

Northamptonshire Heartlands Primary Care Trust Board Meeting 15 July 2003

Promoting Equality and Diversity: A Framework for Service and Workforce Equality

1. Summary

The attached framework sets out the PCT's commitment to positively promote equality and diversity in its work. It brings together the statutory requirements of the Race Relations Act 2000, the Disability Discrimination Act 2000 and the Human Rights Act 1998.

The framework also sets out the standards, key principles and milestones to ensure we meet our obligations to both our local population and our staff.

2. Recommendations

The Board is asked to:

- Approve the framework as the PCT's equality and diversity strategy, incorporating our Race Equality Scheme

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3 July 2003

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3 July 2003

Promoting equality and diversity: *a framework for service and workforce equality*

Introduction

1. The PCT's commitment to positively promoting equality and diversity is set out in the framework that follows.
2. It is written to embrace our requirements as set out in legislation such as the Race Relations Act 2000, the Disability Discrimination Act 1995 and the Human Rights Act 1998 in addition to the various codes of practice and guidelines that support the principles on which the NHS is founded.
3. This document sets out the standards which we will work to, supporting principles and key points that will demonstrate how we, as an organisation, take seriously our responsibility to promoting equality and diversity, but also the accountability we have to our local population for this.

Values and aspirations

4. The creation of the PCT was based on the desire to improve health and health care services for local people through:
 - Our involvement with local communities and partner organisations to develop high quality services
 - Our leadership in developing and investing in our health care workers
 - Our accountability to our local community in order that they have confidence in and we have pride in what we do
 - Being open and realistic about aspirations and the constraints placed upon us
- 1) Our vision is to improve the health of the people of north Northamptonshire through public health and disease prevention initiatives yet at the same time provide high quality treatment and care when needed. To do this, we have identified three principles to guide us: -
 - We will not be afraid to change what needs changing
 - Quality will be at the heart of everything we do
 - We will introduce new ways of providing care different from current practice
- 2) We believe all individuals should be able to access services who ever they are and wherever they live and that the services should be of an equal standard irrespective of which health care provider it is.
- 3) As a PCT we both provide and commission health services for our local population. Understanding this and more importantly, identifying and responding to needs is the basis for investment, reform and the overall improvement of local services whether they are based in general practice surgeries, our local hospital, in community facilities or in a patient's own home.

- 4) We can only do this effectively if we understand the equality and diversity issues within that population in order that we develop and deliver services that are inclusive of the whole population, not just a majority of it.
- 5) To do this will require change, change in the way we think and a change in the way we work with our communities. The first step in this is understanding what our public body statutory responsibilities are and how those are ethically driven within the organisation.

Race relations legislation and its implications

5. The race relations legislation¹ provides the legislative base for action to be taken to address racial discrimination. The Report of the Stephen Lawrence Inquiry exposed the deficiencies within public bodies in tackling racial discrimination, strengthening the need to apply the legislation as set out.
6. The amendments to the Act² in 2000 significantly strengthen and extend the scope of the 1976 legislation by adding two main provisions. The first strengthens the *general duty* in the 1976 act by placing a positive duty on public authorities to promote racial equality and eliminate unlawful discrimination.
7. The second provision is to make it unlawful for a public authority to discriminate on the grounds of race in carrying out any of its functions. This means that the Trust's directorates and clinical services have new obligations with respect to racial equality. In other words, it must be considered integral to any future policy development.
8. The PCT will need to consider the steps outlined below to meet its *general duty*, which are:
 - Identify which of its functions are relevant to the *general duty* (promoting race equality and rooting out unlawful discrimination)
 - Set priorities for these functions, based on their relevance to race equality
 - Assess how all these functions and any related policies affect race equality and;
 - Consider how the policies might be changed to meet the *general duty* and to make those changes
- 1) To cement this, the Home Secretary has imposed *specific duties*, requiring public authorities to publish a Race Equality Scheme by, which will demonstrate how we intend to meet our general duty to tackle racial discrimination, promote equality of opportunity and to promote good race relations.
- 2) The PCT's Race Equality Scheme is contained within our framework for promoting equality and diversity. The Scheme should state which of our functions

¹ The Race Relations Act 1976 sets out general duties, followed by the Race Relations (Amendments) Act 2000 which sets out specific duties for public bodies.

