

TAUNTON AND SOMERSET NHS FOUNDATION TRUST

THE SINGLE EQUALITY SCHEME 2017- 2020

DOCUMENT CONTROL

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Target Audience	This document is intended for the Trust's staff, service users, carers, partner companies and the general public.

Document History

Date of Issue	Version Number	Date of Next Review	Date of Approval	Lead Responsible for Change	Nature of Change
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1. EXECUTIVE SUMMARY

- 1.1** The Taunton & Somerset NHS Foundation Trust's Single Equality Scheme and Action Plan sets out the organisation's approach to championing equality and diversity, and eliminating discrimination, both as an employer and as a healthcare provider from January 2017 to January 2020. This will be useful to the Trust's staff, service users, their carers, visitors, contractors and partner organisations.
- 1.2** The Single Equality Scheme and Action Plan have been produced at a time when the Equality Act 2010 is established and consolidates equality and diversity legislation. This process was gradual, and has entailed the Trust implementing various provisions in October 2010, April 2011 and in 2012.
- 1.3** The Trust is committed to providing a health service that respects and responds to the diversity of the local population, and not to discriminate on the grounds of all the protected characteristics. These are race, gender, disability, age, sexual orientation, religion, belief or human rights. Equally, the Trust is committed to developing, supporting and sustaining a diverse workforce that is representative of the community it serves.
- 1.4** The Single Equality Scheme sets out the Trust's strategic, national and local context based on all the protected characteristics, including how it intends to improve access to frequently overlooked community groups, and how it will drive the process. In addressing this, the Trust will ensure equitable access to its services, employment, promotion and training, and individualised care and treatment.
- 1.5** The Action Plan (annually reviewed by the Trust Governance Committee – Trust Board sub-committee) includes details on how the Trust will meet its obligations as described by the Single Equality Scheme. It includes actions, those responsible for achieving them, and whether they refer to a specific type of protected characteristic, or all protected characteristics.
- 1.6** The Action Plan will be reviewed by the Equality and Diversity working group at least once a year in order to amend or update it. Any new issues will be included and amended in the Action Plan. The outcome of these reviews will be reported to the Governance Committee at least once a year.
- 1.7** The Trust will ensure that all staff have access to equality and diversity training. This will help develop a culturally capable workforce that treats all its service users with dignity and respect.
- 1.8** The Trust will monitor for any adverse and differential impact on all the protected characteristics. Staff and service user information in relation to the protected characteristics will be reported on the Trust's internet and intranet websites, and the annual report. This information is monitored to improve equality of access for all diverse groups.
- 1.9** The Trust will respond to enquiries and comments from service users, carers and members of the local community through its Patient Advice and Liaison Service (PALS) with regard to services or policies that do not adhere to legislation, or are deemed to be unfavourable.

2. INTRODUCTION

- 2.1** This is Taunton and Somerset NHS Foundation Trust's Single Equality Scheme and Action Plan for the period covering January 2017 to January 2020.
- 2.2** The Single Equality Scheme is the Trust's public commitment on how it plans to meet the duties placed on it by equality and diversity legislation from January 2017 to January 2020.
- 2.3** The Single Equality Scheme is referred to as being a 'single' scheme because it describes and responds to the Trust's statutory duties to collectively promote race, gender, disability, age, sexual orientation, religion; and belief equality. For a more comprehensive approach, the Trust will also include human rights equality.
- 2.4** The Trust is committed to providing a health service that respects and responds to the diversity of the population, and not to discriminate on grounds of gender, race, ethnic origin, colour, nationality, national origin, disability, sexual orientation, religion, belief, age or any other difference.
- 2.5** The Single Equality Scheme and Action Plan will enable the Trust to communicate and manage equality commitments, so ensuring that the organisation:
- Maximises its commitment to reducing inequalities in people's health and promoting equality of access to, experience of and outcomes of healthcare
 - Becomes a model employer in respect to equality in employment
 - Meets its statutory duty to comply fully with current and future legislation on human rights
- 2.6** The Action Plan sets out detailed and specific areas in which the Trust will continue to progress its work in promoting equality, eliminating unlawful discrimination and promoting good relations between diverse groups and individuals.
- 2.7** The Action Plan takes into account the Trust's strategic objectives and aims to deliver equality to its staff, service users, their carers, visitors, contractors, partner organisations and all stakeholders as to how the Trust proposes to address issues of equality and diversity.
- 2.8** The Trust is committed to developing, supporting and sustaining a diverse workforce that is representative of the community it serves.
- 2.9** The process of producing and delivering the Single Equality Scheme and Action Plan have given the Trust further opportunity to consolidate past work on equality and diversity and agree on key priorities for the next three years.

3. THE TRUST'S OVERVIEW

Taunton and Somerset NHS Foundation Trust is the largest acute hospital in Somerset. It serves a population of 340,000, rising to 500,000 for some specialist services. The vast majority of its services are provided from Musgrove Park Hospital in Taunton. Musgrove Park is a District General Hospital providing a wide range of inpatient, day

case and outpatient services. It has 5 general operating theatres, 3 dedicated orthopaedic theatres, 3 dedicated head and neck theatres, and a day surgery centre with 3 theatres. The hospital provides paediatric inpatient services, maternity services including neo-natal intensive care, and a midwife-led birthing unit. There are around 600 beds. Cancer services are provided from the Beacon Centre on site, including radiotherapy and chemotherapy. The trust's annual budget is around £270m. In recent years there has been a greater focus on staff engagement and development. Investment in organisational development and learning, coupled with a focus on better staff engagement, has led to greatly improved staff survey performance and the trust being in the top 5 nationwide for engagement. The trust is working together with partners as part of the Somerset STP (Sustainability and Transformation Plan) area to transform services and deliver quality and financial sustainability into the future. This will have significant workforce implications, particularly as currently-separate organisations work closer together. This has already begun to happen, as some back-office services have begun to merge and some clinical services have redesigned their pathways. A key workforce challenge in the coming years will be to ensure that the STP delivers a strong and supported workforce empowered to enact transformational change.

4. THE TRUST'S VALUES

- 4.1 Patient care is at the heart of what the Trust does, and the Trust will do all that it can to make each patient's experience better.
- 4.2 It is fundamental to the Trust that they have exceptional staff to facilitate the delivery of excellent patient care. The Trust believes that their staff makes a difference, is clear about responsibility and will support staff development.
- 4.3 The Trust acknowledges and implements the principles and values of The NHS Constitution. In accordance with The NHS Constitution, NHS values which provide common ground for cooperation to achieve shared aspirations will be practiced. These are respect and dignity, commitment to quality of care, compassion, the improvement of lives, working together for patients and ensuring that everyone counts.
- 4.4 The Trust acknowledges that everyone is different, and can make a difference. Therefore, everyone will be treated with dignity and respect. The Trust will ensure that there is clinical involvement in its decision making process, as the best patient care happens where there is clear leadership and a willingness to learn. The Trust will encourage openness, honesty, feedback, will look to learn and improve; and not blame or scapegoat.
- 4.5 In delivering all its services, the Trust knows that teamwork makes for better care for its patients and a better working environment. The Trust will work closely with its colleagues, patients, healthcare partners and the community to deliver the best patient care.
- 4.6 The Trust recognises that the best patient care comes from excellence becoming the standard. Thus, the Trust looks to continuously improve, and create flexibility for innovation.

5. THE TRUST'S ROLES AND RESPONSIBILITIES

5.1 BOARD CHAMPION

The Board Champion has the ultimate responsibility for equality and diversity issues within the Trust and is responsible for ensuring that this Strategy is fully implemented, and commits to a bi-annual review Board update.

5.2 DIRECTOR OF PEOPLE

The Director of People ensures responsibility for equality and diversity strategy, and reviews board papers pertaining to Equality and Human Rights issues, with the assistance of the Head of Integrated Governance and Trust Secretary. They also ensure that the content of the Action Plan is appropriate and agreed measures are completed.

