

**University Hospitals Bristol NHS Foundation  
Trust**

**Single Equality Scheme**

**2008 – 2011**

**If you require this document in another format, please contact Trust Human Resources  
on 0117 3423750**

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## 1. Executive Summary

The Single Equality Scheme is UBHT's public commitment to meet statutory duties placed on us by equality legislation. It supports its commitment to equality of opportunity and the provision of an inclusive culture, where all people are treated with respect and dignity. The legal duties are set out in the Race Relations Act (Amendment) Act 2005, the Disability Discrimination Act 2005, and the Sex Discrimination Act 2006. The scheme also incorporates actions on age, religion and belief, sexual orientation and human rights deriving from the relevant legislation.

The Scheme replaces the previous Race Equality Scheme, Disability Equality Scheme and Gender Equality Scheme.

### **Overall Purpose of the Scheme**

The purpose of the Single Equality Scheme is to ensure that the Trust complies with legislation on race, disability, gender, age, religion and belief, sexual orientation and human rights, as well as its public sector equality duties around race, disability and gender. In addition, UBHT wishes to ensure that a philosophy of equality and diversity is embraced and embedded in every policy and function of the Trust. The Single Equality Scheme therefore combines the direct response to the public sector duties on race, disability and gender with further actions to address religion, belief, age, sexual orientation and human rights. This enables the Trust to identify and respond to issues where there is potential for multiple discrimination.

Equality is not about treating everyone the same. It is about recognising and respecting diversity and difference, and treating individuals with respect and consideration. Diversity is about creating relationships and an environment in which people can thrive.

The Scheme is intended to:

- Provide an environment for patients in which there is equality of access, and where they, and their carers, are treated with dignity in a way which recognises their individual preferences and needs
- Provide a framework for managers and staff to ensure that current and potential employees are treated with dignity and fairness, and there is equality of opportunity
- Ensure that goods and services are commissioned, purchased or provided in a manner which is consistent with legislation and trust principles on equality and diversity
- Set out detailed objectives in the action plans which enable the Scheme to be delivered and monitored for achievement.

The Scheme assists in meeting the following requirements placed upon the Trust:

- To assess and consult on the likely impact of proposed policies on the promotion of equality and diversity
- To monitor policies for adverse impact on the promotion of equality
- To publish the results of assessments, consultation and monitoring
- To ensure public access to information and services that are provided
- To train staff in connection with the general and specific duties
- To enable us to improve our services for all equality groups

## 2. Background and Context

The aim of equality legislation is to ensure that public bodies discharge their obligations to all sections of society across the whole range of employment and service delivery – to people of different races, disabled people and non-disabled people, men and women, regardless of sexual orientation, gender identity, religion and belief (or absence thereof), and appropriate to all age groups. The six strands of equality which provide the overarching framework for Trust are:

- race;
- gender (including gender identity);
- disability;
- age;
- sexual orientation; and
- religion or belief.

The Trust embraces the moral, legal and service obligations as an opportunity to demonstrate its commitment to equality and human rights. Human Rights legislation is an important underpinning factor in the production of this Scheme. The rights ascribed to individuals by the Human Rights Act 1998 include, but are not limited to:

- life
- liberty and security
- respect for private and family life
- freedom of expression
- freedom of thought, conscience and religion

The Single Equality Scheme is structured to demonstrate compliance with equality legislation. The action plans included within the document set out a practical work programme covering the overall corporate functions and all Divisions of the Trust. It is intended to be a ‘live’ document, in that it will be regularly reviewed and updated, and subject to the normal governance and performance management systems of the Trust.

### 3. About the Trust

United Bristol Healthcare NHS Trust is one of the largest acute NHS trusts. It employs just over 7,000 staff, has eight hospitals and an annual turnover of £420 million. The Trust is the major NHS teaching and research centre for the South West of England, providing comprehensive healthcare services to local people and specialist services across the whole of the South West and the United Kingdom. The values of the Trust are:

- We put patients first
- We involve, develop and support staff
- We promote innovation and improvement
- We pursue excellence in everything
- We respect others and treat everyone as equals
- We work in partnership to improve the health and well-being of the community, within a sustainable environment
- We are accountable for our use of public resources

The Trust is committed to the principles of eliminating unlawful discrimination, promoting equality of opportunity and having good organisational practices which embrace all patients, carers, visitors and staff. Details of patient and workforce statistics and local demographics are available as appendices.

## 4. The Legislative Context

The Trust’s Single Equality Scheme describes our approach to equality and diversity and addresses the Trust’s statutory duty to promote equality positively in the areas of race, disability and gender. The Trust’s Single Equality Scheme also addresses other areas of equality and diversity including age, sexual orientation, and religion and belief. The requirements and responsibilities of employers, with regard to race, disability and gender are covered in legislation. The table outlined below aims to demonstrate the current equality legal framework. The Equality and Human Rights Commission is responsible for enforcement in all six strands of discrimination law.

To illustrate the equality themes, each individual equality theme has been colour coded; using the same colour codes in our action plans. The colour codes are:

<b>Race</b>
<b>Gender</b>
<b>Disability</b>
<b>Sexuality</b>
<b>Age</b>
<b>Religion/Faith</b>
<b>Human Rights</b>

### General duties

Race Equality	Gender Equality	Disability Equality
<p>The General Duty for race equality requires us to:</p> <ul style="list-style-type: none"> <li>• Eliminate unlawful racial discrimination.</li> <li>• Promote equal opportunities.</li> <li>• Promote good relations between people of different racial groups</li> </ul>	<p>The General Duty for gender equality requires us to:</p> <ul style="list-style-type: none"> <li>• Eliminate unlawful discrimination.</li> <li>• Eliminate harassment.</li> <li>• Promote equality of opportunity between men and women.</li> </ul> <p>The Gender Equality Duty promotes equality for:</p> <ul style="list-style-type: none"> <li>• Women</li> <li>• Men</li> <li>• Trans-gendered people</li> </ul>	<p>The Disability Discrimination Act 1995 (as amended 2005) places a legal duty on all public bodies when carrying out their functions to have a ‘due regard’ to the following:</p> <ul style="list-style-type: none"> <li>• promote equality of opportunity between people with disabilities and other people</li> <li>• eliminate discrimination that is unlawful under the Disability Discrimination Act</li> <li>• eliminate harassment, that is related to their disability, of people with disabilities</li> <li>• promote positive attitudes towards people with disabilities</li> <li>• encourage participation by people with disabilities in public life, take steps to meet the needs of people with disabilities, even if this requires more favourable treatment.</li> </ul>

## Specific duties

Race Equality	Gender Equality	Disability Equality
<p>The 'specific duty' for race equality requires us to publish a Race Equality Scheme. The Race Equality Scheme outlines our policy on race equality and a three year action plan which includes the following:</p> <ul style="list-style-type: none"> <li>• Monitoring of existing functions, services and carry out Equality Impact Assessments on policies.</li> <li>• Publishing results of Equality Impact Assessments.</li> <li>• Making information available and accessible to all groups.</li> <li>• Training employees to understand race equality.</li> <li>• Publishing results of employment ethnic monitoring annually.</li> <li>• Carrying out employee ethnic monitoring on: <ul style="list-style-type: none"> <li>• Applicants for posts</li> <li>• Employees in post</li> <li>• Training &amp; Development</li> <li>• Employees who benefit from performance assessment.</li> <li>• Grievances and disciplinaries.</li> <li>• Employees who leave the organisation.</li> </ul> </li> </ul>	<p>The 'specific duty' for gender equality requires us to publish a Gender Equality Scheme.</p> <p>The Gender Equality Scheme outlines our policy on gender equality and includes a three year action plan which will include the following:</p> <ul style="list-style-type: none"> <li>• Take steps to address equal pay between men and women in our organisation.</li> <li>• Collect information on gender around service delivery and employment.</li> <li>• Consult with stakeholders on priorities for gender equality.</li> <li>• Carry out Equality Impact Assessments.</li> <li>• Identify priority areas for gender equality.</li> <li>• Publish a three year action plan.</li> <li>• Publishing results of Equality Impact Assessments.</li> </ul>	<p>The 'specific duty' outlines a number of actions which must be undertaken to assist public bodies in fulfilling the 'general duty', they are a framework for planning, delivering and evaluating action to meet the 'general duty' and to report on these activities.</p> <p>Our Single Equality Scheme must demonstrate how it intends to fulfil its 'general' and 'specific duties'. The Scheme should include a statement of:</p> <ul style="list-style-type: none"> <li>• The arrangements for gathering information about performance of the public body on disability equality.</li> <li>• How the Trust will conduct disability equality impact screening and assessments of services, functions, policies and practices,</li> <li>• The details of how the trust is going to use the information gathered, in particular in reviewing the effectiveness of its Action Plan, with people with disabilities or their representative groups,</li> <li>• How the Trust will publish the results of disability impact assessments.</li> </ul>

