

DRAFT V.4

Oxford Radcliffe Hospitals NHS Trust

Single Equality Scheme

2009 - 2012

Extracts from the NHS Constitution

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

You have the right not to be unlawfully discriminated against in the provision of NHS services.

Acknowledgement

The Trust wishes to thank all individuals and community groups who have shared their experiences of this Trust and the NHS in Oxfordshire. Their experiences have been collated and directly inform the actions and service improvements identified in this scheme.

Your suggestions are welcome.

If you would like to comment or make any suggestions regarding this scheme please write to: The Chief Executive, Oxford Radcliffe Hospitals NHS Trust, Headley Way, Oxford. OX3 9DU.

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This can take some time, so please be patient.

Albanian

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Arabic

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Bengali

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Mandarin

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Pashto

که تاسو د خبرو ژباړې ته اړتیا لرئ یا غواړئ چې لاسوند (دستاویز) په بله ژبه، غټ چاپ، بریلې یا غږیز بڼې کې تر لاسه کړئ، نو هیله کېږي چې مونږ ته په دې شمېره باندې ټیلیفون وکړئ 01865 221473. کله چې مونږ ته ستاسو ټیلیفون راشي نو کېدای شي چې مونږ تاسو د خبرو ژباړې ته ور اړاندې کړو. په دې کې لږ وخت لږېدلې شي، نو هیله کېږي چې د صبر نه کار واخلي.

Polish

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Portuguese

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Sorani

نه گهر بنیویستیت به وهرگێرێک هه به یاخود بنیویستیت به به لگه نامه به که هه به که به زمانیکی تر، جایی پیتی گه وره، بریل چاپ کرابیت یاخود به دهنگ تۆمار کرابیت، تکایه ته له هون بو ئه م ژماره به که 01865 221473. کاتیک ته له هونی تۆمان پیندهگات له وانه به که وانه ی لای وهرگێرێک به که یین. نه مه ش له وانه به نه ختیک کات بخایه نیت، که واته تکایه پشوووت دریز بنیت.

Urdu

اگر آپ کو ترجمان کی ضرورت ہے یا آپ کوئی دستاویز کسی دیگر زبان، بڑے حروف، بریل یا آڈیو کی شکل میں چاہتے ہیں تو براہ کرم 01865 221473 پر کال کریں۔ آپ کی کال وصول ہونے پر ہم اسے کسی ترجمان کو منتقل کر سکتے ہیں۔ اس میں تھوڑا وقت لگ سکتا ہے لہذا صبر سے کام لیں۔

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Foreword

We are fully committed to ensuring that the Trust supports an inclusive culture, where the needs of individuals are respected. The Trust Board endorses its responsibility actively to promote equality and reduce all discrimination.

The Trust will ensure that the needs of the population it serves are met, through both service delivery and the workforce. There are many demands on staff; this is not a requirement, but a call for an inclusive way of working, that respects the needs of all individuals. Everyone has a duty to promote equality and reduce the potential to discriminate within their individual roles and responsibilities.

There is great value to be gained by membership of a diverse society. Oxford Radcliffe Hospitals will promote and ensure that equality and diversity is fully respected and truly valued.

Trevor Campbell Davis
Chief Executive

Dame Fiona Caldecott
Chair

Introduction

1. The Trust is required to set out how it will meet its duties under the Race Relations Amendment Act 2000, the Disability Discrimination Act 2005, and the Sex Discrimination Act as amended by the Equality Act 2006. Discrimination on the grounds of race, disability and gender must not occur and equality must be positively promoted.
2. The Trust will progress action on age, religion or belief, sexual orientation and gender reassignment. These strands are included in the Equality Bill, currently being prepared to go through parliament. The new Equality Duty will be designed to stream-line current equality duties and replace the current situation of nine major laws to tackle discrimination and around 100 “statutory instruments”.
3. The Human Rights Act came into force in October 2000. Section 6 of the Act makes it unlawful for a public authority to act in a way that is incompatible with the European Convention on Human Rights. The Act gives additional weight to all the equality legislation as human rights are based on a number of core values: fairness; respect, equality, dignity, autonomy (FREDA) and justice. A human rights based approach to healthcare helps improve patient experiences and outcomes by making the focus of all decisions more person centred. Consideration of these rights is included in the equality impact assessment guidance and process.
4. This scheme is informed by national research and locally, patient feedback and public involvement activity; key issues have been identified, which will improve patient experience and safety, promote equality and reduce discrimination.
5. The Single Equality Scheme and the Public Engagement Strategy are inextricably linked: activity to improve patient and public involvement, promote equality and reduce discrimination is part of core Trust business.
6. This document will build on current activity and replaces current separate equality schemes. This is a living document, new policies and findings will inform the way forward. Activity will continue to be reported regularly on the web-site and in the Trust Annual Report.
7. It is essential that the reduction of discrimination and promotion of equality, continue to inform the Trust vision and values and become integrated into core activity.