5.3 DIRECTOR OF PATIENT CARE

The Director of Patient Care is responsible for supporting patient equality and ensuring that it is integrated in all equality work. The director liaises periodically with Consultation groups that inform the strategy, and works with the Director of People to ensure collaboration of staff and patient equality.

5.4 ALL TRUST DIRECTORS, MANAGERS AND STAFF

Each member of Trust Staff is accountable and responsible for actions within their area and for ensuring equality, diversity, dignity and respect are at the core of all the Trust's work with all service users and their carers.

6. DEFINITION OF TERMS USED BY THE TRUST

- 6.1 **BAME** Black, Asian and Minority Ethnic. Increasingly being used as a general term to refer to people who belong to an ethnic group that is numerically smaller than the predominant white group in Britain.
- 6.2 **BME** Black and Minority Ethnic. Used to describe people who belong to an ethnic group that is numerically smaller than the predominant white group in Britain. Increasingly being replaced by **BAME**.
- 6.3 **Bisexual** A man or woman who is emotionally, physically and/or sexually attracted to both males and females
- 6.4 **Culture** The system of common beliefs, norms and traditions which distinguishes one group of people from another.
- 6.5 **Dignity** The quality or state of being worthy of esteem or self- respect.

- 6.6 Disability** A disabled person is a person with ‘a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day functions.
- 6.7 Discrimination** The holding of derogatory social attitudes or cognitive beliefs, the expression of negative impact, or the display of hostile or discriminatory behaviours towards members of a group on account of their membership of that group.
- 6.8 Diversity** It is about recognising the range of differences in people and valuing people as individuals, respecting their differences and their differing needs within organisations. It is also about accommodating differences wherever possible so that an individual can play a full part of the working environment.
- 6.9 Equality** Equality refers to everyone having the same chance to gain from any opportunities that arise in the workforce, such as promotion, equal access (having the same opportunity to enter the organisation) and equal share (there being a representation of all groups at each level of the organisation).
- 6.10 Equal Opportunities** The development of practices that promote fairness and equality for all to reach their full potential in all aspects of life and the removal of barriers of discrimination and oppression experienced by certain groups.
- 6.11 Ethnicity, Ethnic Group or Ethnic Origin** Ethnicity refers to social groups who share a cultural heritage with a common language, values, religion, customs and attitudes. It is distinct from race, which is based on differences in outward appearance, such as skin colour. Classifications of ethnicity are limited since they fail to take into account the cultural diversity within ethnic groups that makes them distinct. People sometimes identify with more than one ethnic group.
- 6.12 Gay** This refers to gay men or gay women and is preferred to the word ‘homosexual’, which is clinical in origin (implying a condition or illness) and is usually viewed as an offensive term by gay people. The word gay is normally attributed to men. However it can be used as an all-encompassing term for gay men, lesbians and bisexual people.
- 6.13 Gender** A concept that refers to the social differences between men and women that have been learned, are changeable over time and have wide variations both within and between cultures. The term is often used to differentiate from ‘sex’ which refers to biological differences.
- 6.14 Gender reassignment** It is a collective expression describing a range of hormonal, surgical and therapeutic treatments and interventions which can support an individual’s transition to a social role and physical presentation that is attuned with their gender identity.
- 6.15 Harassment** It is the unwanted conduct that violates a person’s dignity or creates an environment that is intimidating, hostile, degrading or humiliating having regard to all the circumstances and the perceptions of the person harassed.
- 6.16 Inclusive Workplace** An environment where all employees from all diversity groups feel that they are equally valued and that they receive equal, equitable and fair treatment and respect.
- 6.17 Institutional Racism** The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice,

ignorance, thoughtlessness and racist stereotyping, which disadvantage minority ethnic people.

- 6.18 Lesbian** A woman who is emotionally, physically and/or sexually attracted to women. Not all lesbians are comfortable with the term and choose to identify themselves as either gay or gay women.
- 6.19 LGBT** A term that refers to people who are lesbian, gay, bisexual or transgender.
- 6.20 Mainstreaming** The integration of equality and diversity into policy development, implementation, evaluation and review. Each part of the organisation accepts its own responsibility for promoting equality of opportunity and challenging discrimination.
- 6.21 Positive Discrimination** Favourable treatment to a particular group on basis of, for example their disability.
- 6.22 Race** A social concept that refers to the physical characteristics and differences of people from different parts of the world. Generally concerns the colour of the person's skin, their national origin or ethnic group.
- 6.23 Religion or Belief (including the lack of religion, or lack of belief)** A belief in, or recognition of, or an awakened sense of higher, unseen power or powers. It is the philosophical search for wisdom and knowledge, and the investigation of the nature of being.
- 6.24 Respect** denotes both a positive feeling of esteem for a person or other entity (such as sexual orientation or a religion), and also specific actions and conduct representative of that esteem. Respect can be a specific feeling of regard for the actual qualities of the one respected. It can also be conduct in accordance with a specific ethic of respect. Rude conduct is usually considered to indicate a lack of respect, **disrespect**, whereas actions that honour somebody or something indicate respect.
- 6.25 Sexual Orientation** A person's emotional, physical and/or sexual attraction and the expression of the attraction. It is not a choice people make; rather sexuality is something that a person is born with. Sexual orientation is the orientation towards ' persons of the same sex; persons of the opposite sex or persons of the opposite sex and the same sex.
- 6.26 Trans/ Transgender** Transgender has different meanings. In the United Kingdom it is usually an umbrella term for all people who cross gender boundaries, permanently or otherwise. May prefer the adjective 'trans' for the same thing. An individual who has a desire to live and be accepted as a member of the opposite sex from which they were born with, such as men who feel they should have been born female and women who feel they should have been born male. Those who change from being female to male are referred to as trans men, ie. they are now men with a transsexual history. Similarly, those who change from male to female are referred to as trans women, ie. They are now women with a transsexual history.

7. THE TRUST'S SINGLE EQUALITY STRATEGY

- 7.1** Taunton and Somerset NHS Foundation Trust publishes a single document to include all its aims and intentions, its statutory obligations, and to describe its planned actions in relation to Equality and Diversity.
- 7.2** The Trust's Single Equality Strategy and Action Plan in accordance with The Equality Act 2010¹ provides a cross-cutting legislative framework that simplifies and strengthens many Acts and Regulations which formed the basis of anti-discrimination law in the United Kingdom. The Equality Act 2010 instates a Single Equality Duty² on the public sector, and harmonises the core provisions of the different types of discrimination law.
- 7.3** The Equality Act 2010 covers legal obligations in relation to race, disability and gender to include age, disability, race, religion, belief, sexual orientation, gender reassignment, marriage and civil partnership in a Single Equality Duty. The Act brings them together and lists each of them as 'protected characteristics.'
- 7.4** The Trust acknowledges that in addition to addressing these inequalities, it is also important to take socio-economic inequalities into consideration. The average life expectancy in the UK's poorest areas is up to 13 years shorter than in the most affluent areas, and this can be in part attributed to healthcare provision. A Socio-Economic Duty³ has been introduced by The Equality Act 2010 to help narrow the societal gaps between rich and poor, and will be adopted by the Trust. Therefore, in considering the impact of its Single Equality strategic decisions in narrowing socio-economic inequalities the Trust will:
- Examine evidence of socio-economic inequalities
 - Look at actions that will reduce inequalities
 - Give appropriate consideration to those courses of action, balancing them against other policy objectives and available resources
- 7.5** As part of the strategy adopted by the Trust, it is committed to adhering to the 2010 Care Quality Commission Equality and Diversity Registration Requirements. These requirements seek to ensure that individuals benefit from healthcare services that reflect their needs, preferences and diversity.
- 7.6** The Strategy will ensure that individuals are not discriminated against in relation to any aspect of their diversity through its workforce policies and practices including recruitment, retention, training, development, promotion and access to healthcare.

¹ At the time of publication (August 2010), the provisions of The Equality Act were expected to come into force at different times. The Government Equalities Office continues to work on commencing the Act's core provisions in October 2010. The Trust will bring into force different parts of the act when specified by legislation; this is likely to be completed in 2012.

