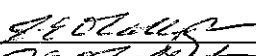
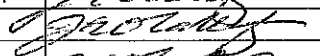
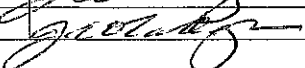


SINGLE EQUALITY SCHEME 2010-2013

A Single Equality Scheme setting out our Values and Commitments on Race, Disability, Sexual Orientation, Religion/Belief, Age and Gender and our proposed Action Plan

Other formats and languages

This document can be provided on request in large print, on CD or tape, in different colours or in Braille. A summary version can be provided in different languages. Please contact the Human Resources Department on 01234 792291.

Approved	Date	Signed	Review
JSMC	11 Feb 2010 (sent out for consultation)		
EMG	15 March 2010		
Trust Board	31 March 2010		

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1. FOREWORD

We are pleased to present the Bedford Hospital NHS Trust Single Equality Scheme for consultation. The scheme sets out how we propose to meet our legal equality duties over the next three years and promote good practice.

The Single Equality Scheme sets out our commitment to taking equality and human rights into account in everything we do, whether that is providing healthcare services to our local population, employing people, developing policies or communicating and involving people in our work.

Specifically, this duty relates to the Race Relations (Amendment) Act 2000, Disability Discrimination Act 2005 and the Sex Discrimination Act as amended by the Equality Act 2006. It also includes action on the Employment Equality Regulations for age, religion or belief and sexual orientation.

We have public equality duties covering disability, gender and race. For full details of each of the duties, please refer to the Equality and Human Rights Commission's public sector duties webpage.

<http://www.equalityhumanrights.com/advice-and-guidance/public-sector-duties/>

The Scheme also covers age, religion and belief (including people who hold no religious beliefs), gender and transgender (equality between men, women and people who intend to undergo, are undergoing or have undergone gender reassignment) and sexual orientation.

This Scheme includes our equality objectives, the actions we intend to take to deliver them and the measures we will use to track our progress.

This is a long-term commitment and will be regularly refreshed to ensure its continued relevance. Whilst the scheme is the subject of consultation with a wide range of stakeholders, we very much welcome their views in shaping this scheme further and influencing its development over time.

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

2. ABOUT BEDFORD HOSPITAL NHS TRUST

The Strategic Direction and Vision for Bedford Hospital

The vision and defining ethos of the Trust is 'Every Patient Matters'. This vision underpins the Trust's business strategy to provide acute healthcare to the local community in North Bedfordshire. We will also strive to be an excellent employer providing a better place to work for our staff, where diversity is highly valued, their contribution is recognised and properly rewarded and they are able to use their skills to the full.

Bedford Hospital NHS Trust has made a commitment to being an excellent employer, providing a better place for its staff to work in an atmosphere where diversity is highly valued.

The Equality and Diversity Strategy for 2008 to 2013 also takes full account of the East of England's strategic vision 'Towards the Best Together'. It aims to support this vision and the pledges from 'Towards the Best Together 2008'. The pledges are split into three main areas:

- Delivering a better experience for patients;
- Improving people's health and
- Reducing unfairness in health

Equality and Diversity is an important element of the Trust's Workforce strategy 2008-13. The strategy is a means of ensuring our practices and processes take account of all diverse needs, link with other Trust strategies and actions and become truly embedded within the Hospital. We wish to assure our staff and the public that the Hospital will adhere to the general and specific duties pertaining to Race, Disability and Gender as well as promoting good practice.

The Trust recognises that it must engage the active commitment of local partners and communities and also involve staff and users in taking these strategic aims forward. There are a number of actions that must be put in place to ensure the framework for the strategy is robust with particular reference to the NHS constitution. The NHS Constitution, first published on 21 January 2009, brings together in one place for the first time in the history of the NHS what staff, patients and public can expect from the NHS.

As well as capturing the purpose, principles and values of the NHS, the Constitution brings together a number of rights, pledges and responsibilities for staff and patients alike. From 19 January 2010 all providers and commissioners of NHS care are under a new legal obligation to have regard to the NHS Constitution in all their decisions and actions.

The NHS Constitution says that the NHS provides a comprehensive service to all, whatever their gender, race, disability, age sexual orientation, religion and belief. It has a duty to everyone it serves and must respect their human rights. The NHS also 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.

This **Single Equality Scheme** is a public commitment of how we plan to meet the duties placed upon us by the equality legislation. In this respect, we have previously published our schemes relating to race, disability and gender. The Single Equality Scheme replaces those schemes and reinforces our commitment to valuing and promoting equality and diversity in all that we do. The Action Plans for the three previous schemes have been consolidated into one and the opportunity taken to streamline the plan so that we focus, in year one, on those actions which we need to undertake to enable us to further develop our plans for years two and three.

3. THE SIX EQUALITY STRANDS

The Six Equality Strands are: Race & Ethnicity, Disability, Gender, Age, Sexual Orientation and Religion & Belief. Collectively, the duties associated with these, represent a powerful force that ensures discrimination can be eliminated and all people can receive equal care, equal opportunity and equal rights. Bedford Hospital has decided, as a starting point, to bring all the strands together in one scheme to emphasise the importance and commitment it gives to each.

3.1 RACE & ETHNICITY

The main catchment area for Bedford Hospital Trust is Bedford Borough, Mid Beds and parts of South Beds (excluding Luton). The highest number of the ethnic minority population can be found in the electoral wards that lie within Bedford Borough. Bedford is made up of over 50 different ethnic groups and is one of the most diverse areas in East of England. Although its total ethnic minority population is just under 20% (see tables 1 and 2), there are certain electoral wards in the town where the ethnic minority population can be over 40%. Cauldwell Ward, in which the Hospital lies, has an ethnic minority population of just under 44% and Queens Park is almost 60%.

Table 1: National Demographics - % Non-white and Ethnic populations.
(National Census 2001)

	% Non-white**	% Ethnic origin including 'Irish' & 'white other' groups*
UK	7.9	not available
ENGLAND	9.0	not available
BEDFORDSHIRE	6.7	11.1
BEDFORD	13.0	19.2
MID BEDS	2.4	5.4
SOUTH BEDS	3.1	6.7
LUTON	28.1	35.0

*this includes all groups from the 2001 census except 'White British' category.

