

Equality, Diversity and Human Rights Strategy 2009 – 2012

Date at Equality, Diversity and Human Rights Group: September 2009

Date at PEC: October 09

Date at Trust Board: November 2009

Name of Author Rachel Wilson, Head of Professional Standards

Name of Sponsor Penny Brooks Cordon, Director of Standards and Engagement

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1. BACKGROUND

1.1. The NHS was founded sixty years ago on the principles of equity of access and treatment according to need, rather than ability to pay. However, even today, evidence shows that people who belong to minority groups do not have the same access to services or the same level of treatment, care and positive health outcomes as people who belong to majority groups¹. It is essential that NHS providers uphold these initial principles today and that services are commissioned to meet the needs of the whole population and delivered in a manner that treats everyone with dignity and respect.

1.2. NHS Sheffield is committed to reducing inequalities in access, care and treatment, becoming a world class commissioner (WCC) and a premier PCT. In our five year strategy "Achieving Balanced Health 3" (ABH3) we aspire to improve the health of **everyone** in Sheffield by ensuring that services are commissioned and delivered to all sections of the population on an equitable basis ensuring that minority groups are targeted to achieve full engagement with healthcare services. In December 2008, the Department of Health published the Equality Impact Assessment of the WCC assurance framework which explicitly links WCC, and WCC of Primary Medical Care, to the Department of Health (DH) equality and diversity agenda.

1.3. As an organisation, we are required to deliver our legislative responsibilities as a public body, an employer, and a commissioner of services. During 2008/2009, NHS Sheffield has made significant advances in delivering these requirements by increasing capacity and capability. We have embedded equality and diversity into the everyday work of staff and driven up standards in Sheffield. We have a Single Equality Scheme Action Plan that has targets for us as an employer and a commissioner of services in relation to race, gender, disability, sexual orientation, age and religion and belief (the six strands of equality as determined by the Department of Health).

1.4. This strategy sets out the vision and direction of travel for NHS Sheffield for the next three years to achieve excellence in commissioning for Equality, Diversity and Human Rights (EDHR), setting demanding targets for all providers and processes for effective partnership working with key stakeholders and with the population of Sheffield.

2. NATIONAL LEGISLATION, POLICY AND GUIDELINES

2.1. A wealth of legislation has developed over the past forty years which NHS Sheffield has a duty to implement as a public body and as an employer (See Appendix 1). There are also national standards - specific core Standards for Better Health that we have been required to comply with, currently as both a corporate body and provider. As a commissioner, this will change in 2009/10 in that our performance will be assessed against the delivery of WCC competencies and the processes in place to drive up standards of our providers.

3. REGULATION

3.1. Equality, diversity and human rights legislation is regulated by the Equality and Human Rights Commission. The Care Quality Commission regulates and monitors health and social care organisations including NHS Sheffield and, additionally, as stated above, as from April 2009 NHS Sheffield will need to demonstrate the achievement of WCC competencies in relation to EDHR.

¹ See, for instance, the Lakhani report of 2008 on ethnic minority health.

4. PRINCIPLES OF GOOD PRACTICE

4.1. In order to implement EDHR within NHS Sheffield we will adhere to the following principles:

- Have clear and visible leadership at Board level
- Have a vision for excellence for the implementation of WCC and EDHR
- Make equality, diversity and human rights the business of every member of staff at all levels of the organisation
- Have a culture of equality and diversity at the heart of, and running through all levels of NHS Sheffield
- Ensure the creation of policies and procedures to support EDHR processes
- Ensure robust governance arrangements to ensure high standards in EDHR
- Ensure staff are trained in EDHR to increase capacity and capability and improve customer experience
- Work in partnership with other public sector organisations and all provider services and contracted services to improve services for minority groups
- Ensure public and staff are engaged with our equality and diversity ethos

5. STRATEGIC GOAL

5.1. NHS Sheffield aims to become a national leader for EDHR achieving the highest standards, leading on innovative approaches to EDHR. We intend not only to implement national standards and legislation but to be a beacon site and employer of choice. We want to ensure that the population of Sheffield have equal access to high quality services and that staff employed in NHS organisations reflect the diversity of the population they serve, feel valued and respected and are supported to reach their full potential. We will achieve this through embedding EDHR into our aspirations to achieving level 4 competencies in WCC.