² The Single Equality Duty is expected to come into effect in April 2011

³ The Socio- Economic Duty is expected to come into effect in April 2011

8. THE TRUST'S STRATEGIC CONTEXT

- 8.1** The Trust is conscious of the national and regional socio economic and demographic trends in the United Kingdom. The nation's population is ageing, becoming more ethnically diverse and more mobile. These changes increase the diverse needs of the Trust's patients and service users.
- 8.2** The Trust will work towards eliminating discrimination, bullying and victimisation. It will foster good relationships between groups of people sharing a protected characteristic and those that do not; and will advance equality of opportunity between all persons.
- 8.3** A core commitment of the Trust is to provide fair, accessible services for all and equality of opportunity for its entire staff. As a result the Single Equality Scheme and Action Plan is underpinned by the following:
- The Care Quality Commission's Essential Standards relevant to Equality and Diversity 2010
 - The Equality Act 2010
 - The Human Rights Act 1998
 - The NHS Constitution
- 8.6** The Single Equality Scheme and Action Plan take into account the primary purpose of The Equality Act 2010 in codifying the many Acts and Regulations which formed the basis of anti- discrimination law in the United Kingdom. The Trust will adhere to the following legislation until they are replaced by the Equality Act 2010⁴:
- The Civil Partnership Act 2004
 - The Disability Act 2005
 - The Employment Equality (Age) Regulations 2006
 - The Employment Equality (Religion or Belief) Regulations 2003
 - The Employment Equality (Sexual Orientation) Regulations 2003
 - The Equal Pay Act (as amended) (1970)
 - The Equality Act 2006
 - The Gender Recognition Act (2004)
 - The Race Relations (Amendment) Act 2000
 - The Racial and Religious Hatred Act 2006
 - The Sex Discrimination (Gender Reassignment) Regulations (1999)
 - The Sex Discrimination Act (1975)
- 8.7** Relevant published reports, journals, case studies and statistical information are important to the Trust in proactively meeting its legislative duties, but most importantly to ensure that the health needs of the diverse people and communities who use its services are not overlooked through its actions, decisions and activities.

⁴ The main provisions of The Equality Act 2010 are expected to come into force in October 2010, with the other provisions not coming into force until April 2011; and 2012

9. THE TRUST'S NATIONAL CONTEXT

9.1 Racial Inequalities

- The Trust recognises the differences between the health of the general population and that of BAME groups. Information from the Equality and Human Rights Commission show people from many BAME groups tend to have worse health than the wider population.
- The Equality and Human Rights Commission highlights that
 - BAME communities are among the least satisfied with the services they receive
 - Smoking rates are higher among BAME men
 - Men and women of Indian origin are three times more likely than most people to have diabetes, and Asians and Black Caribbeans are more likely to suffer from diabetes than the general population
 - Young black men are six times more likely than young white men to be sectioned for compulsory treatment under the Mental Health Act

9.2 Gender Inequalities

- The Trust acknowledges that although on average, women live longer than men, a greater proportion of a women's lifespan is lived in ill-health. The Government Actuary's Department states that this is 15% for females compared to 12% for men.
- The differences between men and women in health status are significant, and the disparity in the use of health services is considerable. These differences result from differences in income and social class, age, ethnicity and caring responsibilities. Some examples of inequalities in the area of gender include the following:
 - Men are three times more likely than women to commit suicide
 - Men have higher mortality rates due to respiratory, cancer and circulatory causes
 - Women are more likely to suffer from arthritis and rheumatism over all age groups
- It is estimated that almost a third of men under 40 do nothing about bad health in the hope their illnesses will "go away". This reluctance to seek help means that men are less likely to seek medical attention than women
- While women are more likely to seek help for medical attention, they are generally at more risk of social isolation and hence may find it difficult to engage with for the following reasons:
 - Being the sole primary carer of young children
 - Having longer life expectancy than men, which means in their later years women are at greater risk of living alone
 - Being less likely than men to be able to drive or to own a car This can lead to dependence on public transport which may be inadequate

9.3 Disability Inequalities

- The Trust is conscious that there approximately 10 million disabled people in the United Kingdom, representing 18% of the population. Many of these disabled people have less obvious or non-visible impairments.
- According to Improving the Life Chances of Disabled People, Government Strategy Unit 2005, disabled people do less well than non-disabled people in many areas of life. They are more likely to do less well in terms of employment, income and education, and most likely to face discrimination and negative attitudes and behaviours.
- Nationally, inpatient environments can be inaccessible and lacking in understanding of the needs of people with physical impairments.
- Many people with learning disabilities and older people feel that their health problems can be ignored because of their learning disability and age (Holland A J “ Ageing and learning disability” in British Journal of Psychiatry, vol 176, 2000; Gilchrist C *Turning your back on us – older people and the NHS*, Age Concern, 1999)
- A publication by The Royal National Institute of Deaf People in 2004 entitled *A simple cure* stated that 24% of deaf or hearing impaired people miss an appointment, and 19% miss more than five appointments because of poor communication, most commonly in the form of not hearing staff calling out their name
- Whilst the uptake for breast screening is 76% for women in the UK, it is only 17% (family care) to 52% (formal care) for women with learning disabilities. The uptake for cervical screening is 85% for women aged 20 to 64 but just 3% (family care) to 17% (formal care) for women aged 18 and over with learning disabilities. (Band R *The NHS – health for all? People with learning disabilities and health care*, MENCAP, 1998)

9.4 Age Inequalities

- The Trust is aware of the evidence of negative attitudes from healthcare providers towards older people, which in turn affects the quality of service they receive.
- Specific examples of inequalities experienced by older people include age discrimination. The National Institute of Care and Excellence states that the inequitable provision of appropriate care for older people suffering from fall-related fragility fractures in the United Kingdom has led to unacceptably high rates of mortality and morbidity, and significant financial and social care costs.
- 36% of people aged 75 and over are taking four or more prescribed medicines, and approximately 75% of men and women aged 85 and over have a disability (Office of National Statistics *Living in Britain*, General Household Survey 2002), with disability increasing rapidly with age.

9.5 Religion and Belief Inequalities

- The Trust is aware of the national diversity of religions and beliefs including the prevalence of Christians, Baha'is, Buddhists, Hindus, Jains, Jews, Muslims, Rastafarians, Sikhs and Zoroastrians,
- According to the 2001 Census the majority of people who classify themselves as white, black or of mixed ethnic background describe themselves as Christians. While the great majority of people of Pakistani or Bangladeshi descent are Muslim, some are not. Under half of people of Indian descent are Hindus, with significant numbers of Muslims or Sikh.
- The Trust has found that generally, information on ethnic inequality in health often provides limited detail with regards to religion and belief. Where such inequalities in healthcare are discussed, they tend to be descriptive and lack adequate analysis to explore the direction and nature of the cause of differences.
- This is supported by a report to the Home Office in 2004 by Johnson, M et.al entitled "Racial' and Ethnic Inequalities in Health: A Critical Review of the Evidence". The study states that few studies have been successful in attempting to 'disentangle' the influence of ethnic group membership from other correlated factors including religion and belief. The significantly low use of a healthcare service could be explained by the lifestyle adopted by certain religions, such as the reliance on vegetarian diets, or avoidance of tobacco among Sikhs and alcohol among Muslims. However, this is not conclusive. It is possible that low use of services to deal with alcohol or tobacco-related problems may indicate difficulties in accessing healthcare services, or be unexplored factors.

