

Equality and Inclusion Implementation Scheme 2015 – 2017



Dorset HealthCare

Our vision is to lead and inspire through excellence, compassion and expertise in all we do

Executive Summary

Dorset HealthCare University NHS Foundation Trust has endorsed this Equality Delivery Strategy as the supporting framework to embed Equality and Diversity throughout the Organisation.

It sets out how the Trust will deliver on the NHS Values, the NHS Constitution 2013 for Patients and Staff, Equality Act 2010 and the CQC Essentials. It includes details of the Trust Blueprint and responsibilities to enable this.

Communication, training, working in partnership, equality impact analysis, consultation, engagement and ongoing involvement strategies, to address health inequalities and improve equality outcomes are outlined within this delivery strategy.

The Department of Health have provided the Trust with a reporting framework to deliver on Key Objectives in the Equality Delivery System (EDS2). This will be used as the monitoring and reporting tool on progress and the development of future services. Annexes E and F contained in the action plan to document support this.

The Blueprint explains how during 2014/15 we will undertake a programme of governor, staff and wider stakeholder engagement to refresh our vision, articulate our organisation's purpose, reaffirm our values and renew our strategic objectives.

It identifies the six key themes where we must continue to develop for organisational excellence and signposts the more detailed strategies and plans that will follow:

- Board and leadership development
- Organisational development and our people
- Governance, Quality and Risk management
- Staffing
- Performance and Information reporting
- Partnership working and participation

In addition, the Blueprint sets out the immediate and medium-term financial plan for the organisation aligned to our annual Operational Plan and five-year Strategic Plan.

Crucially, the Blueprint shares the Board's vision for the transformation of our community and mental health services into fully integrated teams, built around GP localities and solely focused on responding to individual patient need.



Foreword

Dorset HealthCare is committed to promoting the health and well-being of people who use healthcare services, their carers and families.

We know that many people experience discrimination, social exclusion and harassment because of their sex, age, sexual orientation, race, religion or belief, disability, marriage or civil partnership, gender reassignment or due to pregnancy and we recognise our responsibility to achieve the highest standards in equality and inclusion, and to be a proactive agent for change.

This document sets out our approach to equality and diversity; both for ourselves as employers and as a healthcare organisation providing local primary, secondary and community services.

The Equality and Inclusion Implementation Scheme responds to our statutory duties to promote equality.

The Trust believes in and is fully committed to providing high quality services to all people who services provided by the Trust, irrespective of whether those individuals are men or women or from different races, cultures and religions, with or without disabilities, of varying ages, of different sexual orientation, with or without caring responsibilities.

The Trust has decided that training on Equality and Diversity part of the “*mandatory training*” programme for Trust staff. All staff of the Trust will receive relevant training on equality and diversity as an element of induction. The purpose of the training is to ensure that the staff understand the policy, help to keep them abreast of the needs of all individuals, and help them know what the policy means for them personally and to ensure they have the support to help them meet their responsibilities in putting the policy into practice.

For the Trust it means ensuring Equality and Diversity in employment with fair access and fair outcomes for all. It also means welcoming in and building on the diversity among the workforce.

The Trust aims to create an environment in which individuals feel valued and in which differences are recognised and fully utilised in delivering excellent services.

The Trust is committed to fulfilling its wider role in the community, using its leverage to contribute to eradicating discrimination and harassment. A key challenge and requirement of the Trust is to ensure that Equality and Diversity is integrated into everything the Trust does, not only in providing and promoting services, but in how the staff are treated and valued.

This scheme describes the key pieces of work and the general approach required to achieve the strategic aim of providing equally high quality services to the diverse population whom the Trust serves, and for the Trust to be an exemplar employer for its staff.

This scheme describes what the Trust will do to:

- get closer to the communities it serves and be an active and good member of communities
- improve the services the Trust provides
- build a workforce with the knowledge and skills to respond positively to the needs of all individuals

The scheme is of great importance to the Trust and I welcome this revised publication.

Ron Shields
Chief Executive
2015

2015 Annual Statement

Dorset HealthCare has had in place detailed Equality and Diversity policies and individuals Schemes and Strategies since November 2006. During this period, considerable strides have been made in realising our statutory obligations to pay due regard and to promote equality across the equality strands, which we can be proud of and encouraged by.