Specifically our aims are to:

Involve the public, patients, service users and carers in all aspects of NHS Sheffield's work, ensuring that the voices of under-represented people are heard.

(see section 8.1)

Increase public understanding about NHS Sheffield's commitment to equality and diversity issues to gain their cooperation with data collection.

(see section 8.2)

Work in partnership with other statutory services to achieve our aim to make Sheffield the healthiest city in England by focussing on the health needs of minority groups.

(see section 8.3)

Improve performance as a World Class Commissioner through performing Equality Impact Assessments on all policies, service specifications, strategies and projects and incorporating those findings into contracts with all providers.

(see section 8.4)

Aim to increase supplier diversity and will support the specific skills development requirements of providers, including BME providers, through our Healthcare Procurement skills development programme.

(see section 8.5)

Ensure all commissioned and contracted services improve service delivery to minority populations by putting EDHR targets into contracts and performance managing these targets vigorously.

(see section 8.6)

Make NHS Sheffield an employer of choice, with a diverse workforce that represents the community that we serve.

(see section 9)

6. SCOPE OF THE STRATEGY

This strategy applies to NHS Sheffield as a commissioner and a public body. Whilst it is acknowledged that each provider will develop its own strategy, this strategy outlines principles of good practice expected by both NHS Sheffield and its providers.

7. DUTIES

7.1 ROLES AND RESPONSIBILITIES

7.1.1. Chief Executive

The Chief Executive is the accountable officer for EDHR.

7.1.2. Executive Director of Standards and Engagement

The Director has delegated responsibility for ERHR and the delivery of this strategy including compliance with legislation and standards and governance arrangements. The Director chairs the Corporate Equality and Human Rights Group.

7.1.3. Deputy Director of Standards

This role has delegated responsibilities from the Executive Director and is responsible for management of the service and resources.

7.1.4. Head of Professional Standards

This role is responsible for the effective commissioning for EDHR.

7.1.5. Managers and all Staff

All managers and staff have a duty to comply with and implement legislation and ensure that NHS Sheffield delivers its responsibilities. This includes ensuring that all patients and members of the public are treated with dignity and respect.

7.1.6. Patients and the Public

We encourage patients to treat staff with dignity and respect and provide feedback if they have any concerns.

7.2. GOVERNANCE AND ACCOUNTABILITY

7.2.1. Trust Board

Board members are directly accountable for the compliance with EDHR legislation within the organisation and all commissioned and contracted services. Trust Board receives an annual report on compliance with guidance and standards.

7.2.2. Professional Executive Committee

The PEC provides clinical advice regarding EDHR and facilitates the implementation of legislation in independent contractors.

7.2.3. Governance Group

The Corporate Equality and Human Rights Group reports to the Governance Committee in respect of NHS Sheffield as a corporate body, and to the Assurance Committee in respect of NHS Sheffield as a commissioner. Performance by providers is also monitored via the contract monitoring process.

7.2.4. Corporate Equality and Human Rights Group

The EDHR Strategy and the SES is overseen by this group. See Appendix 2 for Terms of reference.

8. FUTURE DIRECTION FOR NHS SHEFFIELD

8.1. PATIENT AND PUBLIC INVOLVEMENT

Aim: To involve the public, patients, service users and carers in all aspects of NHS Sheffield's work, ensuring that the voices of under-represented people are heard.

World Class Commissioning competency 3 tasks the Trust to engage with the local community: “pro-actively challenges and, through active dialogue, raises local health aspirations to address local health inequalities and promote social inclusion”. The Trust has identified this competency as being an area for development in order to achieve level four compliance.

