



# Single Equalities and Human Rights Scheme

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## INTRODUCTION

The Nuffield Orthopaedic Centre NHS Trust (NOC) is an internationally recognised centre of excellence, providing routine and specialist orthopaedic, rheumatological and neuro-rehabilitation services to the people of Oxfordshire and from across the UK and abroad.

The Single Equality and Human Rights Scheme (SEHRS) is our continuing commitment to Equality, Diversity and Human Rights for our staff patients and the wider community that we serve. It sets out our approach to maintaining equality, diversity and human rights within the structure of the organisation, with key equality aims that will be taken forward corporately.

This SEHRS has benefited from a range of stakeholders, including the Public Patient Involvement Group (PPI) and the Equality and Diversity Steering Group as well as input from the patient and staff surveys. In 2008 the NOC developed its first SEHRS plan. Over the past 3 years the NOC has delivered against its first single Equalities Scheme Action Plan, key outcomes include:

- Equality and Diversity Steering Group established and the development of the NOCs first Single Equalities Action Plan in 2008
- The launch our NOC values, to embed equality and diversity into the organisational culture
- Developed the Equality Impact Assessment Tool that is now used for the approval of all new policies and business development cases
- Increased awareness of Equality and Diversity through the promotion of religious festivals and incorporating Equality and Diversity training into the Corporate Induction
- NOC corporate website has been updated to publish the NOC SEHRS and the annual publication of the our Equalities Report that provides key metrics to measure how well the organisation manages equality and diversity and the progress made in implementing the SEHRS
- Key Metrics developed including:
  - HR metrics against equality strands
  - Oracle Learning management (OLM), the training data base can now generate reports learning and development activity by equality
- Whistleblowing and Bullying and Harassment policies updated
- Continue to maintain the two ticks 'positive about disabled people
- Safeguarding Adults and Children training has been delivered to frontline staff as part of the Trusts Mandatory and Statutory training programme
- Investors in People Standard re-accreditation (This includes demonstrating that staff have equality of access to training and development).
- Launched a leadership development programme that was targeted at developing band 5/6 Black and Minority Ethnic (BME) talent

The SEHRS and its publication will enable us to communicate and manage our equality commitments and actions. It demonstrates that our approach goes beyond statutory compliance, taking forward our commitment to mainstream equality and human rights within our planning processes and ensuring it becomes everyone's responsibility.

We intend the SEHRS document to become the source document by both influencing and contributing to all aspects of our business. The SEHRS is intended to be a 'living document', which is used on a daily basis, supporting policy making, and design and delivery of services within the NOC.

It is a gateway into the many different aspects of promoting equality, valuing diversity and protecting human rights which contribute to our overall vision and purpose.

## **WHAT ARE EQUALITY, DIVERSITY AND HUMAN RIGHTS?**

### **Equality**

Equality is essentially about creating a fair society where everyone can participate and have the opportunity to fulfil their potential. It is backed by legislation to address unfair discrimination (past, present or potential) that is based on membership of a particular group i.e. age, disability, gender, sexual orientation, race, religion or belief. In some circumstances, positive action is encouraged to address discrimination. It is often summarised in terms of:

- Equal access
- Equal treatment
- Equal share
- Equal outcome.

### **Diversity**

Diversity is about recognising and valuing 'difference' in the broadest sense. 'Difference is recognised as age, disability, gender, sexual orientation, religion and belief, race, ethnicity and caring status. Diversity is about creating a working culture and practice that will recognise, respect, value and harness 'difference' for the benefit of the organisation and the individual.

### **Human Rights**

The Human Rights Act (1998) places a 'positive obligation' upon public authorities, including the NHS, to be proactive in dealing with the public in order to ensure that the rights set out in the European Convention on Human Rights are respected. There are 16 basic rights in the Human Rights Act, and they not only affect matters like life and death, such as freedom from torture and killing, they also affect people's rights in everyday life: what they can say and do, their beliefs, their right to a fair trial and many other similar basic rights. Adopting a human rights-based approach (Human Rights in Healthcare – A Framework for Action (2007) Department of Health) will ensure that we put human rights at the heart of healthcare. The approach has five key principles:

- Putting human rights principles and standards at the heart of policy and planning.
- Empowering staff and patients with knowledge, skills and organisational leadership and commitment to achieve a human-rights-based approach.
- Enabling meaningful involvement and participation of all key stakeholders.
- Ensuring clear accountability throughout the organisation.
- Promoting non-discrimination and attention to vulnerable groups.

## ABOUT THE TRUST AND OUR COMMITMENT

The Nuffield Orthopaedic Centre NHS Trust was formed in April 1991. The Trust is a specialist orthopaedic hospital providing services from its site in Headington, Oxford. The Trust enjoys good collaborative working partnerships with Oxfordshire Primary Care Trust (PCT), primary and community services, including community services, acute trusts – Oxford Radcliffe Hospitals, the Strategic Health Authority and other statutory and voluntary agencies in health and social care. This provides a range of opportunities to promote equality, value diversity and respect human rights collectively. The NOC employs approximately 780 Whole Time Equivalent (WTE).