Theme	Legal Obligations
<b>Sexuality Equality</b>	<p>Unlike ethnicity, disability and gender there are no legal requirements for public services to conduct equality impact assessments in relation to sexuality, particularly in regards to service delivery, noting that trans-gendered people are covered under the 'gender equality duty'.</p> <p>The Employment Equality (Sexual Orientation) Regulations (2003), gave all gay, lesbian and bi-sexual employees rights against discrimination.</p> <p>The Sexual Orientation Regulations (2007) extend these rights to goods and services. This means that we have a legal duty to ensure that people of all sexualities are not discriminated when they work for us or use our services.</p> <p>Our Single Equality Scheme will also extend to sexuality as an additional activity we are doing to meet the 'specific duties' under ethnicity, gender and disability.</p>
<b>Age Equality</b>	<p>Unlike ethnicity, disability and gender there is no 'general' and 'specific duty' for public services to eliminate age related discrimination.</p> <p>The Employment Equality (Age) Regulations (2006), gave people of all age groups rights against discrimination at work. The regulations cover:</p> <ul style="list-style-type: none"> <li>• Mandatory retirement</li> <li>• Dismissal and redundancy</li> <li>• Statutory sick pay and maternity</li> <li>• Harassment in the workplace.</li> </ul> <p>Our Single Equality Scheme will also extend to age as an additional activity we are doing to meet the 'Specific Duties' under ethnicity, gender and disability.</p>
<b>Religion/ Faith/ Belief Equality</b>	<p>Unlike ethnicity, disability and gender there are no 'general' and 'specific duties' for public services to conduct equality impact assessments in regards to religion/ faith or belief.</p> <p>The Employment Equality (Religious Belief) Regulations (2003), gave people of all religious faiths/beliefs rights against discrimination in the workplace. This does not include political beliefs, but does include agnostics or atheists.</p> <p>Our Single Equality Scheme will also extend to religion and belief as an additional activity we are doing to meet the 'specific duties' under ethnicity, gender and disability.</p>
<b>Human Rights</b>	<p>Human Rights Act 1998 came into force in 2000, provides a range of political rights and freedoms of the individual against interference by the 'State'.</p> <p>The Human Rights Act 1998 states that state or their public bodies cannot:</p> <ul style="list-style-type: none"> <li>• violate the right to life of individuals,</li> <li>• subject individuals to torture, inhuman or degrading treatment,</li> <li>• press them into enforced labour,</li> <li>• deprive them of their liberty without due process and compensation,</li> <li>• deprive them of access to justice or a fair trial or introduce laws that impose retrospective criminal liability for acts that were innocent at the time they were committed.</li> <li>• disrespect individuals' rights to privacy, restrict freedom of religion, expression, association and assembly, disallow individuals to marry and found a family.</li> </ul> <p>These rights enshrined within the Human Rights Act 1998 and are guaranteed to each individual irrespective of their gender, race, disability, religion/faith, belief, age, sexual orientation. (Appendix A contains further details of the Act)</p>



## 5. Healthcare Standards

The Trust must also meet the standards defined in the Government's performance framework, *'National Standards, Local Action'*, (Department of Health, 2004). The aim of the standards is to underpin the delivery of high quality services, which are fair, personal and responsive to patients' needs and wishes and which deliver improvements in the health and well-being of the whole population. The Healthcare Standards require the trust to:

- Challenge discrimination
- Promote equality of access and quality of services
- Support the provision of services appropriate to individual needs, preference and choices
- Respect and protect human rights
- Develop the NHS's reputation as a model employer
- Contribute to local economic success and community cohesion.

The Single Equality Scheme supports the aims and seeks the same benefits as described by the Healthcare Standards. The Scheme will ensure the trust provides the services needed by all parts of the population, and is specifically designed to reduce inequalities in healthcare and ensure access to all trust services and employment opportunities.

## 6. Involvement and Consultation

### **Involvement**

The Trust recognises the importance of appropriate involvement in all aspects of the development and implementation of its responsibilities for equality, and has undertaken considerable work already in this respect, including work with patients, carers, local healthcare commissioners and providers, community groups and staff.

Involvement helps give people more meaningful involvement in the provision of their care, assists in ensuring higher satisfaction with service levels and helps make best use of resources. Involvement also helps to ensure that staff are committed to the aims and objectives of the Trust, and can deliver to the very best of their ability.

The Trust is committed to involving people in the on-going development of the Single Equality Scheme Action Plan and the outcomes and action plans following the impact assessments of each policy and function.

Involvement will take into account relevant guidance from the Department of Health, NHS Employers and the Equality and Human Rights Commission and will be carried out in accordance with the relevant guidance.

Involvement may take a range of forms such as surveys, open and/or focus group meetings, public scrutiny and written documents. In addition, the national patient survey and national staff survey both incorporate questions which enable the trust to get feedback from large groups on an annual basis. As the Trust moves towards Foundation status, we will work very closely with Governors to ensure increasing involvement with the local community. We will also work with our local LINK team (Local Involvement Network) to listen to local people about their needs and service experiences.

## **Concerns and issues**

### **Service Users and visitors**

If any patients under the care of the Trust believe they have been affected by a failure of the Trust to comply with equalities legislation or good practice, there are a number of established routes by which such concerns may be raised:

- directly with the Manager of the Trust Division in which their care is being provided,
- with the Patient Advice and Liaison Services (PALS), with the initial aim of achieving informal resolution,
- or as a formal complaint – either if the above routes do not lead to satisfactory resolution, or directly if the complainant so wishes.

The Trust routinely records the ethnicity of any patients who about whose care a formal complaint is made (if this information is disclosed), and also of any member of staff who is the subject of such complaints. This information is reported to the Department of Health on an annual basis. While every effort will be made to meet the patients' rights and wishes under the provisions of the Single Equality Scheme, it may be that on occasions this is not possible. Under certain circumstances, clinical need will take precedence although this does not alter a patient's existing right to withhold consent to treatment. It is important that, wherever possible, patients are able to make an informed choice which takes into account their personal needs and preferences.

### **Employees**

Employees who have concerns about compliance with equalities legislation or good practice should raise their concerns through their line manager on an informal basis in the first instance and seek resolution. If this fails, they have the right to raise the matter formally in accordance with the Trust's Grievance Policy.

If there are serious concerns and, for some reason it is not possible to use the Grievance Policy, staff also have access to use the Trust's Speaking Out Policy.

Employees may obtain advice and support from representatives of recognised trade unions and other staff side organisations.

### **Training**

The Trust is committed to providing access to information and training to support staff in understanding the legal framework and the Trust's approach to equality and diversity.

On-line learning is provided for all staff through the NHS Core Learning Unit and this is supplemented by face to face training on specific themes such as equality impact assessments, customer care (incorporating equality and diversity) or particular aspects of implementing legislation into local practice.

Access to the Equality and Human Rights bulletin issued by the Department of Health is provided through the Trust intranet for all staff, as well as access to a cultural competency toolkit.

The Trust has a good practice guide on provision of all training and development activities (on the Intranet) which enables trainers to incorporate best practice on equality and diversity and appropriate case studies into their courses, e-learning and blended learning.

## 7. Equality Impact Assessments

The Trust's Equality Impact Assessment Framework is the mechanism by which we will ensure that any new or proposed function, policy or organisational process does not have an adverse impact on any group of individuals in respect of race, disability, race, gender, sexual orientation, religion/belief, age or human rights. An adverse impact means 'significant differences in patterns of representation or outcomes between groups.'

The Trust trains managers and lead clinicians to ensure that the following framework is used for impact assessment, in accordance with good practice issued by NHS Employers.

- Step 1 Identify your policy aims
- Step 2 Consider the data and research
- Step 3 Analyse the function or policy to be assessed
- Step 4 Assess the likely impact of the function or policy on equality
- Step 5 Consider how any adverse impact can be addressed
- Step 6 Involve and consult relevant stakeholders
- Step 7 Make a decision on whether to proceed with the policy or function
- Step 8 Publish the results of the assessment
- Step 9 Monitor and review on a continuous basis

It is the responsibility of the Chair of the relevant Trust committee or working group to ensure that equality impact assessments are submitted and considered when making decisions on any proposed change in function, policy or significant operational practice.

The results of the assessments and any action plans must then be submitted to the Assistant Director of Human Resources who is responsible for publishing the results of assessments on the Trust Internet. The secretary of the relevant Trust committee or working group is responsible for ensuring that the results of assessments and action plans are published with agendas and minutes/notes of committees on the Trust Intranet.

## 8. Ensuring public access to information and services

The Trust is committed to transparency and openness, and recognises that individual members of the public and sections of the community may experience barriers in accessing information and services. UBHT therefore makes an overarching commitment through this Single Equality Scheme to use language which is appropriate to the intended audience and ensure that information is available in accessible formats.