Purpose of the Single Equality Scheme

8. This document outlines the Trust’s actions for the next three years (2009 -2012), to promote equality, to reduce institutional discrimination and inequalities and to comply with equality legislation.
9. This scheme provides the framework for the Board to endorse general ownership of the equality agenda and the actions that will be outlined. The Trust will ensure

equality is imbedded within performance management and strategic development. There is a duty to build equality into the beginning of policy development, rather than making adjustments at the end of the policy writing process. Equality impact assessments will be commenced at the beginning of any new initiative across the Trust and be integral to the business planning process.

10. The general and specific duties of each of the equality laws give a guide to the actions public authorities are required to achieve.

Strategic context and background.

11. "Our NHS Our future" the next stage review, led by Lord Darzi focuses on improving care in three areas: improving the quality and safety of services; improving access to these services and improving health and well-being.¹
12. Lord Darzi, in his interim report, described a vision for the NHS. An NHS that is:
 - 12.1 **Fair** – equally available to all, taking full account of personal circumstances and diversity.
 - 12.2 **Personalised** – tailored to the needs and wants of each individual, especially the most vulnerable and those in greatest need, providing access to services at the time and place of choice.
 - 12.3 **Effective** – focussed on delivering outcomes for patients that are among the best in the world.
 - 12.4 **Safe** – as safe as it possibly can be, giving patients and the public the confidence they need in the care they receive.²
13. The NHS Operating Framework for 2008/09 includes priorities to improve access; keep adults and children well, improve their health and reduce inequalities; improve the patient experience, staff satisfaction and engagement. All of which require respect and understanding of individual needs and the valuing of a diverse health service.
14. The Oxfordshire Local Area Agreement informs local public sector plans for the next three years and has prioritised childhood obesity, effective treatment for drug users, teenage pregnancy, carers and all causes of mortality. Oxfordshire Primary Care Trust Strategy 2007 –2013, informs the Oxford Radcliffe Hospitals Trust (ORH) Business Plan.³ The key ORH Strategic Objectives for 08/09 that are particularly relevant for this scheme include:

¹ "Towards a healthier future". NHS South Central May 2008.

² ORH Business Plan page 7

³ Available on the respective PCT and ORH web-sites.

- 14.1 To provide high quality, efficient and innovative core services that meet the needs of local patients and the challenges of the local health community. (SO2)⁴
- 14.2 To improve the overall patient experience by offering excellent customer care. (SO7)
- 14.3 To maximize the Trust's contribution to the health and well being of the local community. (SO9)
- 14.4 To become a strategic, high performing and agile organisation supported by efficient and patient focussed clinical processes, modern systems and business processes. (SO10)
15. The Oxfordshire profile⁵. (Local background to promoting equality).
 - 15.1 The South East is the least deprived region of the country with Oxfordshire coming 137th out of the 149 counties in England, when 1 equals the most deprived.⁶
 - 15.2 There are inequalities in Oxfordshire by location, gender, income and ethnicity. 84% of the areas in Oxfordshire rank in the 50% least deprived areas, however there are areas of Banbury and Oxford which are ranked in the top 20% most deprived areas and Northfield Brook is in the top 10% of most deprived areas in England. Caldecott in Abingdon is ranked in the 50% most deprived wards in England.
 - 15.3 Life expectancy in Oxfordshire is higher than the national average⁷.
 - 15.4 ⁸Children's health is better than the England average although more than 14,500 children are living in poverty. GCSE achievement is below the national average.
 - 15.5 It is estimated that 1 in 4 of the population smoke, smoking still accounts for 800 deaths per year.
 - 15.6 In Oxfordshire there are 2,000 known people with a learning disability, however the national average would suggest the figure should be more in the region of 3,500.
 - 15.7 The 2001 census revealed the population of Oxfordshire was 605,488 (2008 projection= 632,000.)
People with a limiting life long illness 80,939
General health "not good" 36,944
People providing unpaid care 53,435 (nationally 1 in 10 of the population)

⁴ SO = strategic objective number

⁵ Oxfordshire health profile www.healthprofile.info Further information in appendix.

⁶ The index of multiple deprivation has seven domains: 1. Income 2. Employment 3. Health and disability 4. Education skills and training 5. Barriers to housing and services 6. Living environment and 7. Crime.