9.6 Sexual Orientation Inequalities

- The Trust is mindful of the many lesbian, gay and bisexual and transgender (LGBT) people that face discrimination in today's society, and realises that the experience of homophobia, transphobia and heterosexism can have a serious health impact on young people, and the vulnerable.
- LGBT people make up 7% of the United Kingdom population (Department of Trade and Industry, 2003). For LGBT people, their sexual orientation undoubtedly contributes to health inequalities and poor experience of health services. There is limited substantive guidance in England covering the health of LGBT people, their experience of health services and their quality of life.
- Older lesbians, gay men and bisexuals are 2.5 times more likely to live alone, twice as likely to grow older without a partner, and 4.5 times as likely to have no children to call upon in times of need (Age Concern "Opening Doors", 2006).
- Gay men remain the group in the UK at highest risk of acquiring HIV with evidence that transmission is continuing at a substantial rate (Health Protection Agency (see Social Trends No. 35, 2005 Edition, Office of National Statistics)).
- Trans people are more likely than others to experience difficulty in finding work or retaining it if other know their background. High numbers report feeling obliged to change jobs because of workplace harassment and abuse or being shunned by family and friends and experience violent intimidation. As a result, trans people are susceptible to depression and at risk of committing suicide.

10. THE TRUST'S LOCAL CONTEXT

10.1 Race

- According to the **2011 Census**, Taunton Deane and West Somerset has 2.8% and 1.3% BAME residents respectively. This is significantly lower than the England and Wales average which is 14%. 97.2% of the population are White (British, Irish or Other White) in Taunton Deane and in West Somerset the figure is 98.7% .
- The Trust's workforce profile as recorded on the 31st March 2017 shows that 8.16% of the Trust's workforce profile is from BAME group. 89.7% of the Trust's workforce is 'White' (British, Irish or Other White) (**See Appendix K**).
- Therefore, it would appear that the Trust's 8.16% BAME population sits somewhere between the local (Taunton Deane) average of 2.8% and the England and Wales average of 14%.

10.2 Gender

- The **2011 Census** data indicates that 48.4% of Taunton Deane's population is male, and 51.96% is female. 47.8% of West Somerset's population is male, and 52.2% is female
- Females accounted for 77.3% of the Trust's workforce on the 31st March 2017 (**See Appendix H**). Although this may not be representative of Taunton Deane and West Somerset, the Trust is aware of the historical tendency for more women working in health service provision than men. .
- The Trust's gender split of current Board members is 29% female (2) and 71% male (5) (**See Appendix I**).
- The Trust's gender split for Non- Executive Directors is 17% for females(1) and 83% for males (5). The Trust's Chief Executive Director is female. (**See Appendix J**).

10.3 Disability

- The **2011 Census** provides an insight into the number of people living with a long-term illness within the South West region. 18.3% of Taunton Deane's population live with a long-term illness, and this figure stands at 23.8% for West Somerset .These findings are above the England and Wales average of 17.9%.
- In addition to this, the 2011 Census gives additional information on long term sick or disabled inhabitants. These make up 3.6% and 4.2% in Taunton Deane and West Somerset respectively (**See Appendix C**), and this is comparable with the England and Wales average of 13.8%.
- On the 31st March 2017, 45 of 4,304 Trust employees declared a disability (**See Appendix E**). Disability status is recorded for 45.3% of employees with 54.7% not having this information in their records. Of the staff that do have information recorded 2.3% have declared a disability, 93.8% have declared they have no disability and 3.9% have chosen not to declare either way.

10.4 Religion and Belief

- The **2011 Census** Data indicates that 62.1% of Taunton Deane's population is Christian, and 65.5% for West Somerset. Both figures are higher than the England and Wales Christian average which currently stands at 59.3% (**See Appendix A**).
- The second largest group in both the Trust's South West's regions has no religion. 28.5% and 25% of Taunton Deane and West Somerset have no religion respectively. This mirrors the England and Wales non-religious average of 25.1%.
- The Trust acknowledges that the findings of the 2011 Census are not conclusive, as 7.9% of Taunton Deane's population chose not to state their religion, and 8.4% of West Somerset did the same. This is in keeping with the England and Wales average of 7.2%.
- The existence of all other religions is quite marginal in Taunton Deane and West Somerset. Only 1.5% of Taunton Deane's population is Buddhist, Hindu, Sikh, Jewish, Muslim or belong to any other religion. This figure stands at 1.1% for West Somerset. These figures are below the England and Wales collective average for the Buddhist, Hindu, Sikh, Jewish, Muslim population which stands at 8%.
- The Trust's religious belief findings are similar to the South West region in having Christianity as the widely practiced religion. Of all the staff that disclosed their religious status, 69.3.% were Christian (**See Appendix G**).
- The Trust's second largest group exercised their right to be excluded from the reporting their religious status. This makes up 21.4% of the Trust's workforce.
- The Trust's third largest religious group is Atheist, and make up 17.0% of the Trust's staff that disclosed their religious status. This figure is somewhat lower than the census figures for Taunton Deane (28.5%) and West Somerset (25%) populations declaring themselves as Atheist.

10.5 Age

- **The 2011 Census** indicates that 52.9% of the Taunton Deane population, and 40.9% of the West Somerset population, are under the age of 44. This compares to an England and Wales average of 58.1% This is reflective of the Trust's age profile, with 54.6%% of the staff aged 41 and above (**See Appendix M**). The 3 largest staff age bands fall between the ages of 41 to 55 and make up 39.5% of the staff. The number of staff aged between the ages of 21 and 25, and those aged between 56 and 60 is comparable at 10.6% and 9.5% respectively.

10.6 Sexual Orientation

- 0.9% of the Trust's staff was classified as LGBT on the 1st March 2017. This does not reflect the national average for LGBT which stands at 7% of the UK population. These findings are not conclusive, as 44.9% of the staff exercised their right not to disclose their sexual orientation (**See Appendix F**). Therefore of

the 2,373 staff that disclosed their sexual orientation, 98.4% are heterosexual, and 1.6% are LGBT. However this sample can not be considered representative of the Trust.

11. THE TRUST'S APPROACH TO RACIAL EQUALITY

- 11.1** The Equality Act 2010 provides the legislative basis for anti-racist policies implemented by the Trust, and further clarity to the provisions of the Act will be made available in October 2010, April 2011 and 2012. The Act harmonises and extends the Race Relations Act 1976, Race Relations (Amendment) Act 2000; and the Racial and Religious Hatred Act 2006.
- 11.2** The Trust will implement the Equality Act 2010's Single Equality Duty which applies to race as a protected characteristic. The Single Equality Duty will require all public bodies, including the Trust, in the exercise of their functions to have due regard to the need to:
- Eliminate racial discrimination, harassment, victimisation and any other conduct that is prohibited
 - Advance equality of opportunity between persons who share the same race and persons who are not of the same race
 - Foster good relationships between persons who share relevant racial characteristics and persons who do not
- 11.3** The Trust will take into account the Equality Act 2010's provision to incorporate positive action in recruitment and promotion. This gives the Trust the scope to potentially employ someone from a racially underrepresented group when there are two or more who are equally qualified.
- 11.4** Dual discrimination will be outlawed by the Equality Act and prohibits discrimination on the basis of two protected characteristics. An example of this would be the discrimination of a Black African lesbian, the two protected characteristics being race and sexual orientation.
- 11.5** The Trust is aware that racial equality duties may be made under the Equality Act 2010 to develop the scope of the Single Equality Duty. The Trust has adhered to these duties, and they are incorporated in the Single Equality Scheme and Action Plan.
- 11.6** Whilst intentional racism is clearly unacceptable and unlawful, the Trust also focuses on racism without intent, on issues of professional practice and not just morality.
- 11.7** Until the provisions of the Equality Act 2010 are fully implemented within the following months, the Trust will work towards meeting the General Duty stated in the Race Relations (Amendment) Act 2000. This duty consists of the following elements which should be considered together to ensure that the General Duty as a whole is met:
- Eliminating unlawful racial discrimination
 - Promoting equality of opportunity
 - Promoting good race relations especially between people of different ethnic groups