The Trust also makes the following commitments with respect to improving and ensuring public access to information and services:

- All information will be written in plain English, and, where illustrations are used, there will be good colour contrast.
- All information intended for the public will be in accessible formats.
- Standard information leaflets will make it clear whom to contact to obtain information in alternative formats.
- Information for the public will be drawn up with relevant user involvement.
- Translation and interpretation services will be provided to support public access and clarity of information.

The Trust recognises that different sections of the community may prefer to receive information in different ways; and indeed that different communications styles are more effective with some people than with others. The Trust will therefore seek to be informed by specialist groups about preferred or most effective communication methods, and will commit to being a learning organisation in terms of understanding how barriers to accessing information and services are perceived by the intended recipients of communications.

## 9. Successes in promoting equality

In developing the Single Equality Scheme, it is important to note the range of actions which have been taken by the Trust over recent years in relation to equality and diversity. The following is a representative list, but is only intended to give a flavour of work done to date; it is not comprehensive.

### **For patients and carers:**

Provided a mechanism by which particular special needs for individuals can be flagged on the Patient Administration System.

Produced a patient community policy and implemented a wide range of multi-lingual patient information leaflets.

Established a translation and interpretation service, underpinned by a code of conduct, and been an active member of the Bristol Area Interpreters Users Forum. Signing is included within this service.

Provide patient menus and nutritional advice which meets the needs of people of different races and religions, working with the Bristol Race Equality Health Partnership

Developed signage in hospital buildings to meet the needs of disabled users, working closely with user groups.

Provided hearing loops and amplification machines in clinical areas.

Completed a comprehensive audit of the environment in relation to disabled access, including patient bathroom and toilet facilities, in response to patient feedback; implemented a plan to address concerns.

Undertaken a wide range of specific projects to address the needs of users of particular services. One example is a project carried out at St. Michael's Hospital to review the needs of pregnant Somalian women and enhance their maternity care/experience. Another example is the work undertaken on providing advice on cancer care for patients of different races and reviewed testicular cancer education for teenage boys.

Undertaken audits of clinical practice, such as patient ethnicity data in relation to drug errors.

Worked with local organisations and groups e.g. Remploy and Job Centre Plus, on collaborative initiatives to open employment opportunities for disabled people and the long term unemployed.

The Bereavement Group has worked with members of the South West faith forum and local faith groups on the refurbishment of the Bristol Royal Infirmary viewing area.

Local voluntary organisations such as Bristol MIND (National Association for Mental Health) and the Red Cross, participate in the trust's Social Deprivation operational working group. Members of the (RNID) Royal National Institute for the Deaf) and the RNIB (Royal National Institute for the Blind) and as well WECIL, (the West of England Centre for Inclusive Living) attend the Physical and Sensory Impairment operational group, giving valuable insight and advice on the needs and requirements of both patients, relatives and staff.

**For staff:**

Established a Black and Ethnic Minority Workers Forum and a Forum for Staff with Physical and Sensory Impairments.

The Trust has held the Employment Service Two Ticks symbol since 1999 and holds Improving Working Lives Practice Plus status.

Established a childcare advisory service, with access to nursery provision, a holiday play scheme and overall advice on child and elder care.

Developed managerial guidance on transsexuality and gender reassignment across both service and employment areas.

Supported staff on national programmes such as the Breaking Through Programme and mentoring for black and ethnic minority staff.

Ensured that diversity is reflected in advertising and promotional practice.

Developed a wide range of family friendly policies.

Actively supported events in the local community to raise awareness of NHS careers amongst local communities, including black and ethnic minority communities.

Worked closely within our Schools and Colleges Liaison programme with young people from different backgrounds to assist in raising educational standards across Bristol.

**In relation to procurement and commissioning:**

Ensured that we comply with legislation in relation to contracts placed for goods or services and service level agreements.

Worked very closely with university and other educational partners to ensure that there is joint recognition and response to equality and diversity considerations across education and health.

## 10. Procurement, Partnerships and Governance

### **Procurement**

The Trust commissions services from a number of other organisations to undertake functions on its behalf. The commissioned body has a responsibility to meet the general duty in relation to carrying out that public function. Where a commissioned body is merely providing a service, the obligation to comply with the duty remains with the Trust.

The Trust commits to undertaking the following steps:

- Review commissioning frameworks and procurement terms and conditions on a regular basis to ensure that information is included about the relevant Acts and the duties which must be met; include a requirement in every contract that the body obtaining the contract must comply with the anti-discrimination provisions of the various Acts.
- Ensure that race, gender and disability equality is appropriately reflected in the specification, selection and award criteria and the contract conditions.
- Provide information and training for all staff involved in procurement or commissioning.

### **Responsibility**

The Trust will ensure that the implementation of the legislative requirements set out in this document is embedded, through its performance management framework, in all its policies, functions and services.

The Chief Executive has overall responsibility for the delivery of the Single Equality Scheme and is accountable to the Trust Board for the development, monitoring and review of the Single Equality Scheme.

The Director of Workforce and Development has operational responsibility on behalf of the Board for the monitoring and implementation of the full Single Equality Scheme, working specifically with the Medical Director and the Chief Nurse and Director of Governance on the aspects relation to clinical care, research and development and clinical teaching.

The Director of Workforce and Development chairs the Equality and Diversity Steering Group which is responsible for monitoring the progress of the action plan and taking any remedial action required. The group meets quarterly and is responsible to the Trust Executive Group. The Assistant Director of Governance is responsible in particular for monitoring the aspects of the Scheme relating to patients, carers and user involvement, and the Assistant Director of Human Resources is responsible for monitoring the aspects relating to employment and procurement/commissioning.

The Head of Legal Services is responsible for ensuring that all matters relating to human rights, and their implications for the trust, are considered at Governance and Risk Management Committee, which is attended by all Directors.

The Chairs of the following operational groups sit on the Equality and Diversity Steering Group:

Race, Religion and Belief

Physical and Sensory Impairment

Gender and sexual orientation

Age

Social inclusion

The operational groups are responsible for taking the corporate actions necessary to meet targets and objectives within the Single Equality Scheme Action Plan and incorporating equality and diversity into mainstream operational practice. In meeting these responsibilities, one or more Chair may on occasions need to attend the Trust Operational Group in order to discuss matters with senior managers from all divisions. Divisional representatives on the operational groups are critical in terms of their role in devolving operational group initiatives into mainstream practice within their divisions, and should link regularly into their relevant Divisional Board.

Directors, Heads of Divisions, Divisional Managers and Corporate Senior Managers must ensure that the Single Equality Scheme is integral to planning and delivery of services so that the Trust's compliance with its obligations under the Scheme is met. Line managers are responsible for taking the necessary actions to meet the plans. Specifically, Management Boards at Divisional level will need to:

- review their identified relevant functions and policies within the Division, and assess for any adverse impact on any particular group
- develop plans to address any problem areas or identified gaps
- assess all new policies, procedures and service development for any adverse impact on different groups and take action to avoid this
- ensure that equality and diversity is integral to planning for services
- routinely use monitoring data to inform impact assessment, service planning and recruitment and employment practice
- ensure that managers are aware of their responsibilities and act proactively to avoid discrimination.

All individuals working within the Trust have an individual responsibility to comply with the law and to act in a manner which values diversity in all their dealings, whether with patients, carers, members of the community, other organisations, or colleagues.

## 11. Monitoring and Review

Implementation of the Single Equality Scheme and Action Plan will be monitored on a six monthly basis by the Trust Board, on the basis of a report from the Chair of the Equality and Diversity Strategy Group.

The Trust will formally review the Single Equality Scheme within three years and a report of this review will be made public.

