

**Trust Board**

**TB2008.10**

From: Mrs Elaine Strachan-Hall, Director of Nursing & Clinical Leadership  
Mr Mark Gammage, Interim Director of Human Resources

Date: January 2008

Subject: **Promoting Equality and Diversity**

For: **Information**

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**Synopsis**

The Standards for Better Health (core standards) include standards based on the equality and human rights legislation and compliance, or otherwise, with these standards contributes to the Trust's performance rating for quality in the Annual Health Check.

There has been progress during 2007 particularly in the ethnicity monitoring of patients and the workforce and work continues to extend diversity training across all staff groups. The move towards a single Equality Scheme will simplify this work and ensure that proper focus can be given to it. The system for equality impact assessments of relevant policies has been set up through the policy groups and will be firmly established across the Trust in the very early part of 2008.

**Financial, legal and risk impact**

The Healthcare Commission is planning to inspect at least 40 NHS trusts to check on actions being taken to meet the legal duty to promote race equality for staff and patients of all ethnic groups. This report provides part of the evidence to the Board to assure compliance. Further evidence in support of compliance across the core standards is available, for example, in relation to translation services and to the information provided for the public and for patients.

### Introduction

1. The Equality and Human Rights Commission has replaced the separate Race Equality, Disability Rights and Equal Opportunities Commissions. The new Commission has powers to warn and prosecute organisations that fail to meet their legal responsibilities.
2. The Oxford Radcliffe Hospitals has in place the following:
  - 2.1. The Race Equality Scheme (May 2005–2008);
  - 2.2. The Disability Equality Scheme (December 2006–2009)
  - 2.3. The Gender Equality Scheme (September 2007–2010).
3. Progress against each scheme has been monitored by the Equality Steering Group chaired by a Non-executive Director, with Board responsibility shared by the Director of Human Resources and the Director of Nursing and Clinical Leadership. This meets quarterly and includes members from a range of bodies and organisations including the Patient Panel and the Oxfordshire Race Equality Council.
4. The three schemes are now being combined into a single Equality Scheme, so there can be a combined work plan to ensure the Trust is compliant with all the legislation during 2008. Healthcare organisations also have to comply with the Human Rights Act 1998 and a human rights section will be included in the Equality Scheme. Discussions are also being held with local health and social care colleagues to explore the possibility of creating a county-wide Equality Scheme for the whole public sector.
5. Trusts have a duty to publish information required under race equality law and, as the three schemes are brought together, the opportunity will be taken to publicise the Equality Scheme and to raise awareness across all areas. A number of means will be used including articles in ORH News and items within the staff team brief. Additional training and awareness raising sessions will also be arranged to coincide with publication of the single scheme.
6. In addition, the Trust's website will be updated throughout the year as documents (including impact assessments across the range of Trust policies) are completed. <http://www.oxfordradcliffe.nhs.uk/aboutus/equality.aspx>
7. A number of the core standards refer to the equality and diversity agenda: In summary healthcare organisations are required to;
  - 7.1. challenge discrimination, promote equality and respect human rights, (C8e in the governance domain)
  - 7.2. have systems in place to ensure patients, their relatives and carers are not discriminated against when complaints are made, (C14b in the patient focus domain)
  - 7.3. make information available on their services and provide patients with suitable and accessible information on their care and treatment (C16 in the patient focus domain).

- 7.4. the views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services; (C17 in the accessible and responsive care domain).
- 7.5. to enable all members of the population to access services equally and offer choice in access to services and treatment equitable (C18 in the accessible and responsive care domain).
8. This document updates the committee on progress with:
  - 8.1. monitoring compliance and taking action to avoid discrimination;
  - 8.2. impact assessment;
  - 8.3. training and development;
  - 8.4. access to services and information; and
  - 8.5. patient and public involvement.

### **Monitoring Compliance**

9. The ethnicity, gender and disability make up of staff and the ethnicity and gender of patients are monitored routinely. Some key points arising from the workforce monitoring are given below:
  - 9.1. 75% of staff are now coded for ethnicity; 88% are of those coded are “white”. The majority of staff with a black and minority ethnic background are among medical staff and A4C Band 5.
  - 9.2. The reporting by staff of a disability is voluntary and as a consequence levels are extremely low. It has not been possible to report any meaningful data as the number of applicants declaring themselves as disabled has been in single figures.
  - 9.3. Data on bullying and harassment, performance and conduct, appeals and grievances are collected by Human Resources and reported to the HR Committee. The HR Committee monitors compliance with the relevant core standards.
  - 9.4. Data on training and promotion by ethnicity are also collected and analysed.
10. Inpatient ethnicity data are obtained from the PAS system and although there have been improvements in the level of data collection and the target should be achieved at the year end, further improvements are needed to raise completeness to at least 95%. This is monitored and progressed through the Data Quality Group and appropriate training has been arranged for the staff involved in the admissions process.

