City Hospitals Sunderland NHS
NHS Foundation Trust

Equality Strategy 2012 – 2016

ACKNOWLEDGEMENT

City Hospitals Sunderland NHS Foundation Trust would like to thank all the individuals, groups and organisations who gave their time and expertise to contribute to the development of this draft strategy, and who continue to help us move further towards full equality for all people in Sunderland.

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FOREWORD

This draft document sets out our commitment to ensuring that equality and human rights will be taken into account in everything we do both as a major employer and provider of healthcare.

It has been designed in response to the requirements of the Equality Act 2010 and builds on the previous actions and objectives that were contained in our former Single Equality Scheme. It is also designed to meet the requirements the Human Rights Act and the new national NHS Equality Delivery System (EDS).

Within the EDS there are 4 main goals.

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and included staff
- Inclusive leadership at all levels

Through the development of this Scheme, we will continue to promote equality of opportunity amongst different groups of people and ensure that potentially vulnerable groups and individuals are supported, and their needs are addressed, in ways that are best suited to them.

It is a long-term commitment driven by both the needs and wishes of our local people and staff, and the new equalities legislation. For that reason, much of the work will be ongoing. Our Board of Directors commits to monitoring our progress and reporting regularly and openly in line with the specific duties of the Equality Act 2010.

We look forward to the work ahead, facing the challenges, and delivering the actions we have set ourselves and ensuring that everyone has the opportunity to be involved in shaping and influencing the decisions and services that affect them and the patients we serve.

1. INTRODUCTION

This draft document is a public commitment of how we aspire to meet the needs and wishes of local people and our staff, and meet the duties placed upon us by the Equality Act 2010, and the requirements of the national NHS Equality Delivery System (EDS). It recognises the differences between people, and how we aim to make sure that (as far as possible) any gaps and inequalities are identified and addressed.

Much of it has been developed in partnership with other healthcare organisations across the North East of England. All organisations share the key objectives detailed in this Strategy, although the actions required to make progress on equality and human rights belong to City Hospitals Sunderland.

The Strategy will be regularly reviewed and strengthened.

We are continuing to build on our previous work in our Single Equality Scheme putting Equality and Human Rights at the heart of all we do.

Our Trust vision is Excellence in Health Putting People First; we believe this is inclusive of both our staff and people who use our services including those who have protected characteristics and those who are vulnerable in our society.

To meet the full requirements of the Equality Act 2010 and the Equality Delivery System, we will use our strategy as part of our consultation pathway with our diverse communities and staff to help us to grade our equality performance and identify our core objectives going forward.

Working with the community and our staff will enable us to set clear, focused, achievable equality objectives.

In April 2012 we will publish our final strategy with our core objectives which will provide us with a clear pathway forward to improve equality for those people who access our services and for our staff.

2. OUR SHARED VISION

Alongside our NHS counterparts, City Hospitals Sunderland aims to be a leading organisation for promoting Equality and Diversity in the North East. We believe that any modern organisation has to reflect all the communities and people it serves, in both service delivery and employment, and tackle all forms of discrimination. We need to remove inequality and ensure there are no barriers to health and wellbeing.

We aim to implement this by:

- becoming a leading organisation for the promotion of Human Rights Equality and Diversity, for challenging discrimination, and for promoting equalities in service delivery and employment;

- creating an organisation which recognises the contribution of all staff, and which is supportive, fair and free from discrimination; and

- ensuring that City Hospitals Sunderland is regarded as an exemplary employer.

The Trust has made a commitment to valuing diversity and achieving equality as a member of the regional NHS North East Equality and Diversity Network. The Network's vision is that NHS care in the North East will have a culture of fairness, equality, and respect for diversity that is evident to everyone.

The following principles underpin our work:

- support and respect for everyone's Human Rights as a fundamental basis for our work with people;

- identifying and removing barriers that prevent people we serve from being treated equally;

- treating all people as individuals respecting and valuing with their own experiences and needs;

- finding creative, sustainable ways of supporting Human Rights, improving equality and increasing diversity;

- working with the people who use our services and staff towards achieving equality;

- learning from what we do – both from what we do well and from where we can improve;

- using everyday language in our work; and

- working together to tackle barriers to equality across our organisations.

3. MEETING OUR DUTIES

The Equality Act 2010 introduced the Public Sector Equality Duty which came into force on the 5 April 2010. This Duty applies to all public authorities. It brings together previous gender, race and disability duties and extends the protection from discrimination on the basis of nine 'protected characteristics' which are:

- Disability
- Age
- Race – this includes ethnic or national origins, colour or nationality
- Sex
- Sexual orientation
- Religion or belief – this includes lack of belief
- Gender reassignment
- Pregnancy and Maternity
- Marriage and Civil Partnership (in respect of the need to eliminate discrimination between the two)

The Public Sector Equality Duty encourages us to engage with the diverse communities affected by our activities to ensure that policies and services are appropriate and accessible to all and meet the different needs of the communities and people we serve.

Equality considerations must therefore be reflected in the design of all policies and the delivery of all services. In short, the organisation must have due regard of the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;

- advance equality of opportunity between people who share a protected characteristic and those who do not;

- foster good relations between people who share a protected characteristic and those who do not (this includes tackling prejudice and promoting understanding).

Having due regard means that we must take account of these three aims as part of our decision making processes –- in how we act as an employer; how we develop, evaluate and review policy; how we design, deliver and evaluate services; and how we commission and buy services from others.

It also requires the Trust to consider the need to:

- remove or minimise disadvantages suffered by people due to their protected characteristics;

- meet the needs of people with protected characteristics;

- encourage people with protected characteristics to participate in public life or in other activities where participation is low.

Complying with the general duty may mean that we treat some people differently than others, this will be to ensure we meet their needs as far as this is allowed in discrimination law. It also explicitly recognises that disabled people's needs are different from those of non disabled people. This may mean making reasonable adjustments for them or providing services in a different way to make sure they achieve the same outcomes from our services.

The general duty is also underpinned by a number of specific duties which include the need for us to:

- set specific, measurable equality objectives;

- analyse the effect of our policies and practices on equality and consider how they further the equality aims; and

- publish sufficient information to demonstrate we have complied with the general equality duty on an annual basis.

We also have to meet certain standards set out by the Care Quality Commission who are the regulators for health and social care services. Many of these standards are focused around equality, diversity and human rights, and the actions contained within this strategy will help us to continue to achieve these (see Appendix 3 for a list of the relevant standards).

4. THE PROTECTED CHARACTERISTICS

The Trust appreciates the benefits that diversity brings but it also recognises that in order to give people equal access to services, we sometimes need to tailor our response. Equality of opportunity cannot be achieved by simply providing the same service to everyone in the same way. This means that it is really important that we understand the needs of different people and groups. Most people will experience inequality at some point in their lives, but some people experience greater inequality than others, including inequality in accessing services. If the Trust doesn't understand what inequalities people face and what can be a barrier for someone accessing services, then the Trust can't adapt the service to offer equal access and eliminate potential inequality. The most effective means of understanding and addressing an individuals needs is by engaging with them.

To enhance understanding of the needs of our staff and patients we collate and analyse where possible intelligence relating to the nine protected characteristics. This helps us to understand who we are and providing services too and how changes and decisions relating to those services may have an impact.

Draft equality data profiles (Appendix 1 and 2) accompany this document and continue to be developed as further information is gathered.

4.1 Age

The Equality Act protects people of all ages. However, different treatment because of age is not unlawful direct or indirect discrimination if it can be justified as a way of meeting a legitimate aim.

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

Ageism, the attitudes of others, and the assumptions they make, can have a dramatic effect on people – on their quality of life, access to services and choices, employment, and other opportunities.

4.1.1 Older People

The group that are most at risk of exclusion in this context are those aged 50 and over, and particularly those aged 65 and over. This group of adults experience a range of disadvantages in terms of access and also including feelings of stigma and discrimination, lack of respect and social isolation.

The population of people aged 65+ years within the City of Sunderland, the Trust's main catchment area is currently 46,950 which represents 17% of the population in Sunderland; the population aged 85+ is 5,240 (1.8%).

Some groups of older people are more at risk than others because of their additional disadvantages. For example, it is estimated 39% of the population aged 65+ years (18,600) have problems with daily living tasks due to ill-health and disability (with the proportion increasing with age), whilst 3,100 people of this age group have dementia.

4.1.2 Children & Young People

The 0-19 year age group currently represents 22.6% of Sunderland's current population. In the next ten years the 15-19 years age group is projected to decrease, however, in contrast the under 15 years age group is projected to increase.

Some national findings suggest children and young people can be at a disadvantage or at risk of discrimination in access to services, the level and quality of service provided, and how they are treated because of their age.

According to Ofsted, the British Medical Association and Children's Commissioner finding:

- those aged 16-18 years with a mental health condition or chronic illness received insufficient priority by health and social care services;

- lack of and poor services, for teenagers who need treatment for smoking, alcohol and drug addiction;

- some children aged 16-17 years can find themselves caught between services for children and those for adults with some 17 year olds not able to access any mental health services.

4.2 Disability

Under the Equality Act, a person is disabled if they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities, which can include things like using a telephone, reading a book or using public transport.

The vast majority of disability groups prefer that the 'social model' of disability is promoted rather than the 'medical model'. This aims to address the social, environmental and attitudinal barriers that can cause social exclusion and reduced self esteem amongst people with disabilities.

Within the City of Sunderland there are estimated to be 7.3% of the children's population aged 0-17 years with disabilities, which equates to 4,100 children in the city.

There are estimated to be 52,800 adults aged 20+ years in the city with physical or learning disabilities, with 33% of these (17,550) having severe disabilities. Of the 52,800 adults, 26,300 are aged 20-64 years, with the number of people with disability increasing with age.

It is estimated 2.4% of the adult population having learning disabilities, of which 0.4% are thought to have more significant learning disabilities. The prevalence level of the overall population with learning disabilities is unlikely to change over the next 15 years. However, research suggests that whilst the incidence of people with learning disabilities isn't increasing, individuals, particularly those with severe disabilities, are surviving longer with their conditions both into adulthood and older age.

4.3 Race

Under the Equality Act 'race' includes colour, nationality and ethnic or national origins. People from black and minority ethnic groups can experience a range of disadvantages, often victims of prejudice, discrimination, harassment and abuse. Given the diversity of the relatively small BME population of both our staff and the local population there is a particular risk that their needs are not fully understood.

Latest population estimates from the Office of National Statistics, have shown that in Sunderland the BME population is significantly increasing. The overall white British population of Sunderland decreased from 263,200 to 262,300 between 2008 and 2009; by comparison, the BME population is believed to have increased by 9.6% over the same period. Currently the BME population within Sunderland is generally considered to be quite 'young' with, for example, only 0.5% of the city's population over 65 years from BME groups.

- Local evidence suggests a lack of general information available to BME communities.

- Not having adequate access to information means that the BME community are often not aware or informed of general advice on health issues.

- Generally there is historically poor engagement with services.

- Information from the International Community Organisation of Sunderland (ICOS) highlighted a number of barriers in accessing health, particularly in relation to GP services and ultimately secondary care which are not always accessible to migrant communities.

- Walk in Centres and A/E departments have also reported to work differently in other countries and there is a need to make information relating to these services more readily available to BME communities to improve access and take up of services.

4.4 Sex Equality

Both men and women are protected under the Equality Act.

Sex equality means to be treated the same as others in society regardless of being a man or woman, and to have the same opportunities. So for example the same access to job opportunities at the same rate of pay (relevant to experience and qualifications), the same access to services, to work within policies and guidelines which don't discriminate because a person is a carer or parent, man or woman.

In 2010, there were 144,637 women and girls in the city (51%) and largely because women's life expectancy is longer than men. Specific areas of disadvantage for women include:

- Potential for prejudice, stigma and harassment in individuals' not conforming to (sometimes cultural) stereotypes associated with women's and men's gender, marital or relationship status – these issues can also affect men, although the stereotypes are clearly different.

For women, expected stereotypes involve expectations of both domestic and caring roles – whether caring for children, the disabled or the elderly.

4.5 Religion and Belief

Under the Equality Act, religion includes any religion. It also includes a lack of religion, in other words employees or jobseekers are protected if they do not follow a certain religion or have no religion at all. Additionally, a religion must have a clear structure and belief system. Belief means any religious or philosophical belief or a lack of such belief.

Religious and cultural views on the beginning of life can influence attitudes towards a range of health issues including reproductive medicine, abortion, contraception and neonatal care. Views on dying, death and the afterlife can also influence attitudes e.g. towards pain relief for terminally ill people (Department of Health, 2009).

The degree to which we respect religion and belief reflects the organisation's commitment to delivering patient centred care and how well it responds to our local communities.

Religion and belief is about the things going on inside us; how we make sense of life and what "makes us tick". It may involve questions about meaning, values, hope, love and things beyond the physical boundaries of life. For many people these questions are answered by their religion and beliefs.

However, not everyone expresses their spirituality through a particular faith, so spiritual care is not only for people of all faiths but those who don't follow a particular tradition. We want to celebrate the diversity of people that make up our population.

Spiritual healthcare is an important aspect of healthcare. Total care includes care for the physical, social, psychological and spiritual dimensions of the person. If we do not acknowledge a patient's religion and belief, we cannot communicate with the 'whole' person, and they cannot participate in their recovery and make informed decisions about their treatment. Different cultures and faiths have a variety of views on health, ill health, birth, dying and death, and we need to be aware of the diversity which will affect their path and outcome of treatment.

4.6 Sexual Orientation

The Equality Act protects bisexual, gay, heterosexual and lesbian people.

Some key facts:

- *Young gay and bisexual men are seven times more likely to have attempted suicide (Remefedi et al, 1998).*

- *Although homophobia seems to have become less common, studies suggest that up to 25% of health service staff have expressed negative or homophobic attitudes (Beehler, 2001).*

- *Lesbian, gay and bisexual people are less likely to access routine screening than heterosexual people (Department of Health, 2007).*

The NHS in the North East employs 74,000 staff, of whom over 4,000 are likely to be lesbian, gay or bisexual. A report written by Stonewall and the Department of Health, 'Being the gay one' (2007), shows that there is still homophobia and discrimination in parts of the NHS.

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

4.7 Gender Reassignment

The Equality Act provides protection for transsexual people. A transsexual person is someone who proposes to, starts or has completed a process to change his or her gender.

Some key facts:

- *More than 1 in 3 Trans People have attempted suicide*

- *17% of Trans People were refused (non-trans related) healthcare treatment by a doctor or a nurse because they did not approve of gender reassignment*

- *29% of Trans People stated that being trans adversely affected the way they were treated by healthcare professionals*

(Whittle, Turner, and Al-alami, 2007)

The most obvious healthcare need for transgender people are around gender reassignment treatment and GPs have a crucial role in the process of seeking this treatment. On average transgender people have to wait six years for treatment. Gender reassignment can have huge implications for mental health although it is not a mental health illness and the NHS needs to understand the issues facing gender reassignment.