However, we must also recognise where we still need to achieve excellence through the Equality agenda and, for 2015 – 2016, taking into account the need to recognise the changes in legislation, the implementation of the refreshed Equality Delivery System (EDS2) and the new NHS Workforce Race Equality Standard (WRES) and to commit to taking the necessary steps to deliver this beyond our basic statutory duties.

This year we have continued to build on our foundations laid to achieve high standards in equality and inclusion. We look forward in 2015 - 2017 to continuing to re-enforce these foundations so that Dorset HealthCare University NHS Foundation Trust can build its reputation as a proactive equality change agent.

The Board of Directors work with the Council of Governors to agree the future plans of the organisation. The role of the Board is to set the strategic direction of the Trust, agree annual objectives and ensure they are achieved, ensure effective financial control and ensure high standards of corporate governance.

We fully welcome the Boards vision and look forward to meeting these challenges in 2015.

Trust Strategy – The Equality and Diversity manager has been included in the development of the Trust Strategy to support the inclusion of Equality and Diversity as an integral part of the Trusts Goals and objectives.

Equal Pay Audit – The Trust has completed an Equal Pay which will be used to identify and disproportionate pay bands.

Cultural Intelligence – The Trust ran a Cultural Intelligence workshop with a focus on Unconscious Bias for Trust Staff and Partner organisations.

Community Development Award – The Trust Access and Equalities development Team were awarded and Outstanding Achievement Award from Dorset Race Equality Council and Bournemouth University

Veterans – The Trust has set up a Military Veterans Staff Network to support the work being carried out to improve the access to Health and experiences of Military Veterans, Carers and Families in Dorset.

Stonewall Health Workplace Index – The Trust has shown a marked improvement during the 3 years of the Stonewall Health LGBT Workplace Equality Index achieving its highest position in 2014/15 of 11th place.

Ann Abraham
Chair

Colin Hague
Director of Human Resources
Executive Lead for Equality and Diversity

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1.0 Introduction

Purpose

- 1.1 This is Dorset HealthCare's Equality and Inclusion Implementation Scheme. It sets out our approach to equality and diversity, as employers. It also highlights the Trust objectives in the delivery of its service provision for staff, patients and carers.
- 1.2 It is referred to as the Equality and Inclusion Implementation Scheme since it explains and responds to our statutory duties to promote equality in terms of sex, age, sexual orientation, race, religion or belief, disability, marriage or civil partnership, gender reassignment or due to pregnancy.
- 1.3 Our Equality and Inclusion Implementation Scheme has been written taking into account our strategic aims and our aims for delivering equality and fairness to all in our **care** and **employment**. The Trust adopts a more Human Rights based approach for delivering equality, the Scheme and Action Plan will be revised regularly to reflect this.

Strategic Objectives

- 1.4 Dorset HealthCare is committed to developing, supporting and sustaining a diverse workforce, representative of the community it serves, through the creation of a work environment where staff are able to do their jobs to the best of their abilities without having to face discrimination or harassment.
- 1.5 The objective of this scheme is to provide equality and fairness for all in our employment and not to discriminate on grounds of sex, age, sexual orientation, race, religion or belief, disability, marriage or civil partnership, gender reassignment or due to pregnancy. We oppose all forms of unlawful and unfair discrimination.
- 1.6 It is our belief that this scheme will make us better able to communicate and manage equality commitments, so ensuring that Dorset HealthCare:
 - To provide high **quality**, equitable and inclusive care; first time, every time
 - To be a valued **partner** and expert in partnership working with Patients, other groups and organisations
 - To be a **learning organisation**, maximising our partnership with Bournemouth University and promoting innovation, research and evidence based practice
 - To have a highly skilled and caring **workforce** who are proud to work for Dorset HealthCare.
 - To be a national leader in the delivery of **integrated care**.
 - To ensure that all of the Trust's **resources** are used in an efficient and sustainable way
 - To raise awareness within the Trust and externally of the **impact** that our work has on people and our environment, and take steps to reduce any negative effects



2.0 Trust Overview

2.1 The services that Dorset HealthCare provides must be responsive to the needs and preferences of service users i.e. that they respect the gender of the service user, age, culture and belief system. In order to do this, the Trust is committed to equality and inclusiveness in its work, not only in providing services, but also employing the right people with the right skills and diversity. Recruiting and retaining a workforce that reflects and understands the diversity of the population served is fundamental to serving the needs of all, and such diversity helps to reassure users that they will be more likely to get the service they need.