The NOC has aligned its SEHRS plan with the wider NHS South Central SEHRS plan and forms part of the NOCs Workforce and Organisational Development Strategy. This Strategy supports the NOC vision and aims to develop a fully engaged workforce by creating conditions for our people to succeed by:

- Harnessing the ‘NOC Community Spirit’ (Employee Engagement, E&D and Organisational Values)
- Investing in ‘Transformational Leadership’ (Investment in Clinical Leadership, Talent Management and 360 appraisal)
- Developing a system to create ‘Total Reward’ (Pensions Choice, Attendance Management, Health and Wellbeing and Partnership Working)
- Achieving ‘Excellence in Workforce Innovation’ (Learning and Development, Innovation, Safe working practices)

The Nuffield Orthopaedic Centre (NOC) is committed to providing Equal Opportunities and Valuing Diversity by:

- Respecting everyone’s differing aspirations and commitments in life.
- Providing a safe environment for patients, their visitors and our staff where discrimination of any type will not be tolerated.
- Ensuring that vulnerable people including children and adults have equal rights to protection and the Trust will endeavour to prevent any foreseeable harm and act upon any suspicions of harm or neglect in accordance with safeguarding policies.
- Striving to provide an environment in which people want to work. Enabling each member of staff to reach their full potential in a culture characterised by dignity and mutual respect & one in which people enjoy working.
- Respecting privacy, dignity, confidentiality and diversity when delivering the best possible care to all our patients and/or carers
- Expecting visitors to our organisation to embrace and uphold our commitment to the achievement of equality and diversity for everyone.
- Ensuring that to the best of our ability we meet the individual needs and expectations of our patients.
- Promoting family friendly working practices
- Consulting with patients and employees, including those from minority groups about how we can improve equality of opportunity and support diversity to reduce health inequalities and improve the health of our community, patients and staff.
- Publishing the NOC’s Single Equality and Human Rights Scheme and Action Plan to outline how we will improve equality of opportunity and support diversity of our patients, the local community and our staff.

While the Patient and Public Involvement (PPI) Strategy sets out the commitment to involve patients and the public to achieve an improved patient experience and a more patient-centred approach to health services enabling the Trust to provide the best possible care.

## **OUR MISSION, VISION AND VALUES**

### Our Mission

To relieve pain and suffering caused by long-term or disabling bone, joint or neurological conditions.

### Our Vision

To be the leading provider in the country of expertise in Musculoskeletal diseases and neuro-rehabilitation. We aspire to deliver exceptional clinical outcomes, exceptional levels of patient satisfaction, and innovative world-ranking research, teaching and training.

### Our Values

#### Respect & Compassion

- We respond with humanity and kindness, caring for patients as individuals
- We value openness and integrity in all aspects of the care we deliver
- We value cultural diversity and respect everyone's aspirations and commitments in life

#### Quality of Care

- We value the trust that people place in us to provide the highest levels of patient care and safety
- We value high quality and professional healthcare service that makes best use of our resources and skills for the benefit of our patients

#### Innovation and Learning

- We value teaching and training and will invest in the education of our staff
- We value our tradition of excellence through innovation, supporting research into new developments and techniques to benefit clinical practice.
- We will strive for continuous improvement through effective service transformation

#### Engagement and Participation

- We value our patients' views and seek to involve them in decisions that affect them.
- We will meet the diverse needs of our patients, their carers and our other stakeholders by ensuring equitable access to our services.
- We value and engage with our staff, from the daily running of the services to longer term developments.

## **OUR PRIORITIES AND MAIN OBJECTIVES OF THIS PLAN**

The Trust's corporate objectives are shaped by our strategic aims, while the NHS Revised Operating Framework (2010), 'Liberating the NHS', the NHS Constitution and the local NHS South Central Equality network provides guidance for our SEHRS Plan and helps us to shape services around the needs of local communities.

### Clear Leadership, Corporate Commitment and Governance

We will continue to ensure that the organisations SEHRS Plan is updated every 3 years. We believe in leading by example by creating an organisational culture that embraces equality and diversity so that staff, patients and visitors feel safe and valued.

We will continue to embed Equality and Diversity by launching our 360 degree feedback tool for managers and integrating feedback from this into our performance review and talent management programmes. We will continue to integrate Equality and Diversity into our business planning processes to ensure that we meet the needs of our staff and the wider community across Oxfordshire and NHS South Central.

### Equality Impact Assessments

Carrying out Equality Impact Assessments fosters ownership and a real understanding and commitment 'to get it right', most importantly; it will enable us to focus on the user, and with the right involvement. We will use Equality Impact Assessments as part of our business planning processes to ensure that equality, social inclusion and community cohesion issues can be considered when drawing up policies or proposals which affect the delivery of services.

### Partnership Working, Consultation and Involvement

We believe that partnership working helps us to be a more effective organisation that will provide the right conditions for our staff to deliver high quality and high value services to our patients and the wider community. We will continue to engage with our staff and Staffside representatives.

We will continue to engage with NHS South Central, the Patient and Public Involvement Group and wider healthcare providers. We will continue to engage and work with under represented groups, for example working with Oxfordshire's Homophobia Awareness Liaison Team (HALT).

### Accessibility and Communications

We will continue to promote the accessibility and our commitment to Equality and Diversity and Human Rights on our Internet. We will publish

- Our Annual Equalities Report
- Our SEHRS plan
- Feedback received from staff and patients
- Minutes from the Patient and Public Involvement Forum and the Equality and Diversity Steering Group

### Workforce and Training

We will continue to provide Equality and Diversity training for all staff. This will continue to a core part of the induction as well as being integrated into other elements of training, for example appraisal training and leadership development.

We will ensure that our people management policies continue to promote equality and challenge discrimination and help to provide an environment where staff and patients are safe and free from discrimination.

We will ensure that vulnerable children and adults rights to protection are upheld by preventing any foreseeable harm and by acting upon any suspicions of harm or neglect in accordance with safeguarding policies.

Through our recruitment and staff development programmes we will strive to ensure that our workforce reflects that of our patients and wider community.