4.8 Pregnancy and Maternity

A woman is protected against discrimination on the grounds of pregnancy and maternity during the period of her pregnancy and any statutory maternity leave to which she is entitled.

In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Some key statistics:

- *45% of pregnant women claim to have suffered "unfair treatment" at the hands of their employers across the UK (Equal Opportunities Commission, 2006).*

- *A qualitative study of pregnant women found that Asian women in particular felt that employers and/or colleagues made additional assumptions on the basis of their ethnic origin, presuming that they may go on to have more children or that they would choose to stay at home with their child rather than return to work. (Equal Opportunities Commission, 2005).*

4.9 Marriage and Civil Partnership

The Equality Act protects employees who are married or in a civil partnership against discrimination but does not provide protection against discrimination because of marriage or civil partnership in the provision of services.

The marriage and civil partnership characteristic is not about creating equality between marriage and civil partnership, but to ensure that someone is protected from discrimination at work (or in training for work) because they are married or in a civil partnership.

5. EQUALITY INFORMATION

This section outlines what we know about the make up of local population, the people who use our services, and our workforce in relation to the different protected characteristics.

5.1 Our Local Population

Sunderland has an estimated population of 282,000 which is forecast to rise back up to 289,000 by 2030. Compared to England the population of Sunderland has a similar proportion of older people.

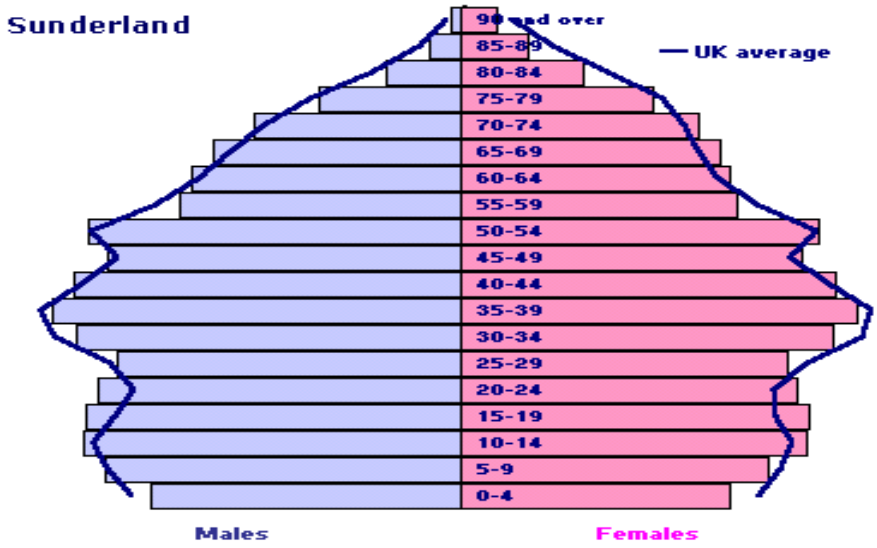
Twenty percent of the population are currently above state pension age (60 years for women, 65 years for men) compared with 19% across England and 20% across the North East.

Life Expectancy is rising over time, and so the absolute size of the older population, and the size in proportion to the population as a whole, will grow.

In Sunderland, it is forecast that the number of older people above 65 years of age will rise from just under 47,000 to 68,000 in 2030 – an increase of 45%. The number of people in Sunderland aged over 85 years – those with the greatest care needs – will more than double from just over 5,000 to 11,000 over the same period. This forecast increase in the number of older people means that City Hospitals will need to consider the access to services by this growing section of the population.

The graph below shows the average age breakdown of our main catchment population with a comparison across the UK.

Average Age Breakdown:



The length of the bars in the pyramid represent the proportion of 'all males' (to the left) and the proportion of 'all females' (to the right) that are in that age group.

Source: UK Census 2010

5.1.1 Key Data for Sunderland

It is estimated that there are 55,200 people above state pension age resident in Sunderland representing 20% of the total population:

- Female life expectancy is lower in Sunderland at 80.7 compared to the national average of 82.3;
- Male life expectancy is lower in Sunderland at 75.9 compared to a national average of 78.3; and
- Suicide rate is significantly higher in Sunderland;
- Suicides rates for lesbian, gay, bisexual people are reported to be 25% vs 2.4% of the national population. Figures for Sunderland are not available;
- Over 28,000 people in Sunderland have some form of common mental disorder;
- Sunderland has one of the highest portions in the North East of people registered blind or partially sighted;
- 0.8% (7,000) of the population in Sunderland are registered deaf or hard of hearing;
- Over 18,090 people have identified themselves as having a moderate serious physical disability;
- Over 1,700 people are on the Autistic spectrum disorders
- It is estimated 2.4% of the population have a learning disability. It is estimated that 0.4% of the Sunderland population have severe learning disabilities with a potential increase to 1,500 people due to survival into adulthood;
- In Sunderland 1.6% of people with a learning disability are estimated to be from the BME community.

(Source: JSNA 2011)

5.1.2 Race

The total Black and Ethnic Minority population as a percentage of the whole population in Sunderland is 4.4%. Latest population estimates from the Office of National Statistics have shown that in Sunderland the BME population is significantly increasing. The overall White British population of Sunderland decreased from 263,200 to 262,300 between 2008 and 2009; by comparison, the BME population is believed to have increased by 9.6% over the same period.

Currently the BME population within Sunderland is generally considered to be quite 'young', with, for example only 0.5% of the City's population over 65 from BME groups.

Information from the Office of National Statistics, on components of population change 2009 – 2010, has highlighted a year on year increase in Sunderland, of international in-migration. These figures have increased from 1,686 in 2007 – 2008, to 1,976 in 2008 – 2009 and 2,836 in 2009 – 2010, a substantial growth of 68%. As a result of the government's dispersal policy, the City has also seen an increase in the number of asylum seekers since 1999. In September 2011 the number of asylum seekers in the city was 170, of whom 100 are single households and 24 families. The North East Refugee Service indicated the largest numbers of refugees were from Iraq, Iran and Zimbabwe.

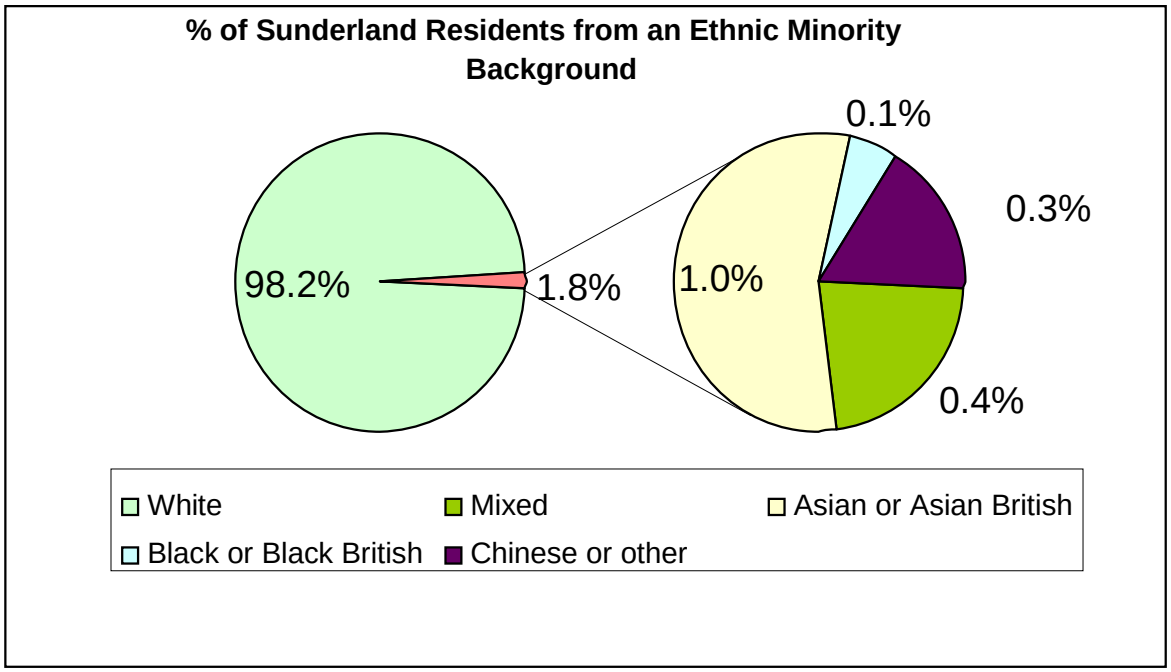
The city also has very limited information in relation to the exact number of Gypsies and Travellers visiting Sunderland.

Although the BME population within Sunderland is comparatively small it is diverse and subject to dynamic changes. In terms of delivering healthcare there will be many issues and concerns, some of which will be in general but others that will be very specific to relatively small groups of people.

Research undertaken by the BME Independent Advisory Group, has indicated that all agencies in the city need to improve their knowledge of local BME communities. This increased knowledge will help

us to better understand and fulfil the needs of these groups and ensure that we make services more accessible to meet those needs.

In terms of ethnicity in Sunderland, the breakdown is below.



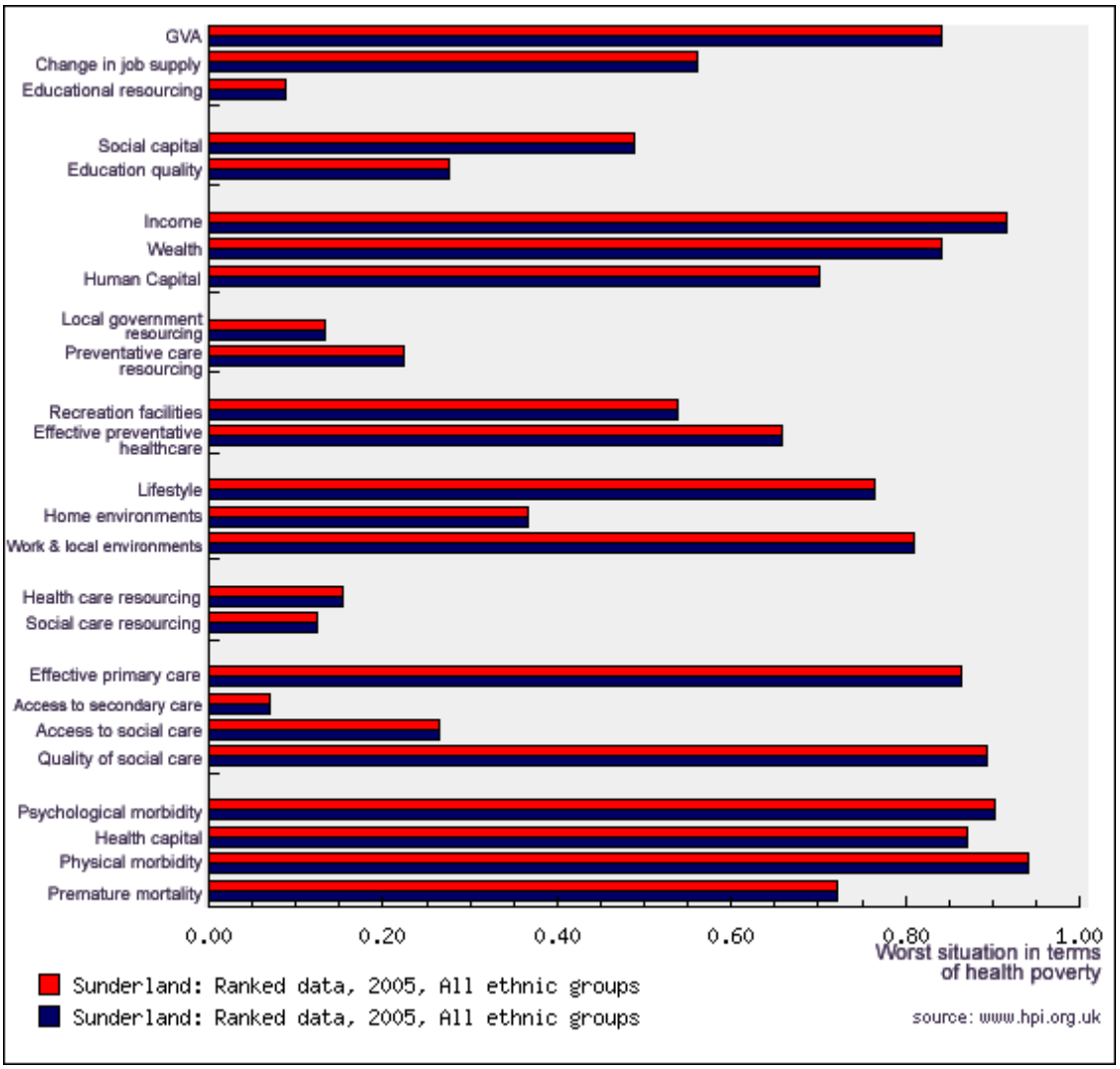
Source: Office of National Statistics 2002

Ethnic Group Population	**2005**	**2006**	**2007**	**2008**	**2009**
White *(includes White, Irish, White other)*	98.1%	97.2%	97.1%	96.1%	95.7%
Black *(Caribbean, African)*	0.1%	0.4% (1100)	0.4% (1100)	0.5% (1500)	0.7% (1900)
Asian *(Indian, Pakistani, Bangladeshi, Chinese)*	0.2%	0.4% (1000)	0.4%) (1000)	0.5% (1400)	0.3% (8000)
Other *(All mixed, other Asians + others)*	0.6%	0.9% (2700)	1.0% (2800)	1.4% (1400)	1.7% (4700)
Total Black & Ethnic Minority Population as % of whole population	1.9%	2.8%	2.9%	3.9%	4.4%

Source: Table EE1, ONS Mid 2009 Estimates

5.1.3 Society, Economy and Environment

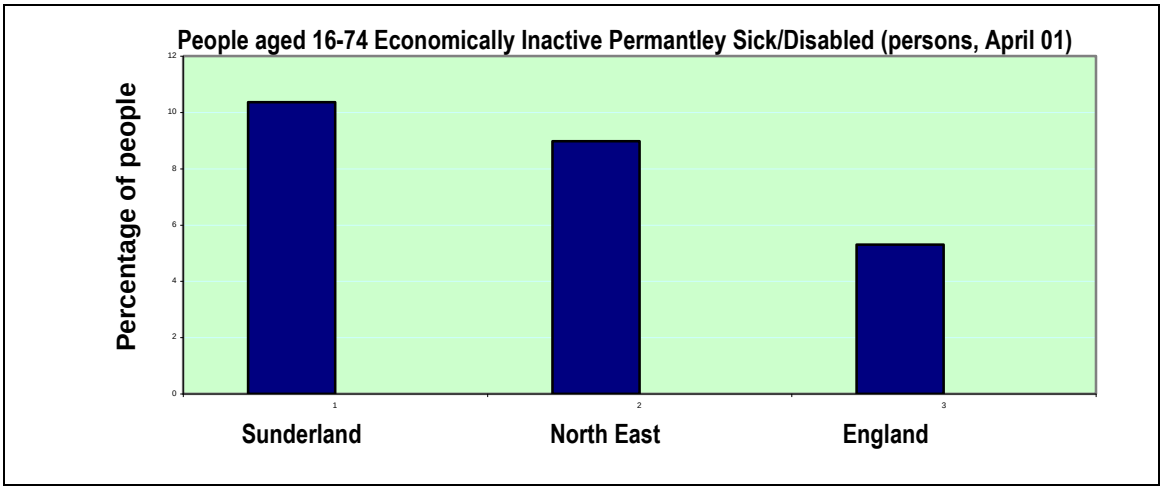
Health Inequalities in relation to the Sunderland area



Source: (Health Poverty index) 2010

- There are 390 children in care under 18 years of age resident in Sunderland – this is above the average rate per 10,000 children across England;
- 9,400 adults of working age or 5% of this population group claim Jobseekers' Allowance (across England = 4%);
- 37% of the population in Sunderland live in areas that are among the 20% most disadvantaged across England;
- 9 neighbourhood areas within Sunderland have significantly reduced life expectancy from the Sunderland average;

- Sunderland has one of the highest proportions of people who have identified themselves as being permanently sick/disabled between the ages of 16-74.



