



Single Equality Scheme

2009–2012

Innovation and excellence in health and care

Addenbrooke's Hospital | Rosie Hospital

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Statement of Commitment

This is the Trust's first Single Equality Scheme. This scheme is part of the Trust's long standing commitment to promoting equality, eliminating harassment and valuing the diversity of our staff and patients.

The Trust wants to adopt the best practice in promoting equalities and diversity and has decided to go beyond the minimum legal obligations in order to do so. As a result, this scheme embraces the six nationally recognised equality strands; not just race, disability and gender but also, age, sexual orientation and religion/belief.

The scheme outlines what we intend to do to improve fair and equal access to services and employment. This requires a continuous process of improvement and should not therefore be seen as a one off initiative. The action plan **Appendix A** accompanying this scheme will therefore be kept under review by Trust Directors.

We aim to deliver excellence and innovation in all we do and recognise that the effective promotion and implementation of the Single Equality Scheme underpins our values of being *Kind, Safe and Excellent* and the Trust strategic priorities which are:

- to improve the patient experience
- improving patient care and safety
- ensuring clinical excellence and effectiveness
- valuing our staff and partners
- striving for innovation in all we do

Leadership and commitment at all levels of the organisation are central to the success of this scheme. As Chairman and Chief Executive of Cambridge University Hospitals NHS Foundation Trust, it is our duty and that of all Trust Board members to implement this scheme successfully and to ensure the Trust is compliant.

The scheme will be kept under regular review and we seek and welcome the views of interested stakeholders as part of feedback and to influence its development over time.

Dr Mary Archer
Chairman

Dr Gareth Goodier
Chief Executive

Other formats and languages

This document can be provided on request in large print, on CD or tape, in different colours or in Braille. A summary version can be provided in different languages.

Please contact Monica Jacot, HR Project Manager 01223 217913 or email

monica.jacot@addenbrookes.nhs.uk

1 The Trust in context

1.1 Cambridge University Hospitals today ...

Cambridge University Hospitals –Addenbrooke’s and the Rosie - (CUH) has over 1,170 beds and has about 500,000 visits by patients a year.

But 21st century hospitals don’t just treat patients; modern medicine is about striving for innovation and quality in patient care; and it’s about the future not just the present – the development of teaching and research. The Trust’s strength lies in the combination of its different roles:

- **a local hospital** for our community
- **a specialist hospital** on a regional and national basis
- **a teaching hospital** for the University of Cambridge, and
- **a major research centre** – one of the five biomedical centres in the country

These different aspects of our work combine to deliver positive benefits for our patients.

Addenbrooke’s Hospital

Addenbrooke’s is a centre of medical excellence. As an internationally known university teaching hospital, it is a natural centre for specialist services dealing with rare or complex conditions needing excellent facilities, up-to-date treatment and dedicated staff. Many of the hospital’s specialists are leaders in their fields. This means that care is of the highest standard and that local patients benefit from having this concentration of medical expertise on their doorstep. Through Addenbrooke’s, the Trust provides emergency, surgical and medical services for people living in the Cambridge area as well as being a centre of excellence for regional specialist services for organ transplantation, cancer, neurosciences, paediatrics and genetics. Seven divisions are responsible for the delivery of clinical care through 51 specialties including clinical diagnostic departments and therapy services. This is supported by a corporate infrastructure of information systems and analysis, finance, organisational development, estates and facilities, corporate development, patient services and administration. In 2007 and again in 2008 Addenbrooke’s scored ‘excellent’ for the quality of its services and the use of its resources in the annual Healthcare Commission *Health Check*. The rating identifies the hospital as one of the best in the country.

The Rosie Hospital

The Rosie Hospital, adjacent to Addenbrooke’s is the 120-bed maternity and women’s hospital with its own theatre suite, fetal assessment unit, ultrasound department and neonatal intensive care unit. It is the regional centre of excellence for maternity care with around 5,000 babies born here each year. Gynaecology services are provided to the local and regional populations of Cambridgeshire and Huntingdon, North Essex and East and North Hertfordshire, Suffolk and Bedfordshire. In recent years, the Rosie’s role as a specialist centre for women with complex gynaecological problems has increased significantly particularly in the area of gynaecological cancer. Patient care benefits from the clinical research and teaching undertaken by the University Department of Obstetrics and Gynaecology embedded within the Rosie Hospital as part of the School of Clinical Medicine. In

January 2008 the first Healthcare Commission review of the country's maternity services rated the Rosie Hospital as 'best performing', with the highest ranking in Norfolk, Suffolk and Cambridgeshire.

The Trust in detail in 2007/08

- around 1,170 beds (including maternity)
- around 7,000 staff
- attendances at A&E – 81,852
- admissions to inpatients – 63,010
- day patient admissions – 93,642
- visits to outpatients – 439,885
- births – 5,336
- a catchment population of 500,000
- 32 operating theatres
- five intensive care units
- 40 wards
- 7 Divisions
- 51 specialties
- an income of around £400 million

In July 2004, the Trust achieved Foundation status. This status gives the Trust the opportunity to develop services to suit the specific needs of local community in conjunction with its Governors.

1.2 Our community

The Trust serves a diverse community within Cambridge and its surrounding areas. Cambridge City's total population, according to the *National Statistics Online Census, 2001*, is 108,863, which is approximately equally distributed between males and females. The proportion of the population in the City from a Black or Minority Ethnic (BME) background has doubled over the last decade to 10.6% compared to the national average of 9.1% (An overview of the City's population and the profile of our patients using our services, is contained in **Appendices B and C**).

1.3 Our staff

The Trust is one of the largest employers in the Cambridge area employing approximately 7,000 clinical and non-clinical staff. As at 31 March 2008, 15% of Trust staff are from a BME background; 75% of staff are female and 35% of staff work part-time. The Trust's workforce is increasingly becoming representative of the diverse community that it serves, especially as recruitment markets for many professions become international. A detailed profile of our staff is shown in **Appendix D**.

The Trust recognizes that providing the right work environment to the staff is a key to having a direct and positive effect on the delivery of services and, therefore, the patient experience.

1.4 The Trust's priorities and values

Working at CUH is no longer just about the day-to-day delivery of care – it's about the future, developing the Trust so that it goes 'from good to great': this involves ensuring patient safety and high standards of service and patient care, developing our services, meeting the challenges of a changing health service and investing in our staff who are absolutely central to success.

The key to our future success is the way in which every single person in the Trust works together on this journey. To achieve an even higher degree of success we need common understanding, purpose, and commitment from all staff, an approach we have called *Our Way*. At the heart of this is our behaviour to our patients and to each other as colleagues which reflects the values staff and patients have identified as being central to our character as an organisation – *kind, safe and excellent*.

Our Way expresses the Trust's culture and gives ownership for our actions and development to every single member of staff – this is **our** way of working – setting the patient at the heart of our service and establishing excellence as standard.

Our priorities

Our priorities focus on a quality service which is all about people – patients, staff and partners – keeping us focused on what is important, driving us towards excellence, respecting and valuing each other as colleagues, working together for better patient care and sharing our goals as a developing and dynamic organisation.

- **improving** the experience of patients
- **improving** patient care and safety
- **ensuring** clinical excellence and effectiveness
- **valuing** our staff and partners
- **striving** for innovation in all we do

Our values

Our values – kind, safe and excellent – underpin every aspect of work in the Trust and set our behavioural standards not just to our patients but to each other as colleagues ... our values are our moral compass.

2 Equality and diversity in the Trust

Equality is about treating individuals fairly, supported by legislation designed to promote equality and eliminate discrimination and harassment. Diversity is about the recognition and valuing of difference for the benefit of the organisation and the individual – patients, staff and the public. Equality and diversity are not interchangeable but are interdependent. There is no equality of opportunity if difference is not recognised and valued.

This single equality scheme goes beyond the statutory duties the Trust has to promote race, disability and gender equality and aims also to protect against discrimination on the grounds of age, sexual orientation and religion or belief.

These six strands of equality need to be understood together. It is often the case that inequality and prejudice are perceived and experienced on multiple levels and in this respect, the separation or isolation of different issues can be artificial. That is why the Trust has introduced a single equality scheme to develop an overall view of equality, diversity and human rights.

2.1 Aims and principles of the single equality scheme

The aims and principles underpinning our single equality scheme are to:

- **ensure** that the consideration of equality issues is part of the mainstream of all policy and day-to-day practice in the Trust
- **meet** the current legal duties concerning race, disability and gender duties (see *Appendix E* for the legal framework)
- **provide** a framework for a coordinated approach to meeting our legal requirements on age religion and sexual orientation legislation
- **integrate** the need to treat all people with respect and to appreciate and celebrate the diversity of our patients, the public and our staff with the Trust values
- **identify** and address any Trust policies and practices which may be discriminatory
- **challenge** discrimination against people who work at the Trust or who use our services
- **ensure** equal access to services and through effective review , and the equality impact assessment process deliver better, improved access and appropriate services for *all* our patients taking into account individual needs
- **reduce** health inequalities and improve health outcomes for patients
- **Raise** staff awareness and understanding of these issues

2.2 Meeting our duties

As a public authority, we have a number of general duties to promote equality of opportunity relating to race, disability and gender and to eliminate discrimination. The following pieces of legislation are central to our single equality scheme.