**Action plan: A) ACTIONS AFFECTING ONE OR MORE STRANDS OF EQUALITY AND DIVERSITY PROGRAMME**

<b>MANAGEMENT, MONITORING AND REPORTING</b>				<b>Race</b>	<b>Religion</b>	<b>Age</b>	<b>Disability</b>	<b>Gender</b>	<b>Sexual orientation</b>	<b>Human Rights</b>
<b>Item</b>	<b>Named lead</b>	<b>Timescale</b>	<b>Detail of objective</b>							
Implement Welsh language translation services for Welsh Office of Skills for Health.	Chief Executive, Skills for Health	May 2008	Draft Scheme and implementation plan being submitted to the Welsh Language Board for approval.	✓						✓
Work with the Bristol Primary Care Trust to support the public health agenda and specifically health inequalities in areas such as heart disease, diabetes, cancer, obesity, sexual health and perinatal mortality.	Medical Director	See objectives	2008/09 - Meet regularly with the Director of Public Health. Map out all UBHT services which support the local public health agenda. Identify gaps and develop action plan.  2009/10 – Implement action plans as identified.  2011/2012 – Conduct monitoring and review of the programmes and feedback.	✓		✓	✓	✓	✓	✓
Ensure that provision of hospital gowns for all patients are appropriate, respecting individual needs and personal dignity, with particular reference to Muslim patients.	Assistant Director of Nursing	October 2008	Collect data on suitability of existing gown provision and suggestions of alternative provision if identified. Draw up action plan and implementation programme.	✓	✓	✓		✓		✓



<b>MANAGEMENT, MONITORING AND REPORTING</b>				<b>Race</b>	<b>Religion</b>	<b>Age</b>	<b>Disability</b>	<b>Gender</b>	<b>Sexual orientation</b>	<b>Human Rights</b>
<b>Item</b>	<b>Named lead</b>	<b>Timescale</b>	<b>Detail of objective</b>							
Improve access opportunities for socially deprived groups such as travellers and sex workers.	Chair of the Social Inclusion Group	March 2009	Work with local travellers representatives, sex workers and statutory and voluntary partners, to understand particular service and cultural needs. Review current Trust services provided and identify any service gaps for these client groups. Devise action plan to identify gaps.	✓		✓		✓	✓	✓
Identify and act upon specific issues for translation or interpretation services arising from root cause analysis of critical incidents.	Assistant Director of Audit and Assurance	Review Ulysses date by end of March 2008  Implementation plan by end of May 2008  Communications plan in June 2008	Review previous 12 months Ulysses data for specific incidents relating to translating and interpreting.  Draw up action and implementation plan using review data.  Communicate plan across all clinical areas (both clinical and non-clinical staff).	✓	✓					✓
Increase resources for general translating and interpreting requests.	Chief Nurse and Director of Governance working with the Assistant Director of Human Resources	September 2008	Scope number of staff who speak alternative languages other than English and develop an internal language bank.	✓						✓

<b>MANAGEMENT, MONITORING AND REPORTING</b>				<b>Race</b>	<b>Religion</b>	<b>Age</b>	<b>Disability</b>	<b>Gender</b>	<b>Sexual orientation</b>	<b>Human Rights</b>
<b>Item</b>	<b>Named lead</b>	<b>Timescale</b>	<b>Detail of objective</b>							
Implementation of recommendations stemming from the Maternity and Newborn Services Review.	Assistant General Manager, Women's and Children's Division	<p>Appointment made February 2008</p> <p>June 2008</p> <p>July 2008</p> <p>Cascade briefing to staff in April 2008; review complaints October 2008</p>	<p>Implement specific actions arising from the review:</p> <p>Appoint teenage pregnancy midwife.</p> <p>Train midwives to provide more contraceptive advice and contraception e.g. Implanon.</p> <p>Increase engagement with the Somalian population by holding focus groups led by Head of Midwifery and Public Patient Involvement Facilitator, to identify particular needs/issues relating to maternity services.</p> <p>Re-iterate and ensure all staff aware of flexibility around partner visiting and staying. Brief all staff at St Michael's via team briefings; add to local induction. Review and monitor complaints bi-annually with view to develop action plan as required.</p>	✓	✓	✓	✓	✓	✓	✓

<b>MANAGEMENT, MONITORING AND REPORTING</b>				<b>Race</b>	<b>Religion</b>	<b>Age</b>	<b>Disability</b>	<b>Gender</b>	<b>Sexual orientation</b>	<b>Human Rights</b>
<b>Item</b>	<b>Named lead</b>	<b>Timescale</b>	<b>Detail of objective</b>							
Implementation of recommendations stemming from the Maternity and Newborn Services Review.	Assistant General Manager, Women's and Children's Division	April 2008	Plan to achieve Stage 2 of UNICEF (United Nations' Children's Fund) UK 'The Baby Friendly Initiative' – an accreditation programme for best practice, promotion and sustainability of breast feeding care. Outcome awaited in April 2008. If successful, scope action plan for meeting Stage 3 accreditation.	✓	✓	✓	✓	✓	✓	✓
		Study days in 2008	Increase the number of study days to train staff (including non UBHT midwifery staff) to deal with issues relating to infant bereavement and drug using mothers. Identify and prioritise target staff groups for attendance.							
		September 2008	Increase the number of dedicated antenatal classes for ethnic groups and the number of link workers at clinics. Head of Midwifery to work with the Bristol PCT and Maternity Links to produce a project plan to meet this objective.							
		December 2008	UBHT and local health partners to reinstate Obstetric Mental Health clinic. Mental Health Working Group to agree timescale and action plan.							

<b>MANAGEMENT, MONITORING AND REPORTING</b>				<b>Race</b>	<b>Religion</b>	<b>Age</b>	<b>Disability</b>	<b>Gender</b>	<b>Sexual orientation</b>	<b>Human Rights</b>
<b>Item</b>	<b>Named lead</b>	<b>Timescale</b>	<b>Detail of objective</b>							
The Trust's performance for ethnic group data quality for admitted patient episodes, is 84.6% (as at October 2007) and exceeds the Healthcare Commission standard target of 80%. However target of 90% set internally benchmarked against the highest rate currently achieved by NHS trusts.	Head of Performance Improvement	Annually and specifically by end of 2010	Plan to improve the average percentage target year on year by 2%. Plan to achieve target of 90% based on an average recording data completed.	✓						
Under the sexual orientation of patients and staff.	Chair of the Gender and Sexuality Group	April 2009	Identify where any recording is currently undertaken. Map areas where recording will be undertaken and introduce monitoring systems. Monitor and evaluate data collection, highlighting areas where further support required.						✓	✓
Review the appointment booking system to ensure that it meets the needs of asylum seekers.	Head of Performance Improvement working with the Patient Improvement Manager	October 2008	Review data collection on asylum seekers and conduct benchmarking with other acute trusts. Develop and implement a policy and procedure for staff use for asylum seekers.	✓	✓					✓

<b>MANAGEMENT, MONITORING AND REPORTING</b>				<b>Race</b>	<b>Religion</b>	<b>Age</b>	<b>Disability</b>	<b>Gender</b>	<b>Sexual orientation</b>	<b>Human Rights</b>
<b>Item</b>	<b>Named lead</b>	<b>Timescale</b>	<b>Detail of objective</b>							
Focus on raising awareness of testicular cancer screening amongst young males.	Chair of the Gender and Sexuality Group	By January 2009	Increase the number of schools from 1 to 12 visited by school nurses within the school nurse geographical area, targeting 13 to 16 year old school boys. Rollout a DVD training tool and leaflets. Develop links with other establishments for young people e.g. colleges, youth/sports clubs.			✓		✓		
Rollout of chaperoning policy across the trust.	Chair of the Gender and Sexuality Group	Communication plan by April 2008. Implementation May 2008	Consult on draft chaperoning policy. Develop clear communication plan. Following agreement, implement fully across the trust's clinical areas.	✓	✓	✓	✓	✓	✓	✓
Improve breast feeding facilities within the trust.	Chair of the Gender and Sexuality Group	September 2008	Head of Midwifery to meet with the Redevelopment Manager and the Estates Manager (Capital) to scope current areas and develop a feasibility plan for potential new areas.					✓		✓

<b>MANAGEMENT, MONITORING AND REPORTING</b>				<b>Race</b>	<b>Religion</b>	<b>Age</b>	<b>Disability</b>	<b>Gender</b>	<b>Sexual orientation</b>	<b>Human Rights</b>
<b>Item</b>	<b>Named lead</b>	<b>Timescale</b>	<b>Detail of objective</b>							
Continue to increase and improve communication mechanisms/tools for patients with physical and sensory impairments and language requirements across the trust.	Head of Performance Improvement	May 2008	Complete the Equality of Access Project including:  Agree and translate generic waiting list letters.	✓	✓	✓	✓	✓	✓	✓
		June 2008	Promote project successes and establish regular communication/feedback with Administrative and Clerical managers.							
		July 2008	Review local supplementary induction for Administrative and Clerical staff. Make inductees aware of information on how to access the Resource pack available on the Document Management system.							
		June 2008	Add Resource pack to Clinical Document Service (CDS) and publicise to all clinical staff through information cascade.							
		August 2008	Pilot scheme to capture additional specific patient information on medical records e.g. sensory impairment, to be completed. Evaluate pilot success, produce implementation plan and rollout across trust.							

