust Members / local community including voluntary groups	Advertisement of EO publication on newsletters	<ul style="list-style-type: none"> Foundation Trust Members Community and voluntary organisations' newsletters 	<ul style="list-style-type: none"> Post E-mail

Equality Objectives (EOs) Action Plans

EOs will be two fold covering Employment and Services.

Employment

Ref no.	Aim / Outcome	Evidence Source (see key)	Rationale	Engagement Activity	Action Required	Lead Accountability	Delegated Responsibility	Time scale
1	An embedded governance structure for E&D	8.EHRC Essential guide PSED 10. EHRC Equality Information 1.Workforce information 2.EIA register	<ul style="list-style-type: none"> Embedding E&D into the Trust No existing E&D governance group Collecting and analysing information to meet the aims of The General Duty : non analysis of some existing equality information to identify trends / possible discrimination / access barriers Lack of analysis on workforce information Lack of monitoring in place for some PPCs 	Appendix 2	a) Set up E&D Governance / Steering group to include reporting, collecting information, reviewing/analysis mechanisms for equality information	Chief Nursing Officer	Patient Experience Lead/E&D Officer/Deputy HR Directors/Data Gap Analysis Leads	2012/13
					b) E&D Strategy/Policy to be developed and rolled out	Chief Nursing Officer	Patient Experience Lead/E&D Officer	2012/13
2	An organisation that is aware of its responsibilities under the PSED	8. EHRC Essential Guide PSED 2.EIA register	<ul style="list-style-type: none"> Staff and leaders to be aware of the Duty's requirements Lack of monitoring of all PPCs for some EIAs Lack of fully completed EIAs. Lack of policies available in alternative formats and 	Appendix 2	a) Review training packages e.g., E&D face to face, E&D online, B&H (mandatory training), R&S to include E&D data collection, alternative formats, reasonable adjustments, PSED, E&D, The General Duty	Chief Nursing Officer	Patient Experience Lead/E&D Officer/Undergraduate Coordinator/Senior Training Officer	2012/13
					b) Circulate key documents to leaders / senior members of staff	Chief Nursing Officer	Patient Experience	2012

Ref no.	Aim / Outcome	Evidence Source (see key)	Rationale	Engagement Activity	Action Required	Lead Accountability	Delegated Responsibility	Time scale
			actions around alternative formats				Lead/E&D Officer	
					c) E&D online package to be developed and rolled out to the organisation	Chief Nursing Officer	Patient Experience Lead/E&D Officer	2012/13
		4.National Staff Survey 8. EHRC Essential Guide PSED 2.EIA register	<ul style="list-style-type: none"> E&D training need identified All staff need to be aware of the PSED e.g., the General Duty, E&D, reasonable adjustments, alternative formats etc Lack of actions around alternative formats 	Appendix 2	d) Investigate E&D to become mandatory subject	Chief Nursing Officer	Patient Experience Lead/E&D Officer	2012/13
		10. EHRC Equality Information	<ul style="list-style-type: none"> Information for all PPCs to be collected and reviewed/analysed (see also action to set up E&D Governance / Steering group) 	Appendix 2	e) Review data gap analysis action plan for relevant equalities information to be published	Chief Nursing Officer	Patient Experience Lead/E&D Officer/Data Gap Analysis Action Plan Leads	2012
					f) Data cleanse exercise to be undertaken	Deputy HR Director	Workforce Information Manager	2012
		9. EHRC Decision Making (EIA/EA) 2.EIA Register	<ul style="list-style-type: none"> The Trust is required to have due regard to the aims of The General Duty when making decisions, setting policies and publishing information Lack of fully completed EIAs around monitoring for some PPCs 	Appendix 2	g) Develop new EA tool to replace EIA tool	Chief Nursing Officer	Patient Experience Lead/E&D Officer	2012/13
					h) Develop training package for EA tool	Chief Nursing Officer	As above	2012/13
					i) Develop guidance notes for EA tool	Chief Nursing Officer	As above	2012/13