**this includes all groups from the 2001 census except 'White British', 'White Irish' or 'White Other' categories.

Table 2: Bedford's Non-White & Ethnic Populations by Electoral Ward.
(National Census 2001)

	% Non-white**	% Ethnic origin including 'Irish' & 'white other' groups*
Brickhill	8.57	14.29
Bromham	5.18	9.76
Carlton	1.02	3.83
Castle	18.13	28.31
Cauldwell	31.53	43.77
De Parys	11.19	19.41
Eastcofts	5.82	9.02
Goldington	13.19	18.89
Great Barford	1.73	4.59
Harpur	15.99	25.57
Harrold	1.51	4.67
Kempston East	16.58	21.53
Kempston Nth	19.01	23.77
Kempston Sth	14.20	18.45
Kingsbrook	17.36	24.60
Newnham	9.89	17.30
Oakley	2.13	5.54
Putnoe	7.62	13.55
Queens Park	46.29	57.77
Riseley	1.22	3.59
Roxton	2.10	4.62
Sharnbrook	1.70	5.04
Turvey	2.60	6.68
Wilshamstead	8.03	12.40
Wooton	3.92	5.92
TOTAL	13.02	19.23

*this includes all groups from the 2001 census except 'White British' category.

**this includes all groups from the 2001 census except 'White British', 'White Irish' or 'White Other' categories.

A person's race and ethnicity may impact on their health and on their experience of the Health Service in a number of ways. Ethnic minority communities are often linked to deprivation, poverty and the worst end of the wider determinants of health such as housing, unemployment, education and accidents. They suffer some of the worst inequalities in health which all lead to a heavier burden of the risk factors associated with the UK's biggest killers – heart disease, stroke and cancers.

Culture, customs and education make a difference to how, why and when ethnic minority communities seek to access health services. Understanding these differences is at the heart of whether Bedford Hospital can reach these communities and impact on the inequalities in health that exist.

Being a good employer is also about how well we know and understand the community from which the majority of our staff come. Bedford Hospital is committed to making sure its staff profile reflects the community it serves and provides the best environment possible for its staff to attain their career potential.

GOOD PRACTICE STORY

Twice a year, Bedford Hospital runs clinics to which we invite non English speaking patients to attend. Consideration is taken of religious festivals. We arrange interpreters and as a result, these clinics are really well attended, in particular from the Middle and Far East and Eastern Europe. The outcomes for patients who attend clinics is almost always positive and allows advice to be given to people who otherwise might not receive it.

Tables on pages 20/21 refer to workforce data for Black Minority Ethnic Groups (BME).

DISABILITY

A disability is classified by the Disability Discrimination Act (DDA) as:

A mental or physical impairment that has an adverse effect on your ability to carry out day-to-day activities and where the adverse effect is substantial and long-term (meaning it has lasted for 12 months, or is likely to last for more than 12 months or for the rest of your life).

Based on research, around one in five people of working age are considered by the Government and by the Disability Rights Commission (DRC) to be 'disabled'. What that means is that they have a disability or a long-term health condition that has an impact on their day-to-day lives. People in these circumstances and some others (such as people with a facial disfigurement) are likely to have rights under the Disability Discrimination Act (DDA).

According to the 2001 Census, 15.6% of the Bedford population had a limiting long-term illness and 11.2% were of working age and had a limiting long term illness.

It is important that people are treated fairly – whether they have cancer, diabetes, multiple sclerosis and heart conditions; or have a hearing or sight impairment or a significant mobility difficulty, caused for example by arthritis. The same is true of people who have mental health conditions or learning disabilities.

We need to ensure that people are not treated unfairly. While they might be considered “disabled” according to the DDA, they do not need to use that term about themselves and very many people with rights under the DDA prefer not to. Many people think that you can tell if someone is disabled and that people are usually disabled from childhood. In fact, most people who have a disability or a health condition develop it in later life, only 17 per cent are born with a particular condition.

In addition, while Britain is getting wealthier and medicine is developing, in fact an increasing proportion of the population have some form of health condition or disability, partly because many of us are living longer and because treatments are improving. People are often able to live for a long time, after cancer, after a heart attack or after an accident,

The DDA provides disabled people with rights and it also places duties on employers. More importantly, it helps encourage employers and employees to work together to break away from rigid employment practices, identify what adjustments and support might be needed and find flexible ways of working that may benefit the whole workforce.

Bedford Hospital Trust uses the following categories for people to identify their disability/impairment:

- Physical Impairment
- Sensory Impairment
- Learning Disability
- Long Term Mental Health Problem
- Long Term Health Condition

How do we ask people about disability/impairment...

Service Users - Provision has been made on both the staff and service user records systems for recording information on disability. In relation to service users, it is not a statutory requirement that this information be collected, However giving a service user an opportunity to discuss issues relating to disability, can help them become more open with staff, give more information on the type of treatment they require and help staff to make any special adaptations that may be necessary.

Staff - In relation to staff, all managers are encouraged to be aware of the Trust's “*Guide for Supporting Staff with a Disability*”. It may be necessary on occasion for employers to make reasonable adaptations to help staff in relation to their disability. If there is any doubt on the process, staff should contact their Human Resources representative.

Although we do not have numbers specifically related to disabilities, the 2001 Census showed that 15.6% of the Bedford population had a limiting long-term illness and 11.2% were of working age and had a limiting long term illness.

GOOD PRACTICE STORY

An opportunity became available for volunteering within our Clinical Governance team at Bedford Hospital and one of our volunteers expressed an interest. The activities included going from ward to ward delivering patient and visitor surveys, chatting with patients and having a positive impact on the patient's experience. As this volunteer used a wheelchair we put in place a volunteer buddy system which enabled the volunteer to move freely between wards and departments to carry out his activities with the help of another volunteer. The volunteer said "this placement is what I have been looking for; the team members are the most caring, helpful and funny people you could ever meet and a true credit to the hospital".

The Trust has a strong Redeployment Policy that encourages disabled people to stay employed and other agencies, such as Remploy and Access to Work are asked to contribute to this.

3.3 GENDER

Gender equality relies on ensuring that we are able to offer equal opportunities for both men and women, including trans people, who come into contact with the Trust. As an employer, approximately 80% of our workforce are women which is not uncommon for the NHS. In public health in the community, 87% of the nursing, midwifery and health visiting workforce is female. Conversely, only 25% of hospital consultants are women.

It is well known that women can experience disadvantage in the workplace. Across the economy as a whole, the pay gap between men and women stands at 18.3% for full time workers and 43.2% for part-time workers. Only 11% of women work as senior managers or officials compared with 18% of men.

It is also important as both an employer and service provider that we are able to support men and women in all areas of their lives. This may include specialist knowledge and support, such as for trans people, employees with caring responsibilities, flexible working as well as supporting service users and carers accessing services.

Supporting Trans people...

'Trans' is a term used to refer to transgender and transsexual people. Trans is often a preferred term as transgender and transsexual to some can be seen to 'medicalise' trans people and treat them automatically as having a disorder.

All Trust policies and procedures should ensure that they adequately support trans employees, service users and carers, especially those policies dealing with recruitment, confidentiality, harassment and access to training.