⁷ Population factors affecting demand for ORH services. August 2007 PHRU.

⁸ Health profile Oxfordshire 2008 www.healthprofiles.info

Providing unpaid care more than 50 hours per week 8,355.

Oxford Radcliffe Hospitals services and values⁹

16. It is recognized that the equality legislation needs to underpin the Trust vision and values. As an NHS organisation the Oxford Radcliffe Hospitals (ORH) acknowledges that it has a responsibility to ensure services are accessible, culturally appropriate and equitably delivered to all people it serves. Specific actions are outlined in the action plan.
17. The Trust provides general hospital services for the population of Oxfordshire and neighbouring counties, specialist services to a wider catchment area and some very specialist care on a national basis. A list of services and recent activity can be found in the Appendix1.
18. Trust values:
 - 18.1 **Safe quality care:** we will continue to improve our high standards of care and treatment, ensuring that they are safe, leading edge and informed by evidence.
 - 18.2 **Academic excellence:** we will carry out and support world class research, education and teaching, to benefit patients now and in the future.
 - 18.3 **A healthy environment:** we will continue to invest in the quality of the build environment, and make sure that it is clean, well maintained and safe.
 - 18.4 **Involving patients:** we will involve patients in their care through good communication and provide information to enable them to take informed decisions and make choices. We aim to meet expectations with (respect) humanity, dignity and honesty. We will engage with patients, stakeholders and the public when planning services.
 - 18.5 **Valuing and caring for staff:** we will help staff to fulfil their potential so that they in turn can care for patients. We will also help staff to balance their home and working lives.
 - 18.6 **Working with others:** we will work together to build effective teams and develop our partnerships within the local community, for the benefit of all patients and stakeholders.
 - 18.7 **Listening and learning:** we will continue to be a learning organisation and build on the experiences of other health providers, both nationally and internationally. We will build on the feedback from patients, commissioners and the wider community.

⁹ Find detail of the Trust vision and values in appendix 2

19. The strategic aims:

19.1 **To be the hospital of choice for patients** by providing outstanding clinical and customer focused patient care that will be valued by our partners and the communities we serve.

19.2 **To be a world leading teaching hospital and pre-eminent academic centre**, with an international reputation for advancements in medicine and biomedical research, able to offer specialist expertise and outstanding teaching and treatment facilities.

19.3 **To achieve financial sustainability and long term growth** by intelligent redesign of hospital services, based on improved leadership, productivity and efficiency.

19.4 **To be an excellent employer** with flexible policies that will encourage the recruitment and retention of quality staff.

Legal framework

20. Race Relations Amendment Act 2000.

The General Duty.

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

20.1 Eliminate unlawful racial discrimination

20.2 Promote equality of opportunity and

20.3 Promote good relations between people of different groups.

20.4 Race equality must pay an integral part in the whole systems thinking and working of the organisation and not to remain on the periphery as an “add on” or optional extra. There are four underlying principles:

20.5 Promoting race equality is obligatory for all public authorities listed in schedule A of the Act.

20.6 Public authorities must promote race equality in all its duties and powers (functions).

20.7 The weight given to race equality should be proportionate to its relevance.

20.8 The elements of the duty are complimentary, as they are all necessary to meet the whole duty.

21. Specific duties.

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 contents of a race equality scheme should state how the Trust will:

- 21.1 List the functions and policies or proposed policies relevant to meeting the general duty.
- 21.2 Assess and consult on the likely impact of its proposed policies.
- 21.3 Monitor policies for any adverse impact.
- 21.4 Publish the results of the assessments, consultation and monitoring.
- 21.5 Ensure the public have access to information and services.
- 21.6 Train staff in respect to the duties imposed in the general duty.

22. Employment duties.

Under the specific duties on employment the Oxford Radcliffe Hospitals Trust is required to monitor by racial group:

- 22.1 numbers of staff in post
- 22.2 applicants for employment
- 22.3 training and employment from each racial group
- 22.4 public authorities that have 150 or more employees are required to: meet additional duties under the Act, to monitor by racial group those employees who:
 - 22.4.1. receive training
 - 22.4.2. benefit or suffer detriment as a result of its performance assessment procedure
 - 22.4.3. are involved in grievance procedure
 - 22.4.4. are the subject of disciplinary procedure
 - 22.4.5. cease employment.

The results are to be published annually.

Disability Discrimination Act 2005

The general duty

23. This applies to all organisations carrying out duties of a public nature, so it also applies to companies providing services for Oxford Radcliffe Hospitals.
24. The general duty requires public authorities, at all times to have due regard to the need to:
 - 24.1 Promote equality of opportunity between disabled people and other people.
 - 24.2 Eliminate discrimination that is unlawful under the Disability Discrimination Act.

