



### Report Cover Sheet

Report to:	Trust Board	
Date of the Meeting:	29 <sup>th</sup> April 2020	
Agenda Item:	P1-051-20	
Title:	Trustwide Equality, Diversity and Inclusion Strategy	
Report prepared by:	Linda Morris, Equality Diversity and Inclusion Lead	
Executive Lead:	Jayne Shaw Director of Workforce Education and OD	
Status of the Report:	<b>Public</b>	Private

Paper previously considered by:	Workforce Education and OD Committee 14.01.20 – Approved Patient Experience and Inclusion Group 19.02.20 – Noted Quality Committee 19.03.20 - Noted
Date & Decision:	

Purpose of the Paper/Key Points for Discussion:	<p>The Trust is committed to delivering high quality patient services and conducting its business with honesty, openness, candour and integrity, and requires all staff to act within these valued attributes and in an environment which they feel safe in doing so for the benefit of the patient, personal and organisational wellbeing.</p> <p>In order to achieve these ambitions a Trustwide Equality, Diversity &amp; Inclusion (EDI) Strategy for 2020-2023 has been developed. It sets out a clear local approach the Trust will take to ensure that we embed effective equality, diversity &amp; inclusion practices, policies and behaviours into everything we do.</p> <p>The aim is to</p> <ul style="list-style-type: none"> <li>• promote equality, diversity and Inclusion for both staff and patients,</li> <li>• tackle all forms of discrimination</li> <li>• remove inequality in the provision of both health services and employment.</li> </ul> <p>This document is presented to the Trust Board for ratification.</p>
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Action Required:	Discuss	
	Approve	X
	For Information/Noting	

Next steps required	Action Plan and timetable to be agreed
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*The paper links to the following strategic priorities (please tick)*

Deliver <b>outstanding care locally</b>		Collaborative system <b>leadership</b> to <b>deliver better patient care</b>	X
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<b>Retain and develop outstanding staff</b>	X	<b>Be enterprising</b>	
<b>Invest in research &amp; innovation to deliver excellent patient care in the future</b>		Maintain <b>excellent</b> quality, operational and financial <b>performance</b>	

*The paper relates to the following Board Assurance Framework (BAF) Risks*

<b>BAF Risk</b>	<b>Please Tick</b>
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	X
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	X
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	X
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	

<b>Equality &amp; Diversity Impact Assessment</b>		
Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		X
Disability		X
Gender		X
Race		X
Sexual Orientation		X
Gender Reassignment		X
Religion/Belief		X
Pregnancy and Maternity		X

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.

# The Clatterbridge Cancer Centre NHS Foundation Trust



## Trust Wide Equality, Diversity & Inclusion Strategy 2020 – 2023

DOCUMENT REF: (Version No. 1.0)

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## Circulation/Dissemination:

Date added into Q-Pulse	
Date notice posted in the Team Brief	
Date document posted on the intranet	

## Version History:

Date	Version	Author name and designation	Summary of main changes

## Executive Summary

The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) is one of the largest NHS specialist cancer treatment facilities in the UK – employing 1300 staff and providing more than 220,000 treatments and appointments to over 30,000 patients a year.

Based in Wirral and Liverpool, CCC serves a population of 2.3 million across Merseyside, Cheshire, North Wales, the Isle of Man and parts of Lancashire: providing an outstanding level of care; cutting-edge cancer treatments; a comprehensive network of off-site clinics and multi-disciplinary teams throughout the region, and a supportive environment committed to providing cancer patients and their carers/families with advice and support.

The Clatterbridge Cancer Centre (CCC) recognises that developing our outstanding staff is key to its continued success and is one of four major priorities that form part of the Trusts Excellence in care. This will be all the more important as the Clatterbridge Cancer Centre is on a continuous journey of unprecedented change in transforming cancer care across the region.

The purpose of the Equality, Diversity and Inclusion Strategy is to help stop discrimination and lessen inequality between groups of staff and patients. Nationally, evidence suggests that there is continuing inequality; discrimination and disadvantages that affect people's health and employment prospects locally and throughout the UK. The Clatterbridge NHS Foundation Trust has an important role to play in challenging this and promoting a positive way forward.

The Board of Directors believes it is crucial that we link the issue of diversity to the core of our business, so that it is no longer seen as an add-on, but is at the centre of our aims and objectives, which should become the bottom line in everything we do. They help us as an organisation to maintain focus and provide very clearly the reason diversity is essential to our services. They also help us see our part in the bigger picture, and understand how diversity can help us achieve our mission and vision.