Source: Office of National Statistics 2002

5.2 People Who Use Our Services

The Trust provides a wide range of hospital services to a local community of residents from Sunderland and North Easington, with an increasing range of more specialised services provided to patients outside this areas, in some cases to a population as great as 860,000.

The Trust also provides a substantial range of community based services, particularly within Family Care and Therapy Services.

We provide services from:

- Sunderland Royal Hospital
- Sunderland Eye Infirmary
- The Children's Centre, Durham Road
- Monkwearmouth Hospital (on a limited basis)
- Church View Medical Practice

and outreach services at:

- Washington Galleries Health Centre
- Grindon Lane Primary Care Centre
- Bunny Hill Primary Care Centre
- Washington Primary Care Centre

The Trust aspires to be a provider of first class NHS Services and to be the first choice of patients locally, regionally and in some cases nationally. We will maintain our high quality services and be focused on, and responsive to, the requirements and expectations of our customers.

To support quality we will ensure that our workforce is the best in the healthcare industry. Our staff will have the freedom to act to meet our commitments to high quality and responsiveness, to innovate and to ensure that the patient is put first. Staff will be accountable for their actions and will have the confidence and the support of the organisation for what they do.

5.2.1 Patient Demographic Information

Demographic information from patients on Race, Disability, Gender and Age is collated on our Hospital Information Support System (HISS). ***(This data can be found at Appendix 1 showing the range of diverse groups that access our services).***

This data is supplemented with qualitative and quantitative information gathered through the use of patient surveys such as the national inpatient and outpatient surveys and also through our own internal system of Real Time Feedback.

Our Community Panel and patient groups such as Sunderland People First (a learning disability group) and the Local Improvement Network (LINk) also provide valuable information from the surveys that they undertake.

The Trust is currently engaging with patient and community groups to explore what they feel would be further information that would be beneficial in collecting.

Information about our Services

Information about the services the Trust provides is published on the Trust's website: www.chsft.nhs.uk, in the Annual Report, Annual Plan, and on www.nhs.uk.

A diverse range of specific patient information is in other languages or formats such as large print or Braille, upon request to the Trust.

Work is currently underway to produce a range of 'easy read' leaflets for key procedures and service areas.

Information is also targeted at specific communities through our involvement at a number of organisations across the city such as Sunderland People First and the Bangladeshi Centre.

5.2.2 Access to our Services

We continue to ensure that our buildings are accessible for people with disabilities. A major refurbishment is currently underway of all public toilets and following the development of our new ward block this has now given us capacity to carry out a refurbishment programme of our existing wards ensuring that access is more appropriate.

The new ward block development has also allowed the opening of access routes through the hospital site which has enabled our traffic management system to increase the number of disabled parking bays with access much closer to main ward and department entrances.

All our pavements now have ramped access and flags adjacent to the road entrances are studded to assist those with vision impairment.

The Trust uses interpretation services provided by the Local Authority and also has access to Language Line.

5.2.3 Complaints

Complaints are an important source of information for monitoring impact on equality. The Complaints procedure leaflet can be translated in other languages or formats on request.

5.3 Our Workforce

The Trust collates workforce information on the protected characteristics where these are disclosed by staff members. The key performance indicators on gender, ethnicity and disability in order to reflect our local population are reported to the Board of Directors on a regular basis.

(This data can be found at Appendix 2).

Summary of Workforce by Protected Characteristics

Race

White British is the largest ethnic group at 86.36% and remains virtually unchanged from previous years. Asian or Asian British – any other Asian background is 4.29% and Asian or Asian British – Indian is 3.59%. This represents headcount figures of 4,289, 209 and 175 respectively.

Age

The largest age group of our workforce are those staff between the ages of 36-55 years who constitute 58.7% (2,824) of the total workforce. Only 3.01% (181) are aged between 61-65 years and only 0.28% (20) are aged over 65 years old.

Disability

Twenty six staff (0.53%) have formally disclosed to the Trust that they consider themselves to have a disability. This compares to an estimated 6.5% of the North East population who are permanently sick or disabled.

Sexual Orientation

A large proportion of our staff (93.73%) have not defined their sexual orientation. Only 1 (0.02%) person has declared themselves to be bisexual, 3 (0.06%) to be gay and 4 (0.08%) to be lesbian.

This compares to an estimated 6.5% of the North East population being lesbian, gay or bisexual (Government Office for National Statistics).

Gender

The workforce is predominantly female with 3,845 (78.84%) of the total workforce. This compares to the population demographic of 52% women and 48% men.

Religion and Belief

Of the staff who have disclosed a religion to us, the largest group remains Christianity at 4.8% (234).

A further 0.69% have disclosed to the Trust that they follow a religion other than Christianity (this includes Hinduism, Islam and Sikhism amongst others). A large proportion of staff, 93.97% have either not defined or disclosed their religion (4,556 and 27 respectively).

The North East figures state 80.1% of the North East general population declare themselves Christian followed by 1.9% who follow 'other religions' and 10.5% who are of 'no religion' (Census 2001).

Work Experience

A comprehensive programme of work experience is offered to a range of people seeking employment and career opportunities in the NHS. Particular emphasis has been given to working with young people and those who are unemployed.

During the period 168 placements were offered; 101 to females and 67 to males. Of those placements 144 were to White British (85.5%), 3 to African (2%), 5 to Bangladeshi (3%) and 8 to Indian (5%).

With regards to disability 160 people did not consider themselves to have a disability, 2 did not disclose and 6 disclosed they had a disability.

The Trust also supports young people with learning disabilities to gain access to work experience and internships, whereby twelve young people have a one year placement learning about the work place and preparing for employment. This scheme has been successful that it is now being developed across health and public sector organisations across the North East. In total over 200 students have been involved in the PMLD work experience programme in Sunderland.

Training and Development

- The Trust ensures that its staff are trained in equality and diversity issues via an awareness session in the mandatory Trust induction programmes. Subject specific training is also provided on other relevant issues, for example, learning disability awareness. All staff have been provided with access to National Learning Management System e-learning programmes and can access the range of equality and diversity programmes within this.

- The Trust ILM accredited management skills programme includes a half day session on equality and diversity aspects of the manager/employee relationship, to ensure managers are aware of diversity aspects of managing people. A wide range of managers, from different professions, undertake this programme.

- Work is underway to better monitor completion of qualifications and Continuous Professional Development (CPD) activity by different groups to identify any potential unfair bias within this process.

- Monitoring takes place of unsatisfactory performance within the Trust Appraisal Process to ensure there is no unintended bias towards or against particular protected groups.

6. OUR EQUALITY ANALYSIS

As a public sector organisation City Hospitals Sunderland has a duty to analyse the effects of our policies and practices on equality across all of the protected characteristics. This helps us to consider if our policies and practice have any unintended consequences for some groups, and to check if they will be fully effective for all target groups. It can help us identify any practical steps to tackle any negative effects or discrimination, and to promote equality and foster good relations between different groups.

6.1 Our approach to Equality Analysis

City Hospitals Sunderland has a very clear process for Equality Analysis. We have changed our documentation to reflect the Equality Act 2010 and provide training for all staff undertaking Equality Analysis. Our Equality Analysis form is available on the Internet at:
http://www.chsft.nhs.uk/searchResults.aspx?searchtext=single+equality+scheme

We are working closely with community groups to ensure we are aware of the health issues and access needs of our local community and that we develop best practice services.

We also work closely with our Staff Side colleagues to ensure that all policies and procedures are reviewed on a regular basis.

All new staff policies are consulted with the Joint Consultative Group prior to approval to ensure that they are equitable and fair to all our staff.

6.2 What steps are we taking?

We are working closely with our local community to develop our equality objectives. While developing our objectives we will also look at gaps in our information and data collection developing a plan of how we will address these over the coming years. The Trust values the patient and staff experience and members of our community. Our engagement has already commenced with several large projects being undertaken by the Trust and members of our community, we a have members of our community panel undertaking real-time feedback surveys of patients experiences, we have surveys which cover many areas of care provide within the trust, and also offer specific areas such as pain and food audits.

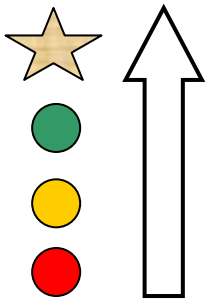
We have a learning disability patient forum who have over the past year supported the Trust undertaking several surveys which have been fed back to the Trust board, and hospital staff. We have reviewed our interpretation service and following the results of our audit will be working with our staff and community groups to look at how this will feed into our equality objective setting to improve our services.
Over the next four years we will work with our diverse communities to look at our objectives, how we evaluate our progress, and ensure we maintain that progress.

7. THE NHS EQUALITY DELIVERY SYSTEM (EDS)

The purpose of the EDS is to drive up equality performance and embed equality into mainstream NHS business. The EDS covers patient, public health, compliance and workforce issues. It applies to commissioning organisations including GP Consortia, and to NHS providers including Foundation Trusts.

Under the system, NHS organisations are required to develop four-year Equality Strategies based on their grading of their equality performance against a set of nationally determined EDS goals and outcomes. (See below) When they grade themselves in discussion with local interests, organisations choose from 4 grades:

- Excellent
- Achieving
- Developing
- Undeveloped



Based on the grading, the system will show how the most immediate priorities are to be tackled, by whom and when. Each year, organisations and local interest groups will assess progress and carry out a fresh grading exercise. In this way the EDS will foster continuous improvements.

We have used information and the EDS ratings to identify a small number of specific and measurable quality objectives. This will help us meet the public sector equality duty.

Local Involvement Networks (LINks) and their successors (Health Watch), or an equivalent local body, will help NHS organisations to engage with local interested groups. Performance will be shared with Local Authority Overview and Scrutiny Committees and Health and Wellbeing Boards. They will also be forwarded for review by the Care Quality Commission (CQC). The grades for all organisations will be published nationally in the form of red, amber or green rating. The CQC will take account of any concerns as part of its process to monitor registration.

The EDS contains a number of outcomes grouped under 5 goals:

1. "Better health outcomes for all"
2. "Improved patient access and experience"
3. "Workforce – the NHS as a fair employer"
4. "Inclusive leadership at all levels".

7.1 Better Health Outcomes for All

The Equality Delivery System states that organisations should:

"Achieve improvements in patients' health, public health and patient safety for all, based on comprehensive evidence of needs and results".

This means that when we plan and deliver services we need to make sure that:

- We understand the needs of the people who use our services and we involve them in deciding what things are important for us to focus on.
- We coordinate care well when more than one service is involved.
- We have measures in place to check and make sure that our services are safe.
- The same outcomes are achieved for people of all groups.

Within Sunderland we are currently reviewing how we do this and identifying pathways for Acute, Primary, Public Health, and Mental Health, to work with GP consortia supporting to develop effective methods of involving all our community groups.

We have audits and reviews which take place including patient's real time feedback to enable the trust to act quickly on any findings.

We also monitor our complaints and access to PALS Services to enable our service delivery to improve.

7.2 Improved Patient Access and Experience

The Equality Delivery System states that organisations should:

"Improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience".

This means that when we plan and deliver services we need to make sure that:

- We have measures in place to identify and tackle any barriers to using our services.
- We provide people with the support and information they need to use our services in a way that meets and takes account of their individual needs.
- We support people to make informed choices about their care and treatment and understand their rights.
- We have strong systems in place to gather feedback and capture experiences from the people who use our services and use this to improve the things we do.

At City Hospitals Sunderland NHS Foundation Trust we are working as part of an regional group which includes NHS Foundation Trust, PCTs, councils, and LINKs developing accessible information/easy read we are developing ways of sharing our resources for the most effective uses.

We have developed the NHS Help Card supporting vulnerable people to access our services.

We are supported by patient groups to undertake audits and reviews of our services, the results of which are reported to the Board of Directors and to the whole organisation.

7.3 Empowered, Engaged and Well-Supported Staff

The Equality Delivery System states that organisations should:

"Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and community needs"

This means that when we plan and deliver our services we need to make sure that:

- We employ a workforce which is representative at all levels of our local community.
- We support our staff to live and promote healthy lifestyles.
- We have fair and flexible policies and practices in place to support our staff to do their jobs effectively without fear of discrimination.
- We have sufficient staff who are properly qualified and trained to confidently and competently do their job.

We offer work experience which is accessible to all diverse groups.

7.4 Inclusive Leadership at All Levels

The Equality Delivery System states that organisations should:
"Ensure that throughout the organisation, equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions"

This means that when we plan and deliver our services we need to make sure that:

- We recognise the individual diverse needs of our service users and treat them fairly with dignity and respect.
- We develop and support equality leaders and champions within the workforce to mainstream equality into every part of our business.

We involve our public in all aspects of our work making sure we listen and involve patient's carers and the public from all diversity groups in our planning.

8. Grading Criteria for Equality Delivery System within City Hospitals Sunderland NHS

These criteria have been developed with the help and support of staff, patients/carers and external forums.

8.1 SERVICE USERS

Underdeveloped (Red)

- No policies or guidelines put in place.
- No equality analysis or equality impact assessment by protected characteristics groups.
- No data collected evidence for protected characteristics groups.
- No patient/carer involvement by protected characteristics.
- Little or no equality training put in place.
- No analysis of patient/service users views from protective characteristics groups.