² *ibid*

and policies, including those proposed, are relevant to promoting race equality and unlawful discrimination and secondly, what arrangements we have put in place to do this.

- 3) In particular, the Scheme should outline the arrangements required. Some of these are evident in the framework Standard 3, attached. The PCT will be required to review its arrangements for promoting race equality within three years from 31 May 2002 and within each further period of three years. The arrangements required for the Scheme are:
- Assessing and consulting on the likely impact of our policies on the promotion of race equality
 - Monitoring our policies for any adverse impact on the promotion of race equality
 - Publishing the results of such assessments
 - Ensuring the public has access to the information and services we provide
 - Training staff in the duties and responsibilities under the legislation

Disability Discrimination Act 1995 and its implications

9. The Disability Discrimination Act (DDA) made it unlawful to treat disabled people less favourably in the provision of services (including making use of goods or facilities) for a reason related to their disability.
10. From 1999, the Act required service providers, including the NHS to make 'reasonable adjustments' to enable disabled people to access services. Furthermore, from October 2004, other reasonable adjustments may be required to overcome physical barriers to access.
11. Whilst the PCT has come some way in addressing these issues, there is still some way to go. If the PCT is to truly promote equality and diversity in its services, the requirements under the DDA must feature within this.
12. Contained within the framework is a standard for service equality for disability which commits us to addressing this Act as part of our overall approach. It both complements and supports our approach to race relations.

The Human Rights Act 1998

13. Promoting equality and diversity must also be seen within the context of the European Convention of Human Rights and its incorporation into UK law through the implementation of the Human Rights Act 1998³.
14. The Act requires public authorities and their employees to act compatibly with the Convention rights. These rights are not set in stone, but will develop over time, however it is important that when looking at promoting equality and diversity, we do it being mindful of the Convention rights which are shown in the table overleaf:

³ Whilst the Act was established in 1998, public authorities were given until 2000 to fully enact it

Table 1: Human Rights

| Article | Explanation | PCT application & interpretation |
|---------|---|--|
| 2 | Everyone's right to life shall be protected by law The article imposes a duty to provide adequate and appropriate medical provision to save life | <ul style="list-style-type: none"> Cases where patients were not properly involved in treatment decisions 'do not resuscitate' decisions resource allocation issues around treatments and funding |
| 3 | No one shall be subjected to torture or inhuman or degrading treatment or punishment | <ul style="list-style-type: none"> resource allocation the detention and treatment of mentally incapacitated patients under common law |
| 5 | Everyone has a right to liberty and security of person | <ul style="list-style-type: none"> the detention and treatment of mental patients under common law where the detention is lengthy |
| 6 | Everyone is entitled to a fair and public hearing | <ul style="list-style-type: none"> procedures for employment tribunals |
| 8 | Everyone has a right to respect for his private and family life | <ul style="list-style-type: none"> collection and dissemination of medical data arrangements for discharging patients, residential care civil rights of employees |
| 9 | Everyone has a right to freedom of thought, conscience and religion | <ul style="list-style-type: none"> equal opportunities policies |
| 10 | Everyone has the right to freedom of expression (receive/impart information) | <ul style="list-style-type: none"> collection and dissemination of medical data |
| 11 | Everyone has the right to freedom of peaceful assembly and to a freedom of association with others | <ul style="list-style-type: none"> recognition of trade unions and professional bodies |
| 12 | Men and women of marriageable age have the right to marry and to found a family according to the national laws governing this right to exercise | <ul style="list-style-type: none"> resource allocation and decisions to fund treatment e.g. IVF, gamete storage |
| 14 | The enjoyment of the rights and freedoms set forth in this convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status | <ul style="list-style-type: none"> treatment denied on the basis of age or sex treatment denied or services not provided on the basis of race, colour, language or religion |

15. It is important that these requirements, in line with the other statutory requirements are applied equally to our promotion of equality and diversity in services and the workforce.