NHS Sheffield actively engages with the public on all aspects of strategy and service development and delivery. We ensure that all NHS primary, secondary and tertiary providers fulfil this duty and we monitor this via the contracting process.

To achieve this aim the Communications and Engagement teams will, in line with their own strategy, involve the public, patients and service users in all aspects of NHS Sheffield's work. The outcome is that we have demonstrable evidence of the involvement of the public, patient's service users and carers.

8.2. PUBLIC AWARENESS

Aim: To increase public understanding about NHS Sheffield's commitment to equality and diversity issues.

In order that the public can support NHS Sheffield it is vital that clear information is provided to increase their understanding of the requirements of legislation – for example why specific data is requested from them relating to equality or the rationale for allocating resources.

A statement regarding NHS Sheffield's equality values has already been provided in an information leaflet delivered to every household in Sheffield in 2008, making a clear commitment to the public that NHS Sheffield is dedicated to eliminating discrimination in the commissioning of services. In addition, the front page of the intranet site links to web pages dedicated to EDHR, providing the public with information regarding policy, plans and activity.

From April 2010 we will lead and collaborate with other statutory authorities in a publicity campaign to increase public awareness of the need and purpose of data collection on all six equality strands (age, gender, sexual orientation, race, religion or belief, and disability).

The outcome of this work will contribute to achievement of WCC level 4.

8.3. PARTNERSHIP WORKING

Aim: To work in partnership with other Sheffield statutory services to reduce health inequalities through focussing on minority groups; contributing to making Sheffield the healthiest city in England

Two major partnerships have been set in motion by NHS Sheffield to improve collaborative working around equality and diversity linked to the 'Sheffield Way' initiative.

The first partnership is a Sheffield wide Equality and Diversity Group, with representatives from all statutory organisations in Sheffield. The objectives are to share information and to work together, where possible, to address issues of inequality that affect all services. The group will meet three times per year.

The second partnership will be formed from the NHS organisations in the city with the aim of working together to improve the health of disadvantaged groups through joint community consultation which will inform Single Equality Schemes. This group will be led by the Professional Standards Team from NHS Sheffield.

This demonstrates our local leadership of the NHS (WCC competency one) in equality and diversity issues, along with competencies two and three.

8.4. IMPROVE OUR PERFORMANCE AS A WORLD CLASS COMMISSIONER

Aim: Improve performance as a World Class Commissioner through performing Equality Impact Assessments on all policies, service specifications, strategies and projects and incorporating those findings into contracts with all providers

NHS Sheffield aims to be a World Class Commissioner. The success of this, in part, relies on us commissioning services that meet the needs of minority populations. This requires Equality Impact Assessments to be undertaken on all work. We intend to ensure that these continue to be undertaken at all stages of the commissioning cycle.

Equality Impact Assessment (EIA) is a tool for systematically considering the actual or potential impact of any policy/strategy/service/practice on certain communities in order to mitigate or eliminate any negative impact and maximise positive impacts or opportunities for promoting equality. An action plan is developed in the light of the EIA.

The EIA Action Plan informs the contracting process by giving the provider specific EDHR targets for the service. These targets will be closely monitored by the Account Manager to ensure that they are met. In addition, the service provider's adherence to legislation and national standards will be performance managed.

8.4.1 NEEDS ASSESSMENT

We perform EIAs on all policies, service specifications, strategies and projects. Equality Impact Assessments are integral to good commissioning; forming part of the initial health needs assessment and service specification carried out by the Directorates of Public Health and Strategy.

EIAs are also part of the Practice Based Commissioning Framework. As an example an EIA has been undertaken as part of the business case for the Diabetes Enhanced Care Service. In 2009 we will continue to embed EIAs into the commissioning cycle.

8.4.2 STRATEGY

We incorporate findings from EIAs into contracts with all providers. EIAs now inform the PCT strategy and are an integral part of Achieving Balanced Health.

All service specifications, practice based commissioning business cases and service level agreements have EIAs undertaken with action plans developed to address any identified needs.

