

The Royal Wolverhampton Hospitals NHS Trust

**Race Equality Scheme
2006-2009**

Race Equality Scheme 2006 – 2009

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Foreword by the Chief Executive and Chair

At The Royal Wolverhampton NHS Trust we are committed to delivering equality of opportunity for all staff and service users. Our Race Equality Scheme [RES] and Action Plan are at the heart of the drive to achieve this.

The RES is about developing, supporting and sustaining a diverse work force. It is about creating a working environment where staff are able to do their job to the best of their ability without having to face racial discrimination or harassment. Equally, it is about providing a healthcare service that recognises respects and responds to the diversity of the local communities we serve.

This is a large, complex undertaking. It is also an area where the health service has not traditionally performed well. Openly acknowledging both these facts is an important first step.

One area where we have begun to make progress within The Royal Wolverhampton Hospitals NHS Trust is in improving our understanding of the ethnicity of the workforce and the people who use our services. We have done this by establishing effective monitoring systems. This is about getting the basics right, since obtaining high quality, up-to-date baseline data will enable us to set performance indicators to measure our progress on promoting equality and diversity.

There are a number of important measures which endorse our direction of travel on promoting race equality. For example, the Improving Working Lives assessment conducted in February 2003 noted that all staff questioned “generally felt that they were treated with dignity and respect”, this was also reflected in the 2004 Trust staff survey. Strategic Health Authority has also noted the strength of our work on RES to date. Nonetheless, we recognise that we have a long way to go.

We are all too aware of the damage and distress caused by stigma and discrimination. Far too often, people are denied a voice within society and face barriers to accessing employment, education and other opportunities as a direct result. Discrimination of this nature comes in many shapes and forms. People are affected by it as a result of ethnicity, religious beliefs, age, gender, disability and sexuality. Within the health service we have a responsibility to tackle this wherever it happens, whomever it affects and in whatever form it takes.

In order to achieve this within The Royal Wolverhampton NHS Trust, it is important for us to continually examine and reflect upon the impact of our attitudes and behaviour on colleagues, service users and carers. Equally, we need to institutionalise respect and consideration for others in exactly the same way we are institutionalising sound financial practices. We cannot claim to deliver a *quality* service unless it is an *equality* service.

This RES is an important element of our commitment to diversity. It is a living document and, as such, the views of interested groups and individuals will influence its development over time.

Peter Suddock
Chairman

David Loughton
Chief Executive

Part One

Chapter 1: The Introduction

The tragic death of Stephen Lawrence and the subsequent findings of the public inquiry left a clear legacy in ensuring how public institutions behave towards black and minority ethnic citizens they serve. The amendment to the 1976 Race Relations Act places a new statutory duty on all public bodies to positively promote race equality in service delivery and employment. Organisations were no longer being asked to *'make appropriate arrangements'* as in previous legislation but to pay *'due regard'* to promoting race equality. This is the challenge facing all public bodies and an opportunity to learn, develop and implement policies and strategies that provide equal access to all in an inclusive, non-discriminatory and culturally appropriate way.

The Stephen Lawrence inquiry defined institutional racism as *"a collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes, and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantages minority ethnic people"* [Para 6.34 Stephen Lawrence Inquiry Report]. This definition needs to be carefully considered by all that work in the public sector within the context of daily work practices.

The Royal Wolverhampton Hospitals NHS Trust [RWH] is committed to promoting equality of opportunity for all the populations of Wolverhampton. It takes seriously its obligations under the Race Relations Amendment Act and wider equality legislation enshrined within the Disability Discrimination Act [DDA], Equal Opportunities Act, Human Rights Act and regulations under article 13 of the European Communities Act covering sexuality, age, religion and belief.

The Race Relations Amendment Act 2000

Under the Act, the Acute Trust is a public authority defined as a *"body named, defined or described in schedule 1A to the Race Relations Act or, depending on the context, a body named, defined or described in one of the schedules to the Race Relations Act 1976 [Statutory Duties] Order 2001."* [CRE Code of Practice].