- 11.8** The General Duty also applies to Trust policies and procedures. The Trust therefore aims to ensure:
- Services are better targeted at meeting local needs
 - More effective service user engagement and involvement
 - Increased public confidence and satisfaction in Trust services, particularly among ethnic minority communities
 - Difference between people is recognised, valued and respected
 - Better review and monitoring of Trust activities to identify gaps and take remedial action
 - A reduction in any disparities in recruiting and promotion opportunities
- 11.9** The Trust upholds specific duties placed on public authorities to promote racial equality. This practice will continue until comparable duties are implemented under the Equality Act 2010 in the months that follow. The specific duties set out arrangements for:
- Assessing policies, and consulting on proposed policies
 - Monitoring service provision and improving access to services and information
 - Publishing actions taken
 - Training staff on race equality
 - Monitoring and publishing annually, by ethnic group
 - Staff in post, and staff receiving training
 - Applicants for employment, training and promotion
 - Staff benefiting or suffering detriment as a result of performance assessment procedures, and staff involved in grievance procedures
 - Staff subject to disciplinary procedures, or to cease employment

12. THE TRUST'S APPROACH TO GENDER EQUALITY

- 12.1** The Trust has adopted the Equality Act 2010, which supersedes the Equality Act 2006 by making new provisions to prohibit gender victimisation or any other prohibited conduct, and by fostering good relationships between different gender groups, and those that are not.
- 12.2** The provisions of the Equality Act 2010 have been implemented by the Trust under the guidance of the Guidance Equalities Office.
- 12.3** In the exercise of its functions as a public body, the Trust will implement the Single Equality Duty which places due regard to the need to:
- Eliminate victimisation, harassment and discrimination or any other prohibited conduct towards people of all gender groups.
 - Progress equality of opportunity between all gender groups
 - Promote good relationships between people of the same gender, and those that are not
- 12.4** Under the provisions of the Equality Act 2010, the Trust will practice positive action in its recruitment and promotion processes to take into account gender equality. This extends the range of lawful positive action enabling the Trust to choose someone for a job from an underrepresented gender, when there is a choice of two or more candidates who are equally qualified. These provisions will be

implemented by the Trust in the following months, as specified by the Government Equalities office.

- 12.5** To promote gender equality, the Trust will outlaw gender discrimination by association or perception to protect carers, relatives and family, as required by the Equality Act 2010.
- 12.6** Furthermore, dual discrimination will be outlawed by the Equality Act 2010 making it illegal to discriminate on the basis of two protected characteristics. An example of this would be the discrimination of a Sikh female employee, the two protected characteristics being the employee's religion and gender.
- 12.7** The Trust adheres to the Equality Act 2010's Gender Equality Duty. The duty is based on the belief that there are gender disadvantages which take form in employment practices and service provision. They do not take into account the different needs of each gender, and the mechanisms for successful compliance include:
- Accountability and leadership
 - Mainstreaming the duty into core functions
 - Ensuring implementation
 - Staff expertise and training.
- 12.9** The Trust's specific gender duties require it to produce, publish and set out equality goals and planned outcomes at least every three years, identifying gender equality objectives and action plans to meet in consultation with staff, service users, trade unions and other stakeholders. This includes:
- Objectives to address the causes of any gender pay gap
 - Plan and take action to achieve greater gender equality
 - Gather information on how work affects men and women
 - Assessing the impact of current and proposed policies and practices on gender equality.
 - Identify priorities and gender equality objectives
- 12.10** Gender inequality exists in all aspects of society and refers to lasting patterns of advantage and disadvantage. The Trust has a role in challenging this and aims is to make sure that equality both for men and women, for boys and for girls is at the centre of work when developing policy and strategy, providing healthcare and employment.
- 12.11** The Gender Equality Duty is not about providing individuals with more rights, it is intended to be a proactive measure to promote gender equality through the Trust's policies and services. Its focus is on removing barriers, which may be inherent within policies or services, or initiatives that may be gender biased.

12.12 Equal Pay Duties

- The Trust has a commitment to achieve equality on the basis of gender. This will be carried out within service provision and by a range of employment practices. The Trust complies with the Equality Act 2010 in terms of pay. The Act gives an individual the right to the same contractual pay and benefits as someone of the opposite sex in the same employment or work that is proved to be of equal value.
- The Trust recognises that the term 'gender' refers to the wider social roles and relationships, which structure men's and women's lives and that fact that differences remain even though the lives of women and men have become similar, as more and more women have entered the labour market. For example,

- although the pay gap has narrowed, women as a group in Britain still earn less than men and follow different career paths.
- The Trust adopted Agenda for Change, the national NHS system to provide equal pay for work of equal value in the NHS.
 - The Trust is aware that many NHS roles traditionally attract people from one gender or another. The Trust acknowledges this but is committed to ensuring that there are no organisational barriers to prevent male, female or transgender people applying for and being employed in any specific areas
 - The Trust recognises that it can not achieve equality of opportunity just by treating men, women and transgender staff alike. The Trust will work towards ensuring that
 - Employment and training opportunities are gender sensitive by adjusting existing structures and processes, where it is necessary to ensure gender equality is consistent and sustainable. The Trust Equality Impact Assessment process will help address this
 - All Trust staff receive appropriate equality training, and a zero tolerance of harassment and discrimination is operated
 - There is dignity, respect and equal opportunities for transgender staff and job candidates
 - The Trust recruits and retains a diverse, flexible, well- trained and experienced workforce

12.13 Single Sex Accommodation Duties

- The Trust only delivers single sex facilities where they are permitted under the Sex Discrimination Act (1975), and this Act's provisions will be replaced by the Equality Act 2010. The Sex Discrimination Act (1975) states that these facilities will be provided:
 - When it is culturally appropriate to do so
 - When dignity, privacy and respect can be delivered in single sex environments
 - When the maintenance of such services is available
 - When the Trust ethos and quality of care can be maintained or enhanced in single sex settings
 - When such accommodation is needed to allow men and women to appropriately access services, offer special care, supervision or attention, or avoid serious embarrassment of people in the presence of the opposite sex, including sleeping, sanitary facilities and communal accommodation.
- The Trust has commenced the planning and construction on the Medical Assessment Unit. The accommodation complies with the Sex Discrimination Act (1975).

13. THE TRUST'S APPROACH TO DISABILITY EQUALITY

- 13.2** The legislation of central importance to the Trust's approach to disability equality is the Equality Act 2010. To promote disability equality, the Trust will

treat disability as a protected characteristic as stated by the Equality Act 2010 and adopt the Single Equality Duty which encourages:

- The prohibition of disability discrimination, harassment, victimisation or any other negative conduct
- Promoting equality of opportunity between disabled people and people who are not disabled
- Advance good relationships between disabled people and people who are not disabled

- 13.3** The Trust's approach to disability equality in recruitment and promotion will be based on the Equality Act 2010's provision to integrate positive action, which enables the Trust to potentially employ a candidate from a underrepresented disability group, when there are two or more equally qualified candidates.
- 13.4** As part of the Trust's initiative to promote disability equality, dual discrimination on the basis of two protected characteristics will be prohibited as stated by the Equality Act 2010. The discrimination of a disabled transgender employee is an example of dual discrimination, the two protected characteristics being the employee's disability and sexual orientation.
- 13.5** The Trust has an ongoing commitment to improve how it communicates and informs its service users, staff and local communities, including the use of the Equality and Diversity internet and intranet websites which have been significantly reviewed and changed in recent months. This transparency is encouraged under the Equality Act 2010, and will include ensuring disabled people have equal access to trust services and premises, in reporting disability employment rates, informing and communicating relevant material and processes.
- 13.6** The Trust will adopt the Act's Objective Justification Test which creates a single objective test as an employer and healthcare provider in demonstrating that its conduct towards disabled people is the proportionate means of achieving a legitimate aim. This means that that Trust as an employer will put into place a higher threshold than previously used before to ensure that the treatment of all disabled employees is more favourable.
- 13.7** Under the Objective Justification Test, the Trust as a healthcare provider is encouraged to use a wider range of circumstances to justify their conduct to the benefit of its disabled patients who fall under many categories.
- 13.8** The Trust will adhere to the broadened definition of disability under The Equality Act 2010. This will enable the Trust, its employees, its patients and all its service users to have a clear understanding of disability.
- 13.9** The Trust will strive to ensure that there is no discrimination or harassment based on association with a disabled person, or the perception of a disabled person. This is deemed unlawful under The Equality Act 2010.
- 13.10** The Trust is aware that disability equality duties may be made under the Equality Act 2010 for the purpose of better performance of the Single Equality Duty, and the Trust will adopt them as part of their approach to disability equality
- 13.11** The Act's General Duty recognises that disability is not an added extra, and should be usual in all areas of the Trust's work. The General Duty requires every public authority when carrying out their functions to give regard to and the need to:
- Promote equality of opportunity for disabled people and other people