<b>MANAGEMENT, MONITORING AND REPORTING</b>				<b>Race</b>	<b>Religion</b>	<b>Age</b>	<b>Disability</b>	<b>Gender</b>	<b>Sexual orientation</b>	<b>Human Rights</b>
<b>Item</b>	<b>Named lead</b>	<b>Timescale</b>	<b>Detail of objective</b>							
Identify any specific issues for mens' health.	Head of Nursing in Surgery, Head and Neck	January 2009	Scope men's health services across areas. Prioritise key areas and review service provision. Identify any gaps/highlights from review and make recommendations to Divisional Boards/Trust Board. Raise awareness of any pertinent men's health issues across the Trust.	✓	✓	✓	✓	✓	✓	✓
Develop and implement a Trust Domestic violence strategy.	Chair of the Gender and Sexuality Group	June 2008	Bristol Domestic Abuse Strategy to be finalised in April 2008. UBHT to devise a communications plan for roll-out across the Trust, including views of the trust's Child Protection Steering Group.	✓	✓	✓	✓	✓	✓	✓
Increase support for patients with learning difficulties.	Learning Difficulties Nurses working with the Heads of Nursing	March 2009	Using additional specialist nurse support, train clinical staff in caring for the needs of patients with learning difficulties. This will include the Disability Discrimination Act; informed consent; clear communication skills and person centred care. Specialist nurses to identify training priorities and needs across staff groups, relating to this particular client group.				✓			✓

<b>MANAGEMENT, MONITORING AND REPORTING</b>				<b>Race</b>	<b>Religion</b>	<b>Age</b>	<b>Disability</b>	<b>Gender</b>	<b>Sexual orientation</b>	<b>Human Rights</b>
<b>Item</b>	<b>Named lead</b>	<b>Timescale</b>	<b>Detail of objective</b>							
<p>Ensure thorough assessment and management of falls, immobility, delirium/acute confusion and incontinence, for older patients, and suitable discharge standards.</p> <p>Meet requirements of A New Ambition for Old Age 2006 and the National Service Framework 2001.</p>	Consultant, Medicine (NSF Lead for Older People)	April 2009	Work with local health and social care providers to ensure a seamless service between from acute to longer term primary care needs	✓		✓	✓	✓		✓
	Consultants in Medicine	Annually Autumn	Scope the number of patients admitted due to falls by conducting an audit of admissions data. Assess usage and effectiveness of falls policy.							
	Chair, Continence Group	December 2008	Undertake audit of catheter management policy.							
	Chair, Continence Group	June 2009	Develop assessment and management guidelines for the care of patients with faecal incontinence.							
	Modern Matrons and Chair, Privacy and Dignity Steering Group	June 2009	Privacy and Dignity Steering Group and matrons to identify and prioritise nurse/nurse assistants training needs in relation to older people. Group to review the usage of the 'Let's Respect' toolkit and identify any areas not accessing support.							
	Head of Nursing	October 2008	Introduce older people preferred naming system e.g. first name or Mr/Mrs/Miss.							



<b>MANAGEMENT, MONITORING AND REPORTING</b>				<b>Race</b>	<b>Religion</b>	<b>Age</b>	<b>Disability</b>	<b>Gender</b>	<b>Sexual orientation</b>	<b>Human Rights</b>
<b>Item</b>	<b>Named lead</b>	<b>Timescale</b>	<b>Detail of objective</b>							
Continue to improve and develop services for young people.	Head of Nursing	December 2008	Appoint a Cancer Nurse for Young People, to conduct a scope exercise and make recommendations on need for a Teenager and Young Adults ward.	✓	✓	✓	✓	✓		✓
		March 2008	Youth Development worker to identify service needs of young people. Divisional Board to determine as part of future service plans.							
		May 2009	Scope and review provision of Diabetes provision, particularly amongst young Somalians. Identify service needs for this client group, produce recommendations and draft action plan for consideration by Divisional Board.							
Develop relationships with local faith communities, to understand their specific health needs and promote employment opportunities within the Trust.	Public Patient Involvement Co-ordinator working with the Assistant Director of Human Resources	June 2008	Foster a relationship with a local mosque. Scope the nature of the proposed relationship. Identify a suitable mosque and invite representative to the Trust for initial meetings. Establish a joint project plan and events for health and employment over the next 12 months.	✓	✓					✓

<b>MANAGEMENT, MONITORING AND REPORTING</b>				<b>Race</b>	<b>Religion</b>	<b>Age</b>	<b>Disability</b>	<b>Gender</b>	<b>Sexual orientation</b>	<b>Human Rights</b>
<b>Item</b>	<b>Named lead</b>	<b>Timescale</b>	<b>Detail of objective</b>							
Improve support for staff whose first language is not English.	Assistant Director of Human Resources – Development	Included within Training Plan for 08/09	Identify priority support areas and assess the needs of specifically targeted groups e.g. hold focus groups. Identify key actions and develop implementation plan in the first instance.	✓	✓					
Seek assurance that no unjustifiable barriers are in place to young people (18 and under) into employment and career opportunities.	Health and Safety Adviser working with the Schools and Colleges Liaison Coordinator and the Head of Recruitment	September 2008  Placements started in January 2008	Scope whether there are barriers to widen employment in the trust to 18 year olds and under and review any issues. Review job applications where young people have not been successful and analyse reasons why not appointed. Identify any trends and develop guidance for recruiting managers.  Implement Apprenticeships in Business and Administration.			✓				✓

<b>MANAGEMENT, MONITORING AND REPORTING</b>				<b>Race</b>	<b>Religion</b>	<b>Age</b>	<b>Disability</b>	<b>Gender</b>	<b>Sexual orientation</b>	<b>Human Rights</b>
<b>Item</b>	<b>Named lead</b>	<b>Timescale</b>	<b>Detail of objective</b>							
Widen access to employment opportunities.	Head of Recruitment and Retention	April 2008	Conducting mock and real interviews with potential employees from Remploy as part of recruitment strategy to fill Facilities posts.	✓		✓	✓	✓		✓
		July 2008	Work with the Local Employment Partnership to scope further opportunities to support long term unemployed back to work.							
		April 2008	Offer opportunities for interview practice to potential candidates from Remploy.							
Produce principles of good practice on dress codes to support development of uniform policy(ies) across the trust.	Medical Director is the overall lead. Assistant Director of Human Resources also working with support from the Race and Religion/Beliefs operational group.	July 2008	Review current and best practice across the country and incorporate relevant legislation. Disseminate principles on the HR web for use and information for staff and managers.	✓	✓			✓	✓	✓

<b>MANAGEMENT, MONITORING AND REPORTING</b>				<b>Race</b>	<b>Religion</b>	<b>Age</b>	<b>Disability</b>	<b>Gender</b>	<b>Sexual orientation</b>	<b>Human Rights</b>
<b>Item</b>	<b>Named lead</b>	<b>Timescale</b>	<b>Detail of objective</b>							
Undertake specific labour market review of East European immigrant population. Undertake outreach advertising/recruitment within local ethnic communities.	Head of Recruitment and Retention (Projects) working with the Assistant Director of Human Resources	March – July 2008	Scope potential Polish labour market force. Meet with local Polish community to scope recruitment opportunities.  Hold recruitment events and supply on-going support for potential applicants e.g. curriculum vitae workshops, mock interviews, careers advice, for all potential recruits from diverse ethnic groups across the community.	✓	✓					✓
Implement extensive range of changes to the NHS pension scheme at local level.	Assistant Director of Human Resources and Organisational Development, with age discrimination group	Implementation April onwards	Understand extent of changes to new pension arrangements; arrange for lunchtime seminars for staff/managers; plan any further communications including supporting literature.			✓		✓		
Undertake detailed analysis of statistics on discipline, dismissal, grievances promotions, clinical excellence awards and Level 2 skills attainment, in trust areas with high ethnic minority ratios.	Head of Recruitment and Retention (Projects)	Projects will be phased into four quarters. Completed by March 2009	Whilst information is currently reported, the trust wishes to undertake more detailed analysis. Need to identify areas with high ethnic groups, define scope of data analysis, conduct detailed analysis of relevant data sets. Produce a report and make recommendations for implementation.	✓						

<b>MANAGEMENT, MONITORING AND REPORTING</b>				<b>Race</b>	<b>Religion</b>	<b>Age</b>	<b>Disability</b>	<b>Gender</b>	<b>Sexual orientation</b>	<b>Human Rights</b>
<b>Item</b>	<b>Named lead</b>	<b>Timescale</b>	<b>Detail of objective</b>							
Identify specific issues for Research and Development and embed equality and diversity across all aspects of Research and Development.	Medical Director working with Nurse Consultants as part of Divisional Peer Review Groups	December 2008	Review percentage of staff in undertaking research in divisions, by gender, staff group, ethnicity and band/grade.  Discuss with the universities and academic links, opportunities for students to research areas relating to the Single Equality Scheme.	✓	✓	✓	✓	✓	✓	✓