The Trust must be able to demonstrate that it works to prevent discrimination, not only against trans people, who have undergone gender reassignment and do not intend to do so, but all those who intend to undergo gender reassignment in the future and all those undergoing it. It is also important to note that many people may identify as trans, transgender or transsexual but may not meet the legal definition by having gone through gender related medical procedures or acquiring a gender recognition certificate.

Under the Gender Recognition Act 2004, people who hold a gender recognition certificate, as granted under the Act, are considered to be either male or female, depending on which gender they have applied for. A Gender Recognition Certificate is: a document granted under the Act that allows a person the full rights and responsibilities of their acquired gender. This can include legally being allowed to marry someone of the opposite gender and applying for a new birth certificate.

GOOD PRACTICE EXAMPLE

It is increasingly accepted that gender does not need to influence our choice of career and although in the past nursing has been seen as a predominantly female profession, here at Bedford Hospital we know that nursing skill is the most important factor when delivering high quality care.

Edward Phillips is a Practice Development Nurse here at the Trust and said,

"As a male nurse, I am well accepted by male and female patients alike. Female patients are sometimes surprised by the compassion that can be shown by male nurses and often comment positively about the thoughtfulness and attention to detail."

"In many cases the gender of the nurse is irrelevant, when a patient calls for help it is much more important to deliver safe, reliable care that promotes dignity and respect."

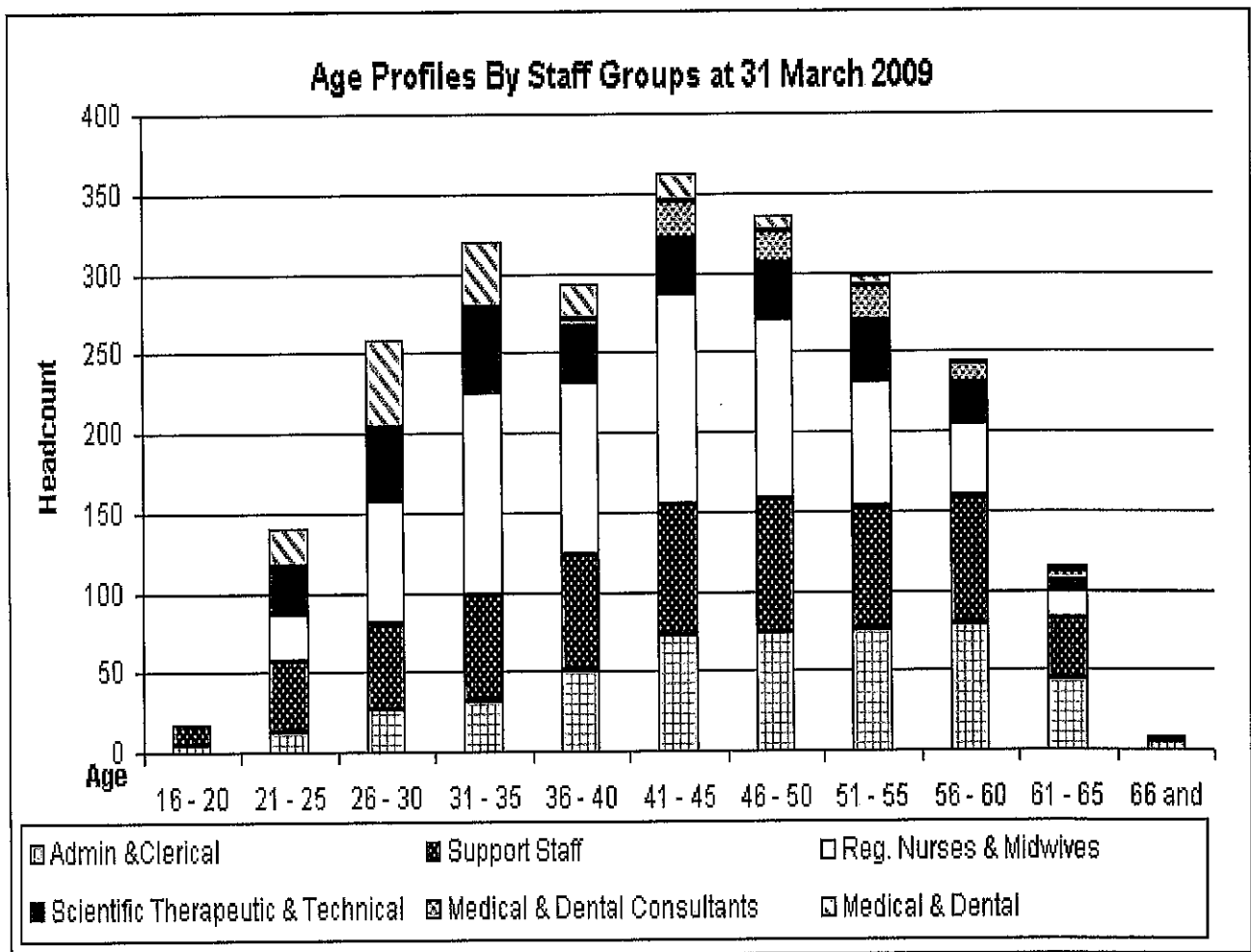
3.4 AGE

Age equality is concerned with responding to differences between people that are linked to age, and with avoiding preventable inequalities between people of different age groups.

Stereotypes and stigma around age often focus on two specific age groups, younger people (largely considered under 18) and older people (largely considered over 65). However, the Employment Equality (Age) Regulations 2006 clearly state the importance of acknowledging that age discrimination can be an issue for any age group.

Ageism, the attitudes of others, and the assumptions they make, can have a dramatic effect on older people – on their quality of life, access to services and choices, employment and other opportunities. Young people can come across a range of barriers to health services. This is especially true also for services on sexual health and contraception. Black and minority ethnic young people may not feel comfortable accessing services as they sometimes lack confidence and, girls especially, are unable to attend appointments unless chaperoned.

The effects of stereotypes are very real in society with particular age groups feeling marginalised and excluded. Often we do this without even realising it. Within Health & Social care settings for many years particular age groups have been passed over for treatment simply because of their age. The NHS continuing care framework goes some way to ensuring a fairer service for all. This can only fully be ensured by services taking these issues seriously and not treating people unfairly because of their age.



3.5 SEXUAL ORIENTATION

Sexual Orientation refers to whether a person is attracted to people of the same sex, opposite sex, both or neither. It is based on the belief that it is not something that is chosen and is determined on an individual basis by attraction, relationships, sexual activity, personal feelings, and personal and social identity.