- Disability Discrimination Act (DDA) 1995 and as amended 2005
- Equality Act 2006
- Race Relations Act 1976 Amendment Act 2000

The general and specific duties for each of these, together with their employment duties and guiding principles are summarised in **Appendix E**.

In addition the following additional legislation is relevant and has influenced our single equality scheme:

- Employment Equality (Age) Regulations 2006
- Employment Equality (Sexual orientation) Regulations 2003
- Employment Equality (Religion or Belief) Regulations 2003
- Sex Discrimination Act 1975
- Human Rights Act 1998
- Equal Pay Act 1970
- Gender Recognition Act 2004
- The Sex Discrimination (Gender Reassignment) Regulations 1999
- Carers (Equal Opportunities) Act 2004
- Equality Bill 2009

In preparing the action plan which goes with this scheme we have identified actions common across the legislation – race, disability and gender – and actions specific to each equality strand.

Duties common across race, disability and gender

In pursuing common duties, the Trust will review and build on the policies and practices it already has in place to make sure equality is included and part of all policies, procedures and practices. Actions will include:

- **publishing a three-year equality scheme and action plan setting out what the Trust will do to meet each of the duties.**
This scheme details how we have met the specific duty to develop and publish a three-year equality scheme and action plan (**Appendix A**). The action plan also sets out what we will do to meet each of the specific equality duties
- **undertaking impact assessments to identify and eliminate adverse impacts/outcomes.**
Detail of our approach for carrying out impact assessments is outlined in section 3.5.
- **consulting and involving those affected by the Trust's policies and practices.**
Details of our consultation approach and the measures we have put in place to seek the involvement of representative people or groups are outlined in section 3.3. This an ongoing process and we are planning further involvement activities throughout the life of the scheme to ensure a variety of perspectives continue to influence the way we plan and deliver services.
- **monitoring and reporting on the action plan's progress.**
Our arrangements for monitoring and reporting annually on our race, disability gender and age equality achievements are set out in section 3.9.
- **Training staff in relation to equality duties.**
Training staff and raising their awareness will be essential to embedding positive attitudes and practices. The action plan includes clear actions for continual improvement and development in the provision of training, making sure it has an appropriate equality focus for the various responsibilities and functions of staff.

- **Ensuring public access to information about the Trust and its services.**
Priority has been given to the review of our public services to ensure they are accessible to all groups.

Other drivers influencing our single equality scheme include:

- National Service Frameworks
- Health Care Commission: *Standards for Better Health* (see **Appendix F**) details the standards which have an impact on equality and diversity actions)
- Department of Health *Equalities Framework: Priorities for action*
- Department of Health *Human Rights in Health care – a framework for action* October 2008
- *Our Health, our care our say* White Paper 2006
- Department of Health *Dignity in Care* campaign
- *Our NHS our future: NHS next stage review* May 2008 Lord Darzi Review
- Michaels report *Healthcare for All* July 2008 report of the independent Inquiry into access to healthcare for people with learning disabilities Department of Health
- *Valuing People Now: A three year strategy for people with Learning difficulties* January 2009 Department of Health

For the six equality strands and what the scheme seeks to address please see Appendix G.

3 Implementing the single equality scheme

3.1 The Trust's equality and diversity management structure

The Trust's single equality scheme action plan (*Appendix A*) incorporates the Trust's legal responsibilities, Healthcare Commission standards for better health (see *Appendix F*), the Trust's priorities and best practice. Organisational responsibilities for implementing specific parts of the action plan rest with each executive director and overall the chief executive. The chief nurse and operating officer is the executive lead for equality and diversity.

The equality and diversity steering committee was established in January 2008. It is chaired by the chief nurse and operating officer and the membership includes directors and a non-executive director and the chief executive. The E&D steering committee reports to the clinical and corporate governance committee.

3.2 Mapping and monitoring: gathering and using information

Statistical information about the Trust's local population, its patient community and its workforce and employment monitoring information which helped inform the action plan is set out in *Appendices B, C, D and G*.

In addition to the statistical monitoring information on our patients profile, local demographic information and staff information on ethnic origin, disability, gender, age, religion and sexual orientation, we have used information from other sources to develop the action plan including:

- qualitative data from patient complaints received by PALS with an equality and diversity element have been analysed to identify key issues to inform the action plan and to help prioritise services which require an equality impact assessment
- results from the annual staff survey
- public health information from Cambridgeshire PCT on local demographics and health inequalities
- Department of Health website statistics on health inequalities of the population and different community groups
- Information from publications such as that produced by the Ormiston Trust with Cambridgeshire PCT *An insight into the health needs of gypsies and travellers: A Guide for Health Care professionals July 2008* which includes information about health inequalities, cultural information and suggested actions for health professionals to accommodate the needs of gypsies and travellers
- recommendations from Sir Jonathan Michaels report *Healthcare for all* report from the independent inquiry into access to healthcare for people with learning disabilities published July 2008
- qualitative data from the equality and diversity staff group raising service and employment equality issues
- qualitative data from attending various local forums including Speaking Up Parliament, Cambridgeshire PCT Traveller Health Group; Cambridgeshire Migrant Workers, Asylum Seekers and Refugees' Network.

3.3 Involvement and consultation of stakeholders

The Trust recognises the importance of consultation in the development and implementation of its responsibilities for equality and diversity. Involvement and consultation will help give minority groups an opportunity to provide input about the provision of care. Consultation with groups such as the Papworth Trust, Cambridge Ethnic Community Forum, Speaking Up Parliament, The Learning Disability Partnership, Migrant Workers Health Network, Travellers Health Sub Group and various public forums and members meetings take place at regular intervals under the auspices of the director of patient engagement and public involvement. A list of the groups and organisations consulted for the development of this scheme are attached in **Appendix H**.

The Trust is committed to consultation on the development of the scheme's action plan. The Trust's equality impact assessments of relevant policies, services and functions will be published.

3.4 The Trust's equality and diversity achievements 2005-08

The Trust's equality and diversity achievements in the past three years since the *Race Equality Scheme* was last revised are highlighted in **Appendix I**.

3.5 Equality impact assessments (EIA)

The purpose of the EIA is to ensure that policies, services and functions do not disadvantage different groups and also to highlight where there are further opportunities to promote equality of opportunity. Whilst maintaining such work the Trust has sought external assistance to review the trust's EIA processes. During 2008 the Trust has revised its EIA toolkit.

The Trust will ensure EIAs are in place across all of its services. This work will be completed during 2009/10.

Where it is found that policies or functions or services have an adverse impact, an action plan will be drawn up and any remedial action prioritised to address any adverse impact.

3.6 Public access to information and services

The Trust is committed to promoting equality and ensuring that services and policies are accessible and understandable to the public. The Trust web pages provide patients and the public with information about the Trust and about services. Core patient information leaflets have been translated in to the top six most spoken languages in Cambridgeshire (based on information from Cambridgeshire Interpreting and Translation Service (CINTRA) which are Polish, Portuguese, Russian, Cantonese, Turkish and Bengali and are available on the CUH Trust web page

http://www.addenbrookes.org.uk/patient_visitors/information_leaflets/information_leaflets.htm.

The equality and diversity pages on the Internet have a quick link on the home page. These pages give information on: equality and diversity in the Trust, the equality and diversity schemes, monitoring information; how to access services if you have a disability; information about the Trust's interpretation and translation services and the use of the Cambridgeshire Interpreting and Translation Service (CINTRA). The Trust has an *Interpretation and Translation Policy* detailing how staff can access an interpreter or translator.

3.7 Training staff on the equality duties

An updated equality and diversity awareness training programme started in January 2008 this included an equality and diversity summary guide booklet for staff. This is issued to all staff with a briefing for managers as part of the launch. This guide is also available as a resource on the Intranet. Equality and diversity training is also provided for line managers

We provide training and information to staff on the equality and diversity duties and equality and diversity needs of staff, patients and the public as follows:

- at the corporate induction for all new joiners
- all staff have an annual mandatory refresher training on equality and diversity and the equality duties.
- a series of 'equality and diversity in employment' workshops for managers are run on a regular basis.
- recruitment and selection training for all staff involved in recruitment includes a section on equality and diversity.
- half-day disability awareness workshops for staff
- deaf awareness training

Information and resources for staff on equality and diversity issues is available on the Intranet with answers to frequently asked questions to signpost staff. There is an online link to the Diversiton religious online calendar on the chaplaincy web pages. A series of 'How to ...' guides to help staff assist and communicate with patients with different disabilities has been produced and is available on the intranet.

3.8 Employment duties

Specific employment duties contained in equalities legislation require the Trust to monitor a range of employment areas. This includes staff in post by ethnic origin, disability, gender (also by grade), recruitment process, promotions, leavers, appraisals, numbers attending training courses and numbers of disciplinary cases, grievances, bullying and harassment and capability cases. This employment monitoring information is published on the trust's website. See **Appendix D** for a sample of the latest equal opportunities monitoring information to comply with the specific employment duties.