Implementation

16. The framework attached to this document sets out the standards and key principles to meet our statutory and moral obligations to our community and employees.
17. In addition it goes further in addressing how these will be demonstrated to our workforce and our constituents, the roles that they play in this and more importantly, when we aim to achieve these standards, and lead individuals who will take each item forward.
18. Organisationally, the PCT will decide how this can be best delivered, but that is the determination of nominated individuals within their remit of responsibility and not for the purposes of this document.

Application

19. This document applies to individuals employed by the PCT in the first instance. It is also applicable to those from whom we contract services including family practitioners, other NHS organisations and public authorities, private organisations and the voluntary and community sector
20. The intent is to use our planning and performance management processes to help ensure that the commitments we have outlined here are indeed implemented. This will also mean that it becomes part of our general duty to services and functions each year.
21. This document, once endorsed and approved by the PCT Board will be the overarching equality and diversity strategy for the PCT, incorporating our Race Equality Scheme, as a first stage in our development.

References

- *A framework for service and workforce equality*; Service Equality Task Group, LNR Health Community, April 2002
- *Race Equality Scheme and Action Plan*; Food Standards Agency, draft, undated

Service and Workforce: Promoting equality and diversity

Standard 1: Leadership

| Principle | Key points | Completed by | Lead |
|--|---|---|---|
| The Board will be fully aware and committed to promoting equality and diversity in service provision and its workforce | <p>This will be demonstrated by:</p> <ul style="list-style-type: none"> • Appointment of a Non-Executive Director (NED) and designated manager responsible for implementing the legislation and NHS policy relating to race & equality • Training for Board members on promoting diversity and equality • Evaluation of an annual report that addresses year on year improvements in promoting diversity | <p>April 2003</p> <p>December 2003</p> <p>July 2004</p> | <p>Chairman & Chief Exec</p> <p>HR Director</p> <p>Chairman</p> |
| The Board will actively demonstrate its commitment to equality of access and treatment for staff and patients | <p>This will be demonstrated by:</p> <ul style="list-style-type: none"> • Discussions at Board meetings on issues of equality, challenging access and treatment issues • Seeking information from patient forums that will confirm or deny improvements in equality of access issues • Working with local community groups to establish how the PCT can improve | <p>On – going</p> <p>On – going</p> <p>On-going</p> | <p>Chairman</p> <p>NED</p> <p>NED</p> |
| The designated Non Executive Director and designated manager will produce an annual report for public debate and consumption on the PCT's actions for promoting equality and diversity | <p>This will be demonstrated by:</p> <ul style="list-style-type: none"> • Publication of a report distributed to the local community that includes information for service users, carers and populations traditionally excluded • Evidence of accessibility to patient advice and liaison services • An evaluation of the PCT's progress for public comment | <p>March 2004</p> | <p>NED</p> |

Standard 2: Understanding the local population and its needs

| Principle | Key points | Completed by | Lead |
|---|---|--------------|---|
| The PCT will understand the demographic profile of the population, current and projected | This will be demonstrated by: Demographic report on the locality reflecting the previous twelve months and; | Sept 2004 | Director of Public Health |
| The PCT will collect data on the composition and health needs of its local communities and monitor service delivery for fair uptake | This will be demonstrated by: <ul style="list-style-type: none"> • Production of patient data that contains details of age, sex, ethnicity, preferred language, disability, carer involvement, emergency contact, marital status, religion and cultural needs • Inclusion of this information in health planning and commissioning of services and; | March 2004 | Director of Service Imprvmt and Performance |
| The PCT has a patient and public involvement strategy that includes traditionally excluded groups | This will be demonstrated by: <ul style="list-style-type: none"> • Publication and implementation of the PCT's patient and public involvement strategy | October 2003 | Head of Comms and Patient Relations |