- 24.3 Eliminate disability harassment.
 - 24.4 Promote positive attitudes towards disabled people.
 - 24.5 Take steps to take account of disabled persons' disabilities, even where that involves treating disabled people more favourably than other persons.
25. Specific duties. As a public authority the Oxford Radcliffe Hospitals NHS Trust is required to produce a three yearly Disability Equality Scheme to demonstrate how the Trust will fulfil its disability equality duty.
- 25.1 The Trust needs to involve disabled people in developing the scheme.
 - 25.2 Gather information from within the organisation on disability equality.
 - 25.3 Disability equality impact assessments of all Trust policies and functions.
 - 25.4 Monitor all information and progress against the action plans
 - 25.5 Due regard to the need to promote disability equality is in proportion to the relevance of a particular function. (Make sure the time spent on promoting the duty is greater where disabled people are likely to be involved or affected by the activity.)
 - 25.6 It is important that any potential to discriminate is corrected before discrimination takes place.

Sex Discrimination Act 1975 as amended by the Equality Act 2006.

26. Staff are required to be aware of the general and specific duties.
27. General duties:
- 27.1 Eliminate unlawful discrimination and harassment that is unlawful, under the Sex Discrimination Act 1975 and eliminate discrimination and harassment against transsexual individuals.
 - 27.2 Eliminate discrimination that is unlawful under the Equal Pay Act 1970
 - 27.3 Promote equality of opportunity between men and women.
28. Specific duties:
- 28.1 Prepare and publish a gender equality scheme stating how the Trust will meet the general and specific duties.
 - 28.2 The Trust must consult employees, service users and others, including trade unions.
 - 28.3 The Trust must gather information on the effect of its policies and practices. The Trust must take into account any relevant information on how its policies and practices affect gender equality in the workplace and in the delivery of services.

28.4 The impact of the Trust's current and future policies and practices must be assessed. (Through the equality impact assessment process).

28.5 The causes of any gender pay gap must be addressed.

28.6 The Trust must set out the objectives and actions it intends to take, to gather the information on the above; review and revise the scheme at least every three years and report on progress annually.

29. Remaining equality legislation is listed in the Appendix.

Commitment to meeting the legal duties.

30. ¹⁰ Detail is given in the action plan.

Leadership, Corporate Commitment and Governance.

31. The Oxford Radcliffe Hospitals NHS Trust is committed to implementing all its duties under the equality legislation on race, disability, gender, age, religion/belief and sexual orientation and transgender.

31.1 Objective 1: To ensure that during the next three years equality duties become embedded within performance management and strategic development as described in this equality scheme and action plan.

Workforce and training.

32. The ORH is committed to providing an environment free from discrimination, victimisation and harassment, whether on an individual or institutional basis on the grounds of: race, disability, gender, age, religion/belief, or sexual orientation or any other grounds that infringe human rights.

33. The ORH aims to be an excellent employer, achieving equality of opportunity and outcomes in the workplace. It will use its influence as an employer to make a difference to the life opportunities and the health of local communities, especially those who are disadvantaged.

34. Objective 2. To train the workforce on the public equality duties and diversity, in line with the legal and mandatory training and Knowledge and Skills Framework requirements. By the end of 2012, 90% of staff should have had equality and diversity training at any one time.

¹⁰ North East Single Equality Scheme template

35. These can be accessed through classroom based teaching and e-learning modules. Training on equality impact assessments is available as required. All line managers will ensure the workforce meets these requirements.

Data monitoring, analysis, reporting and publishing

36. The Trust recognises that there is a legal and regulatory requirement for equality monitoring, in order to develop appropriate and equitable service delivery for service users and career development opportunities for the workforce. Electronic records will improve analysis and information that is available.
37. Objective 3. To collate and analyse relevant data, and then publish progress reports annually on the web-site. Action will be taken when ever possible, to correct any inequalities that may be identified.

Equality Impact Assessments

38. Will be carried out on policies, as this process gives an opportunity to identify the impact (negative or positive) of policies, procedures and services, on various sectors of the population, particularly minority groups. If there is a potential for a negative impact, corrective action will occur, to ensure equity of service delivery to all.¹¹
39. Objective 4. To ensure that all relevant policies and service changes have a robust equality impact assessment, that includes public and stakeholder involvement, prior to approval.
40. Policy Group Chairs have lead responsibility to ensure policy impact assessments are carried out and published on the web-site.

Accessibility and communications.

