

Meeting: Trust Board
Date: 28th July 2010

Title: Equality & diversity update

Executive Summary:

The Trust Board agreed The Whittington's Single Equality Scheme 2008-2011 in May 2008. It provides a framework for the Trust to ensure that equality issues are placed high on its agenda and an integrated approach is taken to address issues of race, gender, disability, age, religion/belief and sexual orientation. The full scheme can be read on the intranet or website, or is available from the Director of Human Resources. One year on since its development, this paper sets out the progress on the Single Equality Scheme action plans which includes:

Patient care services

- Datix IT system now captures patient complaints and will be analysed for equity issues
- Visible Leadership Team carry out privacy and dignity audits using the NHS Institute tool
- Same sex wards have been increased.. Breaches are recorded by site managers and included in the Trust Board's performance dashboard.
- Improvements being made to communications with partially sighted and blind patients

Patient and public involvement and consultation

- Patient focus groups held and a new Patient Experience Group to be established
- Over 5,000 patient surveys have been completed during 2009/10. It is now also available in Turkish.
- Feedback to patients on issues from surveys is available currently to staff and will be available widely to patients and the local community on the Trust's website too.

Employment

- Monitoring of staff for six strands of equalities now in place
- Equality is included in all staffs induction and mandatory training
- All employment policies are equality impact assessed.

- Increased involvement of staff representatives in the equality issues

A briefing is also included on the Trusts progress on introducing Equality Impact Assessments and the Equality Act 2010. It is proposed that the development of the Integrated Care Organisation is assessed for the impact upon equality issues; in the field of both patient care and employment.

In addition the Department of Health has undertaken an initial equality impact assessment of the White Paper: Equity and Excellence: Liberating the NHS published 12 July 2010. As further guidance is published the Trust will review the equity issues highlighted to ensure that any issues are acted upon.

The Whittington's overall Single Equality Scheme is due for a thorough review in May 2011. It is proposed that in the light of developing the ICO with Haringey and Islington community services, that this review is undertaken across these organisations with active patient, public and staff involvement. This will not only refresh the Whittington's Single Equality Scheme but will also provide a vehicle for aligning priorities and approaches across the organisations.

Action: To note progress

Report from: Margaret Boltwood, Director of Human Resources

Compliance with statute, directions, policy, guidance

Lead: All directors

Reference:
CQC Standards
Equality Act 2010

Introduction

This paper provides an update for the Trust Board on a number of equality and diversity issues:

- Single Equality Scheme: progress on action plans
- Update of implementing Equality Impact Assessments
- A briefing on the new Equality Act

Single Equality Scheme

The Trust Board agreed The Whittington's Single Equality Scheme 2008-2011 in May 2008. It provides a framework for the Trust to ensure that equality issues are placed high on its agenda and an integrated approach is taken to address issues of race, gender, disability, age, religion/belief and sexual orientation. The full scheme can be read on the intranet or website, or is available from the Director of Human Resources. The Single Equality Scheme action plans are attached, as follows, to update the Board on progress on agreed actions as well as newly identified priorities:

- Patient care services
- Patient and public involvement and consultation
- Employment

In May 2011 the Scheme will be due for a complete review. This will be very timely as the Trust's shape and governance is likely to have changed significantly. It will be a good opportunity to use the development of a new Scheme to identify and integrate the priorities across the newly formed organisation.

Equality Impact Assessments

There is a legal requirement to carry out and publish equality impact assessments in relation to race, disability and gender. The new Equality Bill has extended this duty to religion and belief; age; and sexual orientation from April 2011. There will also be a new duty to consider "socio-economic disadvantage" from April 2011.

A brief update on the position of the Trust is attached as Appendix 1. In order to develop this approach further, and capture the benefits, it is proposed that the development of the Integrated Care Organisation is assessed for the impact upon equality issues; in the field of both patient care and employment.

Equality Act 2010

The Equality Bill was approved by both Houses of Parliament on 6 April 2010. The Bill has now been sent forward for Royal Assent to become the Equality Act 2010.

The provisions will come into force in stages, and are likely to commence in October 2010. A briefing on the provisions is attached in Appendix 1. Over the next couple of months the implications for the Trust will be worked through and actions put in place to ensure that the Trust is well placed to meet its requirements.