Trust Profile

2.2 Dorset HealthCare is a Trust providing Community Health Service, Mental Health, Learning Disabilities and Community Brain Injury services, Community Dental services and Addictions services for over 500,000 people in Dorset and other specialist services Dorset-wide. The Trust's income is approximately £250 million pa and we employ around 5,500 permanent and temporary staff.

Our Business

2.3 The specific services provided by the Trust are:

- Community Health Services across 11 Community Hospitals;
- Mental Health Services and Specialist Mental Health Services for people of working age, including Forensic, Eating Disorders, Mother and Baby and certain psychological specialist services
- Mental Health Services for People of Working Age
- Children's Wellbeing and Emotional Service
- Mental Health Services for Older People
- Services for People with a Complex Learning Disability
- Drug and Alcohol Treatment
- Community Brain Injury Team
- Eating Disorders
- Adult Aspergers Syndrome Team
- Community Dentistry
- Primary Care Psychological Therapies
- Primary Care Social Enterprise Partner
- Chronic Fatigue Syndrome (CFS)/ME
- Sexual Health Promotion
- Safeguarding Children
- School Nursing
- Health Visiting
- District Nursing
- Diabetes Education
- Audiology
- Speech & Language Therapy
- Dermatology
- Podiatry
- End Of Life Care
- Breastfeeding Support
- Stop Smoking Service

For the full A-Z information on our services visit <http://www.dorsethealthcare.nhs.uk/services/>

Trust Equality Performance

- 2.4 Dorset HealthCare is committed to reviewing equality as part of its ways of working, from existing through to proposed policies. Each Locality will continue to review its function and policies. This process will allow us to identify those functions and policies which are 'relevant' (i.e. having potential to discriminate directly or indirectly against members of the public / staff in terms of race or other factors).

Health Inequalities

- 2.5 The problems of widening inequalities in health and healthcare needs in the UK have been recognised since the Black report first demonstrated them in the 1980s. The Acheson report has confirmed their persistence and the government remains committed to tackling them.
- 2.6 It is increasingly recognised that the concept of the rural idyll is a myth and that many rural communities face particular problems that impinge on health including poor employment opportunities, low pay, lack of affordable housing, inaccessible public and healthcare services exacerbated by the declining availability of rural transport. Moreover, those who have most difficulties accessing health services tend to need them most, for example the elderly, disabled and lone parents.
- 2.7 In addition, marked inequalities have been found nationally, in the diagnosis and treatment of people from Black and Minority Ethnic (BME) communities. For example, people of African and Caribbean origin have a higher rate of diagnosis of schizophrenia, are less likely to receive psychological therapies, are over-represented among inpatients and those using forensic services and are more likely to be compulsorily detained.
- 2.8 Research conducted by the Sainsbury Centre for Mental Health suggests a complex interaction between Black Caribbean and African people and the mental health system: a relationship characterised by a series of self-perpetuating 'Circles of Fear' the essential feature of which is that African and Caribbean people fear services and the services fear them.
- 2.9 Whilst the overall health status for Dorset is above the national average, pockets of poor health and deprivation exist within the county. These present a greater challenge because they are often concealed by areas of affluence, are small in size and geographically dispersed. The fine grain of deprivation, which occurs in both urban and rural areas, needs to be acknowledged and addressed to reduce health inequalities within Dorset.
- 2.10 The negative effect on health is most apparent in 'hard to provide for and need to engage groups' that include:
- Those with low incomes;
 - Homeless people;
 - Black and minority ethnic groups;
 - Refugees and asylum seekers;
 - Roma gypsies;
 - New age travellers;
 - People with physical disabilities or learning difficulties;
 - People with chronic illnesses, including mental illness;
 - People with drug and alcohol related problems;
 - People in contact with criminal justice systems;
 - People in rural isolated areas of the county.
- 2.11 The Trust acknowledges that access and equality issues are central to fair and modern

healthcare provision.