- Eliminate harassment and discrimination towards disabled people
 - Promote positive attitudes towards disabled people
 - Encourage participation by disabled people in public life
 - Take steps to take into account diverse disabilities, even where that involves treating disabled people more favourably than other people
- 13.12** The Trust's approach to disability is based on the belief that the disadvantage and social exclusion often experienced by disabled people is a consequence of environmental barriers. These take the form of inaccessible buildings, but are also found in employment practices or services, which do not take the particular needs or circumstances of disabled people into account
- 13.13** The Trust believes that disability does not give individuals more rights; instead it is about improving policies and services for all disabled people. Its focus is on removing those barriers within policy or the design of services or initiatives that have a negative impact on the lives of disabled people.

14. THE TRUST'S APPROACH AGE EQUALITY

- 14.1** The Trust's approach to promoting age equality is based on the Equality Act 2010 which aims to strengthen equal rights by banning unjustifiable age discrimination against people over the age of 18.
- 14.2** In exercising its functions as a public body, the Trust has adopted the Equality Act 2010's Single Equality Duty, and as such will place due regard to the need to:
- Eliminate discrimination, harassment and victimisation or any other prohibited conduct by the act in relation to people of all ages
 - Advance equality of opportunity between people of similar ages
 - Foster good relations between people of similar age groups, and those that are not
- 14.3** The Trust is responsible for ensuring that during the course of their employment, staff are not subject to unlawful discrimination of any kind including age discrimination and for taking reasonable action to prevent this from happening.
- 14.4** The Equality Act 2010 gives employees the right not to suffer a disadvantage at work because of their age. The Trust does not have favourable terms and conditions for younger employees, and does not take age into account when making decisions about promotion.
- 14.5** Additionally, the Trust will implement the Equality Act 2010's provisions for positive action in their recruitment and promotion processes. This potentially enables the Trust to choose someone for a job from an underrepresented age group when there are two or more equally qualified candidates.
- 14.6** The Trust will prohibit discrimination by association or perception as required by the Equality Act 2010. An example of such unlawful discrimination will be the discrimination of a relative of an elderly patient, or discrimination based on the perception that a candidate from of a particular age group will be unsuitable.
- 14.7** The provision to eliminate dual discrimination under the Equality Act 2010 has been implemented by the Trust.. An example of dual discrimination specific to age equality is the discrimination of an elderly disabled volunteer. The protected characteristics being the volunteer's age and disability.

- 14.8** The Trust is aware that its approach to age equality is subject to further duties being made under the Equality Act 2010 for the purpose of enabling better performance of the Single Equality Duty.
- 14.9** The Equality Act 2010 makes it unlawful to discriminate against employees, job seekers and trainees because of their age. These regulations cover recruitment, terms and conditions, promotion, transfer, dismissals and training. This,
- No age criteria is allowed in recruitment, promotion or training
 - No mandatory retirement age before 65
 - No upper limit on unfair dismissal claims
 - No age criteria in selection for redundancy
 - No age criteria allowed in pay and benefits
- 14.11** The regulations make it unlawful on the grounds of age to:
- Discriminate directly against someone on the basis of their age and to treat them less favourably than other people
 - Discriminate indirectly against someone on the basis of applying a criteria or provision which disadvantages a person of a particular age unless it can be objectively justified
 - Subject someone to harassment.
 - Victimise someone because they have or intended to make a complaint or allegation or have given or intend to give evidence in relation to a complaint of discrimination on the grounds of age.
- 14.12** The Trust is aware that ageism can have a profound effect on older people, and on the quality of their lives. Therefore the Trust is committed to ensure that this group of people has equal access to Trust services and choices, and to employment.

15. THE TRUST'S APPROACH TO SEXUAL ORIENTATION EQUALITY

15.1 Sexual Orientation

- The Trust acknowledges that the Equality Act 2010 for the first time provided a Single Equality Duty to promote and protect the dignity of the 7% of the national population who are classified as LGBT persons from October 2010. In the exercise of its functions as a public authority, the Trust will have due regard to the need to:
 - Eliminate discrimination, harassment and victimisation or any other conduct prohibited by the Act in relation to all LGBT persons
 - Advance equality of opportunity between all LGBT persons
 - Foster good relations between LGBT groups, and those that are not
- The Trust's approach to promoting sexual orientation equality will acknowledge and implement positive action in the recruitment and promotion of LGBT people, as stated by the Equality Act 2010. Positive action looks to give unrepresented LGBT groups the opportunity to be given a job offer when two or more candidates are equally qualified.
- To eliminate the discrimination of LGBT people, the Trust will also prohibit dual discrimination. Dual discrimination applies to discrimination on the basis of two protected characteristics, the discrimination of a gay Muslim employee being an

example of this. The two protected characteristics in this scenario are the employee's sexual orientation and religion.

- To comply with the Equality Act 2010, the Trust has outlawed sexual orientation discrimination by association or perception. For example, this makes it illegal to discriminate against a carer or relative of a bisexual person, or to discriminate based on the perception that a person is bisexual.
- The Trust recognises that homophobia and discrimination exist within parts of the NHS. This is explored in 'Being the Gay One' by Stonewall in 2007, a project commissioned by The Department of Health to identify the key barriers to reporting of homophobia against health and social care employees. The Department recognised the seriousness of the findings of this report and work is underway to meet the recommendations outlined in the report.
- The Trust is aware that sexual equality duties are recognised under the Equality Act 2010. The Trust will adhere to these specific duties, and will be incorporated in the Single Equality Scheme and Action Plan.
- Until such a time when this is done, the Employment Equality (Sexual Orientation) Regulations 2003 which outlaws discrimination in employment and vocational training on the grounds of sexual orientation towards LGBT persons will be practiced by the Trust.

15.2 Trans and Transgender/ Gender Reassignment

- Under the Equality Act 2010 a person is protected if that person is proposing to undergo, is undergoing or has undergone a process, or part of the process for the purpose of reassigning their sex by changing physiological or other attributes of sex. The provision removes the previous requirement for the process to have to be undertaken under medical supervision. So it will cover, for example someone who was born physically male but decides to live permanently as a woman.
- Within the Equality Act 2010 duties are implemented, which effectively extends the Sex Discrimination Act 1975 to include discrimination on gender reassignment grounds in relation to pay, employment and vocational training by preventing discrimination against transsexual people will be practiced.
- Within the Equality Act 2010 it gives transsexual people legal recognition in their acquired gender so that a male-to-female transsexual is legally recognised as a woman, and a female-to-male transsexual is legally recognised as a man in English Law.
- The current practice to grant a Gender Recognition Certificate (GRC) recognises the individual's acquired gender for all purposes of law. The Trust is aware that such legal recognition also provides formal protection for the privacy of individuals in a way that has significant implications for NHS staff. Therefore the Trust has a responsibility to ensure that their staff are well informed. This is vital in avoiding criminal proceedings being brought against them personally for unauthorised disclosure.
- The Trust's objective with regards to this matter is to ensure that all staff are confident to disclose information about their identity and sexual orientation, and that such information is used anonymously to inform Trust equality and diversity planning and provision.