Equity and excellence: Liberating the NHS

The Department of Health has undertaken an initial equality impact assessment of the White Paper: Equity and Excellence: Liberating the NHS published 12 July 2010.

As further guidance is published the Trust will review the equity issues highlighted within the equality impact assessment to ensure that any issues relevant to the service delivery at the

Whittington are acted upon. The Single Equality Scheme action plans will be reviewed at that time in the light of any further recommended actions.

Future steps

The Whittington's Single Equality Scheme is due for a detailed review in May 2011. It is proposed that in the light of developing the ICO with Haringey and Islington community services, that this review is undertaken across these organisations. This will not only update the Whittington's Single Equality Scheme but will also provide a vehicle for aligning priorities and approaches across the organisations.

Patient Care Services

Agreed Objectives	Planned Action	Timescale	Current Progress as at June 2010	Responsibility	Race	Gender	Disability	Age	Religion/ Belief	Sexual Orientation
1. Identify complaints pertaining to discrimination in sexual orientation, race, religion and disability and address any trends	<p>Patient Relations to establish database</p> <p>Issues to be discussed at senior nurses and GM meetings quarterly</p> <p>Identify any staff education needs relating to discrimination</p> <p>Include breakdown in HMB and TB reports</p>	By Sept 2009 for database establishment and then ongoing	Implementation of DATIX will enable trends to be captured	Director of Nursing and Clinical Development	√	√	√	√	√	√
2. Ensure that no patient is discriminated against in terms of respect of their privacy and dignity	<p>Monitor complaints via Patient Relations data base</p> <p>Regular monitoring of adherence to privacy and dignity policy by visible leadership</p> <p>Use data from patients survey to address any issues relating to privacy and dignity</p> <p>Monitor comments from NHS Choices</p>	Sept 2009	<p>Complaints have privacy and dignity category to enable monitoring – will further improve with introduction of Datix system</p> <p>Mixed sex breaches now recorded by site managers</p> <p>Trust Board's monthly dashboard report includes mixed sex breaches with a zero target</p> <p>Visible Leadership Team carried out privacy and dignity audit using NHS Institute tool</p>	All Directors	√	√	√	√	√	√

Agreed Objectives	Planned Action	Timescale	Current Progress as at June 2010	Responsibility	Race	Gender	Disability	Age	Religion/ Belief	Sexual Orientation
3. Ensure that no patient is discriminated against in respect of their age.	<p>Increase availability of same sex wards.</p> <p>Re-launch steering group for care of older people.</p> <p>Action plan in place for 2008/09</p> <p>Review of plan to clinical governance committee</p>	<p>June 08 (achieved)</p> <p>Nov 09</p> <p>July 09</p>	<p>Same sex wards increased</p> <p>Work undertaken to ensure single sex accommodation provided in bays – updating programme for wards</p> <p>Older People's Inpatient Service Improvement Plan developed and good progress made</p>	Director of Nursing and Clinical Development					√	
4. Easily accessible information for staff pertaining to cultural differences, religion and disability	<p>Intranet guidance for staff to identify and manage the variance between different cultural groups. These groups should be identified from the national patient and staff surveys</p> <p>Local resource files to be available for staff, bank and substantive, relating to SES issues</p> <p>Local orientation to address discrimination issues</p> <p>SES information to be included in induction packs</p>	<p>Sept 2008 in place</p> <p>December 2008</p> <p>December 2008</p>	Limited information currently available	<p>Director of Nursing and Clinical Development</p> <p>All Directors</p> <p>Director of HR</p>	√		√		√	

Agreed Objectives	Planned Action	Timescale	Current Progress as at June 2010	Responsibility	Race	Gender	Disability	Age	Religion/ Belief	Sexual Orientation
5. Accessible information for patients	<p>Ensure there are core leaflets available in patient areas in common local languages, as determined from patient data</p> <p>Ensure hearing loops are available in clinical key areas (OPD)</p> <p>Make visible the interpreter services the Trust offer on a daily basis</p>	Sept 2008	<p>Some communication leaflets are available different languages, eg, new different language endoscopy patient information leaflets</p> <p>There are some areas with hearing loops. Work underway with RNIB and Haringey Phoenix Group to improve communications with partially sighted and blind patients</p> <p>Developing Patient Passports in conjunction with PCT for patients with learning disabilities who attend ED.</p> <p>A hospital communication book, is being devised to be used as a tool for staff communicating with patients.</p> <p>Some Antenatal Clinic Classes are language specific, eg, Polish</p> <p>Information of the intranet page has been updated and provides a lot of information oBook me" cards have been given to clinics, appt office and interpreters. These are business cards that inform the staff member that the patient requires an interpreter and the language required.</p> <p>Trends in interpreting and requests are monitored</p>	Director of Operations	√		√			