**Action plan: B) ACTIONS AFFECTING ALL ASPECTS OF THE EQUALITY AND DIVERSITY PROGRAMME**

<b>MANAGEMENT, MONITORING AND REPORTING</b>				<b>Race</b>	<b>Religion</b>	<b>Age</b>	<b>Disability</b>	<b>Gender</b>	<b>Sexual orientation</b>	<b>Human Rights</b>
<b>Item</b>	<b>Named lead</b>	<b>Frequency</b>	<b>Detail</b>							
Board monitoring and review of the Single Equality Scheme.	Director of Workforce and Organisational Development	6 monthly reports March and September	Reporting contained within Board Schedule.	✓	✓	✓	✓	✓	✓	✓
Undertake Equality Impact Assessments of proposed changes in all functions, new and revised policies/procedures and (employment and clinical) and service developments, prior to agreement and publishing. Publish all assessments on intranet and action plans arising.	Chairs of all decision making groups, both corporate and divisional. Board Secretary in relation to Trust Board.	Letter to all Chairs of Trust formal groups – March 2008. Internet and intranet to be updated monthly	Responsibilities contained within Single Equality Scheme. Monitoring and reporting of issues arising from assessments to be reported to the Assistant Director of Human Resources. All assessments to be published on the Trust internet/intranet. Also to be reported in Board bi-annual monitoring report.	✓	✓	✓	✓	✓	✓	✓
Identify actions arising from results of annual and Staff Attitude Survey.	Human Resources Manager – Resourcing	Annual surveys – normally reported in April	Updates on previous action plan and revised action incorporating latest results. Report into overall Board monitoring report.	✓	✓	✓	✓	✓	✓	✓

<b>MANAGEMENT, MONITORING AND REPORTING</b>				<b>Race</b>	<b>Religion</b>	<b>Age</b>	<b>Disability</b>	<b>Gender</b>	<b>Sexual orientation</b>	<b>Human Rights</b>
<b>Item</b>	<b>Named lead</b>	<b>Frequency</b>	<b>Detail</b>							
Regular scrutiny of comments, compliments, complaints, and information generated via PALS (Patient Advice and Liaison Service) user involvement work, National Patient Survey, and feedback from various public patient involvement fora.	Assistant Director of Governance and Risk	6 monthly March and September	Identify themes and priorities for action. Report to the Board with a monitoring report and recommendations/action plan as required.	✓	✓	✓	✓	✓	✓	✓
Statistical reporting on patient and staff demography.	Assistant Director of Governance and Risk and the Assistant Director of Human Resources	Annually for patient information and six-monthly for staff (March and September)	Reporting on key trends and variances in Board monitoring report.	✓	✓	✓	✓	✓	✓	✓
Regular review of case law to identify issues and implications for the trust.	Head of Legal Services working with the Assistant Director of Human Resources	Quarterly for Equality and Diversity Steering Group	Head of Legal Services (patient care, access, provision of goods and services, research and development)  Assistant Director of Human Resources (employment, training)	✓	✓	✓	✓	✓	✓	✓

<b>MANAGEMENT, MONITORING AND REPORTING</b>				<b>Race</b>	<b>Religion</b>	<b>Age</b>	<b>Disability</b>	<b>Gender</b>	<b>Sexual orientation</b>	<b>Human Rights</b>
<b>Item</b>	<b>Named lead</b>	<b>Frequency</b>	<b>Detail</b>							
Appropriate use of imagery to reflect trust commitment to diversity.	Head of Communications for external communications  Human Resources Manager – Resourcing for job advertising imagery	On-going	Scope all existing published material e.g. annual plan, business cases, publicity material, advertising etc. and check it reflects the trust's diverse workforce and services.	✓	✓	✓	✓	✓	✓	✓
Ensure the trust provides suitable nutrition for patients and staff from different cultures/or religions, ages.	Head of Dietetics working with the General Manager, Facilities	On-going	Re-launch the Essence of Care programme by the Nutritional Steering Group.	✓	✓	✓	✓	✓	✓	✓
Reflect trust commitment to diversity in the way electronic communication systems e.g. internet, intranet, Human Resources Web etc. are set up with priority given to equality and diversity, nature of content etc.	Communications lead – internet  Assistant Director of Governance and Assistant Director of Human Resources for intranet	June 2008	Scope best and current practice. Produce guidance on trust principles to reflect consistent equality, diversity and human rights messages.	✓	✓	✓	✓	✓	✓	✓



<b>MANAGEMENT, MONITORING AND REPORTING</b>				<b>Race</b>	<b>Religion</b>	<b>Age</b>	<b>Disability</b>	<b>Gender</b>	<b>Sexual orientation</b>	<b>Human Rights</b>
<b>Item</b>	<b>Named lead</b>	<b>Frequency</b>	<b>Detail</b>							
Have a comprehensive patient communication and translation/interpretation service	Assistant Director of Audit and Assurance	December 2008  June 2008	Scope current forms and opportunities for patient communication and translating/interpretation. Identify gaps/weak areas of practice and produce a supporting action. Increase the overall capacity of the translation and interpretation services.  Review the Translation and Interpreting policy.	✓	✓	✓	✓	✓	✓	✓
Ensure trust procurement practice reflects best practice guidance at all times on equality and diversity considerations.	Director of Procurement working with the Director of Estates and Facilities	December 2008	Ensure all contractors and service level agreements meet the requirements of the trust's Single Equality Scheme by scoping procurement practice versus legislative needs. Develop an action plan and implement.  Encourage and support local businesses by attending conferences workshops. Work with local business partnerships e.g. Regional Development Agency whilst still adhering to national procurement standards and policies.	✓	✓	✓	✓	✓	✓	

<b>MANAGEMENT, MONITORING AND REPORTING</b>				<b>Race</b>	<b>Religion</b>	<b>Age</b>	<b>Disability</b>	<b>Gender</b>	<b>Sexual orientation</b>	<b>Human Rights</b>
<b>Item</b>	<b>Named lead</b>	<b>Frequency</b>	<b>Detail</b>							
Provide appropriate briefing and training for all staff from induction throughout their tenure of role, on equality and diversity. Ensure that training content and materials are appropriate and reflect commitment to diversity.	Assistant Director of Human Resources - Development	On-going	Details of existing work included within the body of the scheme.	✓	✓	✓	✓	✓	✓	✓
Ensure that the trust has a representative membership at all levels as a Foundation Trust.	Membership Manager	Work phasing into approval of trust as a Foundation Trust	Develop, implement and sustain the trust's Membership Plan 2008. Ensure plans are in place to increase the representative nature and evaluate success. Use membership as necessary as a 'resource' to support operational group work programmes.	✓	✓	✓	✓	✓	✓	✓
Work with external partners and groups on specific themes around equality and diversity, and in major partnerships on equality and diversity.	Chief Nurse and Director of Governance working with the Director of Workforce and Organisational Development	On-going	Continue and encourage operational and strategic working with external group partners. Link with other cross cutting initiatives e.g. UBHT in the Community.	✓	✓	✓	✓	✓	✓	✓

## 12. Appendices

### Appendix A - Human Rights Act 1998

PART 1 THE CONVENTION		DEFENITION
ARTICLE 2	Right To Life	Everyone's right to life shall be protected by law.
ARTICLE 3	Prohibition Of Torture	No one shall be subjected to torture or to inhuman or degrading treatment or punishment.
ARTICLE 4	Prohibition Of Slavery and Forced Labour	No one shall be held in slavery or servitude. No one shall be required to perform forced or compulsory labour.
ARTICLE 5	Right To Liberty And Security	Everyone has the right to liberty and security of person. No one shall be deprived of his liberty save in accordance with a procedure prescribed by law.
ARTICLE 6	Right To A Fair Trial	In the determination of his civil rights and obligations or of any criminal charge against him, everyone is entitled to a fair and public hearing within a reasonable time by an independent and impartial tribunal established by law.
ARTICLE 7	No Punishment Without Law	No one shall be held guilty of any criminal offence on account of any act or omission which did not constitute a criminal offence under national or international law at the time when it was committed.
ARTICLE 8	Right To Respect For Private And Family Life	Everyone has the right for his private and family life, his home and his correspondence.
ARTICLE 9	Freedom Of Thought, Conscience And Religion	Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief and freedom.
ARTICLE 10	Freedom Of Expression	Everyone has the right of freedom of expression.
ARTICLE 11	Freedom Of Assembly And Association	Everyone has the right to freedom of peaceful assembly and to freedom of association with others.
ARTICLE 12	Right To Marry	Men and women of marriageable age shall have the right to marry.
ARTICLE 14	Prohibition Of Discrimination	The enjoyment of the rights and freedoms set forth in this convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.
ARTICLE 16	Restrictions On Political Activity Of Aliens	
ARTICLE 17	Prohibition Of Abuse Of Rights	Nothing in the Convention may be interpreted as implying for any State, group or person any right to engage in any activity or perform any act aimed at the destruction of any of the rights and freedoms set forth herein or at their limitation to a greater extent than is provided for in the Convention.
ARTICLE 18	Limitation On Use Of Restrictions On Rights	The restrictions permitted under this Convention to the said rights and freedoms shall not be applied for any purpose other than those for which they have been prescribed.
PART 2 THE FIRST PROTOCOL		DEFINITION
ARTICLE 1	Protection of Property	Every natural or legal person is entitled to the peaceful enjoyment of his possessions.
ARTICLE 2	Right to Education	No person shall be denied a right to an education.
ARTICLE 3	Right to free Elections	The High Contracting Parties undertake to hold free elections at reasonable intervals by secret ballot, under conditions which will ensure the free expression of the opinion of the people in the choice of the legislature.