41. The ORH recognises the duty to ensure that all people can access the services provided by the Trust and have access to employment opportunities. Specific activities can be found in the action plan.
42. Objective 5. To ensure reasonable adjustments are made, and relevant services provided when required, to cater for the specific needs of all individuals, to avoid discrimination.
43. The Trust will work to ensure the needs of disabled people are met; information will be provided in different formats and languages as required. Advocacy support will be provided when needed and religious needs will be met whenever possible.

Partnerships.

44. The Trust will support whole systems approaches where necessary and relevant.
45. Objective 6. To work in partnership with local communities, other NHS Trusts, primary care organisations, Social and Health Care, voluntary organisations and

¹¹ North East SHA Equality Scheme Template p 21.

other agencies to promote a holistic, equitable and inclusive approach to deliver health services.

Commissioning and Procurement.

46. The ORH recognises that it is required by law to make sure that equality legislation is included in the procurement process, so that companies providing services for the Trust will adhere to good employment practice and equality legislation.
47. Objective 7. To ensure equalities legislation will continue to inform and be included in the tendering, procurement and contract monitoring processes, as stated in NHS guidance.

Complaints.

48. The ORH recognises the importance of adhering to good practice for complaints systems. Complaints are a source of information for monitoring impact on equality and can potentially identify unlawful discrimination.
49. Objective 8. To ensure complaints systems include ethnicity monitoring in line with regulatory requirements and good practice.

Equality strands: key issues and ORH action¹².

Ethnicity and health.

50. The Inquiry into the death of Stephen Lawrence defined institutional racism as "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"¹³

Issues

51. People from many black and minority ethnic (BME) groups tend to have worse health than the wider population.
52. Infant mortality is higher for children with mothers born in Pakistan and mothers born in the Caribbean.
53. Gypsies and Travellers have significantly poorer health status. They are less likely to visit GPs, midwives, practice nurses, dentists or contact NHS Direct and have significantly lower life expectancy than the wider population.
54. Smoking rates are higher among people who are black and minority men.

¹² Key issues are taken from local feedback and the Department of Health Single Equality Scheme 2006 - 2009

¹³ Para 6.34 Stephen Lawrence Inquiry Report.

55. The prevalence of stroke is much higher among Afro-Caribbean and South Asian men.
56. Black and minority ethnic communities are among the least satisfied with the service they receive.
57. Coronary heart disease is more common among South Asians. The National Service Framework for Coronary Heart Disease (CHD) states that death rates from CHD among first generation South Asians aged 20 –69 are about 60% higher than the England and Wales average.¹⁴
58. The incidence of diabetes is five times higher among South Asians and three times higher among those of Caribbean backgrounds than in the general population.
59. Incidences of mental illness are higher in some BME communities. Black people are over 6 times more likely to be detained under the Mental Health Act.
60. Young Asian women are twice as likely to commit suicide, than young white women.
61. The Policy Studies Institute Report in 1997 found evidence of a lower referral rate from primary to secondary care for black and minority ethnic patients.¹⁵
62. Type 2 diabetes is up to six times more common in South Asian people and up to three times more common in African and Afro- Caribbean people.
63. Staff from BME groups are under-represented amongst the higher grades.
64. Access to interpreting and advocacy services are wanted locally.

Action

65. The Trust will:
 - 65.1 Ensure all managers include equality and diversity activity within their own roles and responsibilities and during staff appraisals.
 - 65.2 Work to improve the ethnicity data collection, monitoring and analysis of patients, the workforce and within the complaints system.
 - 65.3 Collect data on harassment and bullying.
 - 65.4 Instigate an appropriate equity audit in cardiac, diabetes and women's services.
 - 65.5 Encourage staff involvement in the Leadership and Race Equality programme and mentoring of BME staff. Participate in the Breaking Through programme.
 - 65.6 Ensure BME staff have the support networks they desire.

¹⁴ Health and Neighbourhood Renewal Guidance from the DOH and Neighbourhood Renewal Unit 2002.

¹⁵ Kingsley and Pawar, Developing a Race Equality Strategy 2002.

- 65.7 Work to ensure involvement and inclusion of all marginalised groups and people who experience inequalities within Foundation Trust membership and public involvement activities.
- 65.8 Within the Customer Care programme, promote the equality and diversity training, which is to be taken by all staff to improve awareness of patient needs. Encourage cultural awareness so people within the Trust are not misjudged for their behaviour.
- 65.9 Work to identify advocates to assist patients within Trust hospitals.
- 65.10 Everybody should be encouraged to ask for assistance, if they don't understand.
- 65.11 Ensure that black and minority ethnic carers are supported and given appropriate information.
- 65.12 Improve the equality impact assessment process within the Trust by training and establishing a Diverse Reference Group from the Trust membership, which will include both staff and the public.
- 65.13 Continue to abide by procurement guidance and legal duties in terms of promoting equality within the procurement processes.
- 65.14 Ensure language interpreting and translation services, are funded and easily accessible for all whom require this service.
- 65.15 Patient information will be provided in plain English and be free from jargon.
- 65.16 Ensure the workforce can be directed to key documents via the intranet and Trust web-sites.