It also meets the requirements in performing a public function defined as *"functions that affect, or are likely to affect, the public or a section of the public"* [CRE Code of Practice].

The Race Relations [Amendment] Act 2000 came into force in April 2001 outlining a general duty and specific duties for public authorities to comply with.

The General Duty

A general duty is placed on all public authorities to have due regard to:

- a) Eliminate unlawful racial discrimination
- b) Promote equality of opportunity and
- c) Promote good relations between people of different racial groups

There are also four underlying principles that support the implementation of the general duty and need to be borne in mind in delivering on this important agenda:

- 1] Promoting race equality is obligatory for all public authorities listed in schedule 1A to the Act.
- 2] Public authorities must meet the duty to promote race equality in all relevant functions.
- 3] The weight given to race equality should be proportionate to its relevance.
- 4] The elements of the duty are complementary, as they are all necessary to meet the whole duty.

Specific duties

Under the Act the Home Secretary has powers to place specific duties on public authorities that must make arrangements to assist them in meeting the general duty to promote race equality. The specific duties came into effect on 31 December 2001 with bodies given until 31 May 2002 to, as part of the specific duties, prepare and publish a race equality scheme [RES] setting out the 'functions' or 'policies' relevant in meeting the general duty.

The contents of a Race Equality Scheme are clearly defined by the Act and in particular articles 2[2] and 2[3] of the 1976 Race Relations Act [Statutory Duties Order 2001].

The scheme should state:

- Functions or policies or proposed policies relevant to meeting the general duty
- Assessing and consulting on likely impact of its proposed policies
- Monitoring policies or any adverse impact
- Publishing the results of the assessments and consultation and monitoring
- Ensuring public access to information and services
- Training staff in respect to the duties imposed in the general duty

Employment duties

Under the specific duties on employment the RWH undertake to monitor by racial group:

- Numbers of staff in post and
- applicants for employment
- training and employment from each racial group

Public authorities that have 150 or more full time staff are required to meet additional duties under the Act. RWH has over 4500 staff, it will as a matter of good practice adhere to the additional duties in monitoring by racial group those employees who:

- receive training
- benefit or suffer detriment as a result of its performance assessment procedures
- are involved in grievance procedures
- are the subject of disciplinary procedures
- cease employment

These results need to be published annually.

The Royal Wolverhampton NHS Acute Trust has reviewed its race equality scheme accordance with the obligations under the Act, which is every three years. The first cycle embedded the race equality scheme within the organisation and it was reviewed annually thereafter. This document will be subject to continual development and improvement to ensure a more flexible and rapid response to eliminating adverse impact on race equality.

Our aim is to make race equality become the responsibility of all our stakeholders within Wolverhampton, internally with our own staff and organisation, as well as with external partners such as the Primary Care Trusts [PCT's], other Acute and Specialist Trusts.

Chapter 2

Role of The Royal Wolverhampton Hospital NHS Trust

The Royal Wolverhampton NHS Acute Trust is an 800 bedded hospital and serves the area of Wolverhampton city delivering health care in its role to:

- ∞ Improve the health of the community
- ∞ Improving access to all services
- ∞ Focusing in improving services and outcomes
- ∞ Improving overall patient's experience
- ∞ Reducing health inequalities, e.g. access / information / service delivery and BME Groups
- ∞ Contributing to the cross-government drive to reduce drug misuse.

Locality

The Royal Wolverhampton NHS Trust is a major acute unit within the West Midlands. Over 90% of Wolverhampton residents requiring acute hospital service receive their care from the Trust which has 800 beds. The Trust employs 4953 staff and holds a budget of £199,865m.

As at 30th June 2003, registered population of the City of Wolverhampton was 238,900. 118,000 are males and 120,900 are females.