There has been great debate around how a person's sexual orientation is determined and, whilst we know that someone cannot choose their orientation, associated behaviour can sometimes be chosen. e.g. people may stay 'in the closet' as they feel uncomfortable being 'out' as lesbian, gay or bisexual in public. In services or in the workplace people may embrace some stereotypes that they feel can help protect them from discrimination.

A report recently written by Stonewall and the Department of Health, 'Being the gay one' (2007), shows that there is still homophobia and discrimination in parts of the NHS.

The National Audit Office and Stonewall estimate that around 6.5% of the national population is lesbian, gay or bisexual, which is likely to be reflected in the local populations that we serve and our staff groups.

Every day at work and in their personal lives, lesbian, gay and bisexual people are forced to choose between being open and honest about their sexuality, avoiding the issue or lying to their colleagues or friends. This can cause stress to the individual, both at work and in their personal lives which is evidenced in the health inequalities suffered by many lesbian, gay or bisexual individuals.

Asking questions about sexuality and relationships can often seem difficult and uncomfortable for many people if you are not used to talking about it. All direct care staff should be able to raise these issues and should consider the following points:

- Some people may be happy simply to be asked their sexual orientation, provided staff explain the reasons for this, i.e. it is an opportunity for them to share information with us about their relationships that could give us a fuller picture of who they are, in order to offer better support.
- Heterosexual people often do not see the point in being asked this question, as their sexuality may never have been an issue for them. However many lesbian and gay people may be quite glad you have raised the topic with them as it gives an impression of being open and accepting.

- Some age groups may have a different way of expressing sexuality than others. It may, therefore, be more beneficial to ask about relationships rather than sexuality. This is particularly useful when working with older people
- People do not have to give this information! If someone does not want to share this information they do not have to. Simply move on to the next question.

The case for providing equal opportunities in the workplace for lesbian, gay & bisexual employees has never been stronger. Employers are supported by legislation preventing discrimination on grounds of sexual orientation which can help quickly resolve any disputes. Services can be more proactive in tackling discrimination by giving opportunities for people to be open about their sexual orientation and relationships. Most people will only feel comfortable doing this in safe supportive environments.

GOOD PRACTICE EXAMPLE

Lesbian, gay and bisexual people comprise around 6 per cent of the UK population, according to government estimates. That is roughly 3.6 million people or 1.7 million in the UK workforce.

Hospital Trusts that fail to support lesbian, gay, bisexual and trans (LGBT) staff run the risk of damaging their reputation and losing them, according to most reports into the experiences of LGBT.

We should expect hospitals to be tolerant places, promoting open thinking. If LGBT staff feel that they can be themselves at work then fewer staff would leave.

But there still needs to be a concerted effort by everyone to ensure that LGBT staff feel welcome and are acknowledged and recognised as an integral part of hospital communities.

Nicola Dandridge, Chief Executive of Equality Challenge Unit has said:

'It is clear that there is a real and pressing need for institutions to address disadvantage experienced by LGB and trans staff. Quite apart from concerns about the fundamental well-being of those staff there will be benefits to the institutions in terms of staff retention, reduction of time spent dealing with complaints, the protection of institutional reputation and legal compliance.'

3.6 RELIGION & BELIEF

The degree to which we respect religion and belief reflects our commitment to delivering patient centred care. Religion and belief is about how we make sense of life and what “makes us tick”. It may involve questions about meaning, values, hope, love and things beyond the physical boundaries of life. For many people these questions are answered by their religion and beliefs. However, not everyone expresses their spirituality through a particular faith, so spiritual care is not only for people of all faiths but those who do not follow a particular tradition.

Total care includes care for the physical, social, psychological and spiritual dimensions of the person. If we do not acknowledge a patient's religion and belief, we cannot communicate with the 'whole' person and they cannot participate in their recovery and make informed decisions about their treatment.

Different cultures and faiths have a variety of views on health, ill health, birth, dying and death and we need to be aware of the diversity which will affect their path and outcome of treatment. Allowing people to express or practice their religion helps them to overcome the sometimes multiple losses (health, mobility, role, status, self-image) which ill health brings.

In palliative care, religion and belief can provide hope and a sense of meaning. Religion and belief can provide comfort to a patient whose life is ending. The sense of belonging which religion gives can enable a dying patient to be peaceful and overcome anxiety and terminal restlessness and can be a support to bereaved relatives. At the time of diagnosis, respect for religion and beliefs can help work through anticipatory grief.

The United Kingdom has a more diverse faith community than any other country in the European Union, with the largest minority beliefs being Islam, followed by Hinduism and Sikhism. An increasing minority of the population also express no religious belief, ranging from atheism to humanism.

Personal belief and observance of traditions and rules of faith, is an important part of many people's lives:

- When people and relatives are unwell, religion often becomes more important. Prayer or other rituals can provide comfort and can make recovery faster.
- Religion may be linked to diet, fasting, medication, times of day when the person may wish to pray or other matters, such as when a child is born or at a death.

It is also important to acknowledge that many people have strong beliefs and moral values that do not relate to religion. One common example of this is the belief in Humanism. This is the belief that people can live good lives without religious or superstitious beliefs. Humanists make sense of the world using reason, experience and shared human values and seek to make the best of the one life they have by creating meaning and purpose for themselves. They take responsibility for their actions and work with others for the common good. Although very different in many respects, Humanism encompasses atheism and agnosticism for many people.

The 2001 census asked people in Bedfordshire to classify their religion. The results can be seen in the table 4 below. The census asked only for religion and did not include other beliefs.

Table 4: Classification of Religions within the Bedfordshire area (National Census 2001).

Religion	Percentage
Christian	68.8%
Buddhist	0.2%
Hindu	1.7%
Jewish	0.1%
Muslim	3.2%
Sikh	1.9%
Other	0.3%
No religion	14.9%
Religion not stated	8.8%

It is important that as a service working with vulnerable people that we are able to identify specific needs in relation to religion & beliefs. The following points should be considered:

- It is very important to make sure that information on religion is collected and noted.
- Whether service users and staff (where appropriate) have access to the chaplaincy.
- Whether the service has a sacred/quiet space that anyone can use for reflection, prayer, group support.
- Whether the service supports its users to access local places of worship.
- Whether service users have been asked about their religion/beliefs and what help they may need to practice this.

These simple points can make a significant difference to an individual's recovery as well as helping staff feel more supported in the workplace.