“An equal society protects and promotes equal, real freedom and substantive opportunity to live in the ways people value and would choose so that everyone can flourish. An equal society recognises people’s different needs, situations and goals and removes the barriers that limit what people can do and can be.”



The population of Dorset

- 2.13 Older people (aged 65+) make up a higher proportion of Dorset’s population than is found nationally. In the county 26.9% of the population is of retirement age compared to 17.4% in England and Wales. Wide variations are to be found within the county; Weymouth and Portland has the smallest proportion (22.8%) and Christchurch has the highest (31.1%).
- 2.14 Conversely, the proportion of Dorset’s population that is under 16 (16.1%) is less than the national average (18.9%). Proportionally children are most under-represented in East Dorset (15.4%), while North Dorset has the highest proportion (17.7%); however this is still below the national average. Similarly the proportion of the local population that is of working age is below the national and regional average in all six of Dorset’s districts.
- 2.15 The 2011 Census provides the most recent and reliable information on ethnicity. Respondents were asked to classify themselves into one of eighteen ethnic groups. The graph overleaf shows the proportions of respondents who were recorded as falling into either a ‘White British’ or a black and minority ethnic (BME) group. The BME classification would include all residents who did not classify themselves as ‘White British’.
- 2.16 Dorset is less ethnically diverse than England and Wales. In 2011 4.5% of Dorset’s population classed themselves as being from a black and minority ethnic (BME) group, while nationally the proportion was 19.5%. Figures from Dorset’s districts range from 3.8% in East Dorset and Purbeck to 5.3% in North Dorset.

Data sources available: Mid-Year Estimates 2013 ONS supplied June 2014.

Research matters, Dorset County research bulletin - September 2014
<https://www.dorsetforyou.com/equalityanddiversity/community>



Dorset Ethnicity Data

	All Usual Residents	White		BME	
		number	%	number	%
Bournemouth	183,491	153,752	83.8	29,739	16.2
Dorset	412,905	394,350	95.5	18,555	4.5
Poole	147,645	135,698	91.9	11,947	8.1
Dorset, Bournemouth and Poole	744,041	683,800	91.9	60,241	8.1
Christchurch	47,752	45,414	95.1	2,338	4.9
East Dorset	87,166	83,876	96.2	3,290	3.8
North Dorset	68,583	64,936	94.7	3,647	5.3
Purbeck	44,973	43,253	96.2	1,720	3.8
West Dorset	99,264	95,011	95.7	4,253	4.3
Weymouth and Portland	65,167	61,860	94.9	3,307	5.1

Data Source 2011 Census Table ks201ew - ethnic group ONS Crown Copyright Reserved

Trust Workforce Data 31 March 2014

- 2.17 The Trust is proud to promote that it has a workforce that is representative of its local community. Overall Workforce BME representation is just under 9%. This is just under a 1% increase from 2012/13. The Highest BME population in Dorset HealthCare remains as 'White Any Other Background'. See Annex A

3.0 The Legislative Context

- 3.1 The core commitment of the Trust to provide fair, accessible services for all and equality of opportunity for staff is underpinned by equality legislation.

- 3.2 The Equality Act 2010 came into effect from 1 October 2010. For the first time it gives the UK a single Act of Parliament, requiring equal treatment in access to employment as well as private and public services, regardless of age, disability, gender reassignment, marriage or civil partnership, maternity or pregnancy, race, religion or belief, sex and sexual orientation. The Act comes with particular implications for employers and the NHS.

“The Government believes that there are many barriers to social mobility and equal opportunities in Britain today, with too many children held back because of their social background, and too many people of all ages held back because of their gender, race, religion or sexuality. We need concerted government action to tear down these barriers and help to build a fairer society.”

- 3.3 The Coalition Government has stated its intention to make sure that equality and fairness are at the centre of its overall approach and the Equality Act 2010 is a key means of achieving this.

- 3.4 The Equality Act 2010 aims to simplify the law by bringing together several pieces of anti-discrimination legislation. It replaces the following employment legislation:

- Equal Pay Act 1970
- Sex Discrimination Act 1975
- Race Relations Act 1976
- Disability Discrimination Act 1995
- Employment Equality (Religion or Belief) Regulations 2003

- 3.5 These Laws impose positive duties on all public bodies to promote Equality in everything we do. The general duties are outlined below, whilst the specific duties with respect to the Trust are explained in the Equality Delivery System 2 Action Plan in Annex H.