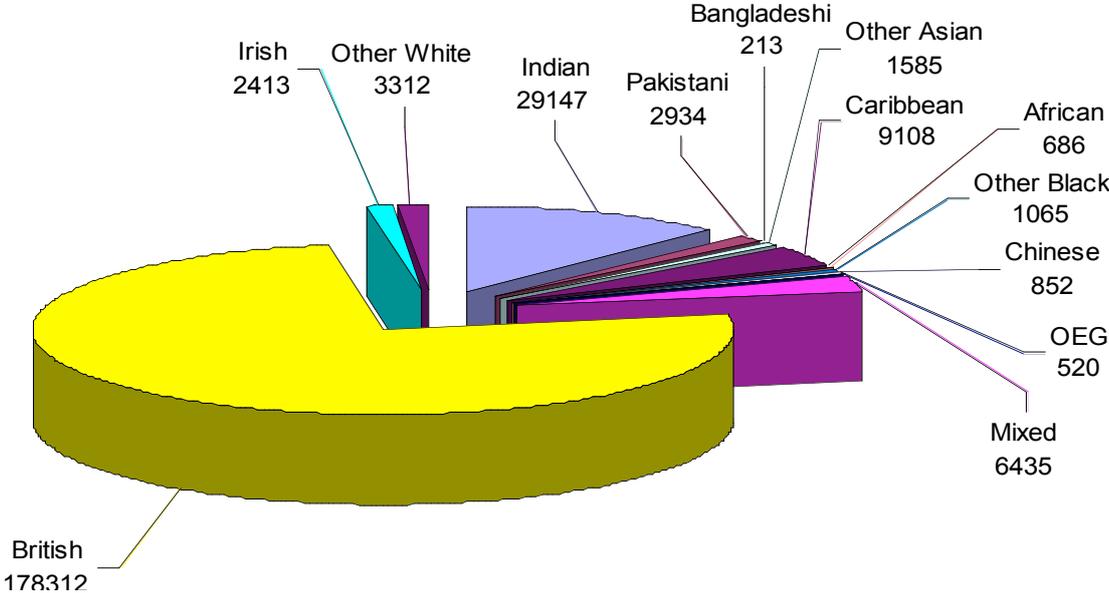
The Royal Wolverhampton NHS Trust covers the City of Wolverhampton. The most deprived wards in The Royal Wolverhampton NHS Acute Trust [20 wards] are:

- ∞ Heath Town, Bushbury South and Low Hill in terms of income
- ∞ Merry Hill and Oxley in relation to employment.
- ∞ Health deprivation is located away from the western parts of the city
- ∞ Education, skills and training are located in the eastern part of the local authority away from the city's inner core.

With environmental deprivation located in the northern and southern part of Wolverhampton.

Ethnicity in the City of Wolverhampton

**POPULATION BY ETHNIC GROUP (CENSUS 2001)
WOLVERHAMPTON**



Chapter 3

Key Strategic Goals

The Royal Wolverhampton Hospitals NHS Trust welcomes the significant opportunities to improve the health and well-being of the citizens of our City. Working closely with our partners in health locally, nationally and now within the Third sector. The Trust is focused on driving forward our key strategic goals of:

- ∞ Providing a high standard of clinical care
- ∞ Being a high quality organisation for patients, staff and the community
- ∞ Being a high quality teaching and training provider
- ∞ Continually improving the Trust's research and academic base

All of which identify the primary purpose of the organisation.

These strategic goals have been translated into five key Corporate Objectives that have been outlined within Trust's 2006 / 7 Healthcare Plan:

- ∞ Financial management and control
- ∞ Patient Focus – Safe and High Quality services
- ∞ Patient Focus – Available and Accessible Services
- ∞ Patient Focus – Service Capacity
- ∞ Staff Focus – Employer of Choice

All of which are set within the context of achieving compliance with the Healthcare Commission's 'Standards for Better Health' thereby achieving of our Mission to:

- ∞ Deliver services within financial allocations, achieving the Financial Recovery Plan and Service Modernisation Plan
- ∞ To provide our patients with a safe environment, ensure appropriate levels and continuity of care through the patient journey involving and informing patients of what we do. This will be supported by the estates, equipment and facilities needed.
- ∞ To achieve and maintain our elective and non-elective targets to deliver national and local priorities.
- ∞ To achieve a balance between demand for services and capacity to deliver ensuring integrated working and seamless services.
- ∞ To be the employer of choice providing a workforce to achieve our delivery plans and vision.