Developing (Yellow)

- Policy is put in place. Little or no evidence that policy is being applied constantly in relation to protected characteristics groups.
- Some equality analysis or impact assessment by protected characteristics groups.
- Some protective characteristics groups data analysis available.
- Some patient/carer involvement with good consistency. Breakdown by protected characteristics groups.
- Some equality training in place.
- Some analysis of patient/service users views from protected characteristics groups.

Achieving (Green)

- Evidence on policy being applied and monitored by some protected groups.
- Equality impact assessment/audit uses robust evidence to ensure all protected characteristics are considered with action plans in place.
- For most protected characteristic groups, evidence of data is collected to inform services.
- Patient/carer involvement through some protected characteristic groups with involvement in service provision.
- Robust equality training provided across the organisation.
- Analysis of patient/service users views from most protected characteristics groups.

Excelling (Purple)

- Robust evidence of policy guidelines being applied and outcomes for all policy protected characteristics groups.
- Robust evidence of analysis through equality impact assessment with outcomes for all protected groups.
- Robust evidence through data analysis of all protected characteristics groups embedded systematically across the organisation with evidence of informing services and service provision.
- Patient/Carer involvement demonstrates positive outcomes and included in service delivery.
- Robust equality training in place, audited and development plans put in place with gap analysis.
- Analysis of patient/service users views from all protected characteristic groups.

8.2 STAFF

Underdeveloped (Red)

- No policies or guidelines put in place
- No equality analysis or equality impact assessment by protected characteristics.
- No data collected evidence for protected characteristics groups.
- No staff involvement by protected characteristics groups.
- Little or no equality training put in place for all members of staff.
- No analysis for staff views from protected characteristics groups.

Developing (Yellow)

- Policy is put in place. Little or no evidence that policy is being applied constantly in relation to protected characteristics groups.
- Some equality analysis or impact assessment by protected characteristics groups.
- Some protected characteristics groups' data analysis available.
- Some staff/carer involvement with good consistency groups.
- Some equality training in place.
- Some analysis of staff/service users views from protected characteristics groups.

Achieving (Green)

- Evidence on policy being applied and monitored by some protected characteristics groups.
- Equality impact assessment/audit uses robust evidence to ensure all protective characteristics groups are considered with action plans in place.
- Consistency with evidence of staff/carer involvement by some protected characteristics groups.
- Staff/carer involvement through some protected characteristics groups with an action plan put in place.
- Robust training provided across the organisation.
- Some analysis of staff/service users views from protected characteristics groups.

Excelling (Purple)

- Robust evidence of policy guidelines being applied and outcomes for all policy protected characteristics groups.
- Robust evidence of analysis through equality impact assessment with outcomes for all protected groups.
- Robust evidence through equality analysis of all protected characteristics groups embedded systematically across the organisation with real time feedback.
- Staff/carer involvement through all protected characteristics groups with evidence achieved through outcomes regularly received.
- Robust equality training put in place, audited and development plans put in place with gap analysis.
- PCPI involvement across all protected characteristics groups in relation to EDS criteria.

9. THE NHS EQUALITY DELIVERY SYSTEM (EDS) FOR CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

The Trust has with the support of staff members and service users, has graded itself by considering the goal, narrative and outcomes in accordance with the internal grading criteria of the EDS. This self assessment has been supported by external users.

Goal	Narrative	Outcome	Grade			
			Undeveloped	Developing	Achieving	Excelling
1. Better Health Outcomes	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results.	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities.				
		1.2 Individual patients health needs are assessed and resulting services provided in appropriate and effective ways.				
		1.3 Changes across services for individual patients are discussed with them and transitions are made smoothly.				
		1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all.				
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups.				

Goal	Narrative	Outcome	Grade			
2. Improved patient access and experience.	The NHS should improve accessibility and information and deliver the right services that are targeted, useful, and useable in order to improve patient experience.	2.1 Patients, carers and communities can readily access services and should not be denied access on unreasonable grounds.				
		2.2 Patients are informed and supported to be as involved as they wish in their diagnosis and decisions about their care and to exercise choice about treatments and places of treatment.				
		2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised.				
		2.4 Patients and carers complaints about services and subsequent claims for redress should be handled respectfully and efficiently.				
3. Empowered, engaged and well supported staff.	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients and communities needs.	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades.				
		3.2 Levels of pay and related terms and conditions are fairly determined for all posts with staff doing equal work and work rated as of equal value being entitled to equal pay.				

Goal	Narrative	Outcome	Grade			
		3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work so that services are commissioned or provided appropriately.				
		3.4 Staff are free from abuse, harassment, bullying and violence from patients or relatives and their colleagues, with redress being open and fair to all.				
		3.5 Flexible working options are made available to all staff consistent with the needs of the service and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers).				
		3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population.				
4. Inclusive leadership at all levels.	NHS organisations should ensure that equality is everyone's business and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions.	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced and good relations fostered within their organisations and beyond.				

Goal	Narrative	Outcome	Grade			
		4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination.				
		4.3 The organisation uses the 'Competency Framework for Equality and Diversity Leadership' to recruit, develop and support strategic leaders to advance equality outcomes.				

10. OUR EQUALITY OBJECTIVES

Under the Equality Act 2010, City Hospitals Sunderland NHS Foundation Trust has a duty to publish equality objectives by 2012 and at least every four years after that. We are also required to publish details of the engagement work we have done to develop our objectives and set out how we will measure our progress against them.

The purpose of the equality objectives are to help us make a real difference to some of the most pressing issues facing the protected groups that we provide services for and any staff we employ. They will also help us demonstrate how we are meeting our statutory duties.

The following objectives have been created from the information gathered from members of the public as well as staff in accordance with the EDS guidelines. In order to identify any gaps in services from the service users and staff members, an internal grading criteria was formed and used across City Hospitals.

1. Ensure Appropriate Access to Services within City Hospitals for Black Asian Minority Ethnic (BAME) Communities.

We believe this objective addresses all the protected characteristics of Race, Disability, Sex, Age, Religion/Belief, Sexual Orientation, Marital Status, Pregnancy/Maternity.

Specific Objective

- To introduce Patient Forums for the BAME community empowering BAME members to raise awareness and support development of an agreed action plan to deliver change.

Measurable

- Working alongside the BAME community we can improve the collection and analysis of patient experience/outcomes data for different protected groups.

- The Patient and Public Involvement Steering Group will receive information from the forum and indentify measures which will be addressed and overseen by the Equality and Diversity Steering Group.

Action: Establishment of a Patient Forum for the BAME community to identify specific issues related to access as a result of gaps identified.

Realistic

- The objective is fully supported by the BAME community and a recognition of the training required from both ourselves and the community to ensure meaningful discussion and resultant action.

Time

- Initial report to the Patient & Public Involvement Steering Group in August 2012 and thereafter quarterly reports.

2. Access to services for people with a learning disability.

We believe this objective addresses all the protected characteristics of Race, Disability, Sex, Age, Religion/Belief, Sexual Orientation, Marital Status, Pregnancy/Maternity.

Specific Objective

- To work with members of the Learning Disability Partnership Board, Sunderland People First and the Patient Forum group to identify gaps in service provision and access to services.

Measurable

- To evidence action from issues identified within Patient Forum which will be reported to the Patient & Public Involvement Steering Group who will monitor action.
- To develop patient surveys, mystery shopper and community focus groups. The Patient & Public Involvement Steering Group will receive 6 monthly reports which will form part of annual review process of access to services for patients with a learning disability.

Action:

- To design patient questionnaire and undertake first audit by September 2012.
- To agree action plan as a result of audit - September 2012.
- Undertake second audit and indentify progress - March 2013.

3. To implement the dignity at work advisor team.

We believe this objective addresses all the protected characteristics of Race, Disability, Sex, Age, Religion/Belief, Sexual Orientation, Marital Status, Pregnancy/Maternity.

Specific Objective

- As an equal opportunities employer, the Trust supports a working environment for individuals in which dignity at work is paramount.

Implementing the Dignity at Work Advisors Network will provide support and advice to staff who perceive that they are subject to harassment and bullying within the workplace.

Measurable

- Key areas of concern will be identified within the quarterly and annual workforce report – Quarterly March 2013.
- The annual staff survey will also provide feedback.
- Feedback from First Assist usage.

Action:

- To launch the network by publicising on the Trust Internet – 17 April 2012
- To produce and distribute leaflet.
- All users email to staff and signpost advisors and other agencies.

4. Audit effects of appraisal policy and review policy requirements.

We believe this objective addresses all the protected characteristics of Race, Disability, Sex, Age, Religion/Belief, Sexual Orientation, Marital Status, Pregnancy/Maternity.

Specific Objective

- To review appraisal policy including any potential bias in its application across those staff covered by Agenda for Change pay and terms and conditions – information on any disproportionate impact on a particular protected group will be analysed and assessed for potential statistical relevance.

Measurable

- To monitor and review the characteristics within the ESR system of those individuals whose increments were deferred versus the workforce as a whole.
- 6 monthly reports to the HR Steering Group – May 2012.
- Revised policy ratified by the Trust – June 2012.

Action:

- To produce information by protected characteristics in ESR, on those whose incremental progression has been deferred due to the lack of a satisfactory appraisal – May 2012.
- To review implementation of policy to ensure its application is fair and consistent across all Agenda for Change staff groups – June 2012.

5. Undertaking a high level pay audit.

We believe this objective addresses all the protected characteristics of Race, Disability, Sex, Age, Religion/Belief, Sexual Orientation, Marital Status, Pregnancy/Maternity.

Specific Objective

- To conduct an equal pay analysis to assess the extent to which males are paid more than females in the Trust.

Measurable

- Equal pay action to be identified based on analysis of data and monitored through HR Steering Group – December 2012.

- Any resulting actions will address the reasons for any key differentials and will be included in the EDS for 2013/14 – March 2013.

Action:

- To produce a report on the average pay of males versus females across the organisation.
- To identify whether or not there is any evidence to show that there is a pay gap between genders (this will need to be undertaken across the whole organisation since differences in pat within a band are solely due to incremental progression based on length of service not discriminatory treatment) – March 2013.

Appendix 1: Patient Equality Information

All data contained within this Appendix is sourced from City Hospitals NHS Foundation Trust data 2010-11.

BREAKDOWN OF PATIENTS ADMITTED TO CITY HOSPITALS SUNDERLAND

Figure 1 – Admissions by Gender

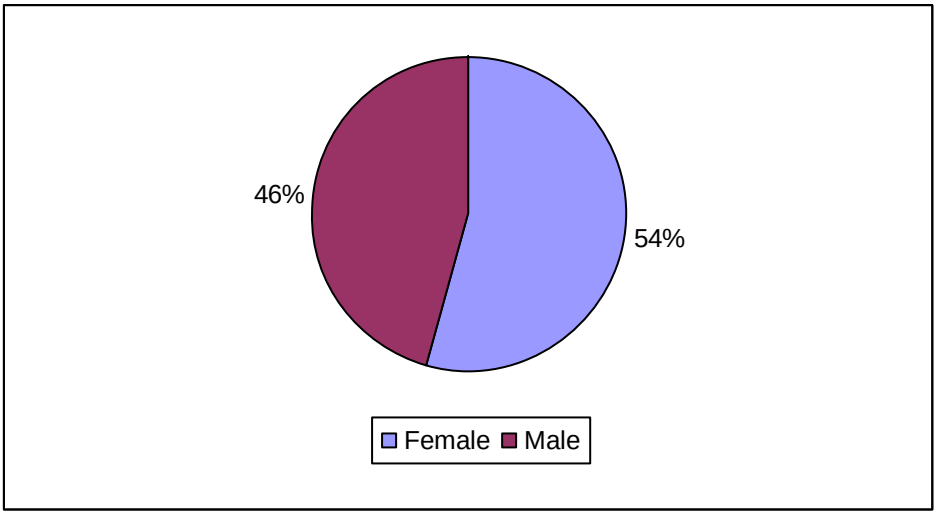


Figure 2 – Admission by Age

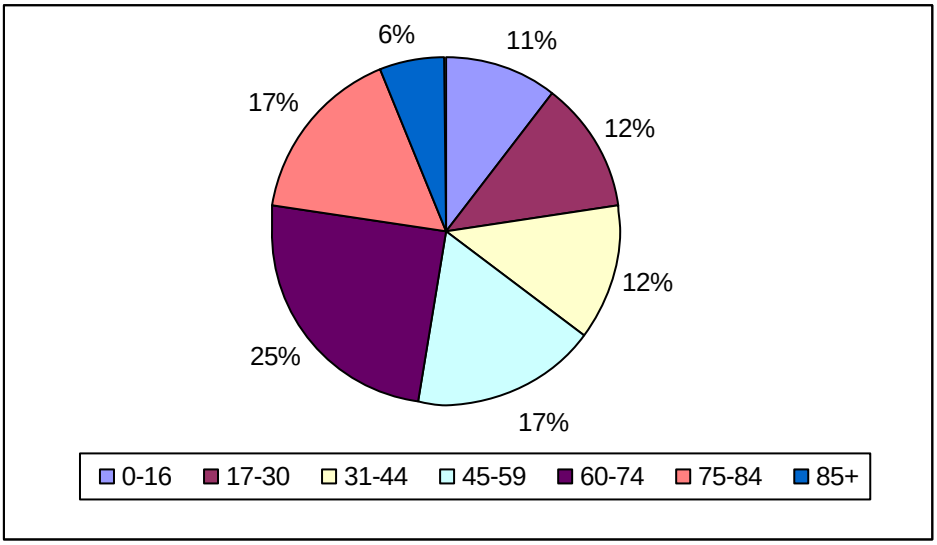


Figure 3 – Admission by Chronically Sick

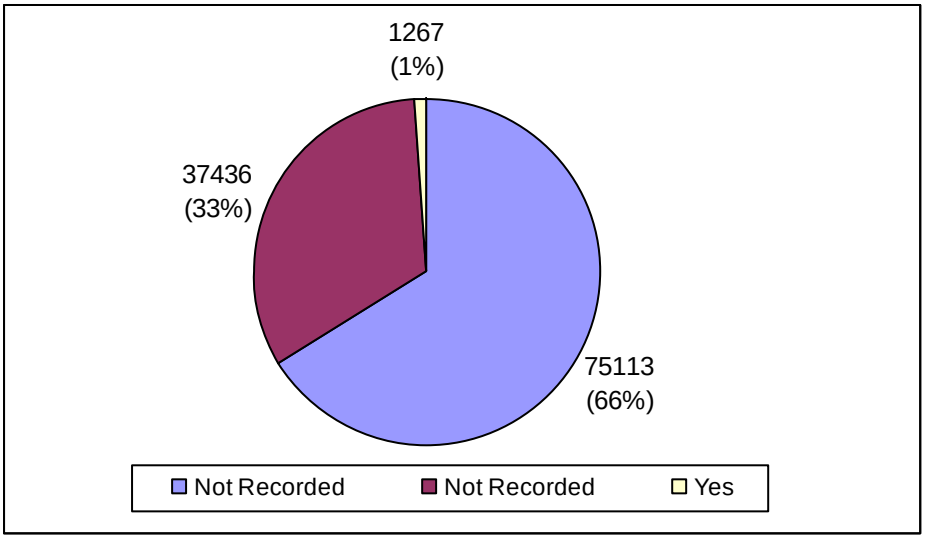


Table 1 – Admissions by Ethnicity

Ethnic Origin (Local)	Number of Patients	Percentage
White British	104374	91.70415
Not Stated	6638	5.83222
Any Other White Background	426	0.374288
Bangladeshi	396	0.34793
Any Other Ethnic Group	379	0.332994
Indian	294	0.258312
Any Other Asian Background	277	0.243375
White - Irish	253	0.222289
African	199	0.174844
Chinese	144	0.12652
Pakistani	118	0.103676
Any Other Mixed Background	110	0.096647
White And Asian	67	0.058867
Black British / Other Black Background	64	0.056231
White And Black African	51	0.044809
White And Black Caribbean	14	0.012301
Caribbean	12	0.010543