Standard 2: Understanding the local population and its needs *continued*

| Principle | Key points | Completed by | Lead |
|--|---|--------------|---|
| The PCT will create an environment that embraces diversity and where individual differences are celebrated | This will be demonstrated by: <ul style="list-style-type: none"> • Establishing communication processes that acknowledge internally and externally our commitment to diversity • Indication within our communication strategy of the importance of diversity and equality | August 2003 | Head of Communications and Patient Relations |
| The PCT will commission services from providers who reflect the same diversity values of the PCT | This will be demonstrated by: <ul style="list-style-type: none"> • Reviewing provider information and commitment to promoting diversity and equality in their organisation • Reflecting provider commitment to this agenda in service level agreements | April 2004 | Director of Service Improvement and Performance |

Standard 3: Policy and operations

| Principle | Key points | Completed by | Lead |
|--|---|--|---|
| <p>The PCT has made its assessment of which of its functions are relevant to the general duty to promote race equality</p> | <p>This will be demonstrated by:</p> <ul style="list-style-type: none"> • An assessment report that indicates how each service function is/has addressed the promotion of race equality through employment of staff and through the development and delivery of services • Production and discussion of the report at Professional Executive Committee and PCT Board | <p>Nov 2003 December 2003</p> | <p>Directors Corporate Business Manager</p> |
| <p>The PCT has a range of policies and procedures in place to ensure equality of opportunity, has identified areas where a policy may be required and develops it in partnership with staff, users and local communities</p> | <p>This will be demonstrated by:</p> <ul style="list-style-type: none"> • Review and evaluation of all policies to ensure equality of opportunity is achieved • Procedure for the development of policies which includes reference to the impact and relevance to local ethnic minority communities • Promulgation of policies and procedures to staff and local communities | <p>In line with the PCT's cycle for review of policies</p> | <p>Directors Head of Comms & Patient Relations</p> |

Standard 3: Policy and operations continued

| Principle | Key points | Completed by | Lead |
|---|--|--|---|
| The PCT has arrangements for assessing, and consulting on the likely impact of proposed policies on ethnic minority communities | This will be demonstrated by: <ul style="list-style-type: none"> • PCT's patient and public involvement strategy and supporting arrangements for the consultation of local communities | November 2003 | Associate Directors – Local Health Groups |
| The PCT has arrangements for making sure that people from ethnic minority communities have access to services provided by the Trust | This will be demonstrated by: <ul style="list-style-type: none"> • Access to interpreters, their usage and feedback on services provided • Access to information in various languages • Access to new public involvement services/ forums • User and carer satisfaction surveys and other measures of patient views • Relevant working groups involving patients • Access to complaints process • Access to general Trust information through website, media information and other Trust publications | March 2004 | Head of Comms & Patient Relations |
| The Trust promotes staff responsibility in implementing the Race Relations Act 2000 | This will be demonstrated by: <ul style="list-style-type: none"> • Inclusion of promoting equality and diversity in personal development plans • Inclusion of promoting equality and diversity in appraisal systems • Inclusion of promoting equality and diversity in staff induction programmes • Specific training on promoting equality and diversity and their legal duties with regards the Race Relations Act | March 2004 } As above } October 2003 } As above } | Directors } HR Director } |

Standard 4: Service equality - disability

| Principle | Key points | Completed by | Lead |
|---|---|---|--|
| <p>The PCT complies with the DDA Code of Practice and NHS guidance requirements</p> | <p>This will be demonstrated by:</p> <ul style="list-style-type: none"> • Audit of existing arrangements and actions to resolve issues • Audit reports covering the assessment of the physical environment of PCT premises and contractor premises | <p>January 204 December 2003</p> | <p>Director of Finance</p> |
| <p>The PCT reviews and changes policies, practice and procedures that make it impossible or unreasonably difficult for disabled people to make use of its services in partnership with staff, users, carers and disabled groups</p> | <p>This will be demonstrated by:</p> <ul style="list-style-type: none"> • Annual review of its services and facilities outlined in the Disability Discrimination Act (DDA) 1995 • Actively promotes good practice for equality for disabled people in the NHS through its own service and that it commissions • Evaluating policies and procedures with staff, users, carers and disabled groups | <p>January 2004 On-going January 2004</p> | <p>Directors Head of Comms and Patient Relations</p> |