Our Values, Principles and Standards to promote race equality

We shall positively address areas where adverse impact may result in non-equitable treatment for different racial groups and take steps to eliminate such negative impact in meeting the general duty. We intend to ensure that our values reflect the needs and aspirations of the black and minority ethnic populations and in pursuing the elimination of institutional racism by engaging with BME groups and communities in a proactive and meaningful way.

Chapter 4

Strategic Context - National and Local Drivers in NHS

The strategic drivers in the NHS both in respect to service delivery and employment that drive the agenda and which race equality will have an impact on are:

- The Vital Connection, An Equalities Framework for the NHS April 2000
- Human Resources Performance Framework for the NHS
- Race Equality in the NHS
- Practical guide to ethnic monitoring in the NHS and social care
- Black and Minority Ethnic Staff Support Networks
- Promoting equality and diversity in the NHS
- Equalities and Diversity Strategy and delivery plan to support the NHS
- Towards Race equality in Health [A guide to policy and good practice for Commissioning Services]
- Equality and Diversity in Employment
- The Department of Health Race Equality Scheme
- Department of Health equality framework priorities for action
- Tackling Racial Harassment in the NHS – Good Practice Guidance
- NSF Frameworks
- Sir Nigel Crisp's Action plan on Leadership and Race Equality
- SHA Race Equality Performance Management Framework
- Improving Working Lives and Positively Diverse, Working Lives; Programmes for Change
- A Wider View [SHA BBC]

The Royal Wolverhampton NHS Trust Intends to Meet the General Duty

The Royal Wolverhampton NHS Trust will proactively implement the general duty set out in this document, in all its areas of work through our race equality scheme and action plan. We shall ensure race equality is further embedded within our performance management and strategic development role, including our role as an employer and building on the work we have already started. We have a responsibility to provide clear strategic leadership in mainstreaming race equality within acute trust, sharing good practice, setting standards, supporting whole systems approaches where necessary and relevant. We shall continue to work in partnership with all our stakeholders including our diverse populations in meeting our obligations.

Chapter 5

Delivering our Race Equality Scheme

The board has given a strong commitment to promoting race equality by having both an executive and non-executive lead for this area of work. The board non-executive lead has a clear role in monitoring our implementation as an organisation in line with our vision, mission, values and role. The executive lead will provide internal leadership and drive to the process in collaboration with directors and directorates in RWH.

Specialist advice, support and guidance in implementing the race equality scheme are also being provided through a senior manager within the organisation.

We believe in mainstreaming this work throughout our policies and functions by building up the capacity of our teams to deliver on this agenda through a process of learning, development, reflective challenge and education, supported by toolkits and processes to make it everyone's business within their daily work practices. An internal implementation and monitoring group will also be set up to support this work with membership comprising of senior staff, each having clear directorate responsibility. This group will be accountable to the executive director. The board will have regular progress reports presented by the non-executive director addressing areas where adverse impact has been identified and requires addressing through a change of policy or function.

Chapter 6

Assessment of Functions and Policies

The Trust is required to state, in its Race Equality Scheme, the services, functions and policies [including propose policies] that have been assessed as relevant to its general duty to promote race equality. The Trust is required to review this list at least every three years, however, in view of the Trust being involved in implementing a new organisational structure, it is intended the list be reviewed in 2007 which organisational structure is this referring to?

The services, functions and policies that have been assessed as relevant to the general duties of the Race Relations [Amendments] Act 2000 are as follows:

Human Resource Policies

- ∞ HR 08 Managing Diversity in the Workplace
- ∞ HR 20 Recruitment and Selection Policy
- ∞ HR 03 Disciplinary Policy
- ∞ HR 36 Appraisal Policy
- ∞ HR 05 Employee Communication
- ∞ HR 03 Disciplinary Policy
- ∞ HR 38 Employee Capability
- ∞ HR 15 Management of Change
- ∞ HR 22 Sickness Absence
- ∞ HR 07 Disability in Employment Policy
- ∞ HR 28 Prevention of Harassment and Bullying