8.5. PROCUREMENT

Aim: We will aim to increase supplier diversity and will support the specific skills development requirements of providers, including BME providers, through our Healthcare Procurement skills development programme.

NHS Sheffield contracts with a variety of providers to deliver services to its population and aims to increase the diversity of service provision.

Equality issues are considered and evaluated as part of the procurement process to determine the most appropriate provider for the service to be delivered.

A range of workshops are available for providers to attend to help them develop the skills required to participate in procurement processes and to increase their chance of success. The outcome of this work will contribute to achievement of level 4 of competency 7, WCC.

8.6 COMMISSIONED SERVICES

Aim: To ensure that all commissioned and contracted services improve service delivery to minority populations by putting EDHR targets into contracts and performance managing these targets vigorously.

Equality and Diversity standards and compliance with legislation are included in all provider contracts and monitored via the contractual process. We will continue to work with representatives of our key providers to identify issues relating to patients from different ethnic groups.

Equality and diversity are currently core standards within Standards for Better Health and are monitored as part of the Governance and contracting process. NHS Sheffield as commissioner and provider reported full compliance in April 2009.

Currently, the IT capability of some providers is not yet suitable for the collection and analysis of the six strands of equality information that is required, or the coding that is available is unsuitable. This is a national issue and we will be seeking assurance that data collection is undertaken, data analysed and where indicated agreed action plans are developed.

Additionally, from providers, we will require assurance that inequalities are being reduced. These are:

- Sheffield PCT Directly Provided Services; a performance target will be that we will expect increased numbers of EIAs to be performed on directly provided services and for the EIA action plans to improve the access, care and outcome of minority patients. This performance target will be monitored via the contracting process.
- Sheffield Teaching Hospital NHS Foundation Trust; we will require assurance that no differences exist for e.g. in the length of stay for patients undergoing the same operation, between patients from different ethnic groups.
- Sheffield Children's Hospital NHS Foundation Trust; we will require assurance that no different patterns of diagnoses exist, for example amongst different ethnic groups.
- Sheffield Health and Social Care NHS Foundation Trust; we will require assurance that BME patients are not deterred from seeking early treatment for their illness through the belief that treatment for patients from BME communities differs from that for patients from non-BME communities.

8.7 GENERAL PRACTICE

GPs routinely collect data re gender and age. Practices can acquire a Quality Outcome Framework (QOF) points if they collect ethnicity data on all new patients and there is a Direct Enhanced Service (DES) incentivises practices to record ethnicity and language for all patients.

We will support those practices who have committed to the DES and with those practices which have a high proportion of non-English speaking patients to improve access to, and appropriate use of, primary care.

8.8 DENTISTRY, COMMUNITY PHARMACY AND OPTOMETRY

There are variations in both the need to, and the actual collection of data by independent dentists, pharmacists and optometrists. NHS Sheffield will, through its governance leads, work with both individual practitioners and Local Professional Committees to increase awareness of this requirement.

9. NHS SHEFFIELD AS AN EMPLOYER

Aim: To make NHS Sheffield an employer of choice with a diverse workforce that represents the community that we serve.

9.1 HUMAN RESOURCES

NHS Sheffield has a variety of legal obligations that it must meet as an employer. Additionally, we seek to employ the best people for every job to improve our business performance and to become an employer of choice. As a major employer in the Sheffield area, we would want to reflect the diverse population which we serve.

NHS Sheffield seeks to be an exemplar employer and is currently a Two Ticks employer, in addition to having achieved Improving Working Lives Practice Plus status. Having Two Ticks status means that recognition is given to employers based in Great Britain who have agreed to take action to meet five commitments regarding the employment, retention, training and career development of disabled employees. NHS Sheffield is also a Stonewall Champion.

Human Resources work in close partnership with representatives from Trade Unions and professional associations who form the Staff Side of the Joint Staff Consultative Committee (JSCC).

9.2 GENDER

The NHS has as an employer traditionally seen its workforce made up of a majority of female staff. The largest section of the 1.3 million workforce is Nursing. Within NHS Sheffield current employment data (September 2009) shows that men constitute 23.4% of NHS Sheffield's workforce with 76.6% of women.