#### Data Monitoring and Evaluation

We will review the SEHRS Scheme on an ongoing basis, actions will include:

- Publishing the three yearly Equality and Human Rights Scheme and Action Plan
- Publishing an Annual Equality Report that will include
  - o Progress made in implementing the SEHRS Plan
  - o Feedback from patients and service users and how we have addressed their feedback
  - o Monitoring and publishing the minimum data set against the equality strands

We will establish a process to collect data on sexual orientation / religion and belief.

## **THE TRUST GOVERNANCE AND DECISION MAKING STRUCTURE**

### **Trust Board Level**

The Trust Board consists of four Executive Directors and five non-Executive Directors together with the Chairman and Chief Executive.

The Chief Executive and Executive Directors are senior managers appointed by the Board. The Chairman and Non-Executive Directors are appointed by the NHS Appointments Commission on behalf of the Secretary of State.

### **Directorate/Departmental Level**

At the Directorate level, there are two Clinical Directorates – Musculoskeletal and Enablement - each led by a Clinical Director and General Manager.

The Clinical Directorates are supported by the corporate functions which include:

- Finance
- Workforce and Organisational Development Department;
- Safety, Quality and Standards Department
- Patient Advice and Liaison Services (PALS)
- Communications
- Estates
- Chief Executive's Office
- Chaplaincy

### **Accountability Framework**

The Trust has clear lines of corporate accountability and leadership that are essential to ensure equality, diversity and human rights are embedded into our structures and functions. This is overseen by the Trust's Integrated Governance Committee, chaired by the Chief Executive to which the Equality and Diversity Steering Group reports directly.

### **Equality and Diversity Steering Group**

The Equality and Diversity Steering Group is the main forum through which progress on equality, diversity and human rights is monitored. Progress reports will be presented to the Integrated Governance Committee on a six- monthly basis, which in turn will report to the Board.

The Director of Workforce and Organisation Development holds the portfolio as the Executive Lead and is a member of the Equality Steering Group. The membership of the Steering Group includes: The Director of Workforce and Organisational Development, Governance lead, Patient Experience lead, OD Equality and Diversity lead, the PPI Forum representative and Clinical Leads.

## POPULATION

We recognise the need to be clear about who we are serving with the services we provide. This ensures equal access to our services, promote equality of opportunity and create parity between groups/individuals. Some of our users face social exclusion and health inequalities arising from poverty and health status. The socio-economic factors associated with disadvantage and discrimination can cause social exclusion.

### Community Demographics

The local Oxfordshire population, and that of Thames Valley, is relatively affluent and relatively healthy. Oxfordshire's population is estimated at 632,000 and is projected to grow by 2.8% over the next five years. Longer range projections suggest that there will be a very significant increase in the numbers of older people. The population aged 85 and over is forecast to increase by 85% to 25,800 between 2008 and 2029, and the number of people between 65 and 84 is forecast to grow by 48% to 121,800. It is expected that West Oxfordshire and the Vale will see highest growth i.e. much of the growth in numbers of very elderly people will be in rural areas. The proportion of the population from a Black and Minority Ethnic (BME) background in 2006 was on average 7.7%. This conceals a variation from 1.6% in rural South Oxfordshire to 16.6% in Oxford itself.

### Patient Demographics

The high proportion of specialist work that is carried out at the NOC means that a comparatively high percentage (26%) of our patient population do not come from Oxfordshire PCTs and therefore patient demographics will not fully correlate against the local patient population. Non-Oxfordshire patients come firstly from the remainder of the traditional Oxfordshire catchments, and then from the broader south and centre of England in roughly equal measure, with many from all over the UK. During 2009/10 the Trust has 8091 In-Patients, the most prominent patient groups are as follows:

<b>Ethnicity</b>	<b>Admissions (Number)</b>	<b>(%)</b>
British White	7509	92.81%
Other White	231	2.86%
Mixed	37	0.46%
Caribbean Black	29	0.36%
Other Black	57	0.70%
Indian	62	0.77%
Pakistani	39	0.48%
Other Asian	36	0.44%
Chinese	29	0.36%
Other	62	0.77%
<b>Total</b>	<b>8091</b>	<b>100%</b>

The 2009 In Patient Survey confirmed that 98% of patients confirmed that they felt that their privacy and dignity was respected.

## Staff Demographics

Unless otherwise stated the reporting period is over 12 months up to the 31<sup>st</sup> August 2010.

As of August 2010 the average age of an employee at the Trust is 42 years old and is fairly consistent across all staffing groups as outlined below. While 76% of the workforce were female and 24% were male.

Staff Group	Add Prof Scientific and Technical	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	Exec Directors
<b>Average Age 2010</b>	47	43	43	37	40	40	43	48

## Staff Ethnic Profile

The majority of the Trust's workforce (approximately 83%) is derived from a White British background. When considering this against the fact that 90% of the Oxfordshire population is of 'White British' ethnicity (according to 2001 census) this demonstrates the Trust's ethnicity profile is more diverse than the local population served.' Any other White background' continues to be the second largest ethnicity covering dominations such as Polish and European. In terms of black and minority ethnic there has been a slight but significant increase in the number of staff employed from ethnic categories Indian and Black. Overall since the last audit, the ethnicity profile of the organisation has increased steadily in favour of black and ethnic minority employees.