Standard 4: Service equality - disability *continued*

| Principle | Key points | Completed by | Lead |
|--|--|--------------------------------|--------------------------------------|
| The PCT provides services that support the independence and care of disabled people | This will be demonstrated by: <ul style="list-style-type: none"> • Providing information resources on communication aids, interpreters, other aid services and any other source of information or assistance required • Provides investment into services to support disabled people | Ongoing Ongoing | Directors |
| The PCT provides reasonable alternative methods for disabled people to make use of services where physical features make it difficult for them | This will be demonstrated by: <ul style="list-style-type: none"> • Including reference to alternatives in service information • Estates strategy that supports changes in the physical environment that will improve access | March 2004 October 2003 | Directors Director of Finance |

Standard 5: Workforce planning and development

| Principle | Key points | Completed by | Lead |
|--|---|---|--|
| <p>The PCT develops a workforce that reflects the diversity of the local population it serves.</p> <p>This includes the Board and Professional Executive Committee</p> | <p>This will be demonstrated by:</p> <ul style="list-style-type: none"> • Auditing current employees in relation to gender, ethnicity and disability to establish its profile • Analyses the profile of the organisation compared to the population it services • Identifies areas of under-representation and reports it to the Board • Develops recruitment and retention strategies and policies that addresses under-representation | <p>Oct 2003</p> <p>Nov 2003</p> <p>Dec 2003</p> <p>Dec 2003</p> | <p>HR Director</p> |
| <p>The PCT puts in place monitoring arrangements for gathering, analysing and maintaining information on ethnicity, gender, disability, etc</p> | <p>This will be demonstrated by:</p> <ul style="list-style-type: none"> • Implementing policies and recruitment and selection • Carrying out exit interviews • Analysing any grievance, disciplinary or harassment cases • Evaluation of verbal or physical abuse towards staff • Consistency in application for flexible working • Consistency in staff being able to access training and development | <p>From Sept 2003 and on – going</p> | <p>HR Director</p> |
| <p>The PCT is advised of the outcome of monitoring arrangements and agrees actions to address inequalities (see</p> | <p>This will be demonstrated by:</p> <ul style="list-style-type: none"> • Incorporation into PCT’s performance reporting arrangements | <p>Oct 2003</p> | <p>Director of Service Improvement and</p> |

| | | | |
|--------|--|--|-------------|
| above) | | | Performance |
|--------|--|--|-------------|

Standard 5: Workforce planning and development *continued*

| Principle | Key points | Completed by | Lead |
|--|--|---|--------------------|
| The PCT will have a workforce strategy that embraces and encourages diversity within the workforce | <p>This will be demonstrated by:</p> <ul style="list-style-type: none"> • Development and approval of a recruitment and selection policy and associated procedures which promotes equality, diversity and under-representation • A marketing plan that increases applications to the PCT from under-represented groups • Meeting the criteria for employment service disability (two ticks) • Implementation of a training strategy for all staff that addresses diversity and equality including cultural awareness and dealing with harassment • Involvement of local communities in overcoming barriers to employment in local health services | <p>Oct 2003</p> <p>March 2003</p> <p>Dec 2003</p> <p>March 2003</p> | <p>HR Director</p> |

Standard 5: Workforce planning and development continued

| Principle | Key points | Completed by | Lead |
|---|--|--|---|
| <p>The PCT will promote diversity and equality in its workforce</p> | <p>This will be demonstrated by:</p> <ul style="list-style-type: none"> • Annual staff surveys that ascertain diversity issues which will inform the PCT's policies and procedures on promoting equality and diversity • Discuss and address these issues at staff meetings • Publish information on diversity initiatives, highlighting successes and achievements • Develop, implement and communicate policies that state the PCT's commitment to not tolerating violence, aggression or harassment of staff • Engage with professional bodies and trade unions on promoting equality and diversity in the workforce | <p>May 2003</p> <p>On – going</p> <p>On – going</p> <p>Oct 2003</p> <p>On-going</p> | <p>HR Director</p> <p>Head of Comms & Involvement</p> <p>HR Director</p> <p>HR Director</p> |