## **Appendix B**

### **The Demography of Bristol**

The city of Bristol local authority area (population 405,600 in 2005) has a slightly lower proportion of black and ethnic minority residents than England and Wales as a whole (10.7% compared with 10.9% in 2005). The population of Bristol includes 2.2% of residents of mixed race; 3.9% of Asian or Asian British; 2.8% are Black or Black British; 1.2% of Chinese and 0.4% of other ethnic groups.

Bristol has pockets of deprivation which are amongst the most deprived areas in the country. Deprivation covers a range of issues such as income, health, education, housing and crime. The number of people living in the most deprived 10% of Lower Layer Super Output Areas (a measure of multiple deprivation) is just over 65,000 people which is 16% of all residents living in Bristol (Source: DCLG English Indices of Deprivation 2007) . 4.6% of the Bristol population is unemployed compared with 5.4% in England and Wales (Source: Office National Statistics).

Based on 2001 census statistics 68.2% of the population of Bristol unitary authority area are Christian, with 27.8% either non religious or not stating a religion in the survey. 4.3% of the population were affiliated with other religions. These included Muslims (2.1%), Hindus (0.6%), Sikhs (0.5%) Buddhists (0.4%), Jews (0.2%) and other religions (0.5%).

## Appendix C - Patient Information Demography

### Ethnicity of Inpatients at UBHT based on ethnic Coding – 2007/2008

Ethnic Code	Ethnic Description	Total Episodes	Percentage
A	White - British	87777	88.5%
B	White - Irish	750	0.8%
C	Any Other White Background	2206	2.2%
D	Mixed -White & Black Caribbean	779	0.8%
E	Mixed - White & Black African	379	0.4%
F	Mixed - White & Asian	233	0.2%
G	Any Other Mixed Background	384	0.4%
H	Asian or Asian Brit: Indian	1054	1.1%
J	Asian or Asian Brit: Pakistani	1126	1.1%
K	Asian or Asian Brit: Bangladeshi	191	0.2%
L	Any Other Asian Background	325	0.3%
M	Black or Black Brit: Caribbean	1145	1.2%
N	Black or Black Brit: African	1767	1.8%
P	Any Other Black Background	264	0.3%
R	Chinese	225	0.2%
S	Any Other Ethnic Group	542	0.5%
<b>Grand Total</b>		<b>99147</b>	<b>100.0</b>

### Ethnicity of Outpatients at UBHT based on ethnic Coding – 2007/2008

Ethnic Code	Ethnic Description	Data	
		Total Attendances	Percentage
A1	White - British	254869	89.5%
B1	White - Irish	2262	0.8%
C1	Any Other White Background	5652	2.0%
D1	Mixed -White & Black Caribbean	2278	0.8%
E1	Mixed - White & Black African	871	0.3%
F1	Mixed - White & Asian	732	0.3%
G1	Any Other Mixed Background	1060	0.4%
H1	Asian or Asian Brit: Indian	2585	0.9%
J1	Asian or Asian Brit: Pakistani	2530	0.9%
K1	Asian or Asian Brit: Bangladeshi	565	0.2%
L1	Any Other Asian Background	922	0.3%
M1	Black or Black Brit: Caribbean	3771	1.3%
N1	Black or Black Brit: African	3650	1.3%
P1	Any Other Black Background	698	0.2%
R1	Chinese	775	0.3%
S1	Any Other Ethnic Group	1229	0.4%
Z2	Patient refused	277	0.1%
<b>Grand Total</b>		<b>284726</b>	<b>100.0%</b>

## January - December 2007

### Admissions by Sex and Age Band (Inpatient/Day Case)

Age Band	Total admissions by Age Band	No of Female admissions by Age Band	Female Percentage of Total admissions by Age Band	No of Male admissions by Age Band	Male Percentage of Total admissions by Age Band
0-10	21082	9284	44%	11798	56%
11-20	11034	6347	58%	4687	42%
21-30	15792	12441	79%	3351	21%
31-40	15576	11701	75%	3875	25%
41-50	11399	6377	56%	5022	44%
51-60	13898	7125	51%	6773	49%
61-70	16460	7769	47%	8691	53%
70+	24988	13326	53%	11662	47%
<b>Total</b>	<b>130229</b>	<b>74370</b>	<b>57%</b>	<b>55859</b>	<b>43%</b>

Age Band	No of Female admissions by Age Band	Percentage of Female Admissions by Age Band
0-10	9284	12%
11-20	6347	8%
21-30	12441	17%
31-40	11701	16%
41-50	6377	9%
51-60	7125	10%
61-70	7769	10%
70+	13326	18%
<b>Total</b>	<b>74370</b>	

Age Band	No of Male admissions by Age Band	Percentage of Male Admissions by Age Band
0-10	11798	21%
11-20	4687	8%
21-30	3351	6%
31-40	3875	7%
41-50	5022	9%
51-60	6773	12%
61-70	8691	16%
70+	11662	21%
<b>Total</b>	<b>55859</b>	

<b>Age Band</b>	<b>Total admissions by Age Band</b>	<b>Percentage admissions by Age Band</b>
0-10	21082	16%
11-20	11034	8%
21-30	15792	12%
31-40	15576	12%
41-50	11399	9%
51-60	13898	11%
61-70	16460	13%
70+	24988	19%
<b>Total</b>	<b>130229</b>	

#### Outpatients by Sex and Age Band - January - December 2007

<b>Age Band</b>	<b>Total Outpatients by Age Band</b>	<b>No of Female outpatients by Age Band</b>	<b>Female Percentage of Total outpatients by Age Band</b>	<b>No of Male outpatients by Age Band</b>	<b>Male Percentage of Total outpatients by Age Band</b>	<b>No of patients of unknown gender</b>
0-10	53336	23267	44%	30067	56%	2
11-20	44834	23204	52%	21629	48%	1
21-30	43175	26962	62%	16212	38%	1
31-40	50572	31039	61%	19533	39%	
41-50	52853	29695	56%	23144	44%	14
51-60	59540	31894	54%	27646	46%	
61-70	65419	33608	51%	31810	49%	1
70+	105273	57864	55%	47409	45%	
<b>Total</b>	<b>475002</b>	<b>257533</b>	<b>54%</b>	<b>217450</b>	<b>46%</b>	

Age Band	No of Female outpatients by Age Band	Percentage of Female outpatients by Age Band
0-10	23267	9%
11-20	23204	9%
21-30	26962	11%
31-40	31039	12%
41-50	29695	12%
51-60	31894	12%
61-70	33608	13%
70+	57864	22%
<b>Total</b>	<b>257533</b>	

Age Band	No of Male outpatients by Age Band	Percentage of Male outpatients by Age Band
0-10	30067	14%
11-20	21629	10%
21-30	16212	7%
31-40	19533	9%
41-50	23144	11%
51-60	27646	13%
61-70	31810	15%
70+	47409	22%
<b>Total</b>	<b>217450</b>	

Age Band	Total outpatients by Age Band	Percentage outpatients by Age Band
0-10	53336	11%
11-20	44834	9%
21-30	43175	9%
31-40	50572	11%
41-50	52853	11%
51-60	59540	13%
61-70	65419	14%
70+	105273	22%
<b>Total</b>	<b>475002</b>	