Agreed Objectives	Planned Action	Timescale	Current Progress as at June 2010	Responsibility	Race	Gender	Disability	Age	Religion/ Belief	Sexual Orientation
6. Proactive approach to patients feedback relating to SES	Ensure the issues discussed at patient focus groups relating to the SES subsections are fed back to the head of nursing and that appropriate actions are taken	August 08	Information relating to leads for focus groups needs to be made available	Director of Primary Care	√	√	√	√	√	√
7. Increase knowledge and understanding about the health and inequalities experienced by local people from all groups. Priorities to be influenced by the health needs of all groups. Evidence based strategies and plans to be used to reduce inequalities	To undertake research on health inequality issues coming from national and regional studies and to take steps to address these inequalities (e.g. <i>Born Equal</i> - The London Health Observatory Report) Link to national work undertaken by e.g. Men's Health Forum/Age Concern	On-going	Issues of health inequalities for some different groups in place (e.g. thalassaemia) Social marketing and research projects in Maternity re early booking and obesity Social marketing to review retinal screening uptake	Director of Primary Care	√	√	√	√	√	√

Agreed Objectives	Planned Action	Timescale	Current Progress as at June 2010	Responsibility	Race	Gender	Disability	Age	Religion/ Belief	Sexual Orientation
8. Review information received from consultation and draft further actions		Ongoing		All directors						
9. Continue with patient services work identified in other equality schemes ensuring action plans have been carried out and those not completed are reviewed/ ensure future actions are dealt with	Review actions outlined in gender; disability and race equality schemes – and carry forward those actions not yet completed	Ongoing and linked to other scheme actions	Action plans in race; disability and gender schemes	As appropriate	√	√	√			
10. Ensure no patient is discriminated against in respect of their weight	Access to large size equipment – hoist, chairs, beds. Specialist nurse for bariatric services		Work taking pace in obesity in maternity by Islington & Haringey PCT Clinical areas upgraded to provide suitable facilities for obese patients	Director of Operations			√			

Patient and Public Involvement and Consultation 2008-2011

Agreed Objectives	Planned Action	Timescale	Current Progress as at June 2009	Responsibility	Race	Gender	Disability	Age	Religion/ Belief	Sexual Orientation
1. Develop a strategy to ensure a more coordinated and systematic approach to regularly involving local groups in the SES	<ul style="list-style-type: none"> Use the public/staff group governors and the Foundation Trust membership. Set up Focus Groups with a programme of topics that will enable us to use their feedback to monitor satisfaction. Identify changes needed. 	By December 2009	Four patient focus groups through autumn 2009/10. New Director of Nursing instigating Patient Experience Group. SES to be reviewed by new group	Director of Nursing & Clinical Development	√	√	√	√	√	√
2. Patient surveys to include questions which address equality issues.	<ul style="list-style-type: none"> Annual inpatient survey to be carried out in autumn 2008 will provide information on patient satisfaction about services. 	Sept 2008	Over 5000 patient surveys completed in 2009/10. Now translated into Turkish	Director of Primary Care/ Director of Nursing & Clinical Development	√	√	√	√	√	√
3. Ensure spiritual care facilities meets the needs of patients and staff	<ul style="list-style-type: none"> Survey of staff, patients & visitors about facilities. Action plan to be in place in response to survey for agreement at spiritual and pastoral care committee May 09. Update to September equality and diversity group. 	May 2008	Survey undertaken – Summer 2008 Report produced Action plan developed including plans for a multi-faith room and chapel and provision of quiet space	Director of Nursing & Clinical Development					√	