Table 2 – Admissions by Language

Language	Patients	Percentage	Language	Patients	Percentage
English	101911	89.54	French	11	0.01
Unspecified	11221	9.86	Turkish	11	0.01
Other	159	0.14	Italian	10	0.01
Bengali	151	0.13	Portuguese	10	0.01
Chinese	87	0.08	Sign Language	10	0.01
Polish	65	0.06	Greek	8	0.01
Punjabi	59	0.05	Gujarati	4	0.00
Arabic	26	0.02	Gaelic	2	0.00
Russian	20	0.02	Spanish	2	0.00
Farse	17	0.01	German	1	0.00
Welsh	16	0.01	Japanese	1	0.00
Urdu	14	0.01			

Table 3 – Admissions by Religion

Religion	Patients	Religion	Patients
Church of England	63058	Free Church	60
Unknown	16947	Jewish	48
None	12360	Non-Conformist	39
Roman Catholic	12140	Christadelphian	38
Methodist	3387	Evangalist	31
Unspecified	1590	Church of England	26
Christian	1269	Christian Sci	20
Muslim	830	Greek Orthodox	20
Church of Scotland	284	Wesleyan	17
Jehovah's Witness	229	Lutheran	14
Baptist	209	Seventh Day Adventist	13
Salvation Army	195	Church Of England Practicing	12
Sikh	175	Plymouth Bretheren	7
Pentecostal	138	Quaker	5
Spiritualist	136	Methodist Practising	4
Presbyterian	127	Roman Catholic Practising	3
United Reform Church	127	Jehovah's Witness Practising	1
Hindu	98	Mormon Practising	1
Mormon	91	New Church	1
Buddhist	65	Urdu	1

BREAKDOWN OF OUTPATIENT ATTENDANCES

Figure 4 – Outpatient Attendances by Gender

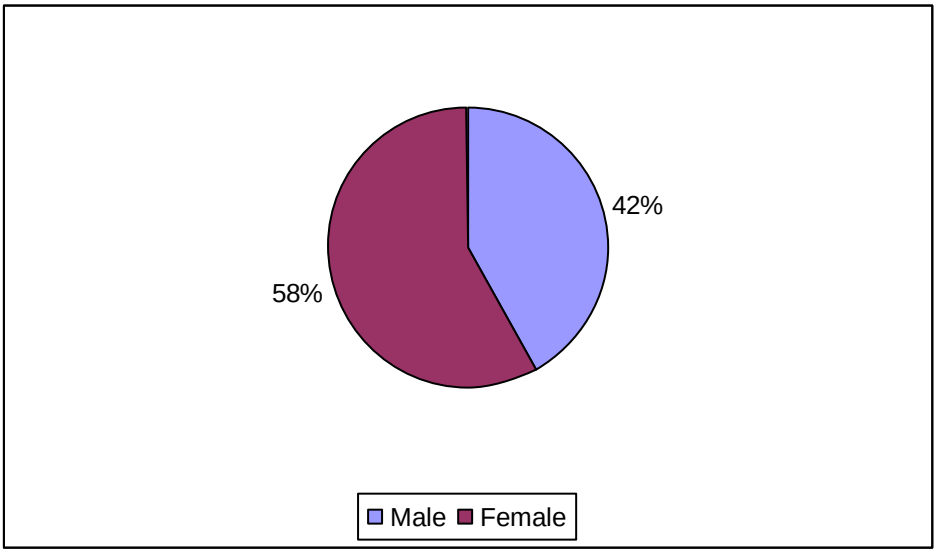


Figure 5 – Outpatient Attendances by Age

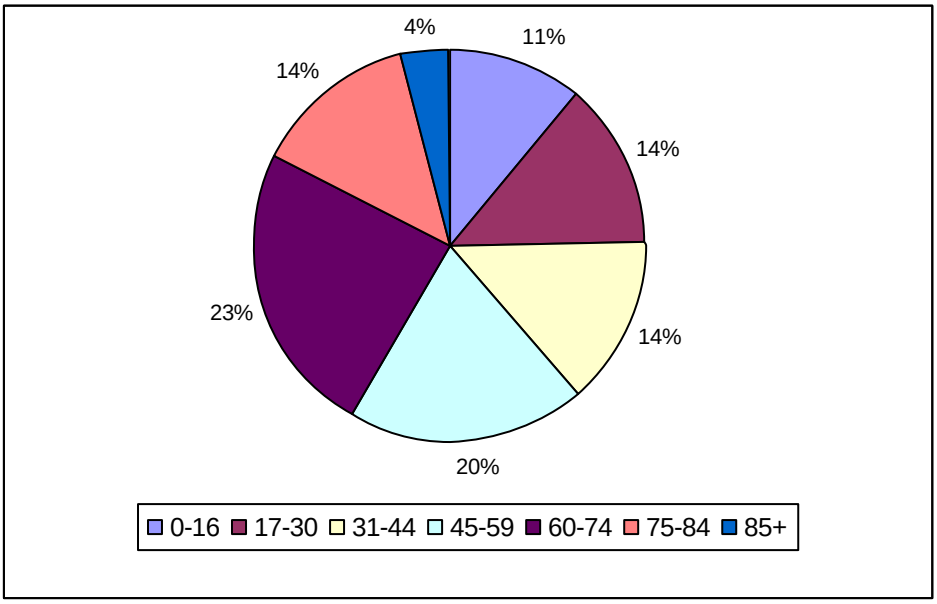


Table 4 – Total Outpatient Attendances by Ethnicity

Ethnicity	Number of Patients	Percentage
White British	632732	79.59
Unspecified	143974	18.11
Any Other Ethnic Group	2733	0.34
Bangladeshi	2634	0.33
Any Other White Background	2441	0.31
Indian	2222	0.28
Any Other Asian Background	1967	0.25
White - Irish	1512	0.19
African	1016	0.13
Chinese	998	0.13
Pakistani	861	0.11
Any Other Mixed Background	551	0.07
Black British / Other Black Background	382	0.05
White and Asian	382	0.05
White and Black African	304	0.04
White	140	0.02
Caribbean	100	0.01
White and Black Caribbean	62	0.01

Table 5 – Outpatient Attendances by Language

Language	Patients	Percentage	Language	Patients	Percentage
English	666416	83.82	Greek	68	0.01
Unspecified	124743	15.69	Welsh	64	0.01
Other	924	0.12	Italian	52	0.01
Bengali	823	0.10	French	31	0.00
Chinese	491	0.06	Gujarati	31	0.00
Punjabi	357	0.04	Sign Language	31	0.00
Polish	305	0.04	Turkish	25	0.00
Arabic	167	0.02	Gaelic	16	0.00
Urdu	127	0.02	Japanese	5	0.00
Farse	126	0.02	Spanish	4	0.00
Russian	121	0.02	German	3	0.00
Portuguese	81	0.01			

Table 6 – Outpatient Attendances by Religion

Religion	Number of Attendances	Percentage
Church of England	396415	50.94
Unspecified	190325	24.51
Roman Catholic	77324	9.96
None	63065	8.12
Methodist	22823	2.94
Christian	6993	0.90
Muslim	5650	0.73
Church of Scotland	1810	0.23
Jehovah's Witness	1486	0.19
Salvation Army	1373	0.02
Baptist	1310	0.17
Sikh	1243	0.16
Pentecostal	1184	0.15
Hindu	898	0.12
United Reform Church	846	0.11
Spiritualist	725	0.09
Presbyterian	649	0.08
Mormon	547	0.07
Buddhist	543	0.07
Free Church	383	0.05
Christadelphian	291	0.04
Jewish	275	0.04
Evangalist	249	0.03
Non-Conformist	233	0.03
Christian Sci	197	0.03
Lutheran	193	0.02
Greek Orthodox	111	0.01
Church of England Practicing	70	0.01
Seventh Day Adventist	56	0.01
Plymouth Bretheren	48	0.01
Roman Catholic Practising	46	0.01
Wesleyan	41	0.01
Quaker	33	0.00
New Church	21	0.00
Methodist Practising	10	0.00
Jehovah’s Witness Practising	4	0.00
Nonconformist Practising	1	0.00
Church of Scotland Practising	0	0.00

DID NOT ATTENDS (DNAs)

Figure 6 – Outpatient DNAs by Gender

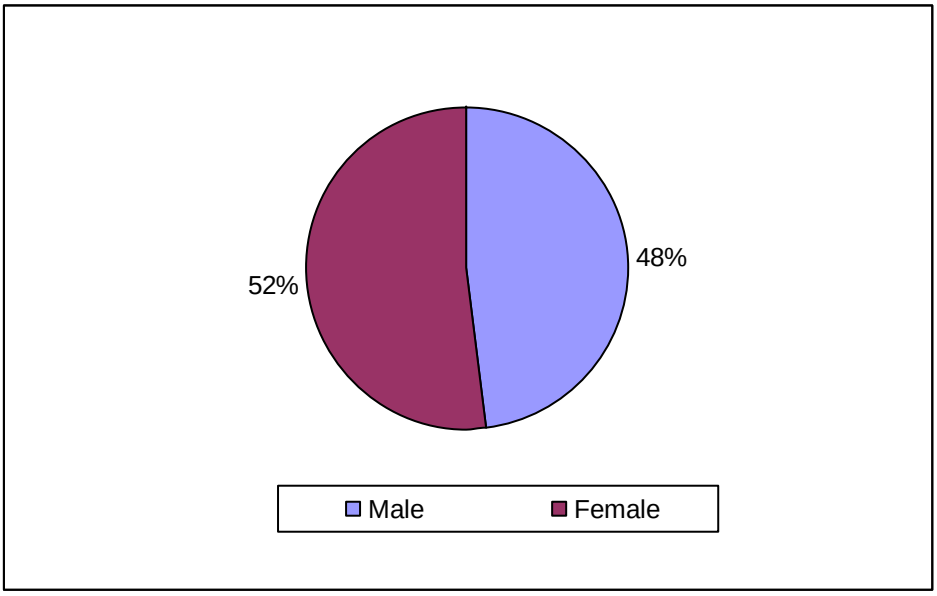


Figure 7 – Outpatient DNAs by Age

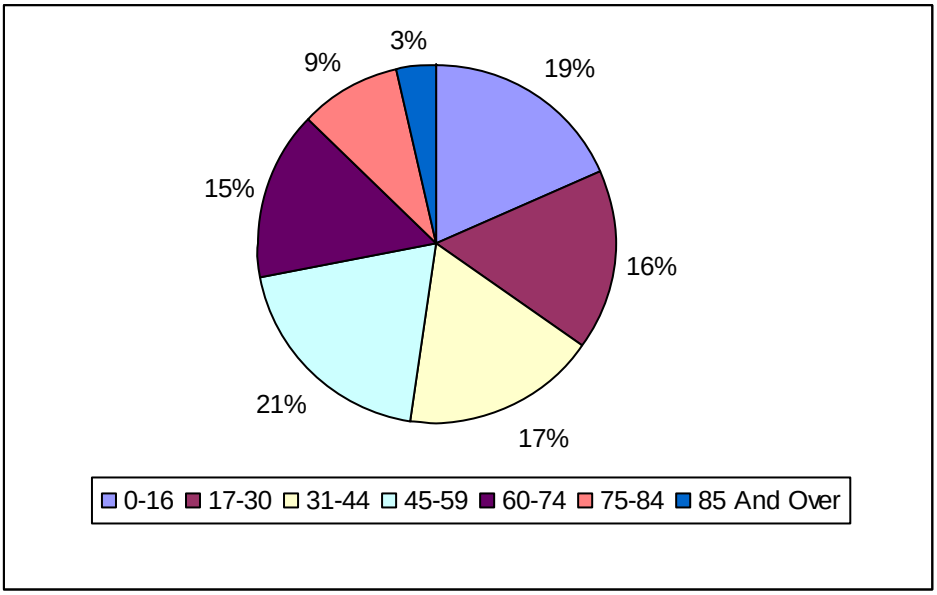


Table 7 – Outpatient DNAs by Ethnicity

Ethnic Origin	DNA	Percentage
White British	71376	97.17%
Bangladeshi	348	0.47%
Any Other Ethnic Group	305	0.42%
Indian	246	0.33%
Any Other Asian Background	242	0.33%
Any Other White Background	200	0.27%
White - Irish	153	0.21%
African	116	0.16%
Pakistani	101	0.14%
White	83	0.11%
Chinese	74	0.10%
Black British / Other Black Background	61	0.08%
White and Asian	56	0.08%
Any Other Mixed Background	51	0.07%
White And Black African	29	0.04%
Caribbean	13	0.02%
White and Black Caribbean	3	0.00%

Table 8 – Outpatient DNAs by Language (Excluding English & Unspecified)

Language	DNA	Language	DNA
Other	130	Russian	11
Bengali	110	Portuguese	7
Chinese	45	Greek	5
Punjabi	32	Italian	5
Farse	31	Spanish	5
Polish	26	Turkish	5
Urdu	20	Welsh	2
Arabic	17	Gaelic	1
French	15	Gujarati	1
Sign Language	13		

Table 9 – Outpatient DNAs by Religion

Religion	DNA	Religion	DNA
Church of England	33521	Free Church	21
Unspecified	21806	Non-Conformist	18
None	7456	Christadelphian	17
Roman Catholic	6876	Greek Orthodox	17
Methodist	1335	Jewish	16
Muslim	765	Christian Sci	15
Christian	590	Evangalist	12
Sikh	171	Lutheran	12
Pentecostal	113	Church of England Practicing	10