We will examine data, do further research and discuss with Staff Side about the possible reasons for the current situation and agree an action plan and targets.

9.3 RACE

The total percentage of staff employed by the PCT who are not White British is 9.64% within NHS Sheffield. This does not, therefore, reflect the mix of the Sheffield population, which is approximately 14% non White British.

Those BME staff who are employed are disproportionately over represented in bands 2, 3 and 4 and start to fall after band 7. NHS Sheffield employs 9.07% of staff in bands above

Band 7 whereas Provider Services, which includes medical staff, has a percentage of 13.14% of its workforce made up of BME staff above Band 7.

The PCT is committed to developing support groups from any minority and currently we work with the Sheffield Black Workers' Support Group to examine the content of exit interviews and will do further research to ensure that we recruit and retain BME staff at appropriate levels in the organisation.

9.4 DISABILITY

The PCT is a 'Two Ticks' employer, which means that it guarantees an interview to all disabled applicants who meet the minimum person specification for the job.

We will work with staff groups and organisations such as Remploy and others who support both employers and employees to overcome the barriers that exist so as for people with disabilities and complex barriers to work, to gain employment.

We will also ensure that our policies, procedures and management training support the recruitment and retention of disabled staff.

9.5 SEXUAL ORIENTATION

Historical recorded information from the HR ESR data base indicates that appointments have been proportionate to applications from gay, lesbian, bisexual and heterosexual applicants.

The PCT has established a support group for staff from the LGB community and has also registered and been accepted as a Stonewall Diversity Champion.

9.6 RELIGION

Having considered applicant information we will examine policy, procedure and management training to ensure that applicants and staff from all religion and beliefs are supported in recruitment and retention.

9.7 AGE

The PCT recognises the importance of all age groups within its workforce and has acted appropriately when the Age Discrimination legislation was launched in 2006. This led to the Head of Human Resources becoming a member of the National NHS Employer Age Diversity Sub Group.

To coincide with the launch of the legislation, the PCT decided in October 2006 to abolish the default retirement age. Staff are therefore able to work to any age and choose an appropriate time, based on personal circumstances, as to when they wish to retire and give the appropriate period of notice.

9.8 PART TIME WORKERS

18% of staff employed by NHS Sheffield are employed on part time contracts (part time is defined as less than 30 hours per week).

We will review the advertising of higher banded jobs and challenge appointing managers to evidence why posts should not be advertised as job share.

9.9 EDUCATION AND TRAINING

Equality and diversity is Core Dimension 6 of the Knowledge Skills Framework. This means that every member of staff must be working at least at level 1, which is to “Act in ways that support equality and value diversity”

Equality and diversity are part of induction training for all staff and also part of essential training which staff must attend bi-annually. The Trust has a general duty under equality legislation to “promote equality of opportunity”. This means that applications for and attendance at training is monitored by all six strands and this information is published annually.

We will agree appropriate evidence for all four levels of core dimension six and ensure that training and other methods of acquiring the appropriate competence are available to staff.

10. ACTION PLANNING, DELIVERING AND MONITORING THE STRATEGY

The Trust’s Single Equality Scheme (SES) was a development of the Gender, Disability and Race Equality Schemes and expanded into the other three equality strands of sexual orientation, religion or belief and age. It was published in December 2007 and is updated on a bi- monthly basis.

The Single Equality Scheme Action Plan is the working document, monitored by the CEHR group, which demonstrates improvement to practice which have a positive impact on inequalities and diversity.

As Equality Impact Assessments are completed, their action plans are appended to the table. The table can be sorted by strand, directorate, lead, time-scale etc. and is colour coded using a traffic light system, which shows graphically how well targets are being achieved. The SES is reported on, by exception, to the CEHR group every two months.

The action plan attached to this strategy (Appendix 6) will be included within the Single Equality Scheme Action Plan and monitored as above.