Disability and health.

- 66. Definition. The social model of disability is the disadvantage experienced by an individual as a result of barriers (attitudinal, physical), that impact on people with impairments and/or ill health. It is society that disables a person not their impairment. The disability equality duty applies the social model to the functions of a public authority. It recognises the negative impact on disabled people, of a society designed for non-disabled people –so active steps need to be taken to promote equality of opportunity for disabled people.
- 67. The Disability Discrimination Act 2005 definition covers a wide range of people with long term conditions: people with mobility difficulties; people with sight or hearing impairments, people with learning disabilities, people with long term conditions such as depression, diabetes, arthritis, cancer or sickle cell anaemia. Most people acquire a disability or health condition rather than being born with one. This definition requires organisations to consider specific impairments as well as general issues that may affect all disabled people. The disability may not be visible.

Issues¹⁶

68. The prevalence of disability increases rapidly with age, approximately 75% of men and women over 85 years have a disability.
69. 20% of people with a disability are under the age of 45.
70. 24% of deaf or hearing impaired people miss appointments and 19% miss more than 5 appointments due to poor communication.
71. Visually impaired people are likely to believe that health services are not fully aware of their needs.
72. There is an estimate, that people with a learning disability or long term mental illness, are 58% more likely to die before the age of 50 than non disabled people. There is also a higher rate of unmet need.
73. Many syndromes and disabilities carry unique risks to health; 14 –24% of people with a learning disability who have epilepsy have higher death rates and may experience adverse effects from medication.
74. Studies show that people living with long term illness and impairments, experience a higher risk of economic hardship and health inequalities.¹⁷
75. Multiple discrimination occurs when disabled people are discriminated against because of gender, sexuality, race and age.
76. People with mental health problems have higher rates of obesity, smoking, heart disease, diabetes, respiratory disease and stroke than the general population.¹⁸
77. People with bi-polar disorder have higher rates of hypertension and breast cancer.
78. Many people want less jargon and technical language used within the NHS, this would empower patients and promote mutual understanding.¹⁹
79. People who have a disability are often treated as a “third person” and not spoken to directly.
80. Disabled access is not always available, including adequate toilet facilities and the provision of hearing loops.
81. Carers may need to be able to drop off and pick up the cared for person near the hospital entrances.
82. People who have a disability may require longer appointments, in order to ensure their needs met.

Action.

83. The Trust will:

¹⁶ Department of Health Single Equality Scheme 2006 -2009

¹⁷ Disability Rights Commission 2006

¹⁸ Equal Treatment Closing the Gap Disability Rights Commission September 2006

¹⁹ Template for Single Equality Scheme North East England Health Authority 2008

- 83.1 Continue to develop data gathering, monitoring and analysis from across the organisation both within services and the workforce, as far as possible.
- 83.2 Promote equality of access and readily accessible access information, by continuing the Estates work following the disability access audit.
- 83.3 Continue to promote the need for a text service into the hospital for all people who are deaf.
- 83.4 Continue to promote the identification of specific individual needs, recording the need with the individual's permission and ensuring individual needs are met.
- 83.5 To enhance patient safety and with the patient's permission, flag and identify on patient record and PAS.
- 83.6 Continue to improve equality impact assessments and involve people with a disability in the process.
- 83.7 Ensure disabled people are included in the Foundation Trust membership and promote and ensure participation and involvement in Trust activities.
- 83.8 Ensure the Trust produces easy read communications and adheres to plain English standards. Ensure the web-site is easily read for people with a visual impairment.
- 83.9 Ensure all staff are trained in disability awareness. Within the customer care programme and equality training, promote true partnership working, to listen and learn from disabled patients.
- 83.10 Work with Ridgeway Partnership Trust and the Partnership Board, to increase staff awareness of individual needs for people with a learning disability.
- 83.11 Continue to monitor parking needs for carers.
- 83.12 Make relevant and appropriate adjustments as necessary to ensure equality of access to Trust services and employment opportunities.

Gender and health²⁰

- 84. Differences between men and women in the use of services and health status are significant. It is recognised that these differences are also influenced by income, social class, age, ethnicity and caring responsibilities.