The Public Sector Equality Duty

- 3.6 The Duty will replace the three separate duties that require public bodies to take into account sex, race and disability equality both as employers and when making policy decisions and delivering services. The duty simplifies this requirement and also extends it to fully cover age, religion and belief, sexual orientation, gender reassignment, civil partnerships or marriage and pregnancy. These are called the Nine **'Protected Characteristics'**.
- 3.7 It places a general duty upon public bodies:
- to eliminate unlawful discrimination, harassment and victimisation;
 - to advance equality of opportunity between different groups;
 - to foster good relations between different groups;
- 3.8 The laws do not have positive duties associated with them but they do apply to employment and the provision of healthcare services. We must therefore ensure that through our functions, policies and employment practices, we are not discriminating on any of these grounds.

4.0 Responsibility for the Scheme

- 4.1 Our Equality and Diversity Steering Group manage this scheme, with input from across the organisation, including Professional Advisory Groups and the Clinical Governance Group. The Equality Delivery System Action Plan is entrenched within our corporate planning structure and within individual directorates. The Terms of Reference for this group are attached at Annex B
- 4.2 David Corbin, the lead for equality and diversity and the internal equality team will develop subsequent versions of the scheme, updating action plans and handling enquiries. They can be contacted by email: Daivd.Corbin@dhuft.nhs.uk or by telephone on 01305 361474. Colin Hague, Director Human Resources is responsible for this area. Dorset HealthCare Chief Executive and Board have the ultimate legal accountability for compliance with all equality legislation.

5.0 Background and Summary of work

- 5.1 The Trust continues to produce annual Equality Data reports on Staff that covers ethnicity of all starters as they join the organisation. These reports show the equality data for those who apply to those who are eventually employed by the Trust. The data is collected based on 2011 Census categories in line with Cabinet Office guidelines. This information has become more reliable with capture and quality investment in improving electronic data. Work is still being carried out to gain a better picture of people employed by the Trust in order to improve the data analysis, inform targeted project work in retention and support continuous professional development.
- 5.2 The staff profile is currently monitored by grade and 'Protected Characteristic'. Recruitment, promotion, pay flexibility, staff leaving the Trust, and appraisal markings are also monitored. Training data is being collected and systems are in place to produce an analysis of staff involved in formal grievance and disciplinary procedures.
- 5.3 The Trust personnel policies have an impact analysis carried out before they are implemented to ensure they support the Diversity and Human Right Implementation Scheme.
- 5.4 An annual staff opinion survey, which includes questions on equality and diversity, is carried out each year. Any perceived discrimination is taken most seriously and the approach to staff awareness and training reflects this.

- 5.5 Our planned diversity training programme will cover all aspects of diversity. It also reflects the crossover of 'Protected Characteristics' and those with dual Characteristics.
- 5.6 Recruitment training, incorporating training in equality and diversity, has been carried out for staff involved in recruitment and interviewing panels. A trained member of staff sits on each interview panel.
- 5.7 The Trust has introduced a Management Development Programme that incorporates workshops covering equality and diversity, and diversity in Recruitment and Employment.
- 5.8 An NVQ programme has been established and staff receive training on equality and diversity issues as part of the scheme.
- 5.9 All new staff including volunteers receives Equality and Diversity training as part of the induction programme. Currently there is a programme of equality and diversity training co-ordinated by the Learning Centre and delivered by the Equality and Diversity Manager. The three tier training package is available so that it can be tailored to meet the needs of all staff regardless of their position in the Trust and also tailored to me specific work groups.
- 5.10 All training is evaluated and the outcomes used to develop training delivery.
- 5.11 The Trust's policy and arrangements for job and development review include assessment of performance against equality and diversity issues as part of the Knowledge and Skills Framework (KSF).
- 5.12 A commitment to meet the statutory duties for Equality and Diversity is included in all job descriptions.
- 5.13 The Equality and Diversity Manager submits an annual report to the Trust Board reporting on progress to highlight any significant issues or exceptions.
- 5.14 Impact analysis of Human Resources and Health and Safety policies will be carried out jointly between management and trade union representatives. All impact analysis will be made available for public viewing through the Trust Website and shared with partner organisations.
- 5.16 The Trust actively participates in the NHS South of England and the Development of the South of England Equality and Diversity Leads Network. This is an opportunity to share good practice with other local NHS organisations. It also provides good links for meeting experts in the equality and diversity field from other parts of the NHS and other agencies.
- 5.17 The Trust is committed to ensuring that non English speakers, patients whose first language is not English and deaf people receive the support and information they need to access services, communicate with healthcare staff and to make informed decisions about their care and treatment.
- 5.18 NHS England Workforce Race Equality Standard became mandatory from April 2015. Dorset HealthCare will use this opportunity to further look into equality issues across the entire workforce, but the initial focus will be on Race.