### **Action to prevent discrimination**

11. Action plans are required to deal with the variance identified from the monitoring data and staff surveys and avoid unlawful discrimination in employment.

12. The Trust is required to make necessary adjustments to the physical environment to support individuals to undertake their duties, particularly where specific concerns have been raised. The Trust has established practice in this area and is able to provide good evidence of supporting individuals to remain in the workplace e.g. provision of light weight wheelchair, desk height adjustments, awareness of back-care through staff training, use of assistants to support individuals with physical impairments.
13. The Head of Chaplaincy is working with the Deputy Director of Estates to identify options on each site to improve multi-faith facilities such as prayer rooms and private spaces.

### **Impact assessment**

14. Healthcare organisations should have in place arrangements to monitor policies for any adverse impact on the promotion of equality and should have a process in place for undertaking, consulting and publishing the outcomes of the equality impact assessments.
15. The Equality Steering Group is now monitoring the programme of equality impact assessments and the three main policy groups (HR, clinical and non clinical policy groups) have been charged with ensuring the process is carried out effectively as part of the policy approval/review process. A list of policies is being collated so that the programme of equality impact assessments can be kept up to date and reviewed by the Equality Steering Group.
16. The programme has a challenging timetable and further work is being done to ensure that priority can be given to the Trust's most significant policies. In addition, the current process is being simplified and the recently approved Policy on Policies has been amended to include the need for public involvement and equality impact assessments.
17. Service changes and new developments should also be equality impact assessed to prevent inadvertent discrimination against one particular group. This is now being considered routinely in the planning of new Trust initiatives and consideration of business cases.

### **Training and development**

18. Organisations must provide training and development for staff in relation to diversity training, disability awareness and raising awareness of different cultural and religious customs and challenging discrimination, promoting equality and respect for human rights.
19. There are now opportunities for staff to participate in equality and diversity training through Cherwell College in addition to the sessions that are held in the Trust. The number of staff trained is reported through the corporate monitoring system. The HR Committee monitors compliance with standard C11b – mandatory training, and progress continues to be made to improve recording and monitoring mechanisms.

20. Members of the Board have had training and the Equality Steering Group is exploring ways to develop and extend this training for both Non-executives and the executive team.

### Access to services and information

21. The Trust was inspected in June 2007 by the Healthcare Commission on its statement of compliance with C16 with a positive outcome. A number of initiatives were evidenced in support of the declaration, particularly in relation to support for patients with communication or language needs.
22. A new interpreting contract was agreed in June 2007 for Oxfordshire NHS organisations and Social Services with three independent providers of interpreting services. All the providers can be contacted through one access number. The telephony service is being promoted for sessions under one hour as it is cost effective; there is no need to pre-book and the quality of the interpreting is high.
23. The Trust and other Oxfordshire NHS organisations operate a translation service with Language Line; this service allows departments access to translation services for specific information as and when required.
24. The Trust has benefited from the work of the Learning Disability Partnership Board. Links have been made with the ORH PALS service, so patients and their carers can contact PALS prior to their admission, to enable planning for a patient's individual needs. A resource book of easy-to-read information with pictures will be available on the intranet for staff use with appropriate patients.
25. A review of our "first contact" information is being led jointly by the Director of Communications and the Director of Nursing and Clinical Leadership. Work includes reviewing systems used to send out letters to patients to ensure an individual's needs are met, such as the production of a letter in large font. The Patient and Public Information Group is ensuring strap-lines are used on patient information to offer different formats and language translation. The choice of languages is kept under review; for example eastern European languages are now a feature reflecting the changes in the local population.
26. Disabled service users must have equal physical access to services. This is being achieved by consideration of individual policies during the equality impact assessment process. Information needs have been progressed following patient feedback. Access information is now available on the website and the new inpatient and outpatient booklets updated in early 2007.
27. The Estates Department is currently prioritising work identified from an audit of provision of disabled access. Information regarding access to Trust facilities is improving on the website and is often requested by the public in feedback and public involvement sessions.
28. It is possible to analyse the annual patient surveys by ethnicity, disability and gender. However, this is dependant on participants self declaring. In the 2006 survey completion of these fields by survey participants, was low. The Picker Institute will

be asked to provide this information for the 2007 survey so that due account can be taken of the data.

**Patient and public involvement and participation**

29. The Trust Public Involvement Strategy, which is currently being reviewed and updated, includes the Trust's approach to the engagement and participation across the range of its activities. The 2007 action plan includes quarterly outreach visits to different community groups and the plan will be updated for 2008. A detailed report has been made to the Governance Committee on the activities during 2008.

**Conclusion**

30. There has been good progress during 2007 and plans are in place to take this important work forward during 2008. The size of this agenda and the capacity to champion this work will be kept under review by the Equality Steering Group. All divisions need to monitor progress and own the importance of the legislation, particularly in terms of the Annual Health Check and compliance with core standards and targets.

Jan Cottle  
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