Ref no.	Aim / Outcome	Evidence Source (see key)	Rationale	Engagement Activity	Action Required	Lead Accountability	Delegated Responsibility	Time scale
		9. EHRC Decision Making (EIA/EA)	<ul style="list-style-type: none"> Publish information to comply The General Equality Duty. Publish results of EIA/EAs 	Appendix 2	j) Publish results of EIA/EA on an annual basis for workforce policies k) Publish workforce information	Chief Nursing Officer	Patient Experience Lead/E&D Officer/Policy Authors	June 2012 onwards
		10.EHRC Equality information	<ul style="list-style-type: none"> A workforce that is representative across all pay bands 	Appendix 2	l) Investigate carrying out a pay gap analysis	Deputy HR Directors	Head of HR Shared Services	2012/13
3	Equality Group to be reflective of the organisation	3.SES outstanding action	<ul style="list-style-type: none"> Carried forward action from SES Internal engagement activity 	Appendix 2	a) BME Group to evolve into E&D group to include other PPCs b) Investigation into setting up specific E&D group e.g., Lesbian Gay Bisexual Transgender staff group	Chief Nursing Officer	BME Staff Group Chair/E&D Diversity Officer	2012
						Chief Nursing Officer	Patient Experience Lead/E&D Officer/Sexual Health Personal Assistant/Administrator	2012/13

Services

Ref no.	Aim / Outcome	Evidence Source (see key)	Rationale	Engagement Activity	Action Required	Lead Accountability	Delegated Responsibility	Time scale
1	Services that can identify possible discrimination and / or access barriers for people with PPCs	2.EIA register 10. EHRC Equality Information 3.SES outstanding action	<ul style="list-style-type: none"> Lack of all PPCs monitoring for some EIAs Lack of data available for all PPCs Service information should be collected and monitored (includes relevant contracted out services) 	Appendix 2	a) Trust Board to decide what PPCs should be collected for <ul style="list-style-type: none"> i. Inpatients ii. Outpatients iii. Community Services iv. PALS v. Complaints vi. Relevant contracted out services 	Chief Nursing Officer	Patient Experience Lead/E&D Officer/Patient Access Manager/Head of Procurement/T/B	2012
					b) Investigation into the development of E&D services monitoring form or a process of capturing relevant data to be identified	Chief Nursing Officer	Patient Access Manager/Patient Experience Lead/E&D Officer	2012-14
		3.SES outstanding action 8.EHRC Essential guide PSED	<ul style="list-style-type: none"> Action carried forward from SES Contractor's performance should be reviewed 	Appendix 2	c) To ensure contracts include compliance to equality legislation	Chief Financial Officer	Head of Procurement	2012
		3.SES outstanding action	<ul style="list-style-type: none"> Action carried forward from SES 	Appendix 2	d) To promote a diverse and equitable supplier chain	Chief Financial Officer	Head of Procurement	2012/13
2	An organisation that is aware of its responsibilities under the PSED	9. EHRC Decision Making (EIA/EA)	<ul style="list-style-type: none"> Publish information to comply The General Equality Duty 	Appendix 2	a) Publish results of EIA/EAs	Chief Nursing Officer	Patient Experience Lead/E&D Officer	June 2012 onwards
					b) Publish annual progress reports on EOs	Chief Nursing Officer	Patient Experience Lead/E&D Officer	April 2013 onwards
3	A PALS and Complaints service that is	2.EIA register	<ul style="list-style-type: none"> Lack of PALS and Complaints service EIAs on EIA register 	Appendix 2	a) Send complaints and PALS leaflet to marginalised groups (including Deaf community groups)/stakeholders/	Chief Nursing Officer	Patient Experience Lead/E&D	2012/13