16. THE TRUST'S APPROACH TO RELIGIOUS AND BELIEF EQUALITY

- 16.1** The Trust acknowledges that Somerset's population is multi-religious and multi-belief, and therefore has diverse needs. The Single Equality Duty ensures that the Trust:
- Prohibits racial and belief discrimination, harassment, victimisation and any illegal conduct
 - Promote equality of opportunity between persons who share a similar religion or belief, and persons who do not share it
 - Foster good relationships between persons who share a similar religion or belief, and persons who do not share it
- 16.2** The Equality Act 2010 prohibits all direct and indirect discrimination on the grounds of religion or faith.
- 16.3** The Trust will prohibit religious or belief discrimination by association or perception as stipulated by the Equality Act 2010. In practice this will mean that for example carers or relatives of a patient who practices a particular religion will be protected. Protection will also include protection by perception. For example discrimination based on the belief that someone practices a particular religion or belief will be prohibited.
- 16.4** The Trust will adopt positive action as prescribed by the Equality Act 2010 in its recruitment and promotion processes to take into account diverse religions and beliefs. Positive action will enable the Trust to potentially choose an applicant for a job from an underrepresented religion or belief when there is a choice of two or more candidates who are equally competent.
- 16.5** The Trust expects to prohibit dual discrimination in the following months, as required by the Equality Act 2010. Dual discrimination will make it illegal to discriminate on the basis of two protected characteristics, an example of this being the discrimination of a Buddhist elderly employee. The protected characteristics will be the employee's religion and age.
- 16.6** The Trust adheres to the Care Quality Commission's 2010 Outcome 5, Regulation 14 on meeting nutritional needs. The Trust's food and hydration services meet the reasonable requirements arising from the service user's religious or cultural background. Therefore, the trust ensures in accordance with the Care Quality Commission's Outcome 5, Provider Prompt 5C that
- There is accessible information about meals and the arrangements for mealtimes
 - There is a choice of each meal which takes into account individual preferences and needs, including their religious and cultural requirements
 - Mealtimes are reasonably spaced and at appropriate times, taking into account reasonable requests including religious or cultural requirements
- 16.7** The Trust will ensure whilst carrying out its Equality Impact Assessments, it will assess any negative impact on individuals on the grounds of religion and belief.
- 16.8** The Trust will adhere to the Racial and Religious Hatred Act 2006 which prohibits inciting hatred against persons on religious grounds, making stirring

up racial hatred against a person on racial or religious grounds a criminal offence, until similar provisions are implemented by the Equality Act 2010.

- 16.9** The regulations apply to all aspects of employment including recruitment, terms and conditions, promotions, transfers, dismissals and training; and this includes vocational training. The regulations make it unlawful on the grounds of religion or belief to
- Victimise someone because they have made or intend to make a complaint or allegation as a result of the new regulations. This also applies where someone is victimised because they have given or intend to act as a witness in relation to a complaint.
 - Subject someone to harassment. It should be reasonably considered that the person's dignity has been violated or that the environment has been offensive.
 - Discriminate or harass someone after the working relationship has ended.

17. THE TRUST'S APPROACH TO HUMAN RIGHTS EQUALITY

17.1 In addition to adhering to the protected characteristics, the Trust acknowledges that all national legislation is supported by the Human Rights Act 1998.

17.2 The Act:

- Makes it unlawful for a public authority, such as the Trust to breach Convention rights, unless an Act of Parliament meant it could not have acted differently
- Ensures that cases can be dealt with in a UK court or tribunal
- States that all UK legislation must have a meaning that fits with the Convention Rights, if possible

17.3 The Trust ensures that the rights enshrined within the Human Rights Act 1998 are made available to each individual irrespective of their gender, race, disability, religion, belief, age or sexual orientation (**See Appendix O**).

18. THE TRUST'S EQUALITY AND DIVERSITY TRAINING REQUIREMENTS

18.1 The Trust realises the important role training and development has in ensuring that it is able to meet the diverse needs of the community which it serves. The Trust will continue to ensure it recognises mandatory diversity training for all staff, and continually develop it where possible.

18.2 The Trust's Equality and Diversity training requirements will be included in:

- The Trust's induction for all new staff
- Ad hoc training courses delivered to individual wards and teams where required
- Training on bullying, victimisation and abuse
- Training on treating patients and carers with privacy, courtesy and dignity

- 18.3** In addition to this, the Trust's Learning and Development Team continue to monitor access to diversity training and report on numbers who have accessed the training, by gender, disability, age, race, religion, belief and sexual orientation.
- 18.4** The Trust recognises the importance of ensuring all its staff receive Equality and Diversity training, have a good understanding of legislative duties and have continuous cultural awareness. Staff involvement in meeting these aspects has ensured greater ownership.

19. THE TRUST'S MONITORING ARRANGEMENTS

- 19.1** The Trust has a statutory duty to monitor for any adverse and differential impact on all the protected characteristics. This will be reported through the annual report and the Single Equality Scheme to the Trust's Board.
- 19.2** In addition to this, the Trust currently has a statutory duty to monitor its workforce by racial group under the **Race Relations (Amendment) Act 2000**. The Trust will continue to monitor all the protected characteristics for applications for posts, staff in posts and staff promoted or in training.
- 19.3** Following the same initiative of monitoring protected characteristics, the following are also monitored and analysed:
- Grievances
 - Disciplinary Action
 - Performance Review
 - Dismissal and other reasons for leaving
- 19.4** The Trust will continue to use such workforce data to improve Human Resources policies, practices and opportunities. The Trust's Human Resources Department also monitor's the Trust's workforce protected characteristic data. This information is published annually on the Trust's Intranet website: <http://intranet.tsft.nhs.uk/humanresources/WorkforceIntelligence/EqualityDiversityStats/tabid/5621/language/en-GB/Default.aspx>
- 19.5** The Trust also ensures that all new staff are asked to specify their protected characteristics when they are appointed in line with national NHS policy.

20. THE TRUST'S COMPLAINTS AND CONCERNS PROCEDURE AND GUIDANCE

- 20.1** The Trust's complaints and concerns procedure aims to maintain public confidence in the Trust by ensuring that public accountability encompasses a fair, proper and constructive response to complaints.
- 20.2** The Trust adheres to the Care Quality Commission's Essential Standards relevant to Equality and Diversity. The Commission's Outcome 17, Provider Prompt 17E states that people who use services or those acting on their behalf are able to use the comments and complaints process are:
- Treated in a manner that respects their human rights and diversity in a fair and equal way

- Able to obtain or access information about the complaints system
 - Are assured that any comments and complaints are dealt in a sensitive and timely manner by taking into account the individual circumstances
 - Able to make their comments and complaints verbally, through sign language or in writing
 - Assisted where they lack confidence or capacity to make a complaint and staff help them through the means the person who uses services finds most supportive. Alternatively, the provider accepts comments and complaints made by others acting on their behalf
 - Assured that making a complaint will not cause them to be discriminated against or have any negative effect on their care, treatment or support
- 20.3** Trust users, their carers and members of the public can bring complaints and comments about Trust services by directly contacting the Trust service they are not happy with.
- 20.4** The Trust's Patient and Advice Liaison (PALS) works with patients, carers, relatives, staff and the general public to improve the trust's service by:
- Offering confidential and informal advice and support to patients, their families and carers
 - Listening and responding to concerns, suggestions or queries
- 20.5** PALS can be contacted by telephoning 01823 343536, emailing pals@tst.nhs.uk or by writing to Blackdown House, Musgrove Park Hospital, Taunton, TA1 5DA. Additionally, there are PALS suggestion boxes and feedback boards at various locations round the hospital.
- 20.6** The Trust monitors its PALS queries by each protected characteristic and will provide outcomes in the Annual Diversity Report.
- 20.7** By listening to complaints and concerns the Trust can obtain essential feedback on the Trust's efforts to promote Equality and Diversity in its services.
- 20.8** The Trust also has the following Human Resources policies in place:
- Grievance and disciplinary procedures
 - A policy dealing with bullying and harassment relating to members of staff
- 20.9** The Trust has a whistle-blowing policy which extends to the protection of staff who want to report bad practice without the fear of being victimised as a result.
- 20.10** The complaints that are unable to be resolved by Trust staff or the Chief Executive are forwarded to the Healthcare Commission for independent review.