Gender equality duty and equal pay

The Trust is required through the gender equality duty to comply with the *Equal Pay Act 1970* and subsequent amendments. The requirement of the gender equality duty is to carry out a pay review. The Trust has carried out a major job evaluation and pay review of all staff as part of the NHS Agenda for Change terms and conditions and the majority of employees have been assimilated on to the new Agenda for Change pay bandings (excluding doctors who have their own pay review body). The Trust will regularly monitor the number of staff by gender and by pay band to ensure equity.

The Trust has in place policies that support staff in giving them more flexible options for work and a number of benefits. The Trust will monitor take up and awareness of benefits such as access to flexible working, carer's leave, holiday pay schemes, and childcare vouchers by gender.

3.9 Annual reporting

The Trust will report annually to the clinical and corporate governance committee and the Board of Directors on the progress of the scheme and action plan.

3.10 Procurement

The Trust's procurement process will fulfil the requirements of the race, disability and gender duties. This will apply not just to procurement policies and practice, in general, but also to individual contracts at each stage of the procurement process, in specific. Similarly, all external suppliers, including voluntary, community and private sector organisations, who are contracted to perform a public function for the Trust, such as a cleaning function or building security, or perform a public function on behalf of the Trust will have to fulfil the requirements of this Act.

The key principles of procurement that will apply are as follows:

- **Relevance** – consider equality and diversity in our contract processes. Promoting equality will be more relevant to some goods, services and works than others.
- **Proportionality** – the impact of a specific contract. Proportionality is about the nature and purpose of the contract and the effect it could have on different groups.
- **Accountability** – responsibility for ensuring compliance will be specified at each stage of the procurement process.
- **Risk assessment** – the risk is proportionate to the relevance, and significance of the contract to the duty under the *Race Relations Amendment Act*.

3.11 Complaints

Formal complaints are an important measure of peoples' satisfaction with our services and help the Trust make sure there is continuing improvement in our service provision. Our aim is to respond to any concerns or complaints as speedily, effectively and fairly as possible through both formal and informal processes, with a clear framework and timescales.

Complaints are also an important source of information for equality impact assessments of our services and can help in identification of potential unlawful discrimination so we can take action to promote equality. Every complaint is looked at by our chief executive, and we make changes in the way we provide our services based on what our patients tell us.

If you wish to make positive comments, general comments or a complaint please contact:

Lee Bennett Head of Patient Liaison email: lee.bennett@addenbrookes.nhs.uk

or Brenda Hennessy, Director of Patient Experience and Engagement email: brenda.hennessy@addenbrookes.nhs.uk

The complaints received in the year April 2007 to March 2008 have been analysed; 26 complaints had an equality and diversity dimension to them. The key messages from the patients' complaints were to:

- improve communication
- review how we provide care for people with diverse needs

Patient Advisory Liaison Service (PALS)

Our PALS team offer on-the-spot support, advice and information to families, patients and carers at Cambridge University Hospitals.

You can contact our PALS department on the ground floor adjacent to the main entrance of Addenbrooke's Hospital and the Addenbrooke's Treatment Centre or by telephone on 01223 216756 **Minicom:** 01223 274604 **Fax:** 01223 256170 or email pals@addenbrookes.nhs.uk

Or by post to Box 53

Cambridge University hospitals NHS Foundation Trust

Hills Road

Cambridge, CB2 0QQ

4 What will success look like?

4.1 Leadership

Board members and staff understand their responsibilities under the public duties. They are confident about putting the Trust's core values of being *kind, safe and excellent* into practice, and carry out their functions in the interests of all.

4.2 Service planning

Our commitment to equalities and diversity will assist us in a number of ways:

- data is gathered and analysed appropriately in order to inform and deliver outcomes
- a clearer understanding is formed of the needs of service users
- more effective targeting of policy and resources
- the Trust reaches ethnic groups, disabled groups and other diverse groups, including the socially excluded, who have rarely used its service before and involves them in shaping service redesign

4.3 Patient care and community engagement

- The users of the Trust's services say they have confidence in the organisation.
- Better quality services which meet the varied needs of service users.
- The Trust's monitoring shows no significant differences between diverse groups.
- There are no significant differences in complaints between diverse groups.
- Local residents and users of the Trust's services from all diverse groups are equally satisfied.
- The Trust is respected for its commitment to, and success in, promoting equal opportunities and good community relations.
- The Trust links effectively with its commissioning bodies, other NHS organisations and external agencies and improvements are tangible.
- Improved performance and investment in time, effort, learning, development, resources and shared expertise in equality and diversity issues.
- Improved patient outcomes and greater public confidence in the Trust's services.

4.4 Employment

- Trust staff are aware of the diverse health and cultural needs in the communities they serve, and know how to meet them.
- More effective use of talents in the workforce.
- The diverse makeup of the workforce and its opportunity for promotion has improved using the current data collection as a benchmark.
- The organisation's employment practices attract good candidates from all ethnic groups, disabled candidates and candidates from both genders.
- Staff from all backgrounds are satisfied with the way the Trust is run and recommend the Trust as an excellent employer.
- The Trust's values of being kind, safe and excellent are integral to all of the above.

5 Reviewing and revising the scheme

The Trust will revise the scheme every three years working with all stakeholders to take into account information gathered including the outcome of equality impact assessments.

5.1 Publishing the scheme

The scheme and action plan will be published on the Trust's internet pages for public access. A request can be made by the public for it to be made available in different formats and languages.

5.2 Obtaining a copy of the scheme

Please contact the Trust at the address shown below to obtain further copies of the Single Equality Scheme or to request a copy in the format or language you require. We recognise the diverse needs of the communities we serve and welcome communication in different languages and formats.

5.3 Feedback: comments and making a complaint

The Trust strives to provide the highest quality of service which is responsive to the needs of its diverse population which it serves. We welcome your feedback.

If you have any comments or complaints about how we are meeting our duties or other complaints about equality and diversity these will be dealt with by our established complaints procedure. Please contact PALS at 01223 216756 if you have a complaint or comment about clinical care and services.

Further Information: For further information about the SES or to request it in a different format, please contact:

Monica Jacot, HR Project Manager on Tel: 01223 217913 or by email monica.jacot@addenbrookes.nhs.uk

Or at the following address:

Monica Jacot, HR Project Manager, Box 240, Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ

Appendix A
Single equality scheme action plan
(see separate attachment)

Appendix B

Understanding our local community – some figures

According to the 2001 Census the population of Cambridge is about 108,000. The details below are from the 2001 census (and therefore it is likely that this information may have changed).

An example of one of the ways that these data may have changed is following the relaxation of European migration regulations. In particular the Eastern region is known to have an increasing population of Eastern European people. In 2007 Cambridge police reported that over 100 languages are now spoken in the Cambridge area.

<u>Ethnic Origin</u>	<p>The entire minority ethnic population in Cambridge, including mixed race people, is 10.58%. The largest minority ethnic group in Cambridge is the Chinese community at 2.14% of the total. The next largest group is the Indian population at 1.79%.</p> <p>However an estimated 6,500 – 7,000 Gypsies and travellers live in Cambridgeshire which are not counted in the census. The eastern region has around 11% of the general population of gypsies and travellers also making it one of the largest ethnic groups.</p> <p>The local population is known to have an increasing number of eastern European people, from the census data set it would be difficult to see this population as they may record their origin under <i>white</i> or <i>other</i>.</p> <p>Over 100 different languages are now spoken in the Cambridge area</p>
<u>Gender</u>	50% of the population in Cambridge are women.
<u>Age</u>	21% of the population of Cambridge are over 50
<u>Sexual Orientation</u>	Government actuaries estimate that six per cent of the adult population is lesbian or gay, and the current UK workforce is 28.4 million. Statistics from the 2001 Census ranked Cambridge as the UK city with the 6th highest gay population.
<u>Disability</u>	Affects 14% of the population of Cambridge. 27% of households reported having someone living there with a disability.
<u>Religion or Belief</u>	There are at least 14 faiths in the City

Appendix C

Our patients' profile

1 April 2007 to 31 March 2008

Outpatients and inpatients statistics by ethnic origin, religion, gender, age

Number of inpatients by ethnic origin

Ethnic origin	Total	%
White British	119006	75.92%
White Irish	1169	0.74%
White – other	6078	3.88%
Asian Bangladeshi	732	0.46%
Asian Indian	1015	0.65%
Asian Pakistani	537	0.34%
Asian – other background	911	0.58%
Black African	334	0.21%
Black Caribbean	626	0.40%
Any other Black background	369	0.23%
Mixed White and Asian	225	0.14%
Mixed White and Black African	104	0.07%
Mixed White and Black Caribbean	278	0.18%
Mixed White and Other ethnic	530	0.34%
Chinese	819	0.52%
Any other Ethnic group	873	0.56%
Not stated	23133	14.76%
Total	156739	

77 % (121374) of inpatients were from a white background.

5% (7353) of inpatients were from black and minority ethnic (BME) groups, this number may have been under reported as 15% (23133) of inpatients had no stated ethnic origin. This compares with 5% of the Cambridgeshire population who are BME and is below the figure of 10.58% of Cambridge city population who are BME.