Patients Policies

- ∞ OP 39 Patient Access Policy
- ∞ Disability Equality Scheme
- ∞ OP 47 Guidance on how to access interpreting services to aid communication services for patients
- ∞ CP 36 Chaperoning of Patients and Clients
- ∞ OP 67 Escort Policy
- ∞ OP 20 Management of Deceased Patients

Service Provision and Functions

The Trust employs 4, 953 staff and had an annual turnover for 2004 / 05 of £199,865. The Trust comprises approximately 800 beds and had activity targets below to achieve during 2004 / 05. The range of services provided is given

Elective Inpatient and Day Cases [Finished Consultant Episodes]	7926 11076
Emergency Inpatients	30351
Maternity	7548
A & E Attendances	58267 New Review 5009
Outpatients Attendances	64066 177405

Services

	In patients	Day Cases	Out patients	Open Access?
General Surgery	✓	✓	✓	
Breast Clinic			✓	✓
Urology	✓	✓	✓	
Orthopaedics	✓	✓	✓	
Foot Surgery	✓	✓	✓	
Ophthalmology	✓	✓	✓	✓
Gynaecology	✓	✓	✓	
Obstetrics	✓		✓	
ENT	✓	✓	✓	
Hearing Services				✓
Paediatrics	✓	✓	✓	✓
General Medicine	✓	✓	✓	
Genitourinary Medicine			✓	✓
Gastroenterology	✓	✓	✓	✓
Haematology	✓	✓	✓	
Neurology	✓		✓	
Thoracic Surgery	✓	✓	✓	
Rheumatology	✓		✓	
Plastic Surgery		✓	✓	
Pain Management	✓		✓	
Cardiology	✓	✓	✓	
Radiotherapy			✓	
Dermatology	✓	✓	✓	
Radiology			✓	✓
Pathology			✓	✓
Physiotherapy			✓	✓
Occupational Therapy				✓
Dietetics				✓
Psychology			✓	✓
GA Dental	✓			
Anaesthetics	✓	✓	✓	
Maxillo-Facial			✓	
Orthodontics			✓	
Maternity	✓		✓	
Renal	✓			
Endoscopy	✓			
Neonatal [Exc NIC]	✓			

Part Three Action Plan

Race Equality Scheme 2002 - 2005 Summary of Progress

In the year since the Trust RES was published we have made the following progress

Action	Completed in full or partial [y / n], if so provide date and how completed	Not Complete – please specify what has hindered completion of this action
Design and implement a 1st level customer care / cultural competence training package applicable to all Trust employees, with priority to staff taking up job from the last quarter of 2002 / 03	<p>Piloted Managing Diversity course developed and run for 2 sessions a total number of 35 staff attended the course.</p> <p>Over 50 staff within the Cardio Thoracic area trained in frontline customer care.</p> <p>Occupation specific customer care diversity training programme developed for Pharmacy total number of people trained.15</p>	Unable to deliver full programme of training due to lack of resources.
Implement Equality and Diversity session on all Trust Induction programme	Completed in full E and D session incorporated into monthly Trust Induction. These sessions commenced March 2003 to date over 400 staff have received this session via Trust Induction. It scores an average evaluation rating of 83.5%	
Agree mandatory training on Race Equality for staff	Paper presented to Education And Training Board referred to Induction and Mandatory Training Group. Supported by IMTG and deferred due insufficient information	Paper for consideration of mandatory classification taken to Board of Education and Training march 2005. Board identified that further work was needed on the application. Members of the Training and Development Team to complete further work necessary.