Religion	DNA	Religion	DNA
Church of Scotland	108	Plymouth Bretheren	4
Jehovah's Witness	102	Seventh Day Adventist	4
Hindu	98	Quaker	3
Salvation Army	98	Jehovah's Witness Practising	1
Presbyterian	27	Baptist	75
Spiritualist	55	New Church	1
Buddhist	39	Roman Catholic Practising	1
Mormon	39	Urdu	1
United Reform Church	28	Wesleyan	1
Mormon Practising	1		

BREAKDOWN OF MATERNITY ADMISSIONS & ATTENDANCES

Figure 8 – Maternity Admissions by Age

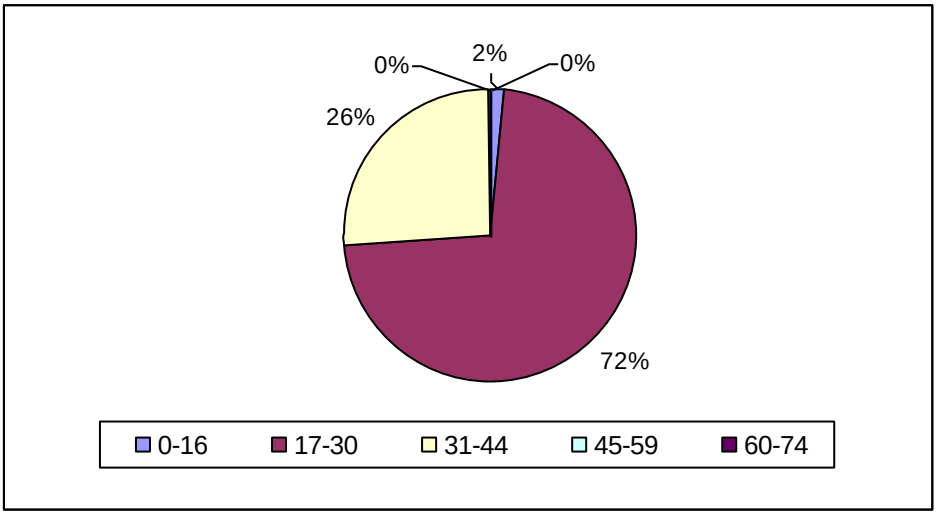


Figure 9 – Maternity Admissions by Chronically Sick

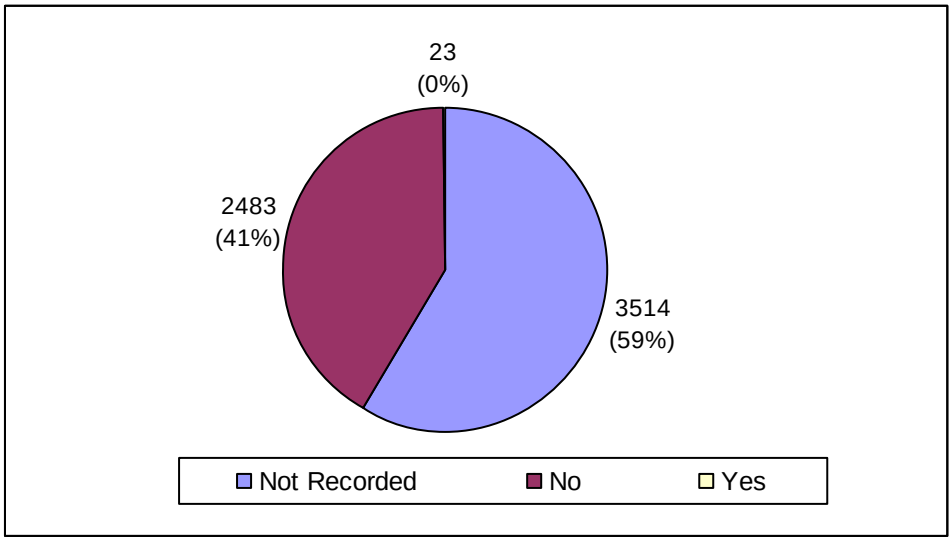


Table 10 – Maternity Admissions by Ethnicity

Ethnic Origin (Local)	Number of Patients	Percentage
White British	5278	87.67
Not Stated	364	6.05
Bangladeshi	76	1.26
Any Other White Background	51	0.85
African	50	0.83
Any Other Ethnic Group	48	0.80
Any Other Asian Background	37	0.61
Pakistani	28	0.47
Indian	27	0.45
Chinese	19	0.32
White - Irish	12	0.20
White and Asian	10	0.17
White and Black African	7	0.12
Any Other Mixed Background	5	0.08
Black British / Other Black Background	4	0.07
Caribbean	2	0.03
White and Black Caribbean	2	0.03

Table 11 - Maternity Admissions by Language

Language	Patients	Percentage
English	5211	89.12
Unspecified	516	8.83
Bengali	34	0.58
Chinese	21	0.36
Polish	19	0.32
Russian	9	0.15
Urdu	8	0.14
Other	7	0.12

Language	Patients	Percentage
Arabic	6	0.10
Punjabi	6	0.10
Farse	4	0.07
Sign Language	2	0.03
Turkish	2	0.03
French	1	0.02
Spanish	1	0.02

Table 12 – Maternity Admissions by Religion

Religion	Patients	Religion	Patients
Unknown	2157	Hindu	4
Church of England	2112	Non-Conformist	3
None	862	Pentecostal	3
Roman Catholic	448	Spiritualist	3
Unspecified	133	Christian Sci	2
Muslim	106	Free Church	2
Christian	89	Mormon	2
Methodist	66	Buddhist	1
Sikh	14	Church of Scotland	1
Christadelphian	5	Presbyterian	1
Jehovah's Witness	5	Salvation Army	1

Figure 10 – Maternity Outpatient Attendances by Age

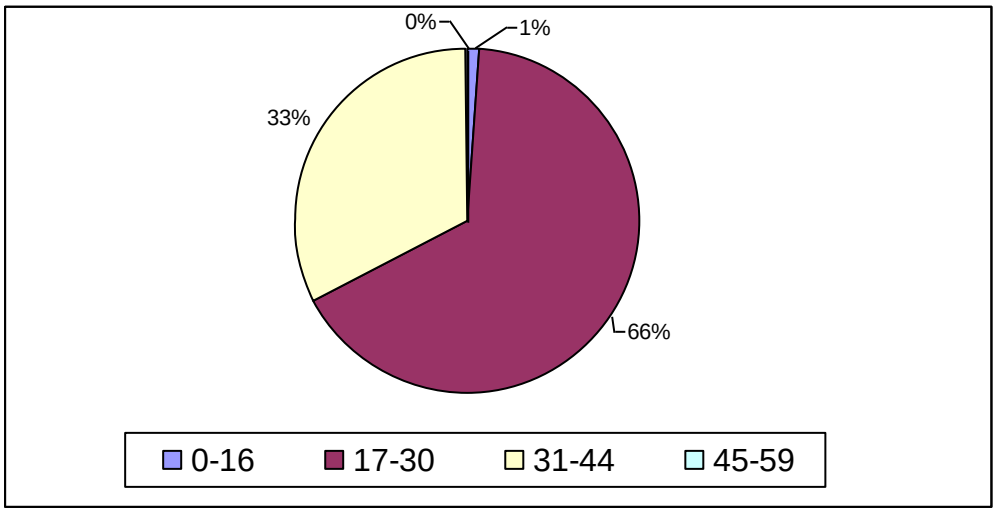


Table 13 - Maternity Outpatient Attendances by Ethnicity

Ethnic Origin	Number of Patients	Percentage
White British	9855	85.13
Unspecified	929	8.02
Bangladeshi	165	1.43
Any Other White Background	105	0.91
Any Other Ethnic Group	99	0.86
Indian	82	0.71
Any Other Asian Background	78	0.67
African	76	0.66
Pakistani	65	0.56
Chinese	52	0.45
White and Black African	18	0.16
Black British / Other Black Background	16	0.14
White and Asian	16	0.14
White - Irish	13	0.11
Any Other Mixed Background	6	0.05
Caribbean	1	0.01
White and Black Caribbean	1	0.01

Table 14 – Maternity Outpatient Attendances by Language

Language	Patients	Percentage	Language	Patients	Percentage
English	9559	82.57	Urdu	8	0.07
Unspecified	1839	15.88	Russian	7	0.06
Bengali	40	0.35	Greek	6	0.05
Other	34	0.29	Farse	4	0.03
Chinese	30	0.26	Portuguese	2	0.02
Polish	23	0.20	French	1	0.01
Punjabi	13	0.11	Italian	1	0.01
Arabic	10	0.09			

Table 15 – Maternity Outpatient Attendances by Religion

Religion	Patients	Religion	Patients
Church of England	4111	Jehovah's Witness	9
Unknown	3277	Non-Conformist	9
None	1445	Lutheran	6
Roman Catholic	823	Baptist	5
Unspecified	578	Christian Sci	5
Muslim	280	Buddhist	4
Christian	171	Christadelphian	4
Methodist	125	Spiritualist	3
Sikh	27	Evangalist	1
Hindu	21	Mormon	1
Church of Scotland	13	Salvation Army	1
Pentecostal	11	Seventh Day Adventist	0

Figure 11 – Maternity Outpatient DNAs by Age

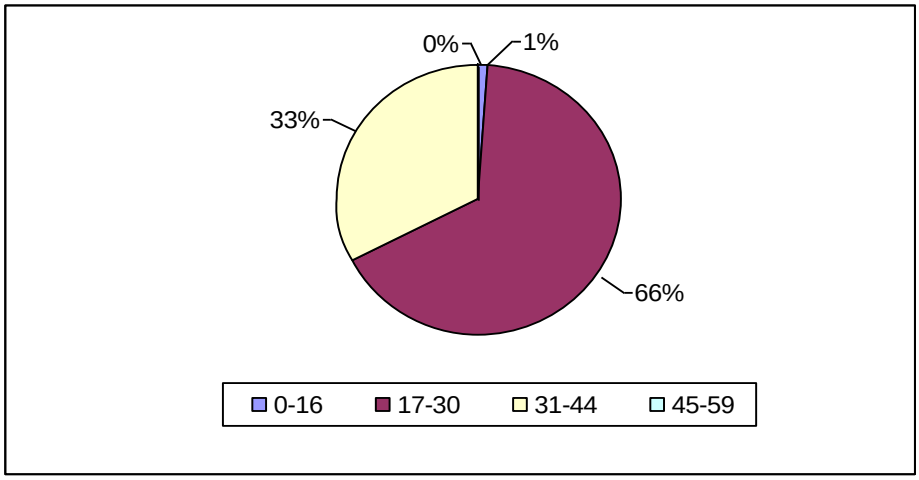


Table 16 – Maternity Outpatient DNAs by Ethnicity

Ethnic Origin	DNA	Percentage
White British	53134	71.64%
Unspecified	18919	25.51%
Bangladeshi	341	0.46%
Any Other Ethnic Group	299	0.40%
Any Other Asian Background	263	0.35%
Indian	246	0.33%
White	201	0.27%
Any Other White Background	188	0.25%
African	134	0.18%
White - Irish	127	0.17%
Chinese	111	0.15%
Pakistani	108	0.15%
Any Other Mixed Background	48	0.06%
Black British / Other Black Background	47	0.06%

Table 17 – Maternity Outpatient DNAs by Language

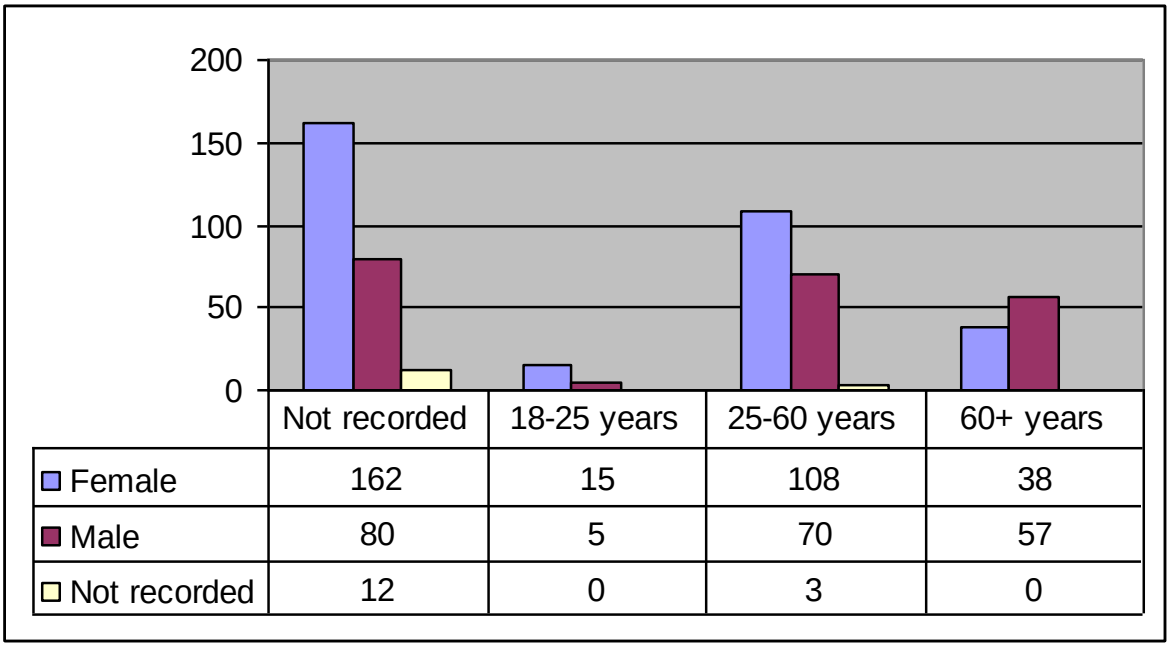
Language	DNA	Language	DNA
English	689	Farse	0
Unspecified	142	Greek	0
Bengali	5	Italian	0
Chinese	2	Polish	0
Other	2	Portuguese	0
Arabic	1	Russian	0
French	1	Urdu	0
Punjabi	1		

Table 18 – Maternity Outpatient DNAs by Religion

Religion	DNA	Religion	DNA
Church of England	321	Christian	13
Unknown	222	Methodist	7
None	113	Free Church	1
Unspecified	89	Hindu	1
Roman Catholic	53	Presbyterian	1
Muslim	22		