Outpatients from 1 April 2007 and 31 March 2008 by ethnic origin

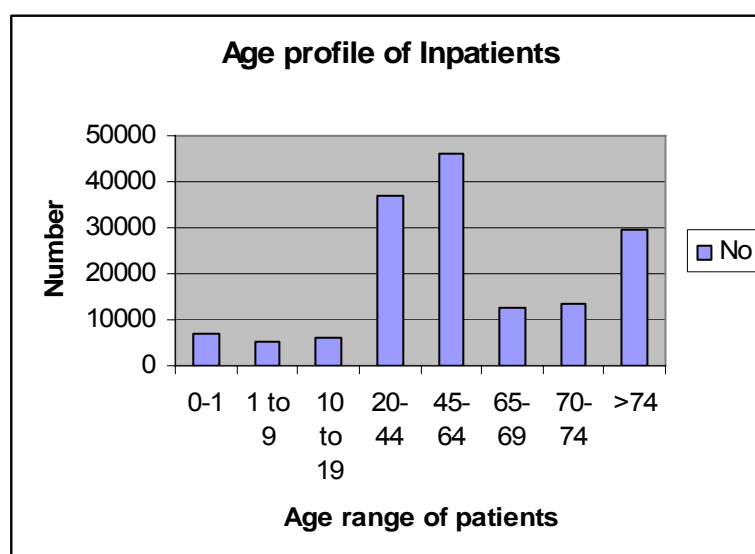
Ethnic origin	DNA*	Seen	Total	%
White British	16754	225180	241934	57.60%
White Irish	167	1713	1880	0.45%
White other Background	1124	17855	19525	4.65%
Asian Bangladeshi	125	736	861	0.21%
Asian Indian	231	2195	2426	0.58%
Asian Other	181	1425	1606	0.38%
Asian Pakistani	101	915	1016	0.24%
Bangladeshi	10	49	59	0.01%
Black African	152	827	979	0.23%
Black Caribbean	107	648	755	0.18%
Black other background	95	508	603	0.14%
Mixed White and Asian	51	577	628	0.15%
Mixed White and Black African	21	139	160	0.04%
Mixed White and Black Caribbean	44	305	349	0.08%
Mixed other background	103	782	885	0.21%
Chinese	116	1241	1357	0.32%
Any other Ethnic group	241	1746	1987	0.48%
Unknown	13599	129413	143012	34.05%
Total	33768	386254	420022	

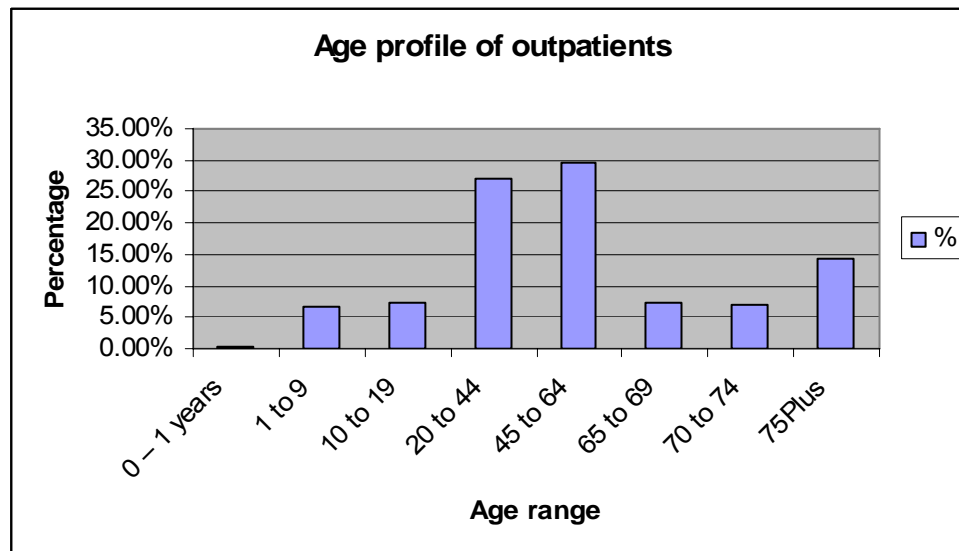
*DNA = Did Not Attend

Age of inpatients 2007/08

36% of inpatients were aged over 65

11% of inpatients were aged under 20



Age profile of outpatients between 1 April 2007 and 31 March 2008**Gender**

The reported gender mix of patients is set out below for inpatients and outpatients.

Inpatient admissions in 2007 (Source HISS)

Female	78032	49%
Male	78704	51%

Outpatient attendances in 2007 (Source HISS)

Gender	DNA*	Seen	Total	%
Female	17092	210496	227588	54%
Male	16676	175757	192433	46%
Not Known		1	1	
Total	33768	386254	420022	

DNA = did not attend

Sexual orientation

Data is not collected on patient's sexual orientation.

Religion and belief

Trust data is available to capture patient's religious and spiritual beliefs. There are over 36 reported religions/spiritual beliefs. However, we do not have information on 54 % of patients.

Inpatients by religion

Religion	Total
Agnostic	260
Atheist	194
Bahai	9
Baptist	1225
Buddhist	260
Christadelphian	4
Christian	4091
Christian Scientist	3
Church In Wales	19
Church Of England	54051
Church Of Ireland	48
Church Of Scotland	690
Congregationalist	57
Greek Orthodox	45
Hindu	389
Humanist	34
Jehovah's Witness	595
Jewish	208
Methodist	1020
Mormon	8
Muslim	805
Non Conformist	115
Orthodox	206
Other	626
Other Free Church	195
Pentecostal	39
Plymouth Brethren	13
Presbyterian	47
Quaker	64
Roman Catholic	6706
Salvation Army	137
Seventh Day Adventist	2
Sikh	210
Spiritualist	164
Unitarian	10
United Reformed	95
None	10328
Not Known	73767
Total	156739

Appendix D

Employment duties monitoring of our staff

A complete set of equal opportunities employment monitoring information can be found on our website at the following page.

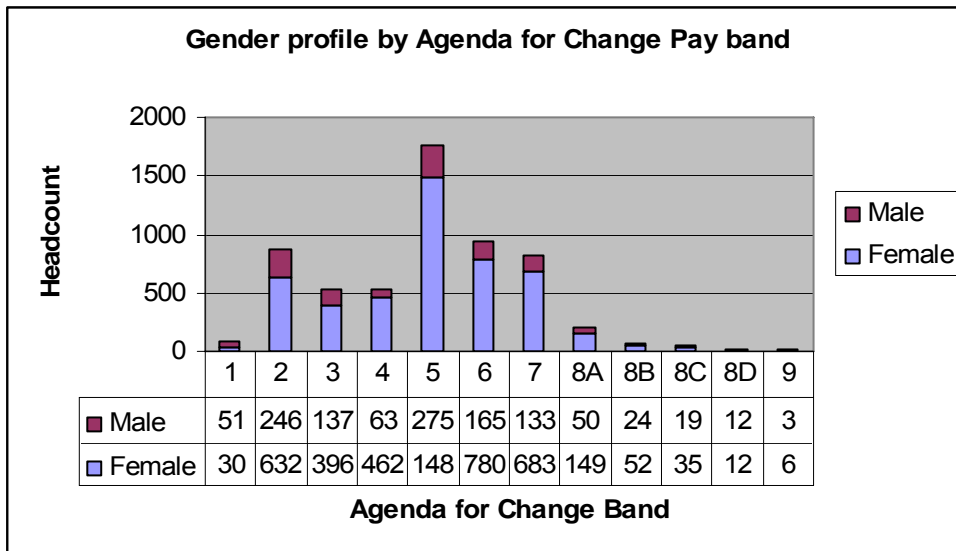
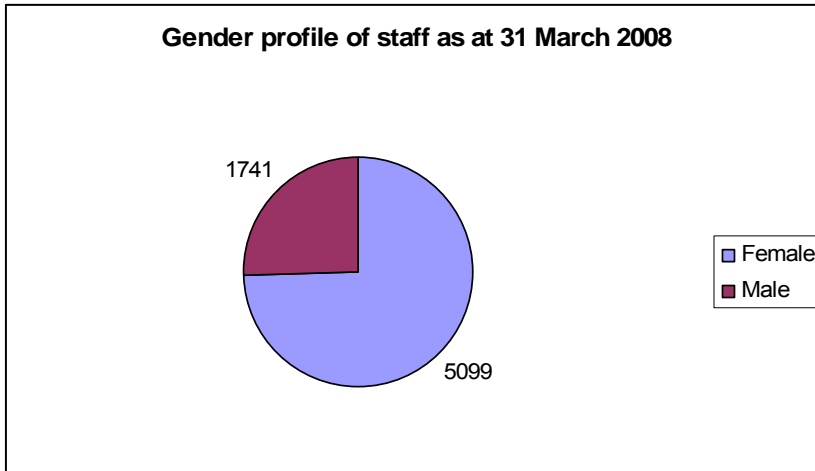
http://www.cuh.org.uk/cuh/profile/equality_diversity/employment_monitoring.html

The following tables are a sample.