6.0 Partnership Working

- 6.1 Dorset HealthCare operates so as to provide primary, secondary and community services and, as such, delivers activity within a system of other organisational groups. On occasions such partners are healthcare organisations, social service departments or third sector organisations, at

other times we link up government agencies and commercial businesses.

- 6.2 Dorset HealthCare is committed to ensuring that any external organisation with which it works with is made aware of and encouraged to adhere to the equality and diversity commitments of the Trust.
- 6.3 Dorset HealthCare will seek out information on the equality and diversity practices of potential contractors when services go out to tender and take this into account when reaching a decision on contractual agreements.
- 6.4 Dorset HealthCare is working in partnership with organisations to further improve its position to ensure real outcomes to service users and carers regardless of their personal circumstances.

Here are the names of a few:

Involving You – A joint participation strategy developed in partnership with public agencies and groups representing Dorset's diverse communities.

Dorset Learning Disability Partnership Board – Set up to bring people and organisations together to plan better services for people with learning disabilities and help them get better access to the chances and choices that everyone else uses. <http://dorset.ldpb.info/>

Better Together – Dorset County Council, Bournemouth Borough Council and Borough of Poole have agreed in principle on a landmark project to transform adult social care across the county <https://www.dorsetforyou.com/locality-teams>

Dorset Strategic Partnership (DEP)

<http://www.dorsetforyou.com/index.jsp?articleid=391101>



Dorset Equality and Diversity Forum <http://www.dorsetforyou.com/index.jsp?articleid=389946>

Dorset Partner and Old People Project

<http://www.dorsetforyou.com/index.jsp?articleid=349202>



The South West Multi-Cultural Network

<http://www.dorsetforyou.com/index.jsp?articleid=158765>



Bournemouth University

<https://www1.bournemouth.ac.uk/>



Dorset Mental Health Forum

<http://www.dorsetmentalhealthforum.org.uk/>



7.0 Reviewing and updating this Equality and Inclusion Implementation Scheme

- 7.1 Progress towards meeting our commitments detailed in the Equality Delivery System Action Plan will be reported annually to our Board in line with our statutory duties under the Equality Act 2010.
- 7.2 We commit to revisiting the scheme at least every three years. Our Strategic Plan runs on a five year cycle (the current plan covering the period 2015 - 2020). It is intended that our scheme will fit into this development and planning cycle. We may however make minor revisions to the document more frequently than this, ensuring that it remains up to date with the current policy position or context.
- 7.3 Our scheme will take the form of a web-based and paper document. Large print documents and copies of the scheme in other languages or formats are available on request.

8.0 Consultation and Involvement

- 8.1 Consultation and involvement are the means by which the Trust ensures the participation needed in fulfilling the various duties discussed within the legislation. This scheme is to be the subject of an extensive and ongoing review.
- 8.2 We will approach the consultation in an interactive manner with focus groups, workshops and surveys, involving groups of individuals and stakeholder parties.
- 8.3 Dorset HealthCare regards consultation on a new or existing policy as both fundamental and vital to the ongoing development of the Trust's policy development and evaluation process.
- 8.4 We aim to ensure that our consultation is:
- Meaningful - forms a genuine part of the decision-making process and is timed so as to facilitate this happening;
 - Representative - based upon a proper cross-section of views as to whether the policy is likely to have a differential impact on any of the nine 'Protected Characteristics';
 - Effective - having a genuine impact on the policy development group;
 - Appropriate - for the topic and groups involved;
 - Feed-back - to inform participants of outcomes and impacts derived from the consultation.
- 8.5 Our commitment relating to consultation and involvement for the nine 'Protected Characteristics' is described in more detail within the relevant scheme Action Plan (Annex G).