Ref no.	Aim / Outcome	Evidence Source (see key)	Rationale	Engagement Activity	Action Required	Lead Accountability	Delegated Responsibility	Time scale
	responsive to individual needs	5.CQC compliance review 3.SES outstanding action	<ul style="list-style-type: none"> Minor concerns around access to services Deaf community to have information circulated 		<p>partners/local interest groups advising how to complain</p> <p>b) Link complaints and PALS leaflets on E&D section of the website</p> <p>c) EIA Complaints and PALS processes/policies to ensure the needs of people with PPCs are considered</p> <p>d) Provide/advertise alternative methods of communication (PALS/Complaints services) available to endeavour to meet the needs of a range of people</p> <p>e) Include E&D in Complaints and PALS Training</p> <p>f) Patient bedside folders to include statement around providing alternative formats</p> <p>g) Capture, report and monitor relevant E&D data (via monitoring form after T/B decision) for complainants and PALS contacts so that trends can be reported and acted upon</p>		Officer	
						Chief Nursing Officer	As above	2012/13
						Chief Nursing Officer	Complaints Manager/PALS Manager	2012/13
						Chief Nursing Officer	As above	2012/13
						Chief Nursing Officer	Complaints Manager/PALS Manager/ E&D Officer	2012/13
						Chief Nursing Officer	Patient Experience Lead/E&D Officer	2012
						Chief Nursing Officer	Patient Experience Lead/PALS Manager/Complaints Manager/E&D Officer	2012/13
4	Catering services responsive to the needs of the local population	6.CQC Dignity and nutrition for older people	<ul style="list-style-type: none"> Outcome 1 – Respecting and involving people who use services – compliant. Further improvements to be made e.g., nurse training. Outcome 5 – Meeting nutritional needs – minor 	Appendix 2	a) Regular review of induction, preceptorship and mandatory training sessions on nutrition, and in-house training programmes and areas of application from accredited education includes relevant subject matter for meeting the nutritional needs of patients	Chief Nursing Officer	Head of Nursing and Midwifery Education and Development/ Head of Nutrition and Dietetics	2012

Ref no.	Aim / Outcome	Evidence Source (see key)	Rationale	Engagement Activity	Action Required	Lead Accountability	Delegated Responsibility	Time scale
		2.EIA register	<p>concerns. Patients not given menus and menus not provided in alternative formats</p> <ul style="list-style-type: none"> Lack of EIA for catering services on EIA register 		b) Investigate the use of the patient tracker questionnaire to include experiences of food e.g., awareness of alternative menus	Chief Nursing Officer	Patient Experience Lead/E&D Officer/PALS Manager	2012/13
					c) Relevant E&D related information to be captured on patient tracker for review/analysis (E&D monitoring)	Chief Nursing Officer	Patient Experience Lead/E&D Officer/PALS Manager	2012/13
					d) Menus to have a statement on around providing them in alternative formats	Head of Hotel Services	Catering Project Manager	2012
					e) Provide menus in alternative formats upon request	Head of Hotel Services	Catering Project Manager	2012
					f) Carry out an EIA on catering services	Head of Hotel Services	Catering Project Manager/E&D Officer/Head of Nutrition and Dietetics	2012
					g) Provision of alternative food choices to meet cultural, religious and therapeutic needs (incl the production of menus) e.g., Halal, Kosher, vegan, allergy, gluten free, dysphagic etc. The same standard of service should be offered	Head of Hotel Services	Catering Project Manager/Head of Nutrition and Dietetics	2012
					h) Protected mealtimes to be adhered to e.g., no non-urgent clinical procedures to be discussed during mealtimes to reduce the risk of private conversations being overheard by patients/visitors	Chief Nursing Officer	Patient Experience Lead	2012