Issues²¹.

²⁰ Department of Health Single Equality Scheme 2006 –2009 and North East England Health Authority template for Single Equality Scheme.

²¹ As above footnote 20.

85. "Men are three times more likely than women to commit suicide.
86. Women are between two and three times more likely than men to be affected by depression and anxiety.
87. Men have traditionally smoked more cigarettes and consumed more alcohol than women and there are important differences in the numbers of deaths from lung cancer and chronic liver disease between men and women.
88. Death rates for colorectal cancer are 24.7 per 100,000 men compared to 14.7 per 100,000 women".
89. Legal rights to gender equality have existed for thirty years, yet discrimination and gender inequality still exist. " Women and men have different needs in relation to public services, both in the workplace and as service users, they can experience different outcomes.²²"
90. The national pay gap is 18.3% for full time workers and 43.2% for part time workers.²³
91. Whilst life expectancy is greater for women than men, women spend more years in poor health or with a disability.

Action

92. The Trust will:
 - 92.1 Continue to collect, monitor and analyse data on gender equality from complaints, workforce data and access information. Identify and take corrective action when necessary.
 - 92.2 Continue to assess policies and new initiatives for their impact on gender equality and plan any required corrective action.
 - 92.3 The Trust will display equality impact assessments on the web-site.
 - 92.4 Promote privacy and dignity within patient care.
 - 92.5 Adhere to single sex ward accommodation in accordance with Trust policy.
 - 92.6 Ensure both men and women are involved in Trust developments within the public involvement activity.
 - 92.7 Recognise men, women and transgender people all have different needs in healthcare.
 - 92.8 As far as possible make flexible working a reality, particularly for parents and carers.
 - 92.9 Continue to assess gender requirements of a service, when commencing the recruitment process eg recruitment of Consultants for gynaecological services.

²² Department of Health 2007 "Creating a gender equality scheme: a practical guide for the NHS"

²³ Department of Health 2007 Creating a Gender Equality Scheme: a practical guide for the NHS.

92.10 Gather evidence to assess the equality of pay.

Religion and belief and health

93. The Trust recognises that we all live in a multi-cultural and multi-faith society and wishes to respond appropriately to the individual needs and rights of patients and staff. This includes the needs of people of diverse faiths and no faith, to provide a patient centred service. It is also recognised that part of the NHS reforms is to tackle inequalities, this includes health inequalities that may occur within different faith communities.

Issues

- 94. Different faith communities have different views on aspects of the life cycle: birth, health, ill health, dying and death.
- 95. No faith community is homogenous; there are many personal interpretations.
- 96. Respect and the ability of the Trust to meet the spiritual needs of patients and staff can affect the outcome of care and well being of patients and staff.

Action

- 97. The Trust will:
 - 97.1 Provide quiet rooms, prayer rooms or private space for staff and patients to practice their religion. (Health Care Commission Standard C13a 3ba 3bd). In order to meet everyone's needs, this may mean planning to provide two spaces; a Chapel and a Multi-Faith Room on each site.
 - 97.2 Ensure patients who wish to, are given the opportunity to speak to a person from their own faith community as soon as possible, by staff contacting the chaplaincy service on admission.
 - 97.3 Increase general knowledge of the different faith beliefs and needs, and understand that individuals interpret religions differently.
 - 97.4 Display a religious calendar on the intranet to promote awareness.

Age and health.

98. Age equality is responding to differences between people that are associated with age. Ageism is discrimination against people based on assumptions and stereotypes about age²⁴. Assumptions can have a dramatic effect on the quality of life of older people and their access to services and employment.

²⁴ Definition taken from the North East NHS Equality Scheme template. 2008

Issues

99. The NHS needs to make sure choices and independence are promoted and rights respected.
100. Ageism can be a barrier to well-being.
101. Ageism can effect employment opportunities. 62% of over-fifties feel they are declined employment opportunities on grounds of age.²⁵
102. Older people's services need adequate resources.
103. Young people need to be fully respected and their rights need to be protected, to encourage access to services. Services need to welcome young people attending alone.
104. Web sites and information, need to be suitable for young people.

Action

105. The Trust will:
 - 105.1 Monitor and analyse workforce data to ensure discrimination on grounds of age does not occur.
 - 105.2 Ensure the web-site is suitable and includes information relevant to young people.
 - 105.3 Ensure health and well-being is promoted amongst the workforce and patients of all ages by giving relevant information.
 - 105.4 Explore the possibility of analysing patient feedback and/or complaints by age.
 - 105.5 Ensure new initiatives and policies are assessed for the potential to discriminate on grounds of age, through the equality impact assessment process.