GOOD PRACTICE STORY

Hospital Pastoral and Spiritual Care - a resource for the Community

Visitors to Bedford Hospital number approximately 20,000 every year and come from our community and beyond. Like the other departments in the hospital, the Chaplaincy Team seeks to offer a service to our visitors as well as our patients, and tries to meet their needs in the specific field of spiritual healthcare in which we work. A chapel and mosque are available in the hospital for everyone's use regardless of their religious beliefs. As the Chaplain in Bedford Hospital nothing gives me more pleasure than seeing so many people using the Hospital Chapel. Throughout the day I see visitors, staff, relatives and patients, some on a regular basis, making use of the quiet space that the Chapel affords. They come to pray, sit quietly, to weep, to read the New Testaments that are available, to thumb through the hymn books, to light a candle in memory of a loved one, to write a prayer in the prayer book or just to get away from the noise and bustle of the world. Some hesitate outside in the corridor – and need an encouraging “welcome” when I see them there.

Community service and ministry happens so often at the bedside too, or in the dayrooms of the wards. When I am called to see a patient, it is common to find relatives anxiously watching and waiting close by. My work is often both with them and the patient – helping each person to find healing, and supporting them in their time of need. Together with the Chaplaincy Volunteers, we offer a listening, non-judgmental, confidential ear as we make ourselves available to all faiths and those with none.

Ours is a 24 hour, responsive service within the confines of the hospital but a network of care in the community can be available as I “network” with local churches too. Priests and other faith leaders respond when necessary (and with permission from the patients and relatives) such that everyone in need could be promptly within reach of spiritual help.

4. ABOUT THE WORKFORCE AT BEDFORD HOSPITAL

The hospital has a varied workforce which is broadly representative of the make-up of the local community. Several minority groups are represented more strongly at Bedford Hospital than they are in the (2001) local population.

As At 30 September 2009

	Bedford Hospital	Bedford Census 2001
A White - British	65.91%	80.77%
B White - Irish	1.61%	1.41%
C White - Any other White background	7.41%	4.80%
D Mixed - White & Black Caribbean	0.78%	0.98%
E Mixed - White & Black African	0.12%	0.13%
F Mixed - White & Asian	0.41%	0.51%
G Mixed - Any other mixed background	0.41%	0.35%
H Asian or Asian British - Indian	8.73%	4.28%
J Asian or Asian British - Pakistani	1.07%	1.59%
K Asian or Asian British - Bangladeshi	0.37%	1.37%
L Asian or Asian British - Any other Asian background	3.29%	0.50%
M Black or Black British - Caribbean	1.44%	1.87%
N Black or Black British - African	2.18%	0.50%
P Black or Black British - Any other Black background	0.16%	0.23%
R Chinese	0.82%	0.42%
S Any Other Ethnic Group	2.43%	0.29%
Z Not Stated	2.84%	
Total	100.00%	100.00%

Data about the employment of staff is monitored by the Human Resources Department from an equality perspective and actions taken to provide training for managers.

Bedford Hospital - BME Table of Information

Period covered 1 April 2008 to 31 March 2009

Ethnic Origin	Staff in Post	Applicants for Employment	Joiners	Applicants for training events*	Attended training events*	Involved in grievance procedures	Involved in disciplinary procedures	Left employment	Promotions
	Headcount	Headcount	Headcount	Headcount	Headcount	Headcount	Headcount	Headcount	Headcount
White - British	1,570	1203	200	1874	1163	11	22	210	33
White - Irish	39	18	2	43	42	0	0	3	0
White - Any other White background	178	152	37	66	1	3	0	22	3
Mixed - White & Black Caribbean	19	15	2	22	24	0	0	1	1
Mixed - White & Black African	3	11		5	2	0	0		0
Mixed - White & Asian	11	6	8	13	1	0	1	5	0
Mixed - Any other mixed background	9	5	2	5	0	0	0	1	1
Asian or Asian British - Indian	205	342	35	223	164	3	4	38	6
Asian or Asian British - Pakistani	23	98	10	27	2	0	0	6	0
Asian or Asian British - Bangladeshi	9	29	3	10	10	0	0	3	1
Asian or Asian British - Any other Asian background	73	85	6	26	24	0	0	6	0
Black or Black British - Caribbean	36	37	8	41	35	0	0	5	1
Black or Black British - African	50	199		70	84	1	0	9	0
Black or Black British - Any other Black background	3	16	1	4	1	0	0	2	0
Chinese	17	9	1	18	18	0	0	5	0
Any Other Ethnic Group	57	61	2	187	125	0	0	4	0
Not stated	94	15	87	239	54	0	0	59	1
Totals	2,396	2,301	404	2,873	1,750	18	27	379	47

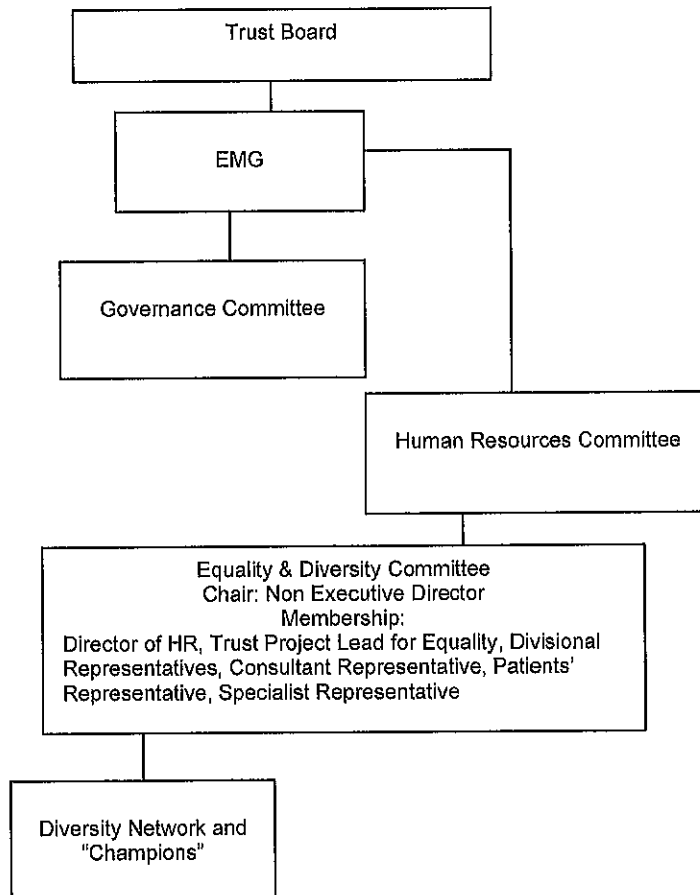
* Staff may make application and attend several training events

This table gives an overview of the data reviewed within the Trust. A proportion of staff do not wish to give details of their ethnicity although there is bi-annual updating of workforce ethnicity data.

5. EQUALITIES AND ACCOUNTABILITY

The Equalities structure will continue to promote our approach to Equality and Diversity to ensure our aims in employment and service delivery are met. The Equality and Diversity and Governance Committees will report to the Trust Board and will remain as a consultative/steering group with participation from community representatives.