By building a workforce that is truly representative of the local communities that we serve, we increase the talent pool from which we recruit, and build services that are responsive to the needs of the local communities.

The Equality, Diversity and Inclusion Strategy takes into account recent changes in legislation, policy and guidance, and continues to underpin our vision; to pursue excellence in service delivery and make CCC an organisation where staff feel proud to work. This strategy will support us in meeting our statutory obligations, and to develop a clear understanding across the Trust, of social inclusion, human rights and equality in the workplace and in service provision.

**Liz Bishop**

**Chief Executive**

## Our Aim

**To promote equality, diversity and Inclusion for both staff and patients, tackling all forms of discrimination and removing inequality in the provision of both health services and employment.**

This strategy identifies our priorities and objectives and addresses the national requirements that are embedded in the Equality Act 2010 (Public Sector Equality Duty), Human Rights Act 1998, Workforce Race Equality Scheme (WRES) and from 2019 Workforce Disability Equality Scheme (WDES) and identifies how we will deliver improved outcomes, based on the Equality Delivery System (EDS2).

It is our intention to reduce the barriers experienced by individuals and specific groups of patients who engage with the Trust with particular reference to how to address issues in relation to health inequalities and patient safety. We aim to demonstrate that the EDI agenda is meaningfully embedded into our core business.

## Why an equality, diversity & inclusion strategy?

**As an NHS organisation, we have both a legal and a moral duty to demonstrate fairness and equality to our patients, service users, their carers and families, and to our employees and volunteers.**

To achieve our ambitions, the Trust has developed our Equality, Diversity & Inclusion (EDI) Strategy for 2019-2022. It sets out a clear local approach the Trust will take to ensure that we embed effective equality, diversity & inclusion practices, policies and behaviours into everything we do including:

- how we deliver our services,
- the experience of our patients, carers and workforce,
- how we engage and ensure fairness in all we do.

The content of this strategy and the supporting priority work programme has been developed through a range of sources including:

- Quantitative information collected and monitored through the workforce Electronic Staff Record System (ESR) and reported in our annual workforce equality, diversity and inclusion monitoring report
- Actions identified by our Gender Pay Gap Report
- Actions identified in our Workforce Race Equality Standard
- Actions identified in our Workforce Disability Equality Standard
- Feedback through our annual staff survey, staff engagement initiatives and Transforming Cancer Care programme.

- National best practice guidance together with internal and external benchmarking

The delivery of our Equality, Diversity and Inclusion Strategy is underpinned by our values and Behaviours:-

Putting people first
Passionate about what we do
Achieving Excellence
Looking to the future
Always improving care

## Equality Delivery System (EDS2) Framework

**This Equality and Inclusion Strategy links to a number of local and national drivers but is based on the requirements of the NHS Equality Delivery System, which aims to be embed equality into all policies and practices whilst driving up performance and going beyond legislation.**

The Equality Delivery System (EDS2) framework was designed by the NHS to support NHS commissioners and providers to meet their duties under the Equality Act. The Trust uses the EDS2 as a tool kit to meet the requirements (Public Sector Equality Duty) under the Equality Act 2010 and in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010.

From April 2015, EDS2 implementation by NHS organisations was made mandatory in the NHS standard contract.

## Equality Monitoring

Equality monitoring enables the Trust to measure our employment practices and service delivery to ensure we are the best we can be.

CCC recognises that equality monitoring is central in understanding whether people from all backgrounds are being treated fairly in terms of service delivery and employment practice. We need information about the characteristics of our patients and staff, if we are to understand people's needs and monitor whether or not we are meeting them and to ensure that everyone has equal access to services and opportunities.

Equality monitoring is a key priority area for improvement and we will be working closely with staff and patients to improve the way that we ask for, collect and use



information about our staff and patients. This will include explaining the reasons why we need to collect this data.

## Equality Impact Assessments (EIAs)

The key purpose of an Equality Impact Assessment (EIA) is to:

- Promote all aspects of equality.
- Identify whether certain groups are excluded from any of our services.
- Identify any direct or indirect discrimination.
- Assess if there is any adverse (negative) impact on particular groups.
- Promote good relations between people of different equality groups.
- Act as a method to improve services.