Sexual orientation and health.

106. This includes all lesbian, gay, bisexual and trans people (LGBT).The National Audit Office and Stonewall estimate that 6.5% of the national population is lesbian, gay or bisexual.²⁶ In 2001, information from the census shows 278 same sex couples known in Oxfordshire²⁷

²⁵ Department of Health briefing on the proposed Equality Bill 2008

²⁶ North East NHS Single Equality Scheme template 2008.

²⁷ Oxfordshire profile website.

Issues.

107. LGBT people report that they are often treated differently in the health sector. Discrimination, homophobia and heterosexism²⁸ have an impact on LGBT people's lives. LGBT people are more likely to be the victim of violence and verbal abuse.
108. Chances for promotion and career development can be adversely affected.
109. LGB people can experience social isolation and be at risk of depression, alcohol and substance misuse, self-harm and suicide.
110. Same sex partners who are a patient's next of kin, have experienced stigmatising attitudes and behaviour from health and social care staff.
111. Stigmatising attitudes can result in people not wanting to disclose their sexuality and Trans people not accessing healthcare²⁹. Research has shown that nearly half of gay men do not disclose their sexuality to their GP.³⁰
112. Research has shown that older LGB people are five times less likely to access services for older people than the general population, because they fear discrimination, homophobia and ignorance.³¹
113. Research has shown the need for training and experiential learning in the health sector.³²
114. Trans people may face barriers and inappropriate healthcare due to delays in waiting for gender re-assignment.³³

Action

115. The Trust will:
 - 115.1 Improve attitudes, communication and knowledge of LGBT issues, by ensuring staff have equality and diversity training.
 - 115.2 The Trust will promote understanding and open, non- stigmatised, non-judgemental communication with all patients, visitors and the workforce regardless of sexual orientation. Same sex next of kin will be treated with respect and dignity at all times.
 - 115.3 All policies and initiatives will be assessed for the potential to discriminate through the equality impact assessment process.

²⁸ The belief that heterosexuality is superior to homosexuality or bisexuality.

²⁹ Reducing health inequalities for LGBT people. Briefing 1 Working with LGBT people Department of Health 2007

³⁰ Reducing health inequalities for lesbian, gay, bisexual and trans people. Briefing I LGBT Department of Health 2007

³¹ Single Equality Scheme. Department of Health. 2006 –2009 p17

³² As 25 & 26

³³ As 25 & 26

115.4 Ensure there is support for staff through Occupational Health should this be required.

Reduction of risk

116. The Trust needs to be compliant with the law in order to:

116.1 Create awareness of equality and human rights, in order to provide an effective service to patients.

116.2 Reduce litigation: defending legal action is expensive and there is no maximum amount for compensation.

116.3 Reduce the number of tribunals and pay-outs.

116.4 Improve organisational morale and productivity.

116.5 Ensure equal opportunities to employment rights, training and promotion across the Trust.

Delivering the Single Equality Scheme.

117. The Oxford Radcliffe Hospitals NHS Trust will have an Equality Steering Group, Chaired by a Trust Director. The group will monitor and review progress and plan necessary action to eliminate adverse impact on all equality strands. The group will report to the Governance Committee.

118. It is vital that the values and work set out in this scheme are owned throughout the organisation. The promotion of equality and human rights are everyone's responsibility and should be part of everyone's job descriptions.

119. Trust Board responsibility for the equality duties is provided by the Director of Nursing and Clinical Leadership, who shares organisational leadership with the Director of Human Resources. Both Directors are members of the Executive Board

120. Everyone is required to take equality and diversity awareness training.

121. Progress will be reported on the Trust web-site and in the Annual Report.

Public involvement and maintaining community confidence in the Trust's approach.

122. The Trust will ensure open access to information regarding this Equality Scheme, it will be available in paper copies and on the Trust web-site.

123. Issues that arise from actions listed in the plan will be reported and monitored for improvement.

124. The Trust will continue to seek views from different groups ensuring voices are heard from people who identify with each of the equality strands. Feedback will be given back to community groups and individuals. As the Trust recruits a

membership, possibilities of wider membership involvement in the equalities work will be pursued. Details of involvement to inform this scheme can be found in the Appendices.

Oxford Radcliffe Hospitals NHS Trust

ESG = Equality Steering Group

Everyone has the right to be treated with dignity and respect. This includes taking into account different interpretations of dignity and respect for people from different faiths, cultures, generations, genders and sexual orientation.

It is recognized that individuals have different needs and in order to treat people equally we need to treat people differently. People who have a disability need to know their needs can be met.