CORPORATE STRUCTURE



Monitoring of Outcomes

This will include:

- Annual review of impact assessments as appendices to policies.
- Review of equality data and development of annual actions to make processes easier.
- Via the audit programme annually and
- Development of plans to celebrate success.

6. SINGLE EQUALITY SCHEME ACTION PLAN 2010-2013

This action plan maps out the following:

- Strategic objectives for the Trust until 2012 re: equality & diversity
- Includes actions to enable the Trust to meet the requirements of the public duties for Race, Disability & Gender
- Shows those actions that relate to more than one area of equality & diversity

Action	Related Action	Lead	Timescale	Age	Disability	Gender	Race	Religion & Beliefs	Sexual Orientation
<p>1. Equality Impact Assessments (EIA'S) are carried out for all policies and strategies, including those relating to employment, service provision and performance.</p>	<p>Results of assessments are published on the Trust's public website and staff intranet sites. Those groups responsible for ratifying policies ensure that nothing is ratified without having an EIA attached to the documentation.</p>	<p>HR Director/ Head of Comms</p>	<p>Equality assessments of all existing policies to be completed by 30.9.10 and then annual review</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>
<p>2. Information from EIA's is used to review and inform the implementation of the Single Equality Scheme.</p>	<p>A report detailing the overall progress of EIA's and any common trends is presented to the Equality and Diversity Committee regularly.</p>	<p>HR Director</p>	<p>October 2010 then Quarterly</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>
<p>3. BHT takes steps to gain feedback from employees, service users and carers about its services in relation to equality & diversity.</p>	<p>Feedback available through staff and patient surveys, focus groups, Patient Experience Committee.</p>	<p>HR Director</p>	<p>October 2010 then 6 monthly</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>

Action	Related Action	Lead	Timescale	Age	Disability	Gender	Race	Religion & Beliefs	Sexual Orientation
5. Membership recruitment of Foundation Trust is representative of the local community in relation to equality & diversity.	Regular membership reports to be provided to the Equality and Diversity Committee to identify any gaps in membership.	Head of Communications	By 30/9/10 then 6 monthly	X	X	X	X	X	X

6.2 SERVICE PROVISION OBJECTIVES

Action	Related Action	Lead	Timescale	Age	Disability	Gender	Race	Religion & Beliefs	Sexual Orientation
1. Actions from NHS 'Essence of Care' are implemented to ensure privacy, dignity and respect of service users is upheld.	Single gender bathroom and toilet facilities are made available. If a decision to mix the sexes is made, it should be for clinical reasons and privacy and dignity is maintained and recorded.	Deputy Director of Nursing	Reported on a weekly basis via SHA to DoH	X		X	X	X	X
	All service managers are able to interpret the Trust privacy & dignity policy to make any actions specific to their service.	General Managers		X	X	X	X	X	X
2. All services are aware of the issues facing trans service users in the NHS and are able to provide appropriate care.	Nominated HR Manager to receive training to enable this advice to be provided.	HR Director	By 30/9/10			X			
3. All staff are aware of interpreting and communication services that exist, including how to access interpreters and translation services.	Ongoing publication of information via intranet and Staff/Patient handbooks	PALS lead	Annual Review				X		
4. Audits are carried out that look at the level of access to services for different groups.	The Trust carries out a series of Disability Access Audits that evaluate accessibility of services & employment of people with disabilities.	Head of Estates	Annual Review		X				

6.2 SERVICE PROVISION OBJECTIVES

Action	Related Action	Lead	Timescale	Age	Disability	Gender	Race	Religion & Beliefs	Sexual Orientation
<p>5. Facilities are reviewed on an ongoing basis to ensure compliance with relevant legislation such as the Disability Discrimination Act, Race Relations Amendment Act etc.</p> <p>6. To establish how to achieve community liaison in relation to employment and services.</p>	<p>These facilities would include:</p> <ul style="list-style-type: none"> - car parking - doors - steps - lifts - catering <p>People with disabilities are involved in taking forward the equality agenda as required under the public duty for disability equality through consultation and audits.</p>	<p>Director of Operational Support Services</p> <p>HRD/Divisions/Comms</p>	<p>By 30/9/10 and then annual Review</p> <p>In place by 30/9/10</p>	<p>X</p> <p>X</p>	<p>X</p> <p>X</p>	<p>X</p> <p>X</p>	<p>X</p> <p>X</p>	<p>X</p> <p>X</p>	<p>X</p> <p>X</p>
<p>7. Staff have access to an information bank for staff and service users, containing information on services, access and the local community for different groups.</p>	<p>The Trust works toward setting up involvement groups for services users & carers from ethnic minority backgrounds.</p> <p>Hospital Information Resource Centre introduced.</p>	<p>Head of Comms</p> <p>Head of Comms</p>	<p>Ongoing</p> <p>Continuing development to 30/9/10</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>

6.2 SERVICE PROVISION OBJECTIVES

Action	Related Action	Lead	Timescale	Age	Disability	Gender	Race	Religion & Beliefs	Sexual Orientation
8. Diversity is positively integrated into all Trust information.	Through a range of information sources, i.e. website, hospital publications.	Head of Comms	By 30/9/10 and then annual review of needs	X	X	X	X	X	X
9. Staff are aware of how to identify, tackle and prevent discrimination.	Targeted programmes using a variety of learning opportunities.	Learning & Development Manager	By 30/9/10 and then annually	X	X	X	X	X	X
10. Communication aids are made available to improve access to employment and services, including support for people with sensory impairments.	NHS Jobs provide access to larger font and sensory support for application process. To review the position on hearing loops following the introduction of this provision.	Employment Services Manager Head of Estates	By 30/9/10 and then annual review		X				
11. BHT develops services as culturally competent to a standard that takes into account an individual's cultural background when they first enter a service.	The Trust provides cultural competency training for staff covering Race & Religion.	Learning & Development Manager	By 30/9/10 and then annual review				X		

6.2 SERVICE PROVISION OBJECTIVES

Action	Related Action	Lead	Timescale	Age	Disability	Gender	Race	Religion & Beliefs	Sexual Orientation
12. All Trust services are able to respond effectively to the needs of Lesbian, Gay & Bisexual (LGB) service users and carers.	<p>Staff receive information and guidance on how to discuss relationships with service users and identify when service users may be struggling with relevant issues re: sexuality.</p> <p>The Trust develops a policy on 'Sexuality & Personal Relationships' that is used Trust wide to inform work with service users.</p> <p>LGB service users are involved in advising the Trust through relevant networks on what support would be beneficial.</p> <p>All team managers are aware of protocols for identifying and tackling homophobia in Trust services and regularly guide staff in these processes.</p>	HR Manager lead	31/3/11						X
		HR Manager lead	By 30/9/10 and then ongoing						X
		HR Manager lead	By 30/9/10 and then ongoing						X