Ethnic profile of our staff as at 31 March 2008

Ethnic origin	Headcount	%
White - British	4362	63.77%
White - Irish	64	0.94%
White - Any other White background	835	12.20%
Asian or Asian British - Indian	327	4.78%
Asian or Asian British - Pakistani	44	0.64%
Asian or Asian British - Bangladeshi	21	0.31%
Asian or Asian British - Any other Asian background	247	3.61%
Black or Black British - African	113	1.65%
Black or Black British - Caribbean	35	0.51%
Black or Black British - Any other Black background	19	0.28%
Black or Black British - African	113	1.65%
Mixed - White & Black Caribbean	12	0.18%
Mixed - White & Black African	35	0.51%
Mixed - White & Asian	38	0.56%
Mixed - Any other mixed background	30	0.44%
Chinese	57	0.83%
Any other ethnic group	34	0.50%
Not stated	569	8.32%
Grand total	6840	

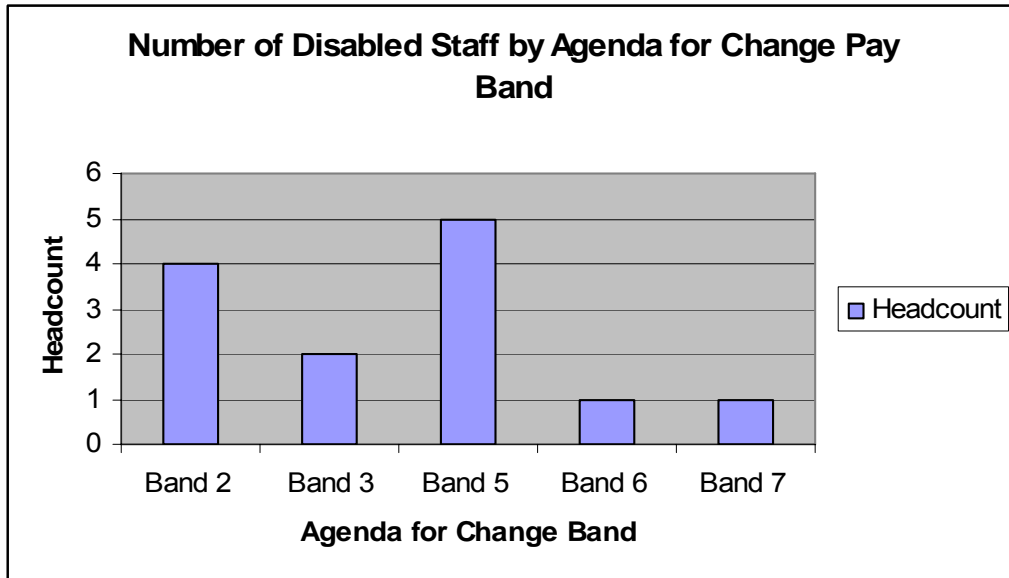
Gender



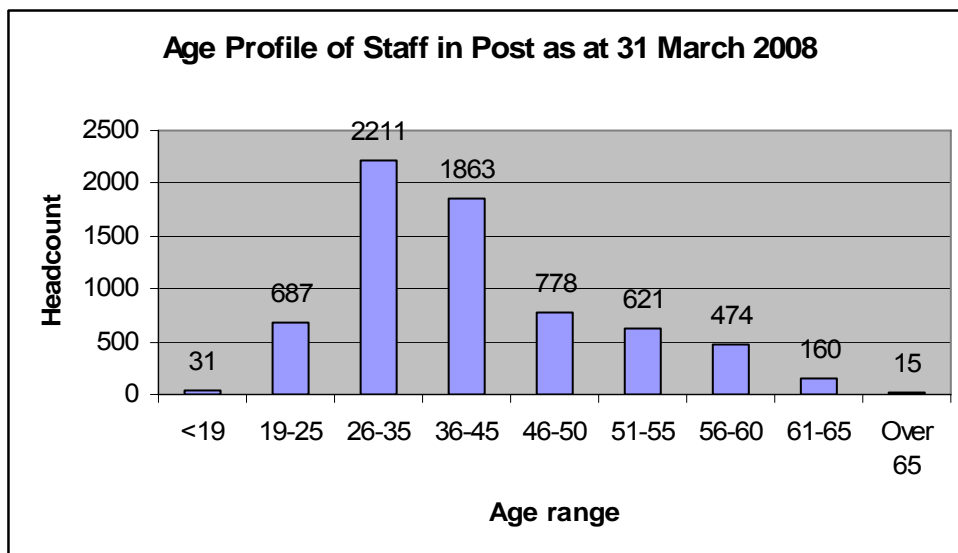
Disability

Out of 6,840 staff in post as 31 March 2008, 13 declared they had a disability.

The 13 who declared were in the following bands.



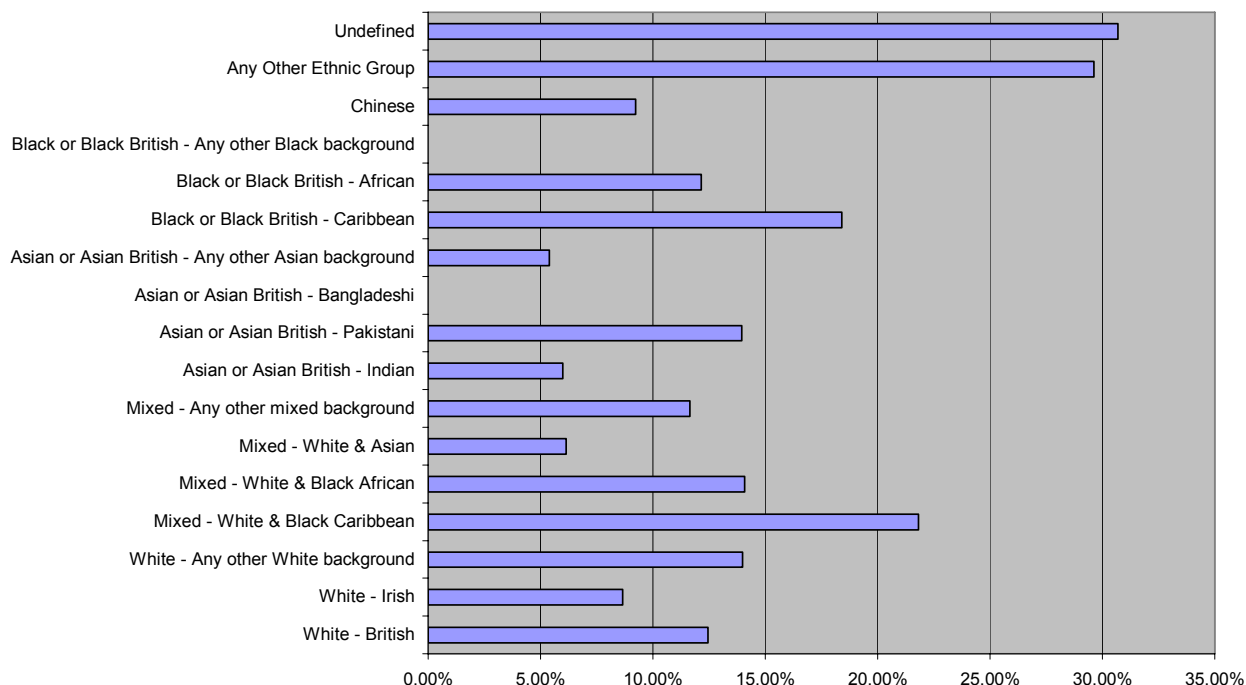
Age profile



Labour turnover rates by ethnic group 2007/08

Ethnic origin	Leavers	Turnover rate
White - British	465	12.45%
White - Irish	4	8.66%
White - Any other White background	99	13.99%
Mixed - White & Black Caribbean	2	21.82%
Mixed - White & Black African	5	14.08%
Mixed - White & Asian	2	6.15%
Mixed - Any other mixed background	2	11.65%
Asian or Asian British - Indian	11	6.00%
Asian or Asian British - Pakistani	2	13.95%
Asian or Asian British - Bangladeshi	0	0.00%
Asian or Asian British - Any other Asian background	10	5.39%
Black or Black British - Caribbean	5	18.40%
Black or Black British - African	13	12.15%
Black or Black British - Any other Black background	0	0.00%
Chinese	3	9.23%
Any Other Ethnic Group	4	29.63%
Undefined	32	30.70%

Labour turnover by ethnic group from 1 April 2007 to 31 March 2008



Appendix E

Public sector equality duties: the legislative context

The Trust is a public body and all such organisations are legally required to publish equality schemes. This requirement is contained in:

- the Race Relations (Amendment) Act 2000;
- the Disability Discrimination (Amendment) Act 2005; and
- the Equality Act 2006.

The three statutory duties have a common aim – to ensure that the public sector works to promote equality and eliminate discrimination in all of its activities. Each piece of legislation containing the statutory duties focuses on delivering equality in the most appropriate manner for different ethnic groups, disabled people, and for men, women and transgender people, with the underpinning aim of ensuring real, measured and positive outcomes for all sections of the communities served.¹

The Trust's current three equality schemes covering race, disability and gender will be replaced by a single equality scheme embracing all six equality strands.

There are some rights and freedoms which are so important and so fundamental that many countries have written them down in a special form and have made safeguarding and promoting them a fundamental aim for Government. In the UK these are known as *The Human Rights Act 1998*.

The individual requirements of each of the public sector equality duties and wider equality legislation are as follows.

The Race Relations (Amendment) Act 2000

The general duty under the Act requires public bodies to pay due regard to the need to:²

- eliminate unlawful racial discrimination
- promote equality of opportunity between persons of different racial groups
- promote good relations between persons of different racial groups

The elements of the duty are complementary and therefore all three aspects need to be addressed in order to show that the duty is being complied with.