Agreed Objectives	Planned Action	Timescale	Current Progress as at June 2009	Responsibility	Race	Gender	Disability	Age	Religion/ Belief	Sexual Orientation
4. More information on the Trust's website about how to get involved, and more opportunities to do this via email.	<ul style="list-style-type: none"> Publish the Trust's email and website addresses more widely i.e. on appointment letters, in leaflets. Ensure website feedback is collected, collated and given to appropriate groups. Explore feasibility of patient & public feedback on website 	Sept 2008	<p>Patient Information Steering Group established</p> <p>Plans in place for patient information to be available electronically on intranet, extranet and website</p> <p>Published new Maternity Service Liaison Committee leaflets in conjunction with Islington PCT</p> <p>Increased user representation on above committee and Labour Ward Forum</p>	Director of Nursing & Clinical Development	√	√	√	√	√	√
5. Feed back to local people and patients the progress that has been made and issues to be tackled.	<ul style="list-style-type: none"> Feed back via the website, newsletters etc. Patient feedback re these issues to be built into future surveys. 	On-going	<p>Page on intranet set up to feedback to staff</p> <p>feedback via laminated posters displays for patients and public developed and will be placed on website in 2010</p>	Director of Primary Care	√	√	√	√	√	√
6. Continue with patient and public involvement work identified in other equality schemes – ensuring actions are carried out and those not completed are reviewed/ensure future actions are dealt with	<ul style="list-style-type: none"> Review actions outlined in gender; disability and race equality schemes – and carry forward those actions not yet completed 	On-going and linked to timescales in other schemes		Director of Nursing & Clinical Development	√	√	√			

Employment 2008-2011

Objectives	Planned Action	Timescale	Current Progress as at June 2010	Responsibility	Race	Gender	Disability	Age	Religion/ Belief	Sexual Orientation
					✓	✓	✓	✓	✓	✓
1. To introduce a mentoring scheme to encourage upward movement in the organisation	<ul style="list-style-type: none"> Linked in to next local BEL programme 	By March 2009 Completed	Mentoring run as part of next local BEL programme Personal development sessions provided by an external consultant	Director of HR	✓	✓	✓	✓	✓	✓
2. To evaluate current black & ethnic leadership (BEL) programme	<ul style="list-style-type: none"> Review participants comments Review current position in organisation compared to before undertook BEL – this work still to be undertaken for past participants to assess whether people seem to have profited from programme – to be done by September 2010 Run further course subject to evaluation - completed 	By end of current course (Dec 2008) Completed	BEL running for third year	Director of HR	✓					
3. To improve on current links with local schools and colleges/community to encourage applicants from all sections of the community	<ul style="list-style-type: none"> Identify local community groups where e.g. talks on working in the NHS can be given Schools and colleges talks to continue 	Work to commence June 2008 In place	Continuing to offer work experience placements Talks at local schools/colleges given Whittington involved in filming information film for local schools on the new healthcare diploma - completed Whittington community event in December with HR recruitment stand – completed Nursing recruitment days now regular part of recruitment calendar	Director of HR	✓	✓	✓	✓	✓	✓

Objectives	Action to be taken	Timescale	Current Status	Responsibility	Race	Gender	Disability	Age	Religion/ Belief	Sexual Orientation
4. To monitor current staff in terms of religion/belief and sexual orientation	<ul style="list-style-type: none"> • Publicity/information campaign to inform staff of why need to collect data – done • Data collection exercise • Benchmark data collected and then monitored through the equality and diversity group - work to be on next year objectives • Examine monitoring data of recruits in terms of sexuality/religion (as we do with race etc) to see if there are any areas which may give cause for concern – to be monitored once data collected • Every 6 months staff to be reminded that if they haven't completed monitoring they should do so – but stressing voluntary basis 	Work to commence September 2009	Monitoring undertaken between February and April 2010. New starters information available from ESR records Equality Dashboard report developed	Director of HR					√	√