Other reasons for EIA are:

- It increases user/patient/public/staff trust.
- It enhances value for money.
- It informs business plans.
- It increases social inclusion.
- It promotes understanding and sensitivity.

EIA should not be a separate exercise but seen as an integral part of continuous service and performance review; enabling services to document equality deliberations and conclusions and show transparency and accountability to the wider community.

EIA is not a legal requirement in England, but it is an established and credible tool for demonstrating due regard to the public sector equality duty (PSED), which is required by law.

## Engagement and consultation

CCC recognises that the key to measuring the success of our actions is to ensure that stakeholders, including patients, carers, staff, Foundation Trust members and the public have opportunities to share their experience with us, and that we use these shared experiences to inform and improve the design of future services.

The Trust has a number of ways in which it regularly involves local people and staff in the development of services and the working environment for patients and local people. The Trust has a very active and engaged Council of Governors and this forum is used to consult on strategies and any significant service changes.

Whilst we recognise the importance of engaging with patients and staff when developing, delivering and designing services, we do recognise that this is an important area for continual improvement. We want our patient and public engagement activities to fully represent the diverse communities we serve and we

are committed to ensuring that the way in which we communicate with people is fully inclusive and equitable. In line with Equality Delivery System, we will engage with all our stakeholders, involving them in assessing our progress towards achieving our equality objectives.

## Our key priorities

### **Improving our understanding**

We recognise that equality monitoring is central in understanding whether people from all backgrounds are being treated fairly.

### **Have a greater input into service design and transformation**

Undertaking equality impact assessments helps us to understand how our policies, practices and service provision affect different groups of people.

### **Improving patient and staff experience and accessibility**

We recognise that the key to measuring the success of our actions is to ensure that patients and staff have the opportunity to share their experience and feedback with us.

### **Developing more inclusive leadership**

We recognise that by training and educating our staff, we can develop more inclusive leaders to drive forward inclusion and diversity and support a fully inclusive culture and service provision.

### **Promoting partnership working**

We will continue to work effectively in partnership with other organisations to promote health and wellbeing and to tackle health inequalities within our catchment area.

## Our Equality, Diversity & Inclusion Objectives

In determining our equality objectives for 2019/20, we reviewed local and national data, patient feedback, complaints analysis, staff survey results and aspects for service delivery that present a local challenge.



The 5 priority goals are as follows:

### EDS2 Goals

#### Goal 1: access and experience

**We want to ensure our services are accessible to all patients and carers who require care and treatment. We want to ensure the information we provide can be adapted to meet individual needs.**

Applying our Trust values, we strive to provide personalised and compassionate care whilst respecting different people's needs, aspirations and priorities. We aim to ensure patients and carers have a positive experience of our services and are not disadvantaged in any way.

We are committed to ensuring our services are accessible, however recognise the processes to flag health inequalities need to be strengthened and suitably governed. CCC has developed recording and monitoring systems and has implemented the Accessible Information Standard into practice; however additional areas of application are required.

There is strong evidence that providing personalised, person centre care is

fundamental to ensuring service users have a positive experience of care and better health outcomes (Health and Social Care Act 2012, NICE 2011). CCC has committed to improving the involvement of patients and carers in care planning to ensure personalisation and positive experiences for all.

### What we will do:

- ❖ Ensure our staff can access up to date guidance and support when providing care for service users with specific protected characteristics (for example information about cultural awareness, religious beliefs).
- ❖ Develop transgender guidance to support service users and guide staff.
- ❖ Work with our estates department to ensure access and adaptations are routinely considered when building or opening new services (including autism, dementia, D/deaf\* and learning disability).
- ❖ Build into current audits and frameworks the assessment of the environment in relation to accessibility and disability compatibility.
- ❖ CCC will continue to monitor the protected characteristics of people who have concerns or complaints about our services and ensure any trends or concerns are escalated accordingly.
- ❖ Provide service users and carers who may have specific communication needs, information in an easy and accessible format.
- ❖ Expand our service user engagement opportunities to reach diverse communities and ensure those who engage with the Trust are monitored in relation to their protected characteristics.
- ❖ Monitor service user and carer protected characteristics when analysing satisfaction with care and treatment.

\* A capital "D" is used to **indicate** that a person **is** part of the **Deaf** community and **has** grown up in that culture. It tells people that you're fine with and happy to be audilogically **deaf** and you **are** also involved in the **Deaf** Community.