There is also a specific duty on public bodies to publish a race equality scheme which sets out how it intends to meet the general duty outlined above and to review the scheme every three years. There is also a specific duty in relation to employment issues which requires the Trust to monitor:

- staff in post
- applicants for employment, training and promotion
- staff receiving training
- staff who benefit or suffer detriment as a result of performance assessments
- staff involved in grievance procedures
- staff subject to disciplinary procedures
- staff ceasing employment

¹ Equality and Human Rights in the NHS: *A guide for NHS Boards*

² DH Single Equality Scheme

Disability Discrimination Act 1995 and 2005 amendment

The Disability Discrimination Act 1995 has been amended by the Disability Discrimination Act 2005, so that there is a duty on all public authorities, when carrying out their functions, to have due regard to the need to:

- promote equality of opportunity between disabled persons and other persons
- eliminate discrimination that is unlawful under the Act
- eliminate harassment of disabled persons that is related to their disabilities
- promote positive attitudes towards disabled persons
- encourage participation by disabled persons in public life
- take steps to take account of disabled persons' disabilities, even where that involved treating disabled persons more favourably than other persons

There is also a specific duty on public bodies to publish a disability equality scheme, which sets out how it intends to meet the general duty outlined above and to review the scheme every three years. Our disability equality scheme is now encompassed within the single equality scheme.

The overarching aim of the general duty is to promote equality of opportunity for disabled people, in a society where they are often excluded and marginalised. Disabled people are often constrained in their life choices, socially and economically. They often experience poverty and social exclusion, not as the inevitable result of their disabilities, but as a result of attitudinal and environmental barriers.

Where the general and specific duties are discharged, disabled people are able to participate equally in society.

The Equality Act 2006

The Equality Act 2006 introduced a duty on public bodies to promote gender equality. Discrimination on the basis of a person's gender is already prohibited in relation to employment and the provision of goods, facilities and services, under the Sex Discrimination Act 1975. However, with the introduction of the gender equality duty (effective from 6 April 2007), public bodies are required to actively promote gender equality as they undertake their key functions. The general gender equality duty requires public authorities to have due regard to:

- **eliminating** unlawful discrimination with regard to obligations under the Sex Discrimination Act 1975 and the Equal Pay Act 1970 and to take steps to ensure compliance with these Acts
- **promoting** equality of opportunity between men, women and trans-gender people and take active steps to promote gender equality when carrying out functions and activities. There are also specific duties in many public bodies to help them meet their obligations under the general duty. The specific duties include:
 - **publishing** gender equality schemes
 - **monitoring** progress and publishing progress reports every three years
 - **conducting and publishing** gender impact assessments on policies and services

Discrimination on the grounds of gender includes discrimination on the grounds of gender reassignment in employment and training. All Trust policies and procedures

must adequately cover transgender or 'trans' employees, especially those policies dealing with recruitment, confidentiality, harassment and access to training.

The Trust must be able to demonstrate that it works to prevent discrimination, not only against transgender people who have undergone gender reassignment in the past but all those who intend to undergo gender reassignment and those undergoing it.

Equality in Employment Regulations (Religion or belief) 2003

These Regulations came into force in December 2003 and apply to vocational training and all facets of employment, including recruitment, terms and conditions, promotions, transfers, dismissals and training. They make it unlawful on the grounds of religion or belief to discriminate directly or indirectly against anyone; subject someone to harassment, victimise someone because they have made or intend to make a complaint or allegation or intend to give evidence to a complaint of discrimination on the above grounds or to discriminate or harass someone in certain circumstances after the working relationship has ended.

Equality in the provision of goods, facilities and services (religion or belief)

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

- **refusing to** provide a person with goods, facilities or services if they would normally do so to the public, or a section of the public to which the person belongs
- **providing** goods, facilities or services of an inferior quality rather than those which would normally be provided, or in a less favourable manner (for example, hostile or less courteous) or on less favourable terms than would normally be the case. Part 2 of the Equality Act 2006 came into effect in April 2007.

Equality in Employment Regulations (Sexual Orientation) 2003

These Regulations (also made under the European Communities Act 1972 and which came into force in December 2003) apply to vocational training and all facets of employment, including recruitment, terms and conditions, promotions, transfers, dismissals and training. They make it unlawful on the grounds of sexuality to discriminate directly or indirectly against anyone; subject someone to harassment, victimise someone because they have made or intend to make a complaint or allegation or intend to give evidence to a complaint of discrimination on the above grounds or to discriminate or harass someone in certain circumstances after the working relationship has ended.

Equality in the provision of goods, facilities and services (Sexual Orientation)

Section 81 of the Equality Act 2006 makes it unlawful for a public authority involved in providing goods, facilities or services to discriminate on grounds of sexual orientation by:

- **refusing to** provide a person with goods, facilities or services if they would normally do so to the public, or a section of the public to which the person belongs;
- **providing** goods, facilities or services of an inferior quality rather than those which would normally be provided, or in a less favourable manner (for example, hostile or less courteous) or on less favourable terms than would normally be

the case. Section 81 of the Equality Act 2006 is due to come into effect by April 2007.

Age Equality Regulations October 2006

From 1 October 2006, the Employment Equality (Age) Regulations made it unlawful to discriminate against workers, employees, job seekers and trainees because of their age. The regulations cover recruitment, terms and conditions, promotions, transfers, dismissals and training.

Gender Recognition Act 2004

The Gender Recognition Act 2004 provides for the legal recognition of the trans person in their acquired gender and their opportunity to acquire a new birth certificate for their new gender. This is called a gender recognition certificate (GRC) and this will replace the originating birth certificate in all official documentation. This also creates an offence of unauthorized disclosure in Clause 22 of the Act. It is now an offence for a person to disclose information acquired in an official capacity about the gender history of the holder of a gender recognition certificate as this is 'protected information'. The holder of a GRC is not obliged to inform their employer that they have one, but if they choose to do so this information on their gender history must be clearly established as 'protected information'.

Human Rights Act 1998

The European Convention on Human Rights (ECHR) was drafted by the nations of the Council of Europe (including the UK) in the aftermath of World War II.

In October 2000, the Human Rights Act 1998 came into effect in the UK. This meant that people in the UK could take cases about their human rights to a UK court. Previously they had to take complaints about their human rights to the European Court of Human Rights in Strasbourg. The rights contained in the act (in schedule 1) are referred to as 'the convention rights or articles'.

What are the Convention Rights?

There are 16 basic rights or articles contained in the Human rights Act

What does the Human Rights Act mean for the Trust?

Being a public organisation, the Human rights Act has the following implications for the Trust:

- it makes it unlawful for the Trust to act in a way that breaches an article of the Human Rights Act
- anyone who feels that a public authority has breached the Act can raise this before an appropriate UK court or tribunal.

The Department of Health published in October 2008 *Human rights in Healthcare: A Framework for Local Action*. This framework was developed in conjunction with the British Institute of Human Rights and five NHS Trusts to assist organisations across the NHS to use Human Rights based approach to help improve the way services are delivered. This Department of Health document states:

'The purpose of the framework is to assist NHS trusts to develop and use a human rights based approach to support care businesses in planning and delivering high quality and accessible health services for all.' As such, it is a starting point for the Trust to:

- implement duties under the Human rights Act 1998, as well as progressing Healthcare

- put principles such as dignity, respect and equality into practice
- shape services and procedures that put the 'human' at the heart of healthcare
- effectively support staff and commissioned providers to fulfill their specific duties
- commission standards on Human Rights and patient treatment
- support and add value to our work on related duties and priorities such as *Equality, Health inequalities, Dignity in Care and Commissioning a Patient Led NHS*³

Equality and Human Rights Commission (EHRC)

The Equality Act (2006) established the new Equality and Human Rights Commission to take over the work of the previous equality commissions and take responsibility for the new discrimination streams – religion or belief, sexual orientation and age – as well as human rights. The EHRC commenced work in October 2007.

Carers (Equal opportunities) Act 2004

The Carers (Equal Opportunities) Act 2004 came into force in England on the 1st April 2005 and in Wales on 18th April to give support to carers. When a Carer's Assessment is being completed it must take into account whether the carer works or wishes to work, any courses the carer is taking or wishes to take, and any other leisure activities the carer undertakes or wishes to undertake. The act gives local authorities new powers to gain the help of health, education, housing, and other local authorities in providing support to carers.

Equality Bill 2009

This Bill will create a single new Equality Duty on public bodies to tackle discrimination, promote equality of opportunity and encourage good community relations. The new duty will cover race, disability and gender, as now, but also include age, sexual orientation, gender reassignment and religion or belief, replacing the three existing, separate duties with a single, more effective framework. This will harmonise the existing public sector equality duties of tackling discrimination and promoting equality for race, gender and disability so that the requirements do not vary between groups.

³ Department of Health: *Human Rights in Healthcare: a framework for local action* published October 2008

Appendix F

Care Quality Commission standards

The following standards have implications for equality:

Core standard C7e

Healthcare organisations challenge discrimination, promote equality and respect Human Rights.