21. THE TRUST PROMOTING EQUALITY AND DIVERSITY THROUGH PARTNERSHIP WORKING

- 21.1** The Trust is committed to ensuring that any external organisation with which it works with, and which works on Trust premises is made aware of, and encouraged to adhere to the Trust's equality and diversity commitments.
- 21.2** The Trust will ensure that equal opportunities practices of potential contractors are taken into consideration when services are put out to tender
- 21.3** The Trust will use various Patient and Public forums to promote partnership working for the Single Equality Scheme

- 21.4** The Trust works closely with other health providers including Education, Ambulance Services, Somerset County Council and local Primary Care Trusts.

22. THE TRUST'S RESPONSIBILITY FOR THE SINGLE EQUALITY SCHEME AND ACTION PLAN

- 22.1** The Trust's Equality and Diversity Group manage the Single Equality Scheme, and report directly to the Board of Directors at least annually.
- 22.2** The Single Equality Scheme and Action Plan will be included in the Trust's Annual Report.
- 22.3** The Equality and Diversity Group's purpose is to develop and monitor the Single Equality Scheme, develop subsequent versions of it and update Action Plans.

23. APPENDICES

APPENDIX A: REGIONAL RELIGION AND BELIEF PROFILE

Religion	Taunton Deane	West Somerset	England & Wales Average
Christian	62.1%	65.5%	59.3%
Buddhist	0.3%	0.3%	0.4%
Hindu	0.1%	0.0%	1.5%
Jewish	0.1%	0.1%	0.5%
Muslim	0.4%	0.1%	4.8%
Sikh	0,0%	0.0%	0.8%
Other	0.5%	0.6%	0.4%
No religion	28.5%	25%	25.1%
Religion not stated	7.9%	8.4%	7.2%

Source: 2011 Office of National Statistics Census

APPENDIX B: REGIONAL ETHNIC MINORITY PROFILE

Largest Minority Ethnic Group	Somerset	England & Wales Average
White	94.6%	80.5%

Source: 2011 Office of National Statistics Census

APPENDIX C: REGIONAL DISABILITY PROFILE

Health Condition	Taunton Deane	West Somerset	England & Wales Average
“Limited a lot”	8.8%%	10.6%	%
“Limited a little”	10.9%%	13.2%	%

Source: 2011 Office of National Statistics Census

APPENDIX D: REGIONAL GENDER AND PROFILES

Population	Taunton Deane	West Somerset
Male	48.4%	47.8%
Female	51.6%	52.2%

Population	Taunton Deane %	West Somerset %
Age 0-4	5.7	
Age 5-9	5.3	
Age 10-15	7.2	
Age 16-24	10.8	
Age 25-44	23.9	
Age 45-64	27.2	
Age 65-74	9.8	
Age 75 and over	10.2	
Median age of population in the area	43	

APPENDIX E: THE TRUST'S DISABILITY PROFILE

Disability Status	Number of Staff
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No	1830
Not Declared	76
Undefined	2353
Yes	45
Total	4,304

Source: Workforce Intelligence – Data was captured on the 31st March 2017

APPENDIX F: THE TRUST’S SEXUAL ORIENTATION PROFILE

Sexual Orientation	Number of Staff
Bisexual	16
Gay	11
Heterosexual	2334
I do not wish to disclose my sexual orientation	351
Lesbian	11
Undefined	1580
Total	4304

Source: Workforce Intelligence – Data was captured on the 31st March 2017

APPENDIX G: THE TRUST’S RELIGION AND BELIEF PROFILE

Religious Belief	Number of Staff
Atheism	364
Buddhism	25
Christianity	1480
Hinduism	16
I do not wish to disclose	583
Islam	12
Judaism	1
Other	238
Undefined	1585
Total	4304

Source: Workforce Intelligence – Data was captured on the 31st March 2017

APPENDIX H: TRUST’S GENDER PROFILE

Gender	Headcount	% Headcount
Female	3326	77.3%
Male	978	22.7%

Source: Workforce Intelligence – Data was captured on the 31st March 2017

APPENDIX I: TRUST BOARD GENDER PROFILE

Trust Board	Headcount	% Headcount
Female	2	29%
Male	5	71%

Source: Workforce Intelligence – Data was captured on the 31st March 2017

APPENDIX J: TRUST'S NON- EXECUTIVE DIRECTORS GENDER PROFILE

Non-Executive Directors	Headcount	% Headcount
Female	1	17%
Male	5	83%

Source: Workforce Intelligence – Data was captured on the 31st March 2017

APPENDIX K: TRUST'S ETHNIC ORIGIN PROFILE

Ethnic Origin	Headcount	Headcount%
A White - British	3508	81.50%
B White - Irish	22	0.51%
C White - Any other White background	332	7.71%
D Mixed - White & Black Caribbean	1	0.02%
E Mixed - White & Black African	0	0.00%
F Mixed - White & Asian	10	0.23%
G Mixed - Any other mixed background	11	0.25%
H Asian or Asian British - Indian	74	1.71%
J Asian or Asian British - Pakistani	8	0.18%
K Asian or Asian British - Bangladeshi	2	0.04%
L Asian or Asian British - Any other Asian background	104	2.41%
M Black or Black British - Caribbean	6	0.13%
N Black or Black British - African	24	0.55%
P Black or Black British - Any other Black background	2	0.04%
R Chinese	16	0.37%
S Any Other Ethnic Group	93	2.16%
Z Not Stated	91	2.11%

Source: Workforce Intelligence – Data was captured on the 31st March 2017

APPENDIX L: TRUST'S PAY SCALE BY GENDER PROFILE

Pay Scale	Female		Male	Male %
	Female	%		
Apprentice	37	88%	5	12%
Band 1	26	55%	21	45%
Band 2	790	77%	230	23%

Band 3	387	82%	84	18%
Band 4	236	83%	47	17%
Band 5	771	85%	139	15%
Band 6	483	87%	73	13%
Band 7	272	81%	65	19%
Band 8a	64	76%	20	24%
Band 8b	14	45%	17	55%
Band 8c	3	60%	2	40%
Band 8d	0	0%	4	100%
Band 9	0	0%	1	100%
Senior Local Pay Scale	19	61%	12	39%
Medical Career Grade	28	52%	26	48%
Medical Consultant	83	35%	151	65%
Medical Training	113	58%	81	42%
Grade				
Total	3326	77%	978	23%

Source: Workforce Intelligence – Data was captured on the 31st March 2017

APPENDIX M: TRUST'S AGE PROFILE

Age Band (years)	Number of Staff	% of Staff
16-20	68	1.6%
21-25	458	10.6%
26-30	484	11.2%
31-35	475	11.0%
36-40	470	10.9%
41-45	524	12.2%
46-50	618	14.4%
51-55	558	13.0%
56-60	411	9.5%
61-65	191	4.4%
66-70	36	0.8%
71+	11	0.3%
Total	4304	100%

Source: Workforce Intelligence – Data was captured on the 31st March 2017

APPENDIX O: HUMAN RIGHTS ACT 1998

Article 2 - the right to life

Article 3 - the right not to be tortured or inhumanly or degradingly treated or punished

Article 4 - the right not to be required to perform forced labour

Article 5 - the right to liberty and security of the person

Article 6 - the right to a fair trial (and to a range of other associated things, such as the free assistance of an interpreter if one cannot understand the language in a trial situation)

Article 7 - the right not to be punished for something which was not a crime at the time it was done

Article 8 - the right to respect for one's private and family life, correspondence and home

Article 9 - the right to freedom of thought, conscience and religion

Article 10 - the right to freedom of expression, freedom to hold opinions and freedom to receive and impart information

Article 11 - the right to freedom of peaceful assembly and freedom of association with others

Article 12 - the right to marry and found a family

Article 14 - the right not to have Convention rights secured in a discriminatory way

Protocol 1, Article 1- the right to peaceful enjoyment of one's possessions

Protocol 1, Article 2- the right to education

Protocol 1, Article 3- the right to free and secret elections at reasonable intervals.