6.2 SERVICE PROVISION OBJECTIVES

Action	Related Action	Lead	Timescale	Age	Disability	Gender	Race	Religion & Beliefs	Sexual Orientation
<p>13. Members of the community with learning disabilities can fully access Trust services</p>	<p>To improve advice and training on the practical implementation of the Disability Discrimination Act in particular patients with learning disabilities.</p> <ul style="list-style-type: none"> That data is collected to show information necessary to identify people with learning disabilities in order to track pathways of care and ensure that they receive/have access to the same standard of care as all other groups and that reasonable adjustments are made to facilitate this. To ensure family and carers in the provision of care-provision of information, practical support and service co-ordination ensure family/carers have access to food/drink making facilities, reclining chair, toilet and showering facilities. Develop locally patient carer involvement focus groups to have a voice in how access to healthcare is provided for learning disability groups. Designated staff to be link nurses for different areas – wards and outpatient areas and this information to be on display in these areas. 	<p>Matron (Outpatients)</p>	<p>31.3.11 Ongoing</p> <p>By 30/9/10</p> <p>By 31.3.11</p> <p>31.3.11</p>		X				

6.2 SERVICE PROVISION OBJECTIVES

Action	Related Action	Lead	Timescale	Age	Disability	Gender	Race	Religion & Beliefs	Sexual Orientation
<p>14. The Trust offers a service that takes account of people's religious & spiritual needs including chaplaincy/pastoral support & access to religious information and quiet spaces. This Trust acknowledges this and will offer particular dietary food.</p>	<p>The Trust provides access to chaplains for service users when requested.</p>	<p>Lead Chaplain</p>	<p>In place. Annual Review</p>					X	
	<p>Every service has information on religious & spiritual care for service users, including holy texts, local services, guidance on supporting people's religion & beliefs.</p>	<p>Lead Chaplain</p>	<p>In place. Annual Review</p>					X	
	<p>All services are able to offer quiet spaces/sanctuaries for service users and staff to have space for reflection, prayer and group support. To produce an annual report which evaluates and promotes the support and benefits of religious and spiritual care of the Chaplaincy Services.</p>	<p>Lead Chaplain</p>	<p>In place. Annual Review</p>					X	
	<p>All service managers are aware of religious holidays/festivals and are able to negotiate annual leave and shifts with staff that shows respect of an individual's religion. <i>(To be conducted in accordance with the Trust Equal Opportunities Policy)</i></p>	<p>General Manager</p>	<p>In place. Annual Review</p>					X	

6.3 EMPLOYMENT OBJECTIVES

Action	Related Action	Lead	Timescale	Age	Disability	Gender	Race	Religion & Beliefs	Sexual Orientation
1. Ensure the core dimension of the Knowledge and Skills Framework (KSF) is implemented and monitored correctly.	All staff have access to training for equality & diversity that gives them the skills for reaching their KSF equality & diversity competency – up to level 2.	Learning & Development Manager	By 30/9/10 then Annual Programme	X	X	X	X	X	X
	Equality & diversity managers training is developed to cover KSF levels 3 & 4.	Learning & Development Manager	By 30/9/10 then Annual Programme	X	X	X	X	X	X
	All staff are able to demonstrate a competency in equality and diversity as required under the KSF.	General Managers	By 30/9/10 then Annual Review	X	X	X	X	X	X
2. The Annual staff survey asks for information and experiences in relation to equality & diversity.	All line managers receive guidance on how to measure the competency of staff in relation to equality & diversity as outlined in the KSF.	Learning and Development Manager	By 30/9/10 and then Annual Programme	X	X	X	X	X	X
	To understand any problem areas.	HR Director/ General Managers	By 30/9/10 and then annually	X	X	X	X	X	X
3. All employees have access to practical information re: equality in the workplace and are able to easily access support as needed.	To publicise actions arising from the survey.	HR Director/ General Managers	By 30/9/10 and then annually	X	X	X	X	X	X
	To ensure intranet access to all equality information and training.	HR Director in liaison with Head of Comms	By 30/9/10	X	X	X	X	X	X

6.3 EMPLOYMENT OBJECTIVES

Action	Related Action	Lead	Timescale	Age	Disability	Gender	Race	Religion & Beliefs	Sexual Orientation
4. The Trust uses appropriate methods of advertising and recruiting to posts that encourage a diverse range of people to apply for posts.	To ensure the Trust's Recruitment Policy and systems are reviewed annually.	Employment Services Manager	By 30/9/10 and then annual review	X	X	X	X	X	X
5. Senior employees in BHT cascade single equality scheme principles effectively to all employees.	To co-ordinate consultation and launch of Single Equality Scheme.	HRD in liaison with Head of Comms	By 30/9/10	X	X	X	X	X	X
6. BHT must continually monitor for any gender gap that may occur in pay, promotions, etc. and take appropriate steps to address any such gaps.	To establish system to review Agenda for Change issues that may link to equal pay.	Deputy HRD	By 30/9/10 then Quarterly			X			
7. There is a robust policy in place clearly stating how trans employees are supported.	This will be developed taking account of best practice in other organisations.	HRD	By 30/9/10			X			
8. The Trust is able to offer flexible working options.	Information to continue to be provided through Hospital intranet.	Deputy HRD	In place Annual Review	X	X	X	X	X	

6.3 EMPLOYMENT OBJECTIVES

Action	Related Action	Lead	Timescale	Age	Disability	Gender	Race	Religion & Beliefs	Sexual Orientation
<p>9. Staff support networks are in place – where appropriate – to better support underrepresented and marginalised groups of staff.</p>	<p>There is a staff ethnic minority network in place to offer support and guidance to the Trust on ethnic minority issues re: employment.</p>	<p>HR Manager lead</p>	<p>By 31/9/10</p>				<p>X</p>	<p>X</p>	
	<p>The Trust works toward setting up a support network for Lesbian, Gay & Bisexual (LGB) staff to support individuals and provide guidance to the Trust.</p>	<p>HR Manager lead</p>	<p>SHA-wide network in place</p>						<p>X</p>
	<p>The staff survey is used as a means to identify any groups of staff that may need targeted support whilst in employment.</p>	<p>HR Director/ General Managers</p>	<p>Annual review and action plans</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>

7. APPENDICES

1. LEGISLATIVE CONTEXT

In addition to the public duties, there are a number of pieces of legislation that underpin equality and diversity within the NHS. These are:

Employment Equality (Age) Regulations 2006

The regulations (which do not affect the age at which people can claim their state pension):

- Ban age discrimination in terms of recruitment, promotion and training.
- Ban unjustified retirement ages of below 65.
- Remove the current age limit for unfair dismissal and redundancy rights.