### Patient Information - January - December 2007

#### Admissions by Top 12 Religions Entered on the Patient Administration System

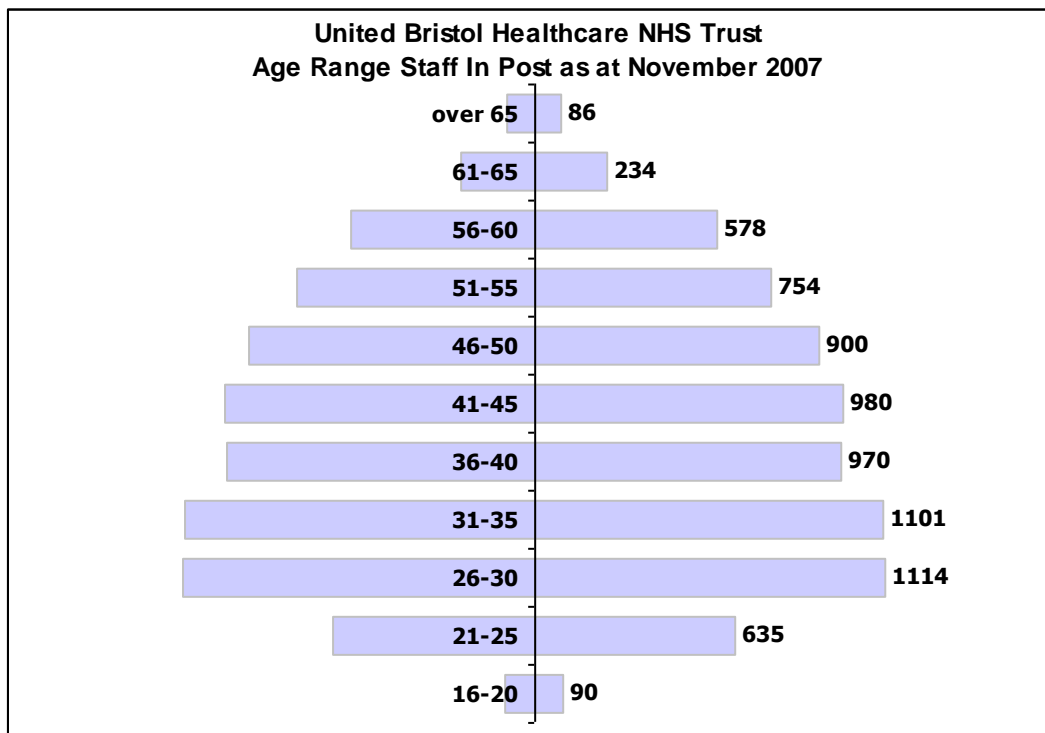
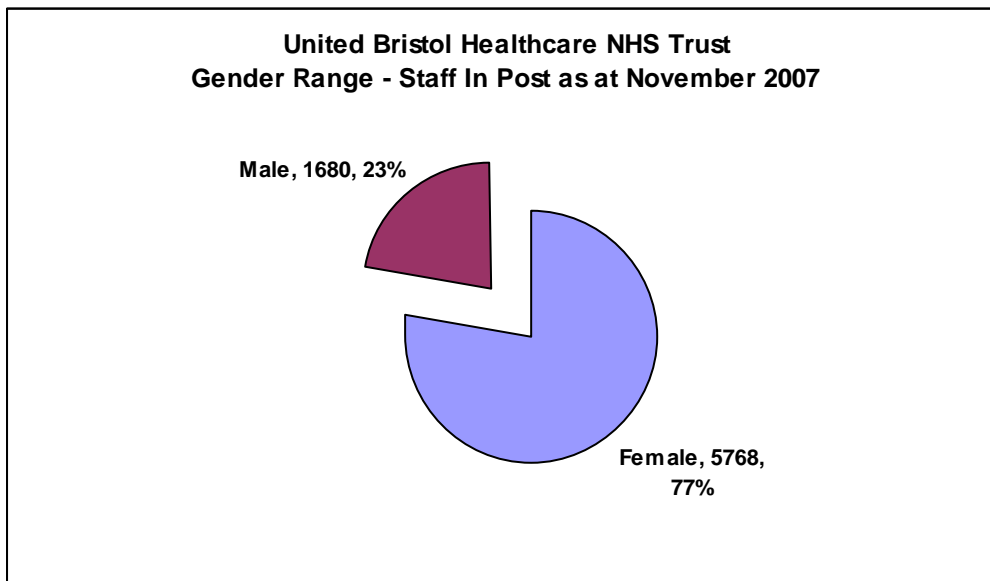
Religion	Total Admissions by Religion	Percentage of Total
Church of England	55913	44%
Not Known	25899	21%
None	21162	17%
Roman Catholic	8106	6%
Christian	5393	4%
Muslim	4244	3%
Methodist	2113	2%
Baptist	1158	1%
Not completed	857	0.5%
Sikh	440	0.3%
Atheist	396	0.3%
Protestant	352	0.3%
<b>Total</b>	<b>126033</b>	

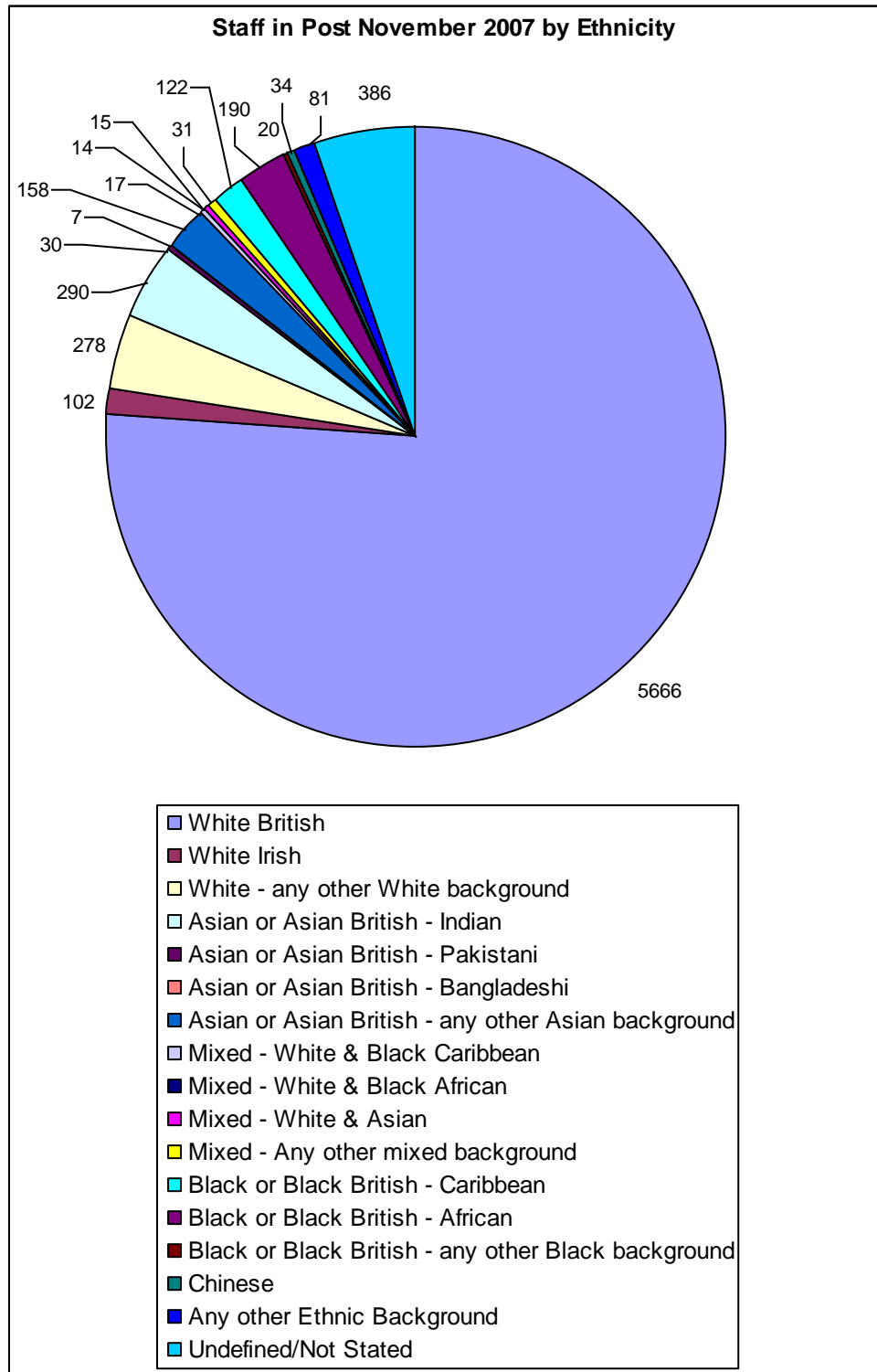
**Outpatients by Top 12 Religions Entered on Patient Administration System**

Religion	Total Outpatients by Religion	Percentage of Total
Church of England	215265	47%
None	73220	16%
Not Known	64075	14%
Roman Catholic	31438	7%
Not Completed	24408	5%
Christian	17888	4%
Muslim	12051	3%
Methodist	9677	2%
Baptist	5164	1%
Atheist	1569	0.3%
Sikh	1560	0.3%
Other	1411	0.3%
<b>Total</b>	<b>457726</b>	

## Appendix C - Workforce Demography

### Staff in Post as at November 2007





**More recent information is contained in the Trust's Diversity Monitoring Data available on the UHBristol Internet site [www.uhbristol.nhs.uk/working-at-the-trust/diversity/our-statutory-duties](http://www.uhbristol.nhs.uk/working-at-the-trust/diversity/our-statutory-duties)**