Ethnic Origin	Add Prof Scientific and Technical	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	TOTAL
<b>0 White</b>	0	1	0	0	0	0	0	<b>1</b>
<b>A White - British</b>	38	116	186	131	22	71	144	<b>708</b>
<b>B White - Irish</b>	1	1	2	3	0	2	1	<b>10</b>
<b>C White - Any other White background</b>	0	14	20	7	2	14	23	<b>80</b>
<b>D Mixed - White &amp; Black Caribbean</b>	1	1	3	0	0	0	0	<b>5</b>
<b>F Mixed - White &amp; Asian</b>	1	0	2	0	0	1	0	<b>4</b>
<b>G Mixed - Any other mixed background</b>	0	1	2	0	0	0	1	<b>4</b>
<b>H Asian or Asian British - Indian</b>	0	1	4	1	0	4	10	<b>20</b>
<b>J Asian or Asian British - Pakistani</b>	0	0	2	1	3	4	1	<b>11</b>
<b>L Asian or Asian British - Any other Asian background</b>	0	3	0	3	0	2	19	<b>27</b>
<b>M Black or Black British - Caribbean</b>	0	3	3	1	1	0	7	<b>15</b>
<b>N Black or Black British - African</b>	0	7	0	0	1	4	21	<b>33</b>
<b>P Black or Black British - Any other Black background</b>	0	1	0	0	0	1	1	<b>3</b>
<b>R Chinese</b>	0	3	0	0	0	1	2	<b>6</b>

S Any Other Ethnic Group	0	6	2	2	0	2	10	22
Z Not Stated	0	3	0	1	0	0	1	5
<b>TOTAL</b>	<b>41</b>	<b>161</b>	<b>226</b>	<b>150</b>	<b>29</b>	<b>106</b>	<b>241</b>	<b>954</b>

### Leavers by Ethnicity

Overall during the reporting period 233 staff left the organisation 73% of white origin and 23% from a minority ethnic background and the remained were undisclosed.

### Recruitment / Joiners

Overall 68% of staff were recruited from a white background, 27% from a BME background and remained undisclosed. The NOC staff profile continues to represent a diverse profile.

Recruitment Staff Group	Applications		Starters	
	Number	%	Headcount	% of total starters
WHITE - British	417	44%	83	68%
WHITE - Irish	19	2%	0	0%
WHITE - Any other white background	96	10%	0	0%
ASIAN or ASIAN BRITISH - Indian	136	14%	5	4%
ASIAN or ASIAN BRITISH - Pakistani	34	4%	4	3%
ASIAN or ASIAN BRITISH - Bangladeshi	9	1%	0	0%
ASIAN or ASIAN BRITISH - Any other Asian background	60	6%	0	0%
MIXED - White & Black Caribbean	0	0%	0	0%
MIXED - White & Black African	5	1%	0	0%
MIXED - White & Asian	6	1%	1	1%
MIXED - any other mixed background	8	1%	1	1%
BLACK or BLACK BRITISH - Caribbean	12	1%	1	1%
BLACK or BLACK BRITISH - African	88	9%	8	7%
BLACK or BLACK BRITISH - Any other black background	7	1%	1	1%
OTHER ETHNIC GROUP - Chinese	11	1%	1	1%
OTHER ETHNIC GROUP - Any other ethnic group	19	2%	10	8%
Undisclosed	13	1%	6	5%
<b>TOTAL</b>	<b>940</b>	<b>100%</b>	<b>121</b>	<b>100%</b>

### Employee Relations Activity

Employment relations activity at the NOC is traditionally low. There have been 9 formal cases:

Employee Relations Case Types	Number	Ethnicity
Disciplinary Cases	5	4 BME 1 White Background
Performance Cases	2	2 White Background
Grievance Cases	0	N/a
Bullying and Harassment Cases	2	2 White Background

## Learning and Development

During the past 12 months the trust had 5923 training attends from the in-house CPD development programmes and mandatory and statutory training.

Ethnicity	White (All)	CP White Polish	F Mixed - White & Asian	H Asian or Asian British - Indian	J Asian or Asian British - Pakistani	L Asian or Asian British - Any other Asian background	M Black or Black British - Caribbean	N Black or Black British - African	S Any Other Ethnic Group	SC Filipino	Undefined	Z Not Stated	Total
% Attendance	78%	1%	1%	2%	1%	3%	2%	4%	1%	2%	2%	3%	100%

Overall 83% of the workforce is from a 'white' background, training attends from this group represents 78% of all attends. While 17% of the workforce is from a BME background and represented 17% of training attends. Overall the uptake of learning and development is equally accessed across all ethnic staff groups.

## Employee Disability Analysis

As of August 2010 approximately 1% of the Trust's workforce has indicated that they have a disability.

Disabled	
No	759
Undefined	168
Yes	11

## **LEGISLATION**

We have a legal responsibility to promote equality and eliminate discrimination. We take these responsibilities seriously, not just because we are required to, but because we believe it is the right thing to do. This is reflected in our core values and those of the health and social care system, placing fairness and equality firmly at the centre of all we do.

As a public body, we have specific and general equality duties, including a requirement to publish equality schemes, as set out in:

- The Race Relations (Amendment) Act 2000
- The Disability Discrimination Act 2005
- The Equality Act 2010

These three statutory duties have a common aim – to ensure that the public sector promotes equality and eliminates discrimination in all its activities. We are also covered by wider equality legislation as well as the Human Rights Act (1998). A summary of key equality legislation is provided below:

## **The Equality Act 2010**

The Equality Act brings together nine separate pieces of legislation into one single Act simplifying the law and reducing the burden on business by making it easier for firms to comply with discrimination law.

The provisions in the Equality Act will come into force at different times to allow time for the people and organisations affected by the new laws to prepare for them. The Government is currently considering how the different provisions will be commenced so that the Act is implemented in an effective and proportionate way. In the meantime, the Government Equalities Office continues to work on the basis of the previously announced timetable, which envisaged commencement of the Act's core provisions in October 2010.