<p>Establish formal network with W-ton City PCT and other health economy partners to develop common / consistent approach to employment and service delivery issues by working in partnership.</p>	<p>Completed in full RWH actively participate in the Health and Social Care Partnership Board on a range of issues such as the City Wide HR Equality and Diversity Sub Group.</p>	
<p>Appoint to 2 posts to promote and support implantation of the RES and Equality and Diversity agenda.</p>	<p>Both Patient and Staff Experience / Diversity lead officers post advertised. Patient Experience lead appointed in 2002.</p>	<p>Unable to appoint to Staff Experience / Diversity post due to lack of resources</p>
<p>Undertake an impact assessment of actions taken in year 2 and implement formal monitoring of recruitment, disciplinary, grievance and other employment-related policies</p>	<p>Monitoring of recruitment and selection practices in terms of ethnic monitoring now under way. Assessment of impact in relation to will take place 12 months from the start of ethnic monitoring. All employment related policies are discussed and debated at the JNC</p>	

Part Four

Race Equality Scheme Action Plan 2006 – 2009

Key Outcomes	Action	Lead	Date	Monitoring Mechanism
Compliance with the RRAA 2000 and the Race Equality Duty	Incorporate Race and Equality, and Diversity Impact Assessment Screening Questionnaire in to Policy on Development, Distribution and Maintenance of Policies [ref OP 01]	Equality and Diversity Manager Trust Governance Co-ordinator	April 2007	
Compliance with the RRAA 2000 and the Race Equality Duty	Review Policies and Functions and update as appropriate	IWL and Staff Experience Implementation Group Department of Health support team	By end of April 2007	
Compliance with the RRAA 2000 and the Race Equality Duty	Produce New Race Equality Scheme and provide adequate resources for carry out requirements	Chairperson and Trust Board	2006	
Compliance with the RRAA 2000 and the Race Equality Duty in relation to ensuring public access to information and services	Equality and Diversity Internet Page	Equality and Diversity Manager	Launch Jan 2007	
Compliance with the RRAA 2000 and the Race Equality Duty in relation to Partnership Working	Equality Impact Assessment Training	Partnership between Equalities Lead Officers and Training Officers within PCT and RWH	Commenced June 2006	
Contributed to staff KSF	Introduction of Diversity E Learning Package	Directorate Manager Education and Training	Commenced 2005	

Compliance with the RRAA 2000 and the Race Equality Duty in relation to Ethnic Monitoring	Increase percentage of BME staff within the workforce to reflect the BME community of Wolverhampton across all grades and staffing levels within the organisation. Year One up to 7% Year Two up to 14% Year Three up to 22% Are these realistic or achievable?	Director of Human Resources	To commence 2007	.
Compliance with the RRAA 2000 and the Race Equality Duty	Agree Mandatory training on Race Equality for staff	Director of Human Resources Induction and Mandatory Training Group Education And Training Board	By December 2007	
Compliance with the RRAA 2000 and the Race Equality Duty in relation to Partnership working	Make sure that all staff are fully consulted on, and are supportive of, policies to promote equality of opportunity and good race relations, including using the use of positive action measures where appropriate.	All Staff Groups to included but not exclusively ∞ IWL SEIG ∞ BME SSG ∞ JNC ∞ HR ∞ Unison	On going	
Compliance with the RRAA 2000 and the Race Equality Duty	Deal with complaints of discrimination and harassment from staff speedily, and notify staff of the outcomes of action taken.	∞ Director of Human Resources ∞ Contact Links Service ∞ Black and Minority Ethnic Staff	Commence April 2007	
Compliance with the RRAA 2000 and the Race Equality Duty in terms of Ethnic Monitoring Data	Ethnic Monitoring data to be analysed to ensure effective service delivery and published	Information Manager information Services	Monthly commencing January 2007	

Compliance with the RRAA 2000 and the Race Equality Duty in terms of Ethnic Monitoring Data	Continue to monitor complains both verbal and written by ethnic groups and publish results		January 2007	
Compliance with the RRAA 2000 and the Race Equality Duty	Race equality actions to be incorporated into divisional and departmental action plans, monitored and results published	Divisional Managers	Annually	
Compliance with the RRAA 2000 and the Race Equality Duty	Director at Trust board level to have responsibility for Race Equality.	Trust Chairperson Trust Board Chief Executive	Jan 2007	