Objectives	Action to be taken	Timescale	Current Status	Responsibility	Race	Gender	Disability	Age	Religion/ Belief	Sexual Orientation
5. To provide staff with information on different world religions and outline issues for these religions in terms of care received e.g. blood transfusion; death	<ul style="list-style-type: none"> • Identification – through department of spiritual and pastoral care – of different religions/beliefs and the drawing up of awareness sessions for staff – open to all but with particular emphasis on those staff delivering direct patient care – perhaps with involvement of local community groups in the design/delivery of the awareness raising • Revise information manual • Proposal going to equality and diversity group for information stands to be held every two months on different religions/beliefs – timing linked if possible to major festivals • Head fo spiritual care to be more involved in departmental and management meetings 	<p>Work to commence September 2008</p> <p>Work to commence as soon as proposal agreed at E&D group</p>	<p>Training has been provided previously. This will be repeated</p>	Director of Nursing and Clinical Development					√	
6. Continue to provide equal opportunities training for all – to ensure 6 strands are covered – to ensure issue of bullying and harassment are also included	<ul style="list-style-type: none"> • Continue to provide mandatory training – and to make use of time to bring in developments – e..g new statute 	On-going	<p>Training currently provided</p> <p>Equal opportunities up-dates became part of mandatory training programme from July 2009</p>	Director of HR	√	√	√	√	√	√

Objectives	Action to be taken	Timescale	Current Status	Responsibility	Race	Gender	Disability	Age	Religion/ Belief	Sexual Orientation
7. Revisit all employment policies to ensure all are fair and equitable in terms of religion/belief and sexuality (as was done for other strands at time)	<ul style="list-style-type: none"> Review all employment policies on timetabled basis to ensure fair and equitable Continue to review policies as necessary – making sure robust EIAs are done and published for each revised/new policy 	<p>June 2008 and continuing</p> <p>In place</p>	<p>Policies are reviewed on an on-going process and have been amended as necessary.</p> <p>Many HR policies have recently been updated – equality issues taken into account when drafting/renewing</p> <p>EIAs undertaken and published on Employment policies</p>	Director of HR					√	√
8. To involve staff - through the JCC – in suggesting policy development in equality and diversity field	<ul style="list-style-type: none"> More partnership discussion on proposed new policies, involving trade unions at an earlier stage of development More policies devised/reviewed in partnership – with some policies going through sub-group of new partnership group 	On-going	<p>New policies are taken through this forum already</p> <p>Policies timetabled to go to the Partnership Group. All new/revised HR policies have EIAs done – EIAs have resulted in some changes to policy, so ensuring not just “tick box” exercise</p> <p>Two new staff side leads nominated to Equality & Diversity group</p>	Director of HR	√	√	√	√	√	√
9. To examine results from each annual staff attitude survey and identify areas of work to do to ensure all staff feel valued and respected	<ul style="list-style-type: none"> Ensure managers discuss results of survey at relevant departmental meetings and have local action plans in place to identify issues within their area 	At time of each survey	Action plan for Staff Survey 2009 has been agreed and individual directorate reports sent for local discussion	Director of HR and all managers	√	√	√	√	√	√

Objectives	Action to be taken	Timescale	Current Status	Responsibility	Race	Gender	Disability	Age	Religion/ Belief	Sexual Orientation
10. To ensure equality impact assessments take place in relation to revised and new policies	<ul style="list-style-type: none"> Continue to monitor through the EIA group Provide training on EIAs for more managers More training to take place May 2010 Identification of a major organisational change which would lend itself to a fuller EIA 	On-going	<p>Completed Impact Assessments are published on the Trust's website.</p> <p>Equality Impact Assessment group continues to review EIA every 3 months</p>	Director of HR	√	√	√	√	√	√
11. Need to introduce additional monitoring of training once ESR implemented	<ul style="list-style-type: none"> Ensure monitoring of training to identify if any groups may be suffering disadvantage 	On-going	Most training is now monitored for equality issues and this is reviewed by the Education & Development Strategy Group to identify issues to be addressed	Director of HR	√	√	√	√	√	√
12. identify processes by which equality updates/updated training can be implemented to ensure all – especially managers are up-to-date with equality issues	<ul style="list-style-type: none"> e-learning module commissioned from Middlesex University 	To be agreed	Traditional face to face training continues at present prior to introduction of e-learning	Director of HR	√	√	√	√	√	√
13. To look at proposals outlined in the new Equality Bill and to take steps to ensure the hospital is prepared	<ul style="list-style-type: none"> Identify areas of gaps the trust will need to fill to comply with future legislation Draw up action plan/timetable – to be done now statute in place 	As per equality bill timetable	<p>Equality bill going through parliament</p> <p>Briefing been to EIA group and E&D steering group. Now law passed new briefing to go to May 2010 E&D group – wider briefing to be disseminated and actions put in place to ensure meet new requirements</p>	Director of HR	√	√	√	√	√	√