## **Race Relations Act (Amendment) 2000**

The NOC has a statutory duty to promote race equality with due regard to the need to:

- Eliminate unlawful discrimination;
- Promote equality of opportunity; and
- Promote good relations between people of different racial groups.

As a public body, we are required to publish a race equality scheme setting out how we will meet these duties, this forms part of our SEHRS plan.

Other specific duties include:

- Assessing and consulting on the likely impact of proposed policies relating to the promotion of race equality. (Equality Impact Assessments (EQIAs))
- Monitoring policies for any adverse impact relating to the promotion of race equality and Publishing the results of any assessments, consultations and monitoring. (Our Annual Equalities Report)
- Ensuring public access to information and services provided. (Via our Internet)
- Training staff on the Race Equality Duty. (E&D Training during induction)

## **Disability Discrimination Act 2005**

In carrying out our functions, we have a statutory duty to have due regard to the need to:

- Promote equality of opportunity between disabled people and other people
- Eliminate discrimination that is unlawful under the Act.
- Eliminate harassment of disabled people that is related to their disability.
- Promote positive attitudes towards disabled people.
- Encourage participation by disabled people in public life.
- Take steps to take account of the disabilities of disabled people, even where that involves treating disabled people more favourably than other people.

As a public body, we are required to publish a Disability Equality Scheme setting out how we will meet these duties, this forms part of our SEHRs plan.

### **The Equality Act (Gender Equality Duty) 2006**

As a public body, we have a duty to promote gender equality. Through our key functions, we are required to actively promote gender equality and to have due regard to the need to:

- Eliminate unlawful discrimination with regard to obligations under the Sex Discrimination Act 1975 and the Equal Pay Act 1970, and to take steps to ensure compliance with these Acts; and promote equality of opportunity between men and women, and take active steps to promote gender equality when carrying out functions and activities.

As a public body, we are required to:

- Publish a gender equality scheme, including equal pay policies, in consultation with employees and stakeholders.
- Monitor progress and publish progress reports every three years.
- Conduct and publish gender impact assessments on policies.

The Equality Act 2006 also makes it clear that all requirements relating to the promotion of equality for men and women include transsexual men and transsexual women.

### **Employment Equality (Age) Regulations 2006**

These regulations make it unlawful to discriminate against workers, employees, job seekers and trainees because of their age. The regulations cover recruitment, terms and conditions, promotions, transfers, terminations and training.

### **Equality in Employment Regulations (Sexual Orientation) 2006**

These regulations make it unlawful to discriminate on the grounds of sexuality, directly or indirectly; or to harass or victimise somebody because they have made a complaint or intend to, or if they give or intend to give evidence to a complaint of discrimination. This applies to all aspects of employment (recruitment, terms and conditions, promotions, transfers, terminations and training) and vocational training.

In relation to services it unlawful for a public body involved in providing goods, facilities or services to discriminate on the grounds of sexual orientation through:

- Refusing to provide a person with goods, facilities or services if they would normally do so to the public, or to a section of the public to which the person belongs; and
- Providing goods, facilities or services of an inferior quality to those that would normally be provided, or in a less favourable manner or on less favourable terms than would normally be the case.

### **Equality in Employment Regulations (Religion or Belief) 2003**

These Regulations make it unlawful to discriminate on the grounds of religion or belief, directly or indirectly; or to harass or victimise somebody because they have made a complaint or intend to, or if they give or intend to give evidence to a complaint of discrimination. This applies to all aspects of employment (recruitment, terms and conditions, promotions, transfers, terminations and training) and vocational training.

In relation to services, Part 2 of the Equality Act 2006 makes it unlawful for a public body involved in providing goods, facilities or services to discriminate on the grounds of religion or belief through:

- Refusing to provide a person with goods, facilities or services if they would normally do so to the public, or to a section of the public to which the person belongs; and
- Providing goods, facilities or services of an inferior quality to those that would normally be provided, or in a less favourable manner or on less favourable terms than would normally be the case.

### **The Sex Discrimination (Gender Reassignment) Regulations 1999**

The Sex Discrimination (Gender Reassignment) Regulations 1999 extended Parts I and II of the Sex Discrimination Act 1975 to prohibit discrimination in employment and the provision of vocational training for transsexual people in all stages of their transition from the gender recorded at birth to the opposite role. The Sex Discrimination (Amendment of Legislation) Regulations 2008 extended Part III of the Sex Discrimination Act 1975 to render discrimination against transsexual people in the provision of goods, facilities, services and housing unlawful.

### **The Human Rights Act 1998**

All national legislation is underpinned by the Human Rights Act (1998) which:

- Makes it unlawful for a public authority to breach the European Convention of Human Rights, 1950, unless an Act of Parliament meant it could not have acted differently
- Means that cases can be dealt with in a UK court or tribunal; and
- Says that all UK legislation must be given a meaning that fits with the Convention rights, if that is possible.

The key articles within the Convention relevant to the delivery of health and social care include:

Article 2: Everyone has the right to life, except in very limited circumstances.

Article 3: No one shall be subject to degrading or dehumanising treatment.

Article 5: Everyone has the right to liberty and security of person.

Article 8: Everyone has the right to respect for their private and family life.

Article 9: Everyone has the right to freedom of thought, conscience and religion, subject only to limitations prescribed by the law and necessary in a democratic society in the interests of public safety, public order, health morals or the freedoms of others.

Article 10: Everyone has the right to freedom of expression, subject to the same requirements as in Article 9, but the exercise of those freedoms carries duties and responsibilities to the rights of others.