### Goal 2: Better Health Outcomes

**We want to identify where there are health inequalities in our services and have systems in place to tackle these in an open and transparent way. We want to ensure inequalities are flagged and transformed into improvement measures, which are evident in service business planning and captured via the Trust's Patient Experience and Inclusion Group.**

We strive to ensure that our services are commissioned, procured, designed and delivered to meet the health needs of local communities.

Individual people's health needs are assessed and met in appropriate effective ways.

Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.

When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.

### **What we will do:**

- ❖ Ensure our services are commissioned and delivered in relation to local health needs and there are systems in place to support this.
- ❖ Develop a program whereby Managers and Equality Leads can access Equality Impact Assessment (EIA) training and CCC has a system in place to ensure EIA's are integral to tenders, policies and service developments.
- ❖ Ensure, when our service users transition from one service to another, that there are clear processes in place and everyone is well informed.
- ❖ Provide a Trust-wide governance framework for access to interpreters and establish systems to monitor their effectiveness.
- ❖ Improve the recording of disability in electronic records and introduce methods to flag certain disabilities.
- ❖ Ensure there are systems in place to monitor the protected characteristics of inpatients that experience restrictive practices and ensure any inequalities are immediately flagged and addressed.
- ❖ Continue to embed good practice and monitor against national frameworks i.e. NHS Improvement Learning Disability Standards.
- ❖ Support the Learning Disability Strategy and Dementia Strategy and monitor its progress in the PEIG and Workforce EDI Group.

### **Goal 3: Representative and supported workforce**

**Developing an inclusive and diverse workforce is a key strand within our Workforce Education and Organisational Development (WE&OD) Strategies. We want to create an environment that embraces equality, diversity and promotes inclusion. We recognise the importance of providing a safe and caring environment for staff where they can be themselves in work. Ensuring we develop an inclusive organisation with a diverse workforce that is representative of the communities we serve is critical to achieving this ambition.**

Analysis of our current workforce demonstrates there are areas of under-representation within certain groups of our workforce. These include: lower number of BAME staff compared to the Merseyside/Wirral population, lower number of male staff as a proportion of the overall workforce and BAME and female staff in senior roles.

The gender pay gap report demonstrates the Trust has a 29.8% mean gender pay gap with females earning £6.68 less than males. There is no significant change between 2017 and 2018.

We aim to establish staff networks to shape future strategies and help address areas of inequality and work with the network to implement our mandatory standard actions.

We want to create a culture that welcomes people with disabilities by removing barriers and increase the employment of people with a learning disability being employed by our Trust.

## What we will do:

- ❖ Support the establishment of staff networks across the Trust and enable virtual networks as appropriate to help people connect and strengthen their collective voice to influence and inform inclusion and equality work.
- ❖ Continue to meet the WRES requirements.
- ❖ Embed WDES (Workforce Disability Equality Standard) within our equalities work.
- ❖ Implement the Disability Confident Scheme to achieve Stage 2 and stage 3 statuses.
- ❖ Through the staff network system involve BAME staff in reviewing our recruitment process
- ❖ Widening our participation and community engagement activities such as work placement, work experience, pre-employment opportunities and further develop our community links.
- ❖ Increase the range of channels advertising opportunities to reach a more diverse group of people and increase awareness of CCC.
- ❖ Work with partner organisations to review and enhance our processes to support and increase the number of people with a learning disability working within CCC.
- ❖ Include equality, diversity and inclusion as essential areas in all management and leadership development programmes.
- ❖ Revise our mandatory equality, diversity and inclusion training.
- ❖ Sign up to the Mindful Employers Charter to increase awareness of mental health at work and provide ongoing support for staff that experience stress, anxiety, depression or other mental health conditions in the workplace by
- ❖ Engage in the Stonewall Diversity Champions programme creating a workplace where all LGBT employees are accepted without exception.

## Goal 4: Inclusive Leadership

**We want our workforce to demonstrate compassionate and inclusive leadership. Compassionate leaders play close attention to the people we lead, understand the situations they face, respond empathetically and take thoughtful and appropriate action to help.**

Inclusive leadership is demonstrated by leaders who are aware of their own biases and preferences actively seek out and consider different views and perspectives to inform better decision-making.

Our leaders will see diverse talents as a source of competitive advantage and inspire people to drive organisational and individual performance towards a shared vision. We recognise that staff from under-represented groups may need more support to help them to become leaders and achieve their potential.