Objectives	Action to be taken	Timescale	Current Status	Responsibility	Race	Gender	Disability	Age	Religion/ Belief	Sexual Orientation
14. To look at the mayor's London Health Inequalities Strategy and devise equality actions coming from that strategy	<ul style="list-style-type: none"> Detailed actions from action plan to be drawn up once discussion at May Equality & Diversity group 	By October 2010	Strategy already discussed at a recent Equality & Diversity steering group – action plans coming from that discussion going to E&D group in May 2010. Detailed action plans to be developed and in place by October 2010	All directors – although employment actions to be director of HR	√	√	√	√	√	√

Equality Impact Assessments at the Whittington Hospital: update

Introduction

Equality impact assessments (eias) are a process of systematically exploring the potential for a function or policy to have unequal impact on a particular group or community. This includes the impact of a policy on employees, existing and potential service users and the wider community.

All individuals and population groups should have equal access to services and employment.

There is a legal requirement to carry out and publish eias in relation to race, disability and gender. The Equality Bill recently passed by parliament has extended this duty to religion and belief; age; and sexual orientation – and there is also in the near future a new duty to consider “socio-economic disadvantage”.

EIAS at the Whittington

A group of managers/staff side were trained in eias by an external company in the spring of 2007. In addition, all managers were issued with “Impact Assessment Guidance” by the human resources directorate that year.

An EIA group, chaired by the director of human resources, has met on a quarterly basis since the training to monitor eias within the organisation and to identify further work to keep the process moving.

To date the Whittington has published the following eias:

- Atrium events and retail display policy
- Dress code policy
- Starting pay policy
- Pedestrian cyclist and vehicle policy
- Recruitment of members for foundation trust applications
- Change management policy
- Disciplinary procedure
- Disputes procedure
- Disputes procedure
- Employment break scheme
- Leave to support parents
- Referral to the Independent Safeguarding Authority
- Right care, Right place
- Special leave
- Trust Education Centre Financial Management Principles

All eias are normally undertaken by at least two people – with at least one of the people having been formally trained in eias. It is proposed that all eias are now done by at least two people – again with at least one of them having been trained

These eias in addition to assessing for potential adverse impact on race; disability and gender do cover the other 3 strands namely religion and belief, age, and sexual orientation. These 6 strands are also in our single equality scheme.

It is important to note that these exercises have not been seen as a simple tick box exercise but have led either to changes being made to the initial policy following an eia - or provisions being added to the eia.

Examples include:

Name of policy or Service	Changes made to policy or additions to EIA form
Disciplinary procedure	<p>Managers do need to be aware when applying the policy e.g. people whose first language is not English.</p> <p>The policy does apply to all staff but it is recognised that there may be unfair application of the policy and therefore this needs to be monitored and kept under review.</p> <p>The current monitoring system used to monitor outcomes of disciplinaries will continue and will be extended to cover all the 6 strands. This monitoring information will be reviewed on a six-monthly basis by the Hospital Partnership Group. Remedial action if necessary will be taken following discussion at this Group.</p> <p>It is also proposed that all managers undertaking disciplinary investigations and hearings have been trained in equality and diversity, and disciplinary.</p>
Dress code policy	<p>At initial screening it was felt that the policy could be discriminatory in terms of certain religious dress requirements – the policy was changed as a result to allow much more for adjustments to be made to try to negate the potential adverse affects – e.g. temporary or permanent redeployments – whilst still maintaining the overriding need for infection control and H&S issue</p>
Trust education centre financial management principles	<p>The assessment officers recommended that external organisations using the education centre are made aware of the hospital's equal opportunities policy.</p> <p>Organisations whose presence may give rise to public disorder should not be allowed to hire facilities</p>
Starting pay guidance	<p>Additional EIAs will need to be carried out on relevant recruitment policies to ensure equality at the recruitment and acting-up/promotion stages to ensure these are fair and equitable as if they are not, this has a bearing on the <i>Starting Pay Guidance</i>.</p>
Change management policy	<p>The policy does apply to all staff but it is recognised that there is a potential for unfair application of the policy and therefore this needs to be monitored and kept under review to ensure no problems arise.</p> <p>All organisational change papers will themselves be subject to an equality impact assessment</p>

The eia group recognises, however, that eias are not yet fully embedded in the organisation and that at a time when major change is anticipated this may be the time to bring eias further up the agenda.