Article 11: A person has the right to assemble with other people in a peaceful way. They have the right to associate with other people. These rights may only be restricted in specified circumstances. Article 14: Prohibition on discrimination – the enjoyment of right and freedoms set out in the Convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin.

### **Procurement and Partnerships**

To comply with the duty under the amended Race Relations, Disability and Gender regulations, all public authorities, including NHS Trusts must take race, gender and disability equality into account when procuring goods, works or services from external providers. Relevant race, gender and disability equality considerations must be built into the procurement process to ensure that all of their functions meet the requirements regardless of who is carrying them out.

The NOC follows NHS procurement procedures to ensure services are commissioned in-line with legislation. In addition contracts with service providers, refer to equality and diversity, particularly in employment practices.

## **ACHIEVEMENTS TO DATE**

### Case Study 1 – BME Talent

The BME leadership development programme was developed as a response to reviewing the ethnicity of our staff and appointments made at senior levels against our wider population. This programme was developed to enable the NOC to harness and grow its own BME talent and enabling our BME staff to progress to senior management levels within the NOC and continue to enhance the patient experience.

A focus on developing BME talent at all levels has sent out the right message to staff, which is critical to delivering the vision of high quality care for all. This programme has been accredited by the Institute of Leadership and Management (ILM) at a level 3 in association with Bridge Training

This commitment demonstrates the Trusts forward thinking and commitment to Diversity and Equality and supports the vision that David Nicholson has to see more BME staff in his top 200 managers.

The course resulted in:

- 100% pass rate of assessments achieving ILM level 3 Leadership
- Growing the BME talent pool
- Positive feedback from delegates:
  - o It has increased my self awareness
  - o I will really recommend this course to all other staff.
  - o I feel very proud because at the beginning it felt like, it was impossible to comprehend what you were saying to us

### Case Study 2 - Safeguarding

The NOC has worked closely with the Oxfordshire Safeguarding Boards (Adults and Children). This has led to the development of a suite of internal training programmes with defined competencies being developed. Internal trainers have been trained to deliver the programmes, of which over 75% of frontline staff have attended to support safeguard vulnerable adult and protect children in our care.

Feedback from delegates includes:

- “Vital for the protection of vulnerable adults”
- “It makes you think”
- “An excellent and well presented course”

### Case Study 3 – Building in Equality and Diversity

At the NOC we have taken the approach of integrating Equality and Diversity into all that we do. This has been done in a number of ways.

During 2010 the NOC in consultation with staff and patients developed a set of values that is local to the NOC, but aligned to the wider NHS. Within the values we have made the commitment to:

- Respond with humanity and kindness, caring for patients as individuals
- We value openness and integrity in all aspects of the care we deliver
- We value cultural diversity and respect everyone’s aspirations and commitments in life

These values have been integrated into our leadership development through the successful pilot of the 360 degree review process for managers, which is now being rolled out across the service to embed our values into our daily management practices. While all new starts receive introductory training to Equality and Diversity within the corporate induction.

Achievements against our first single Equalities Scheme Action Plan, developments include:

- 1) *Our Duty to promote Equality and Diversity for all:*
  - a. Equality and Diversity Steering Group established
  - b. Developed E&D staff profile across the Trust
  - c. Launched of our NOC values, to embed equality and diversity into the organisational culture
  - d. PALS Manager attended the 'National Children's Bureau on Involving Children and Young People' development programme.
  
- 2) *To give priority to the promotion of Equality and Human Rights when carrying out policies and functions*
  - a. Developed the Equality Impact Assessment Tool that is now used for the approval of all new policies and business development cases
  - b. Increased awareness of Equality and Diversity through the promotion of religious festivals and incorporating Equality and Diversity training into the Corporate Induction
  
- 3) *Completing Equality Impact Assessments*
  - a. All new policies are subject to EQIAs
  - b. Existing policies updated and EQIAs completed.
  
- 4) *Monitoring projects where adverse impacts have been identified*
  - a. Annual Review of policies / business cases where an adverse impact has been identified – no cases have been identified.
  
- 5) *Communicating the results of Directorate Reviews and Policy Equality Impact Assessments*
  - a. NOC corporate website has been updated to publish the NOC SEHRS and Annual Equality Report
  - b. Annual Publication of the Equalities Report that provides key metrics to measure how well the organisation manages equality and diversity and the progress made in implementing the SEHRS.
  
- 6) *Improving access to buildings, information and services*
  - a. Patient Advice and Liaison Service (PALS) and staff data continues to be monitored
  
- 7) *Improving employment opportunities for all Equality Target Groups*
  - a. Annual Equalities Report now includes key HR metrics that informed any actions that are required
  - b. Whistleblowing and Bullying and Harassment policies updated
  - c. Continued to maintain both the two ticks 'positive about disabled people'
  - d. Job Evaluation Policy has been updated
  
- 8) *Improving learning and development and career progression for all Equality Target Groups*
  - a. Oracle Learning Management (OLM), the training data base can now generate reports on the update of training by Equality Target Groups
  - b. Equality and Diversity Training is now included into the Trusts Corporate Induction
  - c. Safeguarding Adults and Children training has been delivered to frontline staff as part of the Trusts Mandatory and Statutory training programme
  - d. Investors in People Standard re-accreditation (This includes demonstrating that staff have equality of access to training and development).