We have been reviewing our leadership programmes to embed the skills and knowledge required to promote an inclusive workplace and to recognise and value diversity.

### **What we will do :**

- ❖ Develop a culture of coaching and mentoring - review the internal coaches' list and expand the formal coaching network for staff to access, with priority given to BAME, LGBT+ and Disabled staff.
- ❖ Embed coaching skills within all formal leadership programmes to enable coaching conversations to take place as standard.
- ❖ Promote the Leadership Development Programme with compassionate and inclusive leadership qualities embedded throughout.
- ❖ Embed the equality, diversity and inclusion agenda into all management skills training.
- ❖ Promote and encourage BAME staff to engage in the NHS 'Stepping Up' Leadership programme to create greater levels of sustainable inclusion within the Trust.

### **Goal 5: Culture change and mainstreaming equality, diversity and inclusion**

**We will create a culture where staff feel valued and recognised for their important and individual contributions. We will promote an environment where health inequalities can be identified in a safe and transparent way and for the organisation to learn and improve as a result.**

We want the entire organisation, when making decisions, to consider how inclusive these decisions are and make the necessary steps to improve equality for everyone affected.

It is established, through equality monitoring, that there remains health and workforce inequalities. This strategy will take steps to improve equal opportunities, diversity, inclusion, access and experience of our patients and workforce, yet this work cannot be carried out in isolation. To have a positive influence on culture, we need everyone to sign up to our Trust values and actively listen to what our patients and staff say about their experiences as well as take steps to make things better.

Our Trust Board is committed to prioritising this strategy and provides a necessary platform in the organisation to achieve the goals identified.

We will continue to monitor and expand patient and volunteering engagement scheme, which will reach out to more diverse communities to enable true representation of our patient populations.

### **What we will do:**

- ❖ Ensure we learn from those who may have been treated inequitably and involve them in areas for improvement.
- ❖ Ensure all leaders are aware of their responsibilities regarding equality, diversity and inclusion.
- ❖ Develop mechanisms to identify and share good practice.
- ❖ Support the CCC Communications Strategy and ensure all protected characteristics have been considered when setting Trust priorities.
- ❖ Work with our communications department, ensuring all Trust images and



branding are diverse and representative of the communities we serve.

- ❖ Identify a champion at the Trust Board.
- ❖ Ensure services have diverse networks to consult and engage with.

This strategy sets out the equality diversity and inclusion priorities and actions that will enable the organisational objectives to be achieved.

These objectives have been agreed with the Patient Experience and Inclusion Group (PEIG) and the Workforce Education and Organisational Development (WEOD) Committee and the Quality Committee.

Although these objectives only need to be revised every four years in line with legislation, the Trust will review them on an annual basis

## Implementation of the strategy

The Trust Board has overall responsibility for the Equality, Diversity and Inclusion (EDI) and achievement of our EDS2 Objectives. The Director of Workforce and Organisational Development and Director of Nursing have responsibility for promoting equality, diversity and inclusion on behalf of the Trust.

Monitoring and review of this Strategy and action plan will be through the delivery and implementation of our ED&I Action Plan with quarterly updates to the Trust's established Workforce Equality, diversity and Inclusion group, Workforce Education and OD Committee, Patient Experience and Inclusion Group and Quality Committee.

Assurance will be provided against key milestones of the strategy and action plan annually to the Trust Board.

We are committed to ensuring that this Strategy is not seen as being separate, but is clearly linked with existing policies and business plans, so that it can successfully act as a lever for change and service improvement. The expectation is that all leaders and managers will be familiar with this strategy and ensure equality, diversity and inclusion considerations are an integral part of the Trust's business including: policy development; service redesign and development; service delivery; staff recruitment and retention; professional development and staff training; and procurement and commissioning of any goods and services.

All staff will have a responsibility to eliminate discrimination in their day to day work and recognise and respect the diverse backgrounds and circumstances of patients and colleagues. Existing groups and networks will be used as a source of advice and expertise in order to achieve annual priorities.

We will publish evidence and progress of how we have implemented the EDI Action Plan and delivered on our equality objectives annually.



## Appendix A

# PROTECTED CHARACTERISTICS – EQUALITY ACT 2010

The protected characteristics covered by the Equality Act 2010 are as follows:

### **Age:**

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18-30 year olds).