Core standard C13a

Healthcare organisations have systems in place to ensure that staff, treat patients, their relatives and carers with dignity and respect.

Core standard C16

Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.

Core standard C17

The views of patients their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

Core standard C18

Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

Appendix G

The six equality strands and what the single equality scheme seeks to address

1. Race

The Race Relations (Amendment) Act 2000 (the Act) means organisations have to take positive action not only to eliminate discrimination, but also to promote good race relations and equality of opportunity. The Trust is keen to make race equality part of everything we do to achieve our overall goal of a modern NHS which is responsive to population health needs and reduces health inequalities and improves health outcomes for all.

The Trust monitors service use by ethnic group.

1.1 Health inequalities

Genetic and physiological differences between different ethnic groups can pre-dispose some groups and individuals to certain diseases which require careful consideration when planning services to make sure that uptake is maximised. Heart disease and diabetes are examples of this. The findings of the 2004 Health Survey for England (HSE)⁴ an annual survey commissioned by the Department of Health showed for example:

- Bangladeshi and Pakistani people and black Caribbean women are more likely to report bad or very bad health
- Pakistani men are more at risk of ischaemic heart disease
- Bangladeshi, Pakistani and Indian people and African Caribbean women are more at risk of Type 2 diabetes

Other key statistics according to the Department of health in relation to critical illnesses are:

Heart disease South Asian people are 50% more likely to die prematurely from coronary heart disease than the general population

Stroke amongst African Caribbean and South Asian men: the prevalence of Stroke was between about 40% and 70% higher than that of the general population

In Cambridgeshire, Gypsies/Travellers form the largest ethnic minority group. A recent report from the Ormiston Trust '*An Insight into the Health of Gypsies and Travellers*'⁵ highlighted the following health issues for this group:

- They have a life expectancy 10-12 years less than the settled population
- They are five times more likely to have health problems
- 1 in 5 Gypsy and Travellers mothers will experience the loss of a child
- Levels of prenatal mortality and still birth are also higher

Despite these significant health problems access to health services for gypsies and travellers is often difficult. Many gypsies and travellers feel that health workers have a poor understanding of their needs, circumstances and culture. Many report difficulty in registering with a GP. As a result many Gypsies and travellers tend to make greater use of A&E for basic health needs than the general population.

⁴ DH Equality and Human Rights Group: Ray Warburton *Turning Evidence into Action* 22 September 2008

⁵ *An Insight into the Health of Gypsies and Travellers – A Guide for Health professionals* Cambridgeshire PCT and the Ormiston Children's and Families Trust published July 2008

It has been reported that the 2011 census will begin to record the ethnicity of gypsies and travellers. The Trust has PALS and service representatives on the Cambridgeshire PCT Travellers Health sub group.

However social deprivation of income and location across all ethnic groups is also a key indicator for poor health outcomes. People who suffer more deprivation tend to have poorer health.⁶ In Cambridge and Cambridgeshire the most deprived areas are Abbey, King's Hedges (Cambridge wards) and Fenland where average income is £25,300 which is lower than the national average of £26,000. The proportion of incapacity claimants in Fenland is well above average⁷.

The Trust is examining the patient instances of 'did not attend' (DNA) rates for outpatient clinics by post code to see if there is any correlation between the DNA rate and areas of deprivation where availability of transport might also be an issue.

The Trust established a Black and Minority Ethnic (BME) network in 2002 and this has since become the Equality and Diversity Staff group. This group is able to contribute to feedback on service equality and employment race equality issues.

1.2 Employment inequalities

14.5% of the total NHS workforce of 1.3 million staff is from BME backgrounds (approximately 192,000 staff) yet only of 1% senior managerial positions in the NHS are from BME groups⁸. There are only 4 BME CEOs of PCTS and only 50-60 BME Executive Directors in NHS Trusts. Nationally 39.1% of hospital medical staff are from black or ethnic minority groups yet they comprise only 22.1% of hospital medical consultants These statistics were recently quoted by Neil Mackay, Chief Executive of East of England Strategic Health Authority at the October 2008 Regional Breaking Through Conference held at Linton.

2. Disability

2.1 The Trust has adopted the Department of Health's approach to disability and uses the social model (as opposed to the medical model) of disability: i.e. it is the barriers (physical, attitudinal) that society puts in the path of disabled people that prevents disabled people from living fuller lives, rather than any inherent factor. This concept has gained wider credence due, in part, to equality legislation and is fundamental, for it informs subsequent strategy and policy decisions relating to health and social care.⁹

2.2 Health inequalities

The Disability Rights Commission commissioned a formal Investigation into health inequalities experienced by people with learning disabilities and/or mental health problems.¹⁰

⁶ Department of Health and Association of Public Health Laboratories *Health Profile for Cambridge* www.healthprofiles.info

⁷ *Joint Strategic Needs Assessment for Cambridgeshire: Phase 1* Cambridgeshire PCT and Cambridgeshire County Council 17 June 2008

⁸ Statistics from DH National Breaking Through Programme literature

⁹ Department of Health: *Guide to Creating a Disability Equality Scheme*

¹⁰ Disability Rights Commission (2006) *Equal Treatment: Closing the Gap* – a formal investigation into health inequalities experienced by people with learning disabilities and/or mental health problems

The investigation found:

- people with mental health problems who have heart disease are less likely than the general population to receive certain standard checks; eg people with mental health problems are less likely to have received cholesterol checks and cholesterol lowering drugs such as statins than others with heart disease
- people with learning disabilities who have diabetes are less likely to have their body mass index measured than others with diabetes; those who have had a stroke have fewer blood pressure checks than other stroke patients
- evidence of 'diagnostic shadowing' ie having physical symptoms disbelieved by health care professionals for patients with learning disabilities of mental health conditions due to psychological diagnosis

The DRC (before it was merged to form Equality and Human Rights Commission) in September 2007 produced a critical report on the provision of health services for disabled people. The recent published Independent Inquiry report: *Health Care for All*: published July 2008, by Sir Jonathan Michaels resulting from the Inquiry into access to healthcare for people with learning disabilities, concluded that people with learning disabilities have worse health and get a less good quality of care in the NHS. The Michaels Inquiry was prompted by the MENCAP report *Death by Indifference* which described the experiences of six people with learning disabilities who died whilst in NHS care.

Whilst there are many specialist services designed to address specific disabilities especially learning disability, access by disabled people to routine health services is often denied to them because their needs have not been taken sufficiently into account. Nationally it has been found that disabled people are often invisible to services as there is no routine monitoring of their attendance.

From June 2008, the Trust collects disability data regarding its patients.

The Trust will continue to work with partnership organisations such as Speaking up Parliament, Cambridgeshire Learning Disability Partnership, and The Papworth Trust to promote equality of opportunity in access to service and in employment for those people with disabilities. The Trust recognises the needs of disabled children will be different from those of disabled adults and will engage in dialogue with a range of local disability groups including for example Umbrella Autism and the National Deaf Children's Society. The Trust will work also with disability groups to support and take account of the needs of carers of disabled adults and children when providing services.

In January 2008 the Trust signed an Employers Support into work agreement with The Papworth Trust to encourage recruitment of Papworth clients into work placement schemes, employment and retention of disabled staff.

3. Gender

3.1 The Trust is committed to tackling gender inequalities within the healthcare sector by recognising the specific health needs of men, women and transgender people. There has been increased awareness among healthcare professionals of the correlation between gender and health and its impact on access, quality of healthcare and medical treatment for men and women. The Trust's commitment to creating a patient that extends choice and is responsive to all patients especially with regards to the gender perspective aims to ensure that any gender differences in treatment and access are eliminated.

'Trans' is a term used to refer to transgender and transsexual people. Trans is often a preferred term as transgender and transsexual, to some, can be seen to 'medicalise' trans people and treat them automatically as having a disorder. All Trust policies and procedures must ensure that they adequately support trans staff, patients and carers, especially those policies dealing with recruitment, confidentiality, harassment, and access to training. The Trust must be able to demonstrate that it works to prevent discrimination against:

- trans people who have undergone gender reassignment
- trans people who do not intend to undergo gender reassignment
- trans people who intend to undergo gender reassignment in the future
- trans people currently undergoing gender reassignment

As there are not a large number of support agencies catering specifically for the needs of trans people, there can often be some confusion amongst staff on how to deal with these issues. It is important that the following be taken into account:

- if someone holds a gender recognition certificate they are afforded the full rights of that gender
- where someone may be going through the *transition* process it is important for staff to talk with service users about what they feel they need in the way of support. Many people will happily say what they want when asked
- staff must not make assumptions about the needs of trans people as they can differ greatly. What works for one person may not work for another¹¹

The Department of Health has published in November 2008 an equality guide *Trans: a practical guide for the NHS*¹² to assist in providing services for trans people.

3.2. Health inequalities

Genetic and physiological differences between women and men mean that there are differential pre-dispositions to certain diseases which require careful consideration when planning services to make sure that the needs of one sex or the other are not ignored.