- e. Launched a leadership development programme that was targeted at developing band 5/6 Black and Minority Ethnic (BME) talent

9) Monitoring and Review

- a. HR data cleanse has allowed key E&D metrics to be produced
- b. L&D using OLM that allows key L&D metrics to be produced
- c. Continuous review through the Equality and Diversity Steering Group
- d. Annual Equalities Report and updated our website, including
  - i. Feedback from Patient and Staff Surveys
  - ii. PALs data
  - iii. HR metrics
  - iv. Review of the SEHRS plan and progress made

**COMMENTS OR COMPLAINTS**

Comments or complaints about the implementation of the SEHRS should be addressed to the Head of Organisational Development, the Trust's lead for Equality and Diversity, in the first instance. Head of Organisational Development, Nuffield Orthopaedic Centre, NHS Trust Corporate Offices, Windmill Road, Headington, Oxford, OX3 7LD.

**SEHRS Action Plan 2010 - 2013**

**Objective 1 Clear Leadership, Corporate Commitment and Governance**

<b>Ref:</b>	<b>Action</b>	<b>Measure of Success</b>	<b>Lead Officer</b>	<b>Timescales</b>	<b>Equality Focus</b>	<b>Human Rights</b>
1.1	To review and replace the Trust's current SEHRS and Equality and Diversity strategy based on current feedback and legislative change	Sign off revised 3-year Single Equality and Human Rights Scheme	Head of OD and Learning	Oct 2010	All Equality Strands	Right not to be discriminated against
1.2	Review SEHRS plan against CQC standards	Ensure that the SEHRS plan meets the regulatory requirements if the CQC	Head of OD and Learning	Annual Review	All Equality Strands	Right not to be discriminated against
1.3	Ensure that Equality and Diversity is integrated into the Trusts business planning processes	E&D is a core part of the organisations business planning processes	Director of Workforce and Organisational Development	2010-2013	All Equality Strands	Right not to be discriminated against
1.4	Ensure that the NOC is represented at a regional E&D level	Ensuring that the NOCs SEHRS supports a consistent approach across south central and maximises on the shared resources available	Head of OD and Learning	2010-2013	All Equality Strands	Right not to be discriminated against
1.5	Executive Directors act as champions for E&D and Human Rights (Living our Values)	E&D and Human rights are lived daily within the organisation	Director of Workforce and Organisational Development	2010-2013	All Equality Strands	Right not to be discriminated against

**Objective 2 Equality Impact Assessments**

<b>Ref:</b>	<b>Action</b>	<b>Measure of Success</b>	<b>Lead Officer</b>	<b>Timescales</b>	<b>Equality Focus</b>	<b>Human Rights</b>
2.1	<p>Ensure that all new policies are EQIAd</p> <p>Provide a plan of what policies still require an EQIA and a plan of when they will be complete</p>	<p>All policies do not discriminate and are fair for all staff</p> <p>All policies have an EQIA</p>	<p>Head of Safety, Quality and Standards</p>	<p>2010-2013</p> <p>2010</p>	All Equality Strands	Right not to be discriminated against
2.2	<p>Where a negative impact has been identified (as part of an EQIA) this should be flagged to the IGC along with actions to mitigate any discrimination</p> <p>All service developments are subject to an EQIA as part of the business planning process</p>	<p>All services do not discriminate and are fair for all potential patients</p> <p>All services to not discriminate and are fair for all potential patients</p>	<p>Individual proposer of policy or business case</p> <p>NOC Business Case Review Group</p>	<p>2010-2013</p> <p>2010-2013</p>	All Equality Strands	Right not to be discriminated against

**Objective 3 Partnership Working, Consultation and Involvement**

<b>Ref:</b>	<b>Action</b>	<b>Measure of Success</b>	<b>Lead Officer</b>	<b>Timescales</b>	<b>Equality Focus</b>	<b>Human Rights</b>
3.1	Carry out review of SEHRS action plan with stakeholders - via PPI Steering Group / Services Users and hard to reach groups	Increased awareness of SEHRS / Service understand the users perspective	Director of Workforce and OD	2010	All Equality Strands	Right not to be discriminated against
3.2	Continue to work with Oxfordshire HALT Ensure involvement with under-represented groups	Increased awareness of SEHRS / Service understand the users perspective	Head of OD and Learning	2010-2013	LGBT	Right not to be discriminated against
3.3	Review PPI Engagement Strategy building upon market research already undertaken – identifying opportunities to engage with under represented groups	Insuring equal access to services	Director of Workforce and OD	2010	All Equality Strands	Right not to be discriminated against
3.4	Ensure where equipment or services are procured through a tendering process that providers will demonstrate their compliance to equality and human rights legislation - in accordance with Department of Health guidelines and with reference to the Mosaic programme.	Effective Partnership working with shared values	Head of Procurement	2010-2013	All Equality Strands	Right not to be discriminated against

## Objective 4 Accessibility and Communications

Ref:	Action	Measure of Success	Lead Officer	Timescales	Equality Focus	Human Rights
4.1	Website and Internet provide up to date information on E&D, Equality Report and the SEHRS plan Ensure that revised website and intranet complies with W3C, Shas Trust, RNIB etc. for easy access	Stakeholders can easily gain information on Equality and Diversity at the NOC	Head of OD and Learning  Head of Communications	2010-2013  2010	All Equality Strands  Disability	Right not to be discriminated against  Right not to be discriminated against
4.2	Act on information from staff/patient surveys and directorate performance KPIs.	Increased satisfaction levels from the equality target group's of people, as identified through results of staff / patients surveys.	PALS Manager/ Head of Organisational Development	2010-2011	All Equality Strands	Right not to be discriminated against
4.3	Evaluate the results of access audit and present findings to each directorate to incorporate into directorate service reviews, action plans and service plans for implementation Review access to services	To continue to comply with the appropriate legislative requirements.	Head of Estates	Annual Review	Disability	Right not to be discriminated against
4.4	Monthly report received from PALS & Complaints dept – reviewed with regard to Equality groups and issues / trends identified & addressed	To ensure that we eliminate harassment and discrimination that is unlawful under the DDA, RRAA and EA	Head of Safety Quality and Standards	2010-2013	All Equality Strands	Right not to be discriminated against