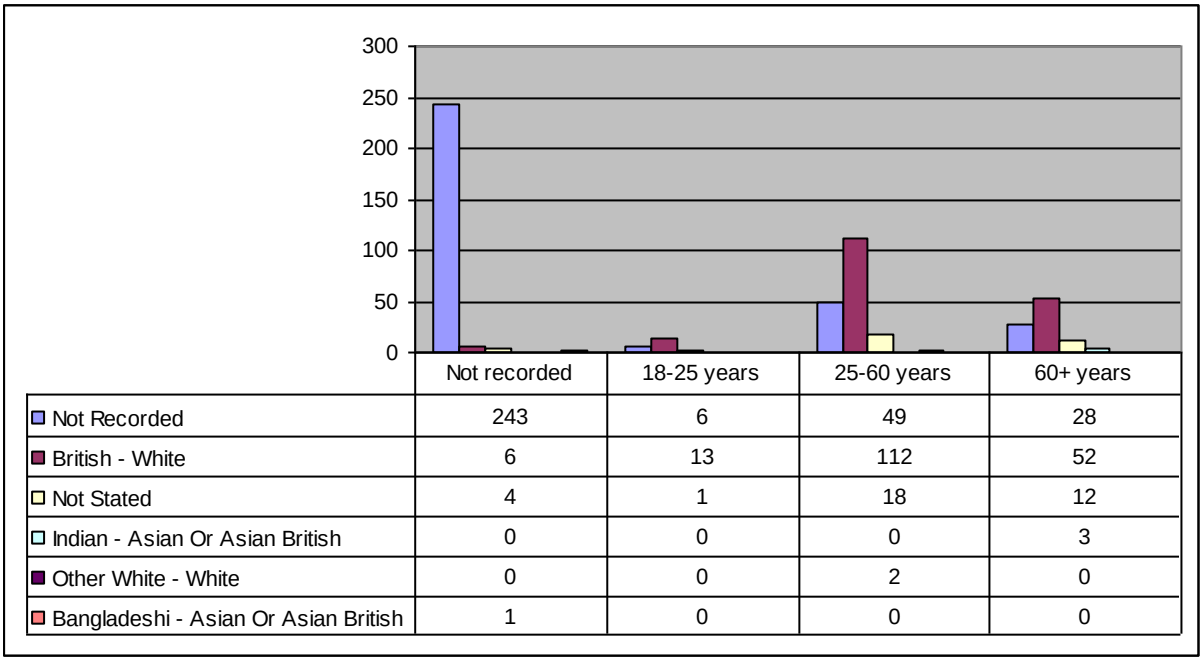
PATIENT ADVICE & LIAISON SERVICES (PALS) AND COMPLAINTS

Figure 12 – Complaints by Gender and Age



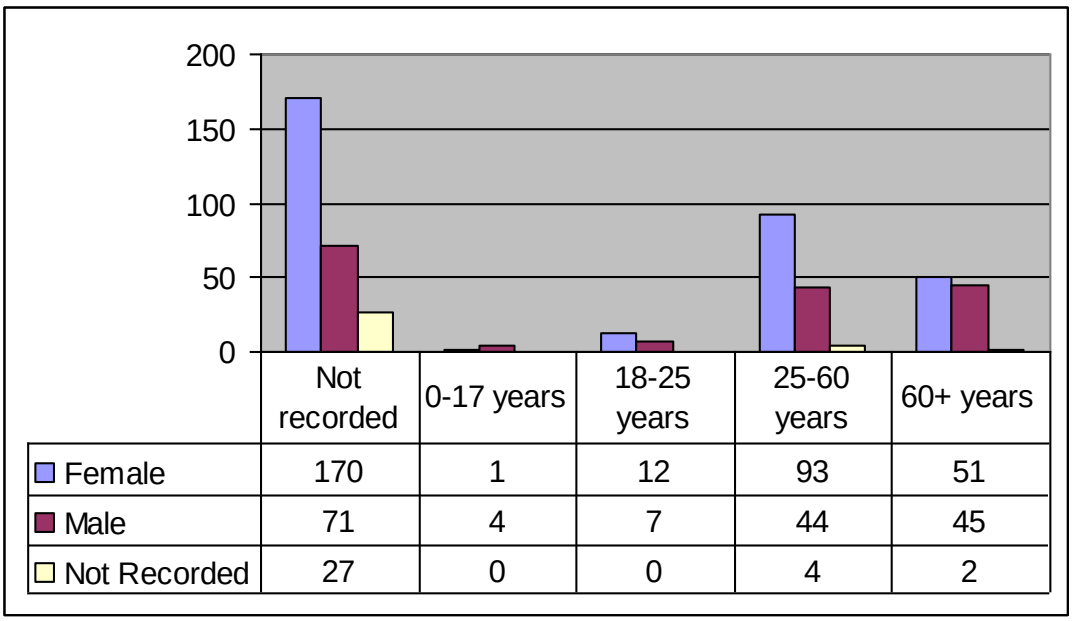
	Not recorded	18-25 years	25-60 years	60+ years
Female	162	15	108	38
Male	80	5	70	57
Not recorded	12	0	3	0

Figure 13 – Complaints by Ethnicity and Age



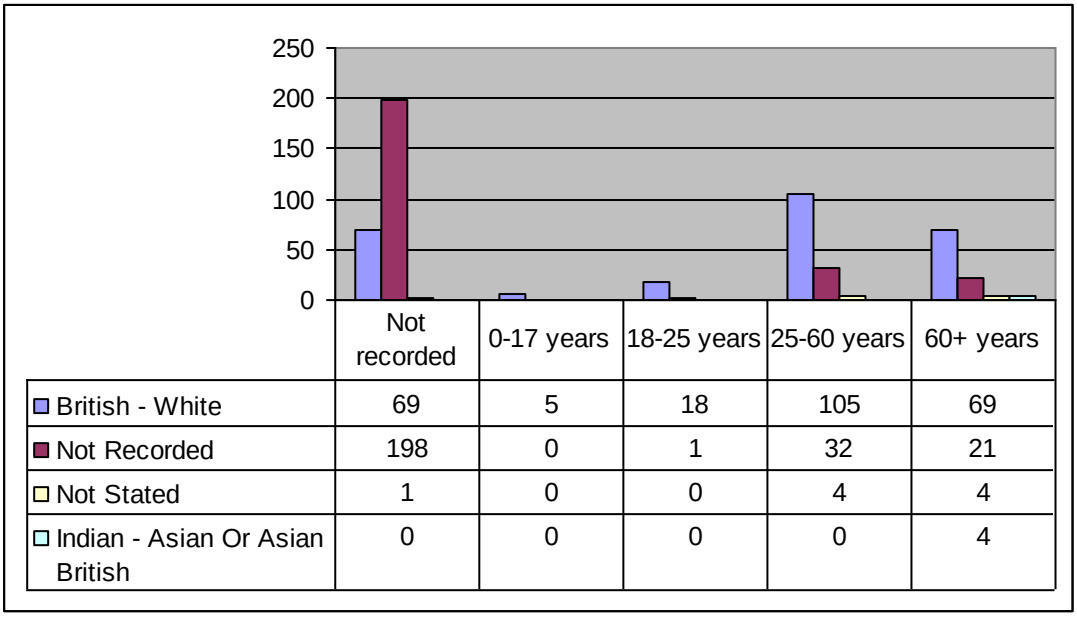
	Not recorded	18-25 years	25-60 years	60+ years
Not Recorded	243	6	49	28
British - White	6	13	112	52
Not Stated	4	1	18	12
Indian - Asian Or Asian British	0	0	0	3
Other White - White	0	0	2	0
Bangladeshi - Asian Or Asian British	1	0	0	0

Figure 14 – PALS Service Users by Gender and Age Group



	Not recorded	0-17 years	18-25 years	25-60 years	60+ years
Female	170	1	12	93	51
Male	71	4	7	44	45
Not Recorded	27	0	0	4	2

Figure 15 – PALS Service Users by Ethnicity and Age



	Not recorded	0-17 years	18-25 years	25-60 years	60+ years
British - White	69	5	18	105	69
Not Recorded	198	0	1	32	21
Not Stated	1	0	0	4	4
Indian - Asian Or Asian British	0	0	0	0	4

Appendix 2: Workforce Equality Information

All data contained within this Appendix is sourced from City Hospitals NHS Foundation Trust data 2010-11.

WORKFORCE

Figure 1 – Gender (Headcount)

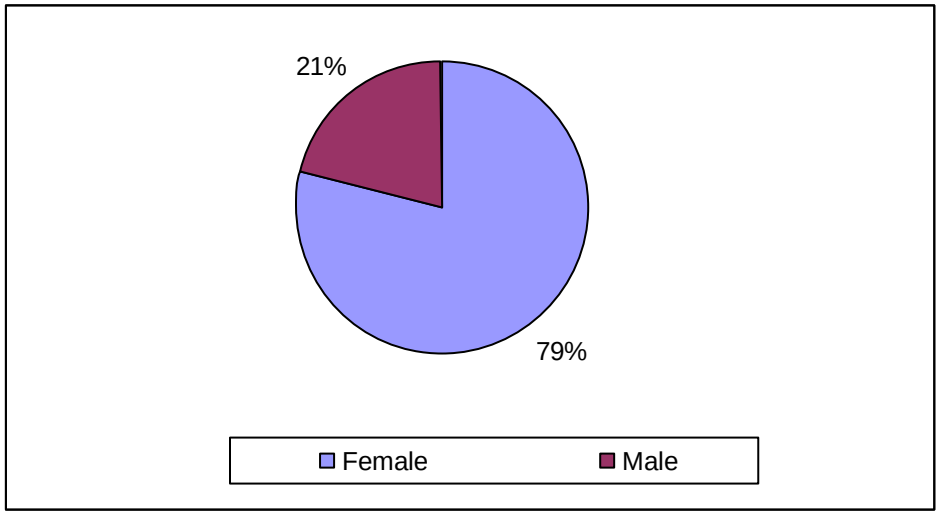
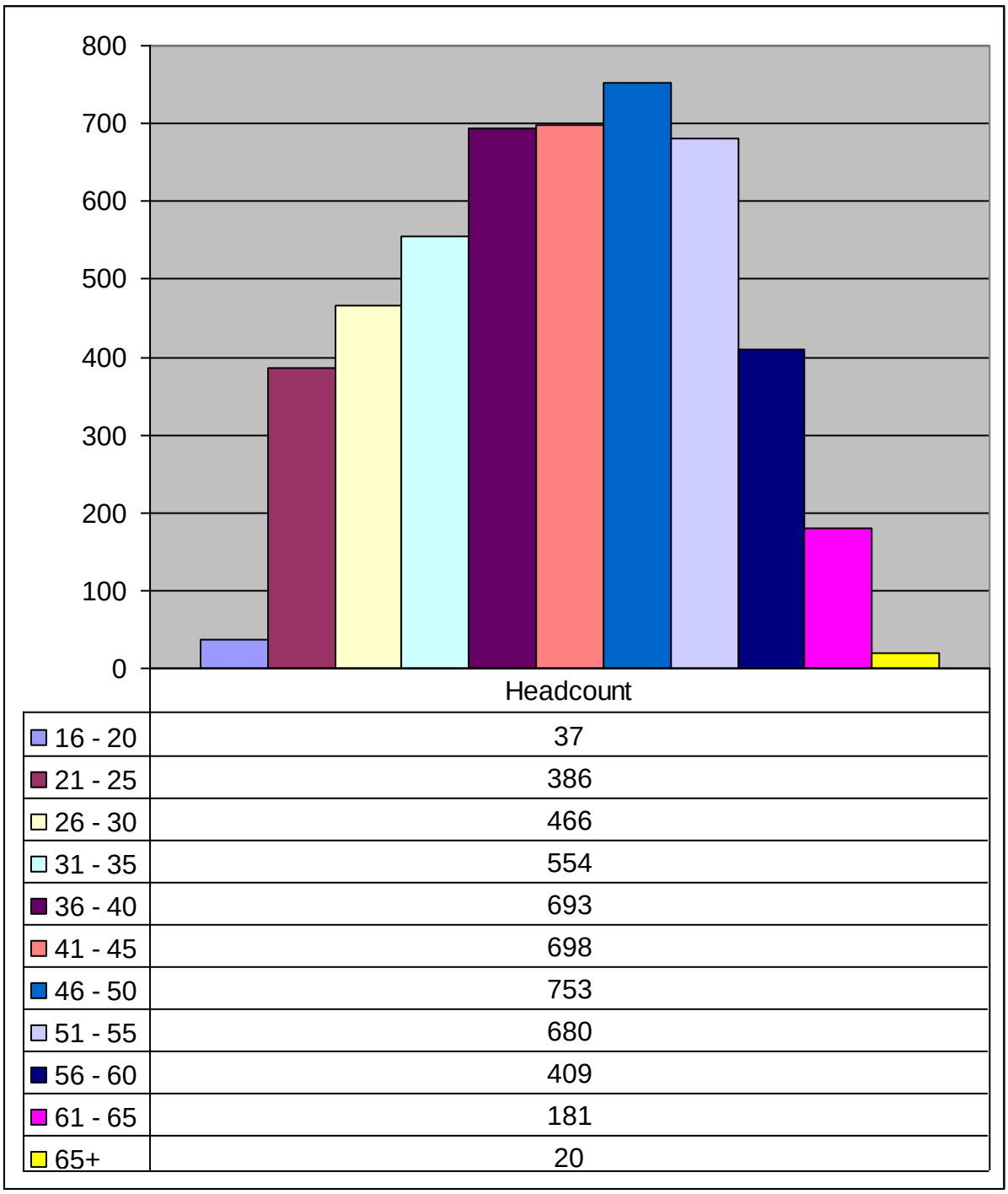


Table 1 – Ethnic Origin

	FTE	Headcount	Headcount%
White - British	3,668.25	4,200	86.12%
White - Irish	29.96	33	0.68%
White - Any other White background	49.26	54	1.11%
White Scottish	1.00	1	0.02%
White Polish	0.43	1	0.02%
Mixed - White & Black Caribbean	3.00	3	0.06%
Mixed - White & Black African	4.56	5	0.10%
Mixed - White & Asian	8.80	9	0.18%
Mixed - Any other mixed background	7.46	8	0.16%
Asian or Asian British - Indian	169.85	175	3.59%
Asian or Asian British - Pakistani	20.69	22	0.45%
Asian or Asian British - Bangladeshi	6.63	8	0.16%
Asian or Asian British - Any other Asian background	207.09	209	4.29%
Asian British	1.00	1	0.02%
Black or Black British - Caribbean	5.43	6	0.12%
Black or Black British - African	39.64	40	0.82%
Black or Black British - Any other Black background	4.41	5	0.10%
Chinese	8.00	8	0.16%
Any Other Ethnic Group	45.77	47	0.96%
Undefined	15.26	20	0.41%
Not Stated	21.38	22	0.45%