Appendix 1

Equality, Diversity and Human Rights Legislation

The Equal Pay Act (as amended) 1970

The Sex Discrimination Act (as amended) 1975

The Race Relations Act 1976 (as amended by the Race Relations (Amendment) Act 2000)

The Human Rights Act 1998

Gender Reassignment Regulations (1999)

Part-time Working Regulations (2000)

Employment Equality (Sexual Orientation) Regulations 2003

Employment Equality (Religion or Belief) Regulations 2003

The Civil Partnership Act 2004

The Gender Recognition Act 2004

Disability Discrimination Act 2005

The Equality Act 2006

Employment Equality (Age) Regulations 2006

The Sex Discrimination (Amendment of Legislation) Regulations 2008

Appendix 2

TERMS OF REFERENCE

NAME OF GROUP	Corporate Equality and Human Rights Group
TYPE OF GROUP	Management Group
1	<p>Purpose of the Group</p> <p>The Corporate Equality and Human Rights (CEHR) Group will oversee and ensure the effective and efficient delivery of all statutory and mandatory Equality and Human Rights duties required within NHS Sheffield.</p>
2	<p>Objectives of the Group</p> <ul style="list-style-type: none"> • Ensure that NHS Sheffield complies with key legislative requirements of public authorities and delivery of relevant Equality and Human Rights Standards • Ensure the Equality, Diversity and Human Rights Strategy and action plan is implemented. • Ensure that there is capacity and capability to deliver the Equality and Human Rights Agenda within the organisation • Ensure that Governance arrangements are in place in respect of reporting and accountability within Directorates. • Engage each Directorate, via their representative on this group and receive reports, to ensure the delivery of the strategy • Influence organisational change and support good practice within NHS Sheffield, and identify risks to delivery. • Performance management of the Single Equality Scheme Action Plan. • Influence training programmes for staff • Drive up standards in commissioned services by agreeing standards / targets for service level agreements and contracts, and monitor performance of providers. • Ensure the Board receives statutory annual up-dates of the Equality Schemes. • Report to the Governance Group bi-monthly.
3	<p>Membership</p> <ul style="list-style-type: none"> • Executive Chair - Director of Standards and Engagement • Deputy Chair - Head of Professional Standards • Convenor – Equality and Diversity Lead – commissioning • Nominated representative from each Directorate as follows: <ul style="list-style-type: none"> • Finance Directorate – Healthcare Procurement Manager • Performance Directorate – Head of IT • Strategy Directorate – Deputy Director of Strategy • Public Health – Deputy Director of Public Health • Corporate Services – Facilities Officer • Associate Directors of Provider Services • Equality and Diversity Lead – Provider services

	<p>In addition staff who have work responsibilities linked to the equalities agenda</p> <ul style="list-style-type: none"> • Disabilities Strategy and Specification Manager • Head of Patient Experience and Engagement • Head of Human Resources • Older People's Strategy and Specification Manager • Pacesetters Lead <ul style="list-style-type: none"> • Representatives from appropriate staff groups <ul style="list-style-type: none"> • Black Workers' Support Group • LGB Staff Support Group • Other groups as they develop <p>All nominated representatives must send a deputy if they are unable to attend</p>	
4	Quorum	
	One third i.e. 5 members to include Chair or nominated deputy.	
5	Frequency of Meetings	
	Bi-monthly	
6	Accountability	
	The CEHR Group is accountable to the Governance Group and therefore the Board.	
7	Inception of group and review responsibilities	
	Date of group inception	June 2007
	Date of last review in terms of membership	March 2009
	Name of Chair/Lead who is responsible for reviewing terms	Penny Brooks Cordon
	Date of next review	March 2010

Appendix 3

Human Rights Act

The Human Rights Act incorporates provisions from the European Convention on Human Rights into UK law. It came into effect on 2nd October 2000. This means that all legislation must be interpreted in line with the Convention rights ie people's human rights supersede all other law.

This has led directly to some legislation designed, in particular, to protect the rights of the most vulnerable groups in our society.