They also introduce:

- A right for employees to request working beyond retirement age and a duty on employers to consider that request.
- A new requirement for employers to give at least six months notice to employees about their intended retirement date so that individuals can plan better for retirement, and be confident that "retirement" is not being used as cover for unfair dismissal.

Disability Discrimination Act 1995 & 2005 amendment

- Provides advice and guidance on what constitutes a disability.
- Prohibits discrimination in relation to employment of disabled people.
- Requires service providers to make reasonable adjustments so that disabled people can access services.

Sex Discrimination Act 1975 (as amended)

The Sex Discrimination Act 1975 (SDA) prohibits:

- Sex discrimination against individuals in the areas of employment, education and the provision of goods, facilities and services and in the disposal or management of premises.
- Discrimination in employment against married people. Since the Civil Partnership Act 2004 came into force on 5th December 2005, the same protection is afforded to those in a civil partnership as those who are married. It is unlawful to discriminate against someone because they are not married.
- Victimisation because someone has tried to exercise their rights under the SDA or Equal Pay Act. The SDA applies to women and men of any age, including children.

Equal Pay Act 1975 (as amended)

The Equal Pay Act 1970 (EPA) gives an individual a right to the same contractual pay and benefits as a person of the opposite sex in the same employment, where the man and the woman are doing:

- Like work
- Work rated as equivalent under an analytical job evaluation study; or
- Work that is of equal value.

The employer will not be required to provide the same pay and benefits if it can prove that the difference in pay or benefits is genuinely due to a reason other than one related to sex.

Race Relations (Amendment) Act 2000

Under the Race Relations Act, it is unlawful to discriminate against anyone on grounds of race, colour, nationality (including citizenship), or ethnic or national origin. All racial groups are protected from discrimination.

The Race Relations Act generally applies to the fields of employment, planning, housing, the exercise of public functions (both by public authorities and also private bodies exercising public functions, for example, privately-run prisons). It also applies to the provision of goods, facilities and services, and to education.

Employment Equality (Religion or Belief) Regulations 2003

The Employment Equality (Religion or Belief) Regulations 2003 outlaw discrimination in employment and vocational training on the grounds of religion or belief.

This includes:

- Direct discrimination – treating people less favourably than others on grounds of their religion or belief.
- Indirect discrimination – applying a provision, criterion or practice which disadvantages people of a particular religion or belief which is not justified as a proportionate means of achieving a legitimate aim.
- Harassment – unwanted conduct that violates people's dignity or creates an intimidating, hostile, degrading, humiliating or offensive environment.
- Victimisation – treating people less favourably because of something they have done under, or in connection with, the Regulations, e.g. made a formal complaint of discrimination or given evidence in a tribunal case.

Employment Equality (Sexual Orientation) Regulations 2003

This legislation bans discrimination on the grounds of sexual orientation in employment and vocational training. This legislation specifically bans direct and indirect discrimination, harassment and victimisation because of sexual orientation.

The legislation provides protection to lesbian, gay and bisexual workers throughout the entire employment relationship – from recruitment to dismissal.

The ban on sexual orientation discrimination applies to terms and conditions, pay, promotions, transfers, training and dismissal.

Civil Partnership Act 2004

The Civil Partnership Bill became law on 18 November 2004 and came into effect on 5 December 2005.

Civil Partnership is for adult same-sex couples who are not in an existing registered partnership or marriage and are not closely related. Couples who have a civil partnership have legal status as 'registered civil partners' and acquire a package of rights and responsibilities in the same way as married couples.

Equality Act 2006

The Equality Act 2006 came into force in April 2007. The Act has four functions:

1. To create a single Commission. This will replace the Equal Opportunities Commission (EOC), the Commission for Racial Equality (CRE) and the Disability Rights Commission (DRC). This single commission will be called the Commission for Equality and Human Rights (CEHR).
2. To make unlawful discrimination on the grounds of religion or belief in the provision of goods, facilities and services, the management of premises, education and the exercise of public functions.
3. To make unlawful, discrimination on the grounds of Sexual Orientation in the provision of goods, facilities and services, the management of premises, education and the exercise of public functions.
4. To create a duty on public authorities to promote equality of opportunity between men and women and to prohibit sex discrimination in the workplace.

These are the main pieces of legislation that refer to equality & diversity. There are other pieces (too numerous to name here) that offer protection from people from different social groups. These often refer to protection in employment and education. It is these pieces of legislation that often inform local policies.

Gender Recognition Act 2004

The Gender Recognition Act (2004) provides transgender (trans) people with legal recognition in their acquired gender so, for example, a male-to-female trans person is legally recognised as a woman in English law and is therefore legally afforded the full rights of the gender to which they have transitioned. The legal recognition provided is called a 'Gender Recognition Certificate.'

Human Rights Act

In October 2000, the Human Rights Act came into effect in the UK. This meant that people in the UK could take cases about their Human Rights to a UK court.

Previously they had to take complaints about their Human Rights to the European Court of Human Rights in Strasbourg, France. The rights contained in the Act (in schedule 1) are referred to as 'the convention rights'.

2. PUBLIC SECTOR EQUALITY DUTIES

As of May 2007, Bedford Hospital NHS Trust was required to have in place:

- Race Equality Scheme – As required by the Race Relations Amendment Act 2000
- Disability Equality Scheme – As required by the Disability Discrimination Act 2005
- Gender Equality Scheme – As required by the Equality Act 2006.

Whilst all these areas have differences, they all contain one central aim:
To eliminate unlawful discrimination and promote equality of opportunity.

The Single Equality Scheme replaces these existing equalities schemes and all actions are now represented in one 3 year plan. The Single Equalities Scheme is produced in a way that makes it possible to identify which actions apply to which public duties. (See action plan)

In the development of existing equality schemes it has been necessary to consult with local communities, service users and staff and take these views into account. Under the single equalities scheme the local community, service users and staff must also be consulted in having a say on the finished document. The Disability Equality Duty differs in that it also requires BHT to involve disabled people in the development of work surrounding disability equality. As a result, the single equalities scheme must also work toward this.

8. ACKNOWLEDGMENTS AND REFERENCE SOURCES

NHS East of England – Towards the best, together: a clinical vision for our NHS, now and for the next decade, 2008.

Department of Health Single Equality Scheme 2007-2010

Audit Commission Single Equality Scheme 2009-12

Medical and Dental and the non-medical Department of Health Workplace Census - September 2007

Office for National Statistics

NHS Constitution, 2009