Figure 2 – Age Profile



	Headcount
16 - 20	37
21 - 25	386
26 - 30	466
31 - 35	554
36 - 40	693
41 - 45	698
46 - 50	753
51 - 55	680
56 - 60	409
61 - 65	181
65+	20

Table 2 – Religion

	Headcount Percentage
Atheism	0.53%
Christianity	4.80%
Hinduism	0.08%
Undisclosed	0.55%
Islam	0.12%
Other	0.47%
Sikhism	0.02%
Undefined	93.42%

Table 3 – Sexual Orientation

	Headcount Percentage
Bisexual	0.02%
Gay	0.06%
Heterosexual	5.68%
Undisclosed	0.43%
Lesbian	0.08%
Undefined	93.73%

WORK EXPERIENCE

Figure 3 – Gender

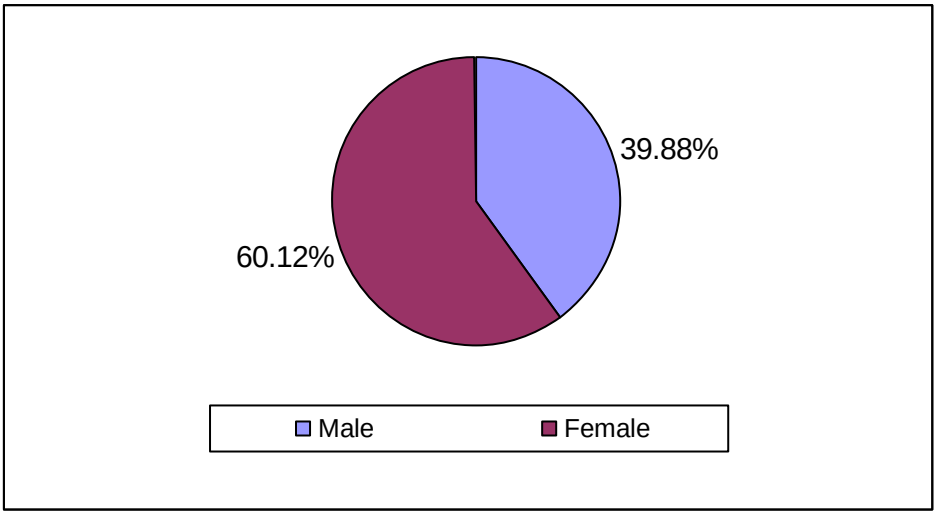


Table 4 – Ethnicity

Ethnicity	Placements
African	3
Any other Asian background	2
Any other White	1
Bangladeshi	5
Chinese	1
Indian	8
Undisclosed	3
White & Asian	1
White British	144

Table 5 – Nationality

Nationality	Number
Asian British	1
British	159
Chinese	1
Congolese	1
Egyptian	1
Indian	1
Sri Lankan	2
Zimbabwean	2

Table 6 – Religion

	Number
Atheism	15
Christianity	107
Hinduism	2
Islam	7
Sikhism	2
Undisclosed	35

Appendix 3: Care Quality Commission Standards that relate to Equality, Diversity and Human Rights

1.1a People who use services experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights *(Regulation 4, Outcome 4)*
1.1b People who use services are supported to have adequate nutrition and hydration *(Regulation 14, Outcome 5)*
1.1c People who use services receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services *(Regulation 24, Outcome 6)*
1.1d People who use services and people who work in or visit the premises benefit from equipment that is comfortable and meets their needs *(Regulation 16, Outcome 11)*
1.1e People who use services can be confident that their personal records are accurate, fit for purpose, held securely and remain confidential *(Regulation 20, Outcome 11)*
1.3a Service users are protected against identifiable risks of acquiring such an infection *(Regulation 12, Outcome 8)*
1.3b People who use services are protected from abuse, or the risk of abuse, and their human rights are respected and upheld *(Regulation 11, Outcome 7)*
1.3c People who use services will have their medicines at the time they need them, and in a safe way *(Regulation 13, Outcome 9)*
1.3d People who use services and people who work in or visit the premises are in safe, accessible surroundings that promote their wellbeing *(Regulation 15, Outcome 10)*
1.3e People who use services and people who work in or visit the premises are not at risk of harm from unsafe or unstable equipment (medical and non-medical equipment, furnishings or fittings) *(Regulation 16, Outcome 11)*
1.3f People who use services can be confident that records required to be kept to protect their safety and wellbeing are maintained and held securely where required *(Regulation 20, Outcome 21)*
2.2a People who use services understand the care, treatment and support choices available to them *(Regulation 17, Outcome 1)*
2.2b People who use services where they are able give valid consent to the examination, care, treatment and support they receive; and understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed *(Regulation 18, Outcome 2)*

2.2c People who use services, or others acting on their behalf, who pay the provider for the services they receive: know how much they are expected to pay, when and how; know what the service will provide for the fee paid; and understand their obligations and responsibilities *(Regulation 19, Outcome 3)*
2.2d People who use services wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf *(Regulation 13, Outcome 9)*
2.3a People who use services can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support; have their privacy, dignity and independence respected; have their views and experiences taken into account in the way the service is provided and delivered *(Regulation 17, Outcome 1)*
2.3b People who use services can be confident that their human rights are respected and taken into account *(Regulation 18, Outcome 2)*
2.3c People who use services or others acting on their behalf: are sure that their comments and complaints are listened to and acted on effectively; know that they will not be discriminated against for making a complaint *(Regulation 19, Outcome 17)*
3.3a People who use services are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job *(Regulation 21, Outcome 12)*
3.3b People who use services are safe and their health and welfare needs are met by sufficient numbers of appropriate staff *(Regulation 22, Outcome 13)*
3.3c People who use services are safe and their health and welfare needs are met by competent staff *(Regulation 23, Outcome 14)*
3.3d People who use services have their needs met by the service because it is provided by an appropriate person *(Regulation 4, Outcome 22)*
3.4 The workplace is free from actual and potential discrimination - from recruitment to retirement - and all staff are able to fully realise their potential
4.1a The registered person recognises the diversity, values and human rights of people who use services *(Regulation 17, Outcome 1)*
4.1b People who use services benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety *(Regulation 10, Outcome 16)*

Appendix 4:

Here is a guide to some of the commonly used terms that are used in relation to equality and diversity, many of which have been used in the Strategy.

Term	What it means
Access	The extent to which people are able to receive the information, services or care they need and are not discouraged from seeking help (e.g. premises suitable for wheelchairs; information in Braille/large print and other formats and languages; and the provision of culturally appropriate services).
Ageism	Discrimination against people based on assumptions and stereotypes about age.
Black and Minority Ethnic (BME)	Term currently used to describe range of minority ethnic communities and groups in the UK – can be used to mean the main Black and Asian and Mixed racial minority communities or it can be used to include all minority communities, including white minority communities.
Champion	Someone who is appointed to stand up for the interests of a particular user group or issue (e.g. Equality and Diversity). A champion can be a senior staff member in health or social services; a councillor; or a representative of the group concerned, e.g. older people.
Commissioning	The process of specifying, purchasing and monitoring services to meet the needs of the local population.
Comply	To make sure the Trust meets the requirements of different Equality and Diversity legislation.
Consultation	Asking for views on services or policies from service-users, staff, decision-making groups or the general public. Consultation can include a range of different ways of consulting, e.g. focus groups, surveys and questionnaires or public meetings.

Term	What it means
Culture	Relates to a way of life. All societies have a culture, or common way of life, which includes: • Language — the spoken word and other communication methods • Customs — rites, rituals, religion and lifestyle • Shared system of values — beliefs and morals • Social norms — patterns of behaviour that are accepted as normal and right (these can include dress and diet).
Direct Discrimination	Treating one person less favourably than another on the grounds of one of the protected characteristics.
Disability	The Equality Act 2010 defines disability as: “a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.”
Discrimination	Unfair treatment based on prejudice. In health and social care, discrimination may relate to a conscious decision to treat a person or group differently and to deny them access to relevant treatment or care.
Discrimination by association	This is direct discrimination against someone because they associate with another person who possesses a protected characteristic.
Discrimination by perception	Direct discrimination against someone because the others think they possess a particular protected characteristic.
Diversity	Appreciating diversity goes beyond the mere recognition that everyone is different; it is about valuing and celebrating difference and recognising that everyone through their unique mixture of skills, experience and talent has their own valuable contribution to make.
Duty	Under equalities legislation public authorities have gender duties and specific duties. These are things that have to be done by the authority in order to meet with the requirements of the law.
EDS	Equality Delivery System – is a public commitment of how NHS intends to meet the duties placed on it by the Equality Act.

Term	What it means
Equal Opportunities	This is a term used for identifying ways of being disadvantaged either because of, for example, race, disability, gender, age, religion/belief or sexuality. 'Equal Opportunities' is an attempt to provide concrete ways to take action on the inequalities revealed by analysis of the differences and barriers that exist for people in the above groups.
Equalities	This is a short hand term for all work carried out by an organisation to promote equal opportunities and challenge discrimination, both in employment and in carry out functions and delivering services.
Equality	Equality is about making sure people are treated fairly and given fair chances. Equality is not about treating everyone in the same way, but it recognises that their needs are met in different ways.
Equality Impact Assessment	An Equality Impact Assessment (EIA) is a way of systematically and thoroughly assessing the effects that a proposed policy or project is likely to have on different groups
Ethnicity	A sense of cultural and historical identity based on belonging by birth to a distinctive cultural group.
Gender	Gender options are male, female, or other (in order to allow an option for transgender and self-identifying individuals).
Gender Dysphoria	Gender dysphoria is a condition in which a person feels that they are trapped within a body of the wrong sex.
Genuine Occupational Requirement (GOR)	In strictly limited situations, each piece of anti-discrimination legislation allows for a job to be restricted to a person of a particular race, disability, gender, age, religion / belief, sexual orientation if it is proportionate to apply a GOR to the job.
Harassment	Behaviour which is unwelcome or unacceptable and which results in the creation of a stressful or intimidating environment for the victim amounts to harassment. It can consist of verbal abuse, racist jokes, insensitive comments, leering, physical contact, unwanted sexual advances, ridicule or isolation.

Term	What it means
Homophobia	An irrational fear of, aversion to, or discrimination against people who are gay and homosexuality.
Homosexual	This term refers to a person, male or female, who is sexually and emotionally attracted to people of the same sex. It is both a legalistic and medical term and so its use is often seen to be oppressive.
Indirect Discrimination	Setting rules or conditions that apply to all, but which make it difficult for a protected characteristic group to comply with.
Institutional Racism	Occurs when the systems and procedures in an organisation discriminate against a person – or a group of people – on the basis of race.
Interpreting	The conversion of one spoken language into another, enabling communication between people who do not share a common language.
Lesbian	This term refers to a woman who is sexually and emotionally attracted to other women.
LGB	Lesbian, Gay and Bisexual
Monitoring	The process of collecting and analysing information about people's gender/racial or ethnic origins/disability status/sexual orientation/religion or belief/age to see whether all groups are fairly represented.
Multicultural	Of, or relating to many cultures; including people who have many different customs and beliefs. For example, Britain is increasingly a multicultural society.
National Origin	Relates to the country where someone was born, regardless of where they are now living and their current citizenship.
PCT	Primary Care Trust
Perception discrimination	This is direct discrimination against an individual because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that characteristic.

Term	What it means
Positive Action	Activity intended to improve the representation in a workforce where monitoring has shown a particular group to be under-represented, either in proportion to the profile of the total workforce or of the local population. Positive action permitted by the anti-discrimination legislation allows a person to: - provide facilities to meet the special needs of people from particular groups in relation to their training, education or welfare, and - target job training at people from groups that are under-represented in a particular area of work, or encourage them to apply for such work. Positive action is not the same as positive discrimination.
Positive Discrimination	Selecting someone for a job / promotion / training / transfer etc purely on the basis of their race, disability, gender, age, religion or belief, or sexual orientation, and not on their ability to do the job.
Prejudice	Means to pre-judge someone, knowing next to nothing about them but jumping to conclusions because of some characteristics, like their appearance.
Procurement	Procurement can be defined as the responsibility for obtaining (whether by purchasing, lease, hire or other legal means) the services, equipment, materials or supplies required by an organisation so it can effectively meet its business objectives.
Race	A human population considered distinct based on physical characteristics such as skin colour. This term is often interchanged with ethnicity. Ethnicity is a term which represents social groups with a shared history, sense of identity, geography and cultural roots which may occur despite racial difference.
Racial Group	A group of people defined by race, colour, nationality and ethnic or national origins. All racial groups are protected from unlawful racial discrimination.
Racism	Belief (conscious or unconscious) in the superiority of a particular race, leading to acts of discrimination and unequal treatment based on an individual's skin colour or ethnic origin or identity.

Term	What it means
Religion	The term religion – sometimes used interchangeably with faith or belief system – is commonly defined as belief concerning the supernatural, sacred, or divine, and the moral codes, practices and institutions associated with such belief.
SES	Single Equality Scheme
Sexism	A prejudice based on a person's gender in which one gender is seen as inferior. Also may be used to describe discrimination on grounds of gender.
Sexual Orientation	Within the sexual orientation regulations, sexual orientation is defined as: - An orientation towards persons of the same sex (lesbians and gay men) - An orientation towards persons of the opposite sex (heterosexual) - An orientation towards persons of the same sex and opposite sex (bisexual)
Sexuality	This term refers to the general sexual preferences of people i.e. both lesbian and gay and heterosexual. It is often a preferable term to use to that of sexual orientation.
SLAs	Service Level Agreement is a form of contract between two parties.
Social inclusion	The position from where someone can access and benefit from the full range of opportunities available to members of society. It aims to remove barriers (social exclusion) for people or for areas that experience a combination of linked problems, such as unemployment, poor skills, low incomes, poor housing, high crime environments, poor health and family breakdown.
Social Model	A model created and endorsed by disabled people internationally, this emphasises the barriers and structures which exclude disabled people, rather than their disabilities.
Stereotypes	Generalisations concerning perceived characteristics of all members of a group – rather than treating people as individuals.

Term	What it means
Third Party Harassment	Third party harassment means harassment caused by a person or group of people who work outside the control of the employer, such as contractors, clients, customers, vendors and suppliers, or some other party which makes frequent visits in the place of business.
Transsexual/Transgender People	Transgender, transsexual or trans person describes a person who appears as, wishes to be considered as, or has undergone or is undergoing surgery to become a member of the opposite sex.
Victimisation	Treating people less favourably because they have made a complaint or intend to make a complaint about discrimination or harassment.
Workforce Profile	What our workforce looks like. Make up of the people who work for an organisation. Analysing the workforce profile allows us to see how many people from different groups work for the organisation. It also allows us to see what kind of jobs people do, how much they are paid and at what grades to see if there are any patterns.