Commissioning and Procurement

Compliance with the RRAA 2000 and the Race Equality Duty in relation to Procurement	Mainstream the duty to promote race equality by incorporating it into the key stages of the contract process	Head of Procurement and Commerce	Contract Review and Update	Annually
Compliance with the RRAA 2000 and the Race Equality Duty	Incorporate duties among performance requirements for service delivery.	Head of Procurement and Commerce	Contract Review and Update	Annually
Compliance with the RRAA 2000 and the Race Equality Duty	Incorporate duty into performance monitoring in terms of delivery of service.	Head of Procurement and Commerce	At contract reviews meetings	Annually
Compliance with the RRAA 2000 and the Race Equality Duty	As part of process ensure that suppliers provide their race equality scheme or equality of opportunities policy, as a compliance measure within the contract.	Head of Procurement and Commerce	For current suppliers – immediately Future suppliers as a part of the contracting process	Annually
Compliance with the RRAA 2000 and the Race Equality Duty	Rolling contract to be adjusted to meet the duty under the Race Relations Amendment Act	Head of Procurement and Commerce	At contract reviews meetings	Annually

Consulting with the local Community

Compliance with the RRAA 2000 and Race Equality Duty in terms of Partnership working	Promote participation by people from all racial groups in decision-making about the ways in which local health services are provided.	Patient and Public Involvement Steering Group	Commenced October 2006	
Compliance with the RRAA 2000 and the Race Equality Duty in relation to Partnership working	Encourage dialogue among people from all racial groups about the effectiveness of local health policies and services.	Patient and Public Involvement Forum	Commenced October 2006	

Communications

Compliance with the RRAA 2000 and the Race Equality Duty in relation to ensuring public access to information and services	Publicise policies to promote good relations through the national media, and through local and regional networks as part of the organisation's communication plans.	Director of Human Resources Communication Department	Quarterly	
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Appendices

Appendix A – List of Organisations

The following organisation, groups, committees and individuals have contributed to and supported the development of this scheme.

- ∞ BME Consultation and Engagement Group
- ∞ African Caribbean Strategic Health Alliance
- ∞ Commissioner for Older BME People's Services – Wolverhampton City Council
- ∞ Whitmore Reans Neighbourhood Management Team
- ∞ BME Staff Support Group – RWH
- ∞ Moreland Trust
- ∞ African Caribbean Community Initiative
- ∞ Inspirational Ladies Group

Appendix B Glossary

[Definitions taken and adapted from the Health Commission Race Equality Scheme]

Action Plan:

The actions the Trust will take to achieve specific objectives

Adverse Impact:

When a decision, Practice or policy has a disproportionate negative effect on a particular group

BME:

Black and Minority Ethnic Group

Commitment:

An expressed intention to undertake action or actions

Consultation:

Discussion between those undertaking the action and those likely to be affected by the actions

Diversity:

People of different race, gender, religion, physical ability, age, sexual orientation and income

Engagement:

Sharing activities and or ideas with a specific group

Equality:

Different people are regarded as the same status and experience the same outcome in comparable situations

Health Inequalities:

The variation in the state of health between different sections of the community

Impact Assessment:

Systemic way to find out how a proposed policy is likely to affect the promotion of race equality

Monitoring:

Process of keeping track of the level of progress against the action plan

Objectives:

Specific and time defined targets, related to the Trust statutory functions.

Patient and Public Involvement Steering Group:

Whose role it is to work with all sections of the community to find out what people really think about healthcare in their local area.

Race Equality Scheme:

Document setting out the Trust Plans to meet its statutory duties under section 71[1] the Race Relations Act 1976 and in particular 2[2] and 2[3] RRAA [Statutory Duties] 2001.

Specific Duties:

A duty proposed by the Race Relations Act 1976 [Statutory Duties] Order 2001.

Statutory Duties:

Duties either general or specific, which an authority is legally bound to meet.

Appendix C Useful Websites

www.cre.gov.uk - The Commission for Racial Equality

www.eoc.gov.uk - The Equal Opportunities Commission

www.dh.gov.uk - Department of Health

www.healthcarecommission.org.uk - Health Care Commission

www.blackcountryobservatory.co.uk/ - Black Country Observatory