A project on gender equality which has been carried out by the Men's Health Forum, at the request of the Department of Health, has highlighted several facts regarding under-use of NHS services by men and poorer health outcomes for men.¹³ For example:

- although more men are overweight than women they make up only 25% of patients in primary care weight loss programmes
- the pilot programme for National Bowel Cancer Screening achieved a much lower take-up among men. (The death rate for colorectal cancer is 24.7 per 100,000 in men compared with 14.7 per 100,000 in women)
- men are twice as likely as women to both develop, and die from, the ten most common cancers affecting both sexes
- incidence and mortality for heart disease are much higher in men

¹¹ Cambridgeshire PCT *Single Equality Scheme*

¹²

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089941

¹³ Statistics cited and information extracted from DH *Creating a Gender Equality Scheme A Practical guide for the NHS Men's health forum*, author Barbara Burford

- 60% of sudden infant deaths occur in boys
- men are 3 times as likely to take their own lives
- 78% of drug related deaths occur in men.

An Equal Opportunities Commission case study published in *The EOC Code of Practice November 2006* on coronary heart disease, reveals that although most women believe that breast cancer is women's most pressing health worry, heart disease is a greater risk, causing some 20,000 deaths in the UK every year.

Tests for coronary heart disease (CHD) are designed to be performed on men – yet the symptoms in men and women are different. This means that female symptoms are less well understood and less well identified. There is also evidence that women with chest pain are less often referred for full evaluation and diagnostic procedures.

Mortality directly associated with diabetes amongst those born in the Caribbean is significantly higher than in the general population, However when this is broken down by gender, this shows among men a rate of 3.5 times the national rate but among women this rises to 6 times the national rate.¹⁴

4. Age

4.1 Age discrimination is probably one of the most common forms of discrimination and most people have been subject to it at some time in their life, personal, employment or in a health or social care setting. Ageist remarks and behaviour have generally been more acceptable within society than racism or sexism.

The government introduced the Employment Equality Act (Age) Regulations 2006 in October 2006, which made age discrimination illegal in all aspects of employment.

There is a great deal of anecdotal evidence of negative attitudes from healthcare providers towards older people that affect the quality of service that they receive.

The National Service Framework (NSF) for Older People sets national standards to improve service for older people, at home, in residential care and in hospital. The aim of the NSF is to root out age discrimination and, since then, there have been a number of improvements. In addition to this, the Department of Health launched its Dignity in Care Campaign in November 2006 to place dignity and respect at the heart of caring for older people.

4.2 Health inequalities

Key facts according to the Department of Health statistics:

- 16% of the national population are aged 65 and over and this is forecast to rise by 23% 2021 and by 25% by 2041
- Although on average females live longer than males, a greater proportion of a female's lifespan is lived in ill-health (15% compared with 12%)
- 36% of people aged 75 and over are taking four or more prescribed medicines. The NHS spends around 40% of its budget on this group
- The prevalence of longstanding illness or disability or infirmity increases from 15% of those aged under 5 to 72% for those aged 75 and over
- Asian women aged 65 and over have the highest rate of limiting, long-term illness (64.5% compared to 53.1% for all women aged 65 and over)

¹⁴ London Health Observatory, *Ethnic Disparities in Health and Healthcare*, 2004

5. Religion and belief

The Trust aims to eliminate discrimination on the grounds of religion and belief and to promote good relations between staff and service users of different faiths or none, through information, awareness raising, training and an ongoing dialogue with individuals and groups representing the major religions and those with more diverse religious beliefs.

The Trust refers managers and staff to relevant publications and resources for staff and managers to ensure services take into account the cultural and religious beliefs of patients (e.g. Religious and cultural beliefs handbook published and distributed to all wards and departments in January 2005, *Meeting the Religious and Spiritual Needs of Patients and Staff*; NHS Chaplaincy Guide 2003 and Department of Health *Ramadan Health Guide 2007*). The chaplaincy web pages on the staff Intranet give details to staff on different faiths and cultures beliefs on treatment during health care, diet, privacy and dying. The Trust website has a link to the Diversiton Religious and cultural beliefs online calendar.

The religion of all patients is monitored and recorded on HISS.

Job applicants are asked to give their religion for monitoring purposes.

6. Sexual orientation

The Equality (sexual orientation) regulations came into force in 2003 and prohibit discrimination, harassment or victimisation on the grounds of sexual orientation.

It is estimated that 1 in 15 people is homosexual or bisexual (6.6% of the population).

Some people face discrimination because they are not heterosexual. Homophobic attitudes towards lesbians, gay men, bi-sexual people is still commonplace and like other forms of prejudice can have physical and psychological effects on individuals. This too is rarely identified when they access health care. People from the Lesbian Gay Bisexual and Transsexual (LGBT) community often feel that they cannot disclose their sexual orientation for fear of discrimination when accessing health care. There is strong evidence to validate this fear with 40% of LGBT people who disclosed their sexual orientation to health professionals reporting negative care experiences. In a survey carried out by Cambridge City Council in 2004, LGBT people were asked about whether their sexuality affected the way they were treated by health care professionals and:

- o 4/10 said no difference
- o 1/8 said positive effect
- o 1/11 said it had a negative effect

They felt that this should be addressed through consultation and better trained staff.

The Trust will work to ensure any issues arising out of complaints or other processes are investigated and addressed.

Appendix H List of organisations consulted

Cambridgeshire PCT
South Cambridgeshire District Council
Cambridgeshire County Council Head of E&D
Cambridge City Council
Equality and Human Rights Commission Eastern branch
East of England Strategic Health Authority
Cambs and Peterborough Mental Health Foundation Trust
Cambridge Ethnic Community Forum
MENTER
RNIB
RNID
Camsight
Fen Vision
CamTAD
Headway
Cambridgeshire Deaf association
National Deaf Children's Society
St Raphael club - for physically disabled
Cambridgeshire Learning Disability partnership
One for us
Disability Cambridgeshire – advice and information service for disabled people and carers
Umbrella autism (Group supporting Parents and carers of children with Autism)
National Autism Society
MENCAP
PINPOINT (network of parents and carers of disabled children)
Cambridge Online
MND Association
Parkinsons Disease society
National Osteoporosis Society
Granta Grapevine talking newspaper
MIND Cam-Mind (Cambridgeshire AMH)
SANE
The Papworth Trust
Red2green info@red2green.org
Upstairs down Sports club - for child wheelchair users
Teenage Cancer Trust
Speaking Up Parliament info@speakingup.org.uk
"Our voice" An Independent and Confidential Advocacy service for people with disabilities living in Cambridgeshire.

National Diabetes UK : Diabetes UK Eastern region
National Association for Colitis and C society
Directions Plus
The Ormiston Children and Families Trust
Cambs PCT Travellers Health sub group
Press for Change
Age Concern
Stonewall
2byou youth group
2byou provides support and friendship for young people aged 16 – 24 in Cambridgeshire discovering their sexuality
SexYouAlity Youth Group
Support and social group for young LGB people in Cambridge.

DHiverse

Migrant workers network

Local Religious contacts on Chaplaincy website including

Church of England, Bishop of Ely Diocese

Catholic churches

Free Church

Methodist

Quaker

Cambridge Mosque

Foundation Trust members focus groups MSF

Trust Patient and Carer group

Equality and Diversity staff group

Political parties *Including Rt Hon Andrew Lansley Shadow Health Sec*

Appendix I

Summary of Trust's work in equality and diversity 2005-08

- E&D guide for staff booklet produced
- revised E&D training on corporate Induction
- disability awareness workshop half day
- *How to ...* guide resources on Intranet for staff to support patients with disabilities and to improve staff's English language skills for speakers of other languages:
 - How to communicate when meeting people with hearing impairments
 - How to communicate with people with physical impairments
 - How to communicate with people with visual impairments
 - How to guide people with sight problems
 - How to guide-Useful phrases booklet
 - How to communicate with people with learning disabilities
- E&D pages on Connect with downloadable publications and resources, good practice guides to sign post staff, FAQ, link to Diversiton Calendar website Online
- opportunities programme work placement scheme for marginalised groups including older workers, disabled clients funded by ESF, now Job Centre plus scheme
- signed employer agreement with the Papworth Trust to support disabled clients in work placements and , assist in getting permanent employment for disabled clients and to assist current employees who become disabled during their employment
- winner for the eastern region National *Age Positive* awards in 2006
- awarded *Working Families Silver Service Award* in 2007 for supporting older workers through our *Opportunities* work placement scheme and our flexible retirement among others
- regular audits informal visits / 'mystery shopper' style audit with members of the public who sit in the Cambridge City Council disability consultative panel and the Trust's patient and carer group
- "Way finding" project established in autumn 2008 to improve access and signage
- new shuttle bus established in autumn 2008 to pick up patients with mobility problems from main hospital multi-storey car park every 10 minutes and transport to various clinical areas of the hospital campus
- patient's reader panel established to involve patients and the public in content, development and accessibility of patient information literature; including a patient with learning disabilities to trial out easy read literature
- translation of patient information literature
- stroke and rehab unit redecorated with colour coded bays introduced to assist patients with invisible disabilities to recognise their bay more easily with additional simple pictorial signage to assist patients
- new E&D lead for equality and diversity appointed in April 2007. Gap analysis of equality and diversity work in April 2007. Risk assessments of areas of equality and diversity performed.

- Report presented to board in November 2007 to mainstream E&D in all Trust organisational practices. Each director has corporate responsibility for an area of E&D and agreed actions in single equality scheme action plan and local detailed matrix action plan