Ref no.	Aim / Outcome	Evidence Source (see key)	Rationale	Engagement Activity	Action Required	Lead Accountability	Delegated Responsibility	Time scale
5	A safe accessible environment for service users	7.PALS and Complaints information	<ul style="list-style-type: none"> Identified contacts around access to premises 	Appendix 2	a) Monitor and action plan improvement around disability access audits e.g., <ol style="list-style-type: none"> Colour contrasting kerbs outside eye infirmary Easy access toilet in outpatients one (accessibility within the toilet) Steep ramp outside maternity 	Team Manager Projects and Estates	Project Manager Projects and Estates	2012 onwards
		3.SES outstanding action	<ul style="list-style-type: none"> Action carried forward around patients' access requirements 	Appendix 2	b) Wayfinding Strategy to be implemented	Team Manager Projects and Estates	Project Manager Projects and Estates	2012
		3.SES outstanding action 8. EHRC Essential Guide PSED	<ul style="list-style-type: none"> Action carried forward around patients' access requirements The General Equality Duty : Take steps to meet the needs of people with certain PPCs where these are different from the needs of other people 	Appendix 2	c) Investigate the possibility of patient's access needs to be recorded on PAS e.g., people with learning disabilities, hearing and visual impairments, language barriers etc	Chief Nursing Officer	Patient Access Manager/ Learning Disabilities Specialist Nurse	2012-14
		3.SES outstanding action	<ul style="list-style-type: none"> Action carried forward form SES 	Appendix 2	d) Review the appointments system; reduce DNA rates, investigate text and telephone reminders, patient letters	Chief Nursing Officer	Patient Access Manager	2012/13
		3.SES outstanding action	<ul style="list-style-type: none"> Action carried forward form SES 	Appendix 2	e) Investigate the possibility of using Adult Personal Health Records for the Gypsy and Traveller Community (part of WCPCT's Pacesetters programme April 09)	Chief Nursing Officer	Patient Experience Lead	2012
		3.SES outstanding action	<ul style="list-style-type: none"> Action carried forward form SES 	Appendix 2	f) Investigate the possibility of providing services to help address health inequalities e.g., take up of screening programme for people with Learning Disabilities or the Gypsy and Traveller communities	Chief Nursing Officer	Patient Experience Lead/Learning Disabilities Specialist Nurse	2012/13

Key for Evidence Source

1. RWHT's Published workforce information.
http://www.royalwolverhamptonhospitals.nhs.uk/patients_public/equality_diversity/equality_information/workforce_data.aspx
2. RWHT's Equality Impact Assessment Register
<http://www.royalwolverhamptonhospitals.nhs.uk/pdf/Equality%20Impact%20Assessment%20Register%20PUBLICATION%20VERSION%2012.7.2011.pdf>
3. Some outstanding actions from RWHT's Single Equality Scheme. <http://www.royalwolverhamptonhospitals.nhs.uk/pdf/RWHT%20150711.pdf>
4. National Staff Opinion Survey Results http://www.royalwolverhamptonhospitals.nhs.uk/pdf/NHS_staff_survey_2010_RL4_sum.pdf
5. CQC. Review of Compliance Report (May 2011) Outcome 17 – People should have their complaints listened to and acted on properly – minor concerns [CQC Responsive review](#)
6. CQC. Dignity and Nutrition for older people Review of compliance (June 2011) Report Inspection Outcome 1 – Respecting and involving people who use services – compliant Outcome 5 – Meeting nutritional needs – minor concerns [CQC Dignity and Nutrition inspection](#)
7. RWHT's PALS and Complaints information (January – December 2011) (not published)
8. Equality and Human Rights Commission. (January 2012), '*The essential guide to the public sector equality duty*' © Equality and Human Rights Commission. ISBN 978 1 84206 338 5 www.equalityhumanrights.com <http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/>
9. Equality and Human Rights Commission. (January 2012), '*Meeting the equality duty in policy and decision making*' © Equality and Human Rights Commission. ISBN 978 1 84206 339 2 www.equalityhumanrights.com <http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/>
10. Equality and Human Rights Commission. (December 2011), '*Equality information and the equality duty: A guide for public authorities*' © Equality and Human Rights Commission. ISBN 978 1 84206 341 5 www.equalityhumanrights.com <http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/>

Abbreviations

B&H	Bullying and Harassment	PAS	Patient Administration System
BME	Black Minority Ethnic	PPC	Personal Protected Characteristics
EA	Equality Analysis	PSED	Public Sector Equality Duty
E&D	Equality and Diversity	R&S	Recruitment and Selection
EIA	Equality Impact Assessment	SES	Single Equality Scheme
EHRC	Equality and Human Rights Commission	T/B	Trust Board
HR	Human Resources	WCPCT	Wolverhampton City Primary Care Trust