### **Disability:**

A person has a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

### **Race/Ethnicity:**

This refers to a group of people defined by their race, colour and nationality (including citizenship), ethnic or national origins. The Equality Act 2010 defines Romany Gypsies and Irish Travellers as ethnic groups, meaning they're legally protected against race discrimination.

### **Gender:**

A man or a woman

### **Sexual Orientation:**

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

### **Gender Reassignment:**

The process of transitioning from one gender to another.

### **Marriage and Civil Partnership:**

Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationship legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.

**Pregnancy and Maternity:**

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

**Religion and Belief:**

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

## Appendix B

### Definitions:

#### **Equality**

Equality is about fair treatment – making sure everyone is treated fairly and given the same life opportunities. It is not about treating everyone in the same way, to achieve the same outcomes. Different people have different needs. For example making reasonable adjustments for disabled people (providing correspondence in audio for visually impaired patients removes barriers to equality of opportunity and helps prevent discrimination). Equality recognises that people's needs may need to be met in different ways.

#### **Diversity**

Diversity is about recognising difference. It recognises that everyone is an individual with their own background, experiences, styles, perceptions, values and beliefs and that we need to understand, value and respect these differences.

#### **Inclusion**

Inclusion is about positively striving to meet the needs of different people and taking deliberate action to create environments where everyone feels respected, valued and able to achieve their full potential.

#### **BAME**

Black, Asian, and Minority Ethnic (used to refer to members of non-white communities in the UK).

#### **LGBT+ Q or GLBT+ Q**

Is an initialism that stands for lesbian, gay, bisexual and transgender ...To recognise this inclusion, a popular variant adds the letter **Q** for those who identify as queer or are questioning the sexual identity; LGBTQ has been recorded since 1996.

#### **Protected Characteristics**

Age, disability, sex, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation, marriage and civil partnerships.

#### **Carer**

Is used to describe any person who provides unpaid practical or emotional support to someone with a disability, addiction or illness. The person may be a relative, partner, friend or neighbour. A carer can be of any age and may be a young person providing assistance to a parent or another person. A carer may live with the person they care for or provide support from a distance.

#### **Service User**

Is used to describe anyone that is under the care of CCC either as an inpatient or within community services.

## Appendix C

### Public Duties

Legislation	Requirements
The Human Rights Act 1998	The Human Rights Act is underpinned by the core values of Fairness, Respect, Equality, Dignity and Autonomy for all. All public bodies must comply with the convention rights.
The Equality Act 2010	Protection from discrimination on the basis of 9 protected characteristics (See Appendix 1)  <div> <div>Age</div> <div>Sex</div> <div>Ethnicity</div> <div>Religion or Belief</div> <div>Disability</div> </div> <div> <div>Sexual Orientation</div> <div>Gender Re-assignment</div> <div>Pregnancy &amp; Maternity</div> <div>Marriage &amp; Civil Partnership</div> </div>
General Equality Duty	To eliminate unlawful discrimination, harassment and victimisation. Advance equality of opportunity. Foster good relations.
Public Sector Equality Duty From 5 April 2010	To Publish relevant, proportionate information demonstrating compliance with the Equality Duty. To analyse effect of policies and practices on equality. Set specific, measurable Equality Objectives.
Accessible Information Standards	DCB1605 Accessible Information (formerly SCCI1605 Accessible Information) – the ‘Accessible Information Standard’ – directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss
Gender Recognition Act 2004	The GRA legislation provides a mechanism to allow trans people to obtain recognition for all legal purposes to their preferred gender role.
Workforce Race Equality Standard (WRES) From 1 April 2015	Must demonstrate through the nine point Workforce Race Equality Standard (WRES) metric how we are addressing race equality issues in a range of staffing areas. Must demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board Representation. This will be included in the Standard NHS Contract.
Workforce Disability Equality Scheme (WDES) From April 2019	The Workforce Disability Equality Standards (WDES) is a set of specific measures that will enable NHS Organisations to compare the experiences of disabled staff to non-disabled staff, this will then be used to develop any required actions
Over and above the nine equality groups, we do have a duty of care to all our service users and staff who may be vulnerable to potential discrimination for a range of reasons	Carer responsibility Military service Homelessness Poverty Geographical isolation Long term unemployment Stigmatised occupations e.g. prostitution Drug use Limited family and social networks Offenders