Article 2: Right to life. This is an absolute right. Issues such as DNR orders would be covered by this article. Emergency planning (to ensure that people were safe in emergencies such as the floods of 2007) and child and adult protection would be covered by this right.

Article 3: Prohibition on torture – *“No one shall be subjected to torture or to inhuman or degrading treatment or punishment.”*

This is an absolute right. Adult and child protection are part of this right, as are the rights of immigrants and asylum seekers and those held under the mental health act. Inhuman or degrading treatment does not have to be inflicted deliberately.

Article 4: Prohibition on slavery and forced labour. This is an absolute right. Employment legislation for NHS staff would be covered by this right.

Article 5: Right to liberty and security. This is a limited right. This means that you can be deprived of your liberty under certain circumstances – for instance if you are a risk to self or others. The Deprivation of Liberty legislation and the Mental Capacity Act legislation are part of this right.

Article 6: Right to a fair trial. This is an absolute right and is part of the Human Resources department's policies on disciplinary, competency, harassment and bullying proceedings.

Article 7: Right to liberty and security – *“no punishment without the law.”* This is an absolute right. This would cover employment rights in cases of dismissal.

Article 8: Right to respect for private and family life. This is a qualified right. This covers such things as the refusal of medical treatment, restraint, sexual behaviour, gender reassignment and recognition of new gender identity, and data protection. Mixed gender wards might breach someone's right to privacy.

Article 9: Freedom of thought, conscience and religion. This is a qualified right. Although the holding of beliefs is an absolute right, the practising/teaching/observation of beliefs is a qualified right.

Article 10: Right to freedom of expression. This is a qualified right.

Article 11: Freedom of assembly and association. This is a qualified right. Trades unions would be covered by this article.

Article 12: Right to marry and found a family. This is an absolute right but must be within the laws of the country. Currently, access to medical interventions to conceive is not covered by this right.

Article 14: Prohibition on discrimination. This means that you cannot be discriminated against in your enjoyment of the other rights because of your race, age, gender etc. For example, if a patient could not access medical services because there was no interpreter present then that would be a breach of their rights.

Mental Capacity Act

As a commissioner, our duty is to ensure that the organisations we commission understand their duties under the act and apply them and have appropriate policies and guidelines in place to practice safely. NHS Sheffield is a member of a city wide group which jointly oversees the implementation of the Act in jointly commissioned social care services.

Deprivation of Liberty

Our obligations are similar regarding deprivation of liberty regulations.

Dignity and respect

The commissioning arm of Sheffield PCT (NHS Sheffield) has supported the provider arm in setting up a dignity and respect steering group, which works to ensure that staff treat patients in a way that maintains their dignity and respect. A survey was recently carried out to ascertain patient's feelings about the way that staff had treated them. Equality data was collected as part of this audit.

Appendix 4

General population data for Sheffield

The 2001 census has the population of Sheffield as 513234 (revised by Sheffield City Council to 522400 in 2005) and breaks this down into the following information:

Gender: Men 49% Women 51%

Race: White 91%
Pakistani 3%
Black Caribbean 1%
Combined "other" 5%

Religion: Christian 68%
None 18%
Not stated 8%
Muslim 5%
Hindu 0.3%
Buddhist 0.2%
Other 0.2%
Jewish 0.1%
Sikh 0.1%

Sexual orientation: This information is not collected by the census but a figure of 5% of the population is one generally used by government. Stonewall puts this figure at 10% for Sheffield as cities historically attract more gay people and Sheffield is also seen as a gay friendly city.