It has been noted as well that all the eias published have been initial screenings which have found that full impact assessments were not necessary.

It would be prudent if more eia detailed work is done on some of the major changes coming through to build equality into the planning of these changes at the time the changes are proposed. This would allow the organisation to identify any potential adverse impact early on and would allow more timely discussion and remedies.

Some of the changes are likely to be major and equality impacts potentially significant.

With this in mind, further eia training was undertaken with managers and staff side partners in May 2010. This training gave a wider knowledge of what eias are and should allow people better to assess whether the changes they are proposing will have adverse impacts. It is hoped this will lead to better eias being conducted. It is further intended that three months after this training the trainees will be brought together again – with HR facilitation – to discuss how they are developing eias in their area and what further help if any they require

It is also proposed that wider discussion needs to happen at various hospital committees so that new/changed services/policies are identified and the requirement to carry out eias on these picked up.

These committees to include: risk management; clinical policy and practice; patient safety committee; health and safety committee; lone working group; infection control group; clinical governance; business planning

It is hoped that the above proposals will lead to more meaningful eias being undertaken and equality issues built in to issues from the outset rather than being seen as an add-on or something to be done after the fact.

The Equality Bill: briefing note

The Equality Bill was approved by both Houses of Parliament on 06 April 2010. The Bill has now been sent forward for Royal Assent to become the Equality Act 2010.

The provisions will come into force in stages, and estimated dates are set out below:

October 2010: Extending the concept of positive action to allow employers to recruit or promote someone from an under-represented group but only where they have the choice between two or more equally suitable candidates

This will enable employers to take in to account the under-representation of disadvantaged groups, when selecting for employment. This means that employers can pick someone from an under-represented group when they have the choice of between two or more candidates who are equally suitable, provided they do not have a general policy of doing so in every case.

The bill will not allow positive discrimination, which will remain unlawful. Positive discrimination means employing or promoting people just because they are from an underrepresented group, even if they are less suitable. Positive action is not about banning certain groups from certain jobs. It is about allowing employers to increase diversity if they want their workforce to better reflect the local community or customer base.

It also includes measures to:

- make gender pay discrepancies more transparent. This includes curbing the use of secrecy clauses which prevent employees discussing their pay.
- ban employers' use of pre-employment health questionnaire to obtain information about a potential employee's health that is not relevant to the role
- widening of the definitions of direct discrimination and harassment to cover claims based on "association" and "perception" for all protected grounds – this means e.g. protection from discrimination for people who are caring for a disabled child or relative. They will be protected by virtue of their link to that person
- new powers for employment tribunals to make recommendations in discrimination cases for the benefit of the whole workforce and not just the claimant. For example, a woman brings a sex discrimination case but ends up leaving the company for whom she worked. The tribunal could recommend that her employer review its equal opportunities policy to help prevent similar claims being brought in the future.

April 2011: Single equality duty for public bodies, covering all strands of discrimination.

This places a new equality duty on public bodies, extending the three existing duties (race; disability and gender) to include age, sexual orientation, religion or belief – and gender reassignment.

Thus public bodies will be required to consider the needs of diverse groups in the community when designing and delivering public services so that people can get fairer opportunities and better public services.

April 2011: Socio economic duty for public bodies.

Employers will need to consider this when taking strategic decisions on how to deliver services – i.e. what action they can take to reduce the socio-economic inequalities people face.

Public bodies with more than 250 employees to will be required to publish gender pay gap statistics.

Dual discrimination claims will be allowed to be brought based on a combination of two protected characteristics - for example because you are a black woman or a Muslim man.

From 2012/13: Extending age discrimination laws to cover the provision of goods, facilities, services.

This could mean for example a hospital ensuring it gives an older person the same care and attention for a medical condition as they do a much younger person with the same condition. It will not affect services for older people where aged-based treatment is justified for example priority flu vaccinations for the over-65s. The law will only stop age discrimination where it has negative or harmful consequence.