4.5	Review the CQC Paper on the Physical Health needs of people with a mental illness and people with learning disabilities to promote respect, choice, involvement, autonomy and detect adverse outcomes” Due October 2010	To ensure that we eliminate discrimination when working with patients that have mental illness and people with learning disabilities	E&D Lead	2010	Disability	Right not to be discriminated against
4.6	Review national strategy (CQC) on Dementia Due May 2010	To ensure that we eliminate discrimination when working with patients that have dementia	Adult Safeguarding Lead	2010	Disability	Right not to be discriminated against
4.7	Review 'Did not attend' rates for clinics by equality groups	To ensure that we eliminate discrimination when working with patients	PALS Manager	2010	All Equality Strands	Right not to be discriminated against

### Objective 5 Workforce and Training

Ref:	Action	Measure of Success	Lead Officer	Timescales	Equality Focus	Human Rights
5.1	Provide a user perspective case study within the E&D training	Increased understanding and effectiveness of training delivered	Head of OD and Learning	2010	All Equality Strands	Right not to be discriminated against
5.2	Continue to provide E&D training at induction for all new staff  Raise staff awareness on Race Equality Duty and public sector duties, human rights and employment regulations 2011 (CQC)	Staff have an awareness of E&D and treat patients as individuals (user perspective)	Head of OD and Learning	2010-2013	All Equality Strands	Right not to be discriminated against
5.3	Ensure that all frontline staff continue to receive Safeguarding Training (Children and Adults)	Appropriate protection arrangements are made where there is evidence of abuse	Trust Safeguarding Leads	2010-2013	All Equality Strands	Right not to be discriminated against
5.4	Implementation of NOC	Diverse Talent Pool that	Head of OD and	2010	All Equality	Right not to be discriminated against

	Talent Management Strategy (report by equality groups)	represents the wider population	Leaning		Strands	discriminated against
5.5	Put in systems to monitor and evaluate the effectiveness of Deprivation of Liberties (DOLs) and Safeguarding under the mental capacity act (CQC)	Protection of individuals liberty	Safeguarding Adult Board	2010-11	Disability	Right not to be discriminated against
5.6	Recruitment processes encourage applications from across the diversity strands (2013 CQC)	Applications for posts are diverse and represent the wider community	Head of HR	2013	All Equality Strands	Right not to be discriminated against
5.7	Data validation for sexual orientation and religion and belief 2010	Compliant with data requirements and enhanced management information to update SEHRs as required	Head of HR	2010	sexual orientation religion and belief	Right not to be discriminated against
5.8	Promote BME Talent programmes and breaking through	BME Talent Pool	Head of OD and Learning	2010	BME	Right not to be discriminated against
5.9	(English for speakers of other languages), ESOL Training in relation to PALs data	Effective communication with English speaking patients – no complaints received	Head of OD and Learning	2010	All Equality Strands	Right not to be discriminated against
5.10	Develop Equality Targets for under-representation and take appropriate action	The staff profile reflect that of the wider community	E&D Steering Group	2010	All Equality Strands	Right not to be discriminated against
5.11	Ensure all staff have a PDR	All staff have equal access to support and development	Head of OD and Learning	2010-2013	All Equality Strands	Right not to be discriminated against

**Objective 6 Monitoring, Data Reporting**

<b>Ref:</b>	<b>Action</b>	<b>Measure of Success</b>	<b>Lead Officer</b>	<b>Timescales</b>	<b>Equality Focus</b>	<b>Human Rights</b>
6.1	Review CQC provider indicators to measure how well the NOC is meeting the needs of the community (Review April 2011)	Ability to demonstrate that the NOC meets the communities needs in line with CQC standards	E&D Group	April 2011	All Equality Strands	Right not to be discriminated against
6.2	Annual Review of Staff Survey – address any E&D issues identified within the Staff Survey Action Plan	The NOC can demonstrate that it listens and takes action to user and stakeholder feedback	Head of OD and Learning	Annual	All Equality Strands	Right not to be discriminated against
6.3	Patient Survey and Complaints to updated the action plan as required (include into annual equality report)	The NOC can demonstrate that it listens and takes action to user and stakeholder feedback	Head of SQS	2010-2013	All Equality Strands	Right not to be discriminated against
6.3	Produce Annual Equalities Report to include <ul style="list-style-type: none"> <li>- provide review against equality strands</li> <li>- update on SEHRs</li> <li>- Issues identified and action being taken</li> <li>- Achievements to date</li> <li>- Staff Survey / Patient Survey and PALs data</li> </ul>	To ensure compliance with the specific duties and to ensure that the NOC does not discriminate and is fair to all for all potential service users and staff	Head of OD	Annual (July)	All Equality Strands	Right not to be discriminated against
6.4	Data sets for reporting		Head of OD	April 2011	All Equality	Right not to be

	<p>(From April 2011) (CQC)</p> <p>Human rights indicators to measure how well providers are meeting the needs of their communities (CQC)</p>				Strands	discriminated against
6.5	<p>Monthly report received from PALS &amp; Complaints department – reviewed with regard to Equality groups and issues/trends identified and addressed</p>	<p>Monitor complaints by equality target groups</p>	<p>PALS</p>	<p>2010-2013</p>	<p>All Equality Strands</p>	<p>Right not to be discriminated against</p>