Disability: 21% of the population reported that they were living with a 'long-term illness'

Age:

0 – 9	12%
10 – 19	12%
20 – 29	15%
30 – 39	15%
40 – 49	12%
50 – 59	12%
60 – 69	9%
70 – 79	7%
80 – 89	4%
90 and over	1%

Appendix 5

Action Plan for 2009/2010

Aim	Action	Operational Lead	Lead Director	Timescale
8.1 Involve the public, patients, service users and carers in all aspects of NHS Sheffield's work, ensuring that the voices of under-represented people are heard	In conjunction with other NHS organisation in Sheffield, consult with under-represented groups through Enhanced Public Health Programmes and other mechanisms	Jeanette Miller	Penny Brooks Cordon	November 2010
	Monitor all those who contribute by using NHS Sheffield equality data collection tool and make extra effort to gauge the opinions of under represented groups	Jeanette Miller	Penny Brooks Cordon	November 2010
8.2 Increase public understanding about NHS Sheffield's commitment to equality and diversity issues to gain their cooperation with data collection	Sheffield E&D Leads group to jointly co-ordinate a public awareness – raising campaign to inform the public about why equality data is collected by all organisations, how it is stored, their right to refuse to give the information, what uses it will be put to, etc	Rachel Wilson	Penny Brooks Cordon	November 2010
	Produce information leaflet (or similar) and distribute to Slovak Roma population	Helen Stevens	Penny Brooks Cordon	December 2009
	Complete an EIA on the new NHS Sheffield website and ensure that it is accessible to all	Amy Benson	Penny Brooks Cordon	March 2010
8.3 Work in partnership with other statutory services to achieve our aim to make Sheffield the healthiest of the core cities in England by focussing on the health needs of minority groups	Attendance and setting the agenda at the Sheffield E&D Leads meetings	Rachel Wilson	Penny Brooks Cordon	July 2010
8.4 Improve performance as a World Class Commissioner	All policies service specifications, strategies and projects to have EIAs done on them and incorporating those findings into contracts with all providers	All staff	Simon Kirk Jeremy Wight	Ongoing process

8.7 Aim to increase supplier diversity	Make the procurement processes more accessible and less onerous for bidders	Caroline Mabbott	Julia Newton	March 2010
	Reduce barriers to entry where risk levels allow	Caroline Mabbott	Julia Newton	March 2010
	Work pro-actively with providers to improve their bidding skills and their understanding of our processes	Caroline Mabbott	Julia Newton	March 2010
8.8 Ensure providers adapt systems in order to be in a position to provide NHS Sheffield with the information it requires on diversity	Map current IT capability in all provider services and compare against E&D requirements, highlighting gaps	Michael Overton	Ian Atkinson	July 2010
8.9 Ensure all commissioned and contracted services improve service delivery to minority populations by putting EDHR targets into contracts and performance managing these targets vigorously	Each service will have produced at least two EIAs, which will have been published on their websites	Account managers	Ian Atkinson	March 2010
	Re-audit all services and compare results against previous audit	Debra Canning	Penny Brooks Cordon	April 2010
	Make E&D a standard agenda item in performance monitoring meetings with all providers	Account managers	Ian Atkinson	February 2010
	Contracts managers to set a target for all services to report on ethnicity data of service users and work towards collecting data on all six strands	Account managers	Ian Atkinson	February 2010
	Work with STH to identify the reasons for the apparent discrepancy in length of stay of patients from different ethnic groups	Sarah Smyth	Penny Brooks Cordon	February 2010
	Work with SCH to identify the reasons for the apparent discrepancy in admissions for different diseases by children from different ethnic groups	Sarah Smyth	Penny Brooks Cordon	February 2010

	Discuss data collection with Stop Smoking and Chlamydia screening leads for pharmacy services	Rachel Wilson	Penny Brooks Cordon	February 2010
	Work with LOC to improve practitioners understanding of equality and diversity issues	Rachel Wilson	Penny Brooks Cordon	February 2010
9 Make NHS Sheffield an employer of choice, with a diverse workforce that represents the community that we serve.	An action plan based on the issues raised in this report will be developed by HR and will become part of the Single Equality Scheme Action Plan, monitored by the CEHR group	Chris Joy	Chris Stocks	March 2010
	Agree what might constitute evidence for the four levels of KSF core dimension 6 and publish information for managers	Alison Hales	Chris Stocks	March 2010