9.0 Impact Analysis

- 9.1 Through impact analysis, we can measure whether we have fulfilled the general duties highlighted in paragraphs 3.6-3.8.
- 9.2 Impact analysis involves asking initial questions about:
- **Relevance** – Equality will be more relevant to some services rather than others. Relevance is about how much impact a policy has on people.
 - **Proportionality** – The importance given to equality should be proportionate to the relevance of the service.
- 9.3 If an existing or proposed policy is found likely to have an adverse impact on any of the nine 'Protected Characteristics', Trust staff responsible for that particular policy will consider:
- a. How can we best meet our duties under the legislation?

- b. Alternatives that could meet the policy objectives without the adverse impact;
- c. Whether the adverse impact is unavoidable and whether it can be justified in relation to the aims and importance of the policy. If we adapt the policy could that compensate for any adverse effect?
- d. Taking measures that would help to reduce the predicted adverse impact;
- e. Where we wish to significantly change a policy to avoid adverse impact on equality and whether to undertake a further consultation.

9.4 For existing policies, we will also do the following:

- a. Examine any relevant and appropriate data (both quantitative and qualitative);
- b. Generate relevant and appropriate data where they are not currently available, where feasible;
- c. If it is determined that a particular policy is likely to have an adverse impact on any of the nine 'Protected Characteristics', we will conduct a full impact analysis;
- d. Secure independent analysis of the impact of outcomes where necessary.

10.0 Monitoring Arrangements

10.1 We have a statutory duty to monitor for any adverse and differential impact on any of the nine 'Protected Characteristics'. We will report on the results of that monitoring through an annual equalities report to the Board.

10.2 We also have a statutory duty to monitor our workforce by the nine 'Protected Characteristics' under the Equality Act 2010, this includes:

- a. Monitoring of:
 - Staff in posts;
 - Applications for posts;
 - Training (application and results);
 - Promotion.
- b. Monitoring and analysing the subsequent results from:
 - Grievances;
 - Disciplinary Actions;
 - Performance Appraisals;
 - Dismissal and other reasons for leaving.

The Equality Delivery System (EDS)

10.3 Equality Delivery System (EDS), as a framework aims to:

- improve the equality performance of the Trust, embedding equality into the mainstream of its business;
- enable the Trust to meet the evidential requirements of the statutory public sector equality duty, contained within the Equality Act (2010) and the statutory duty to consult and involve patients (NHS Act 2006);

10.4 The EDS requires the Trust to set defined equality objectives, supported by an action plan. Performance against the selected objectives will be assessed annually, in collaboration with local interests. See Annex G

10.5 The EDS proposes that the NHS Commissioning Board will publish the grades for all NHS organisations in the form of Red, Amber, Green or Purple Star rating. It is further proposed that the Care Quality Commission (CQC) will take account of the ratings and in particular any

highlighted concerns as part of its process to monitor registration requirements. The Department of Health is currently in the process of hard wiring the EDS into the architecture of the NHS as a mandatory process for all NHS organisations to undertake.

- 10.6 Central to the EDS is its objectives and outcomes. NHS organisations assess their equality performance against 12 outcomes grouped under the following four objectives:
- Better health outcomes
 - Improved patient access and experience
 - A representative and supported workforce
 - Inclusive leadership
- 10.7 The EDS does not replace legislative requirements for equality; rather it is designed as performance and quality assurance mechanism for the NHS and a means by which NHS organisations can meet the requirements of the Equality Act (2010) and the NHS Act (2006). Both the Equality & Human Rights Commission and the Government Equalities Office have warmly endorsed the EDS.
- 10.8 As a Provider, the Trust also has a responsibility to ensure that quality monitoring takes place amongst all suppliers with whom the Trust has contracts. This can be achieved by ensuring that all contracts have equality and diversity policies and encouraging central suppliers to do likewise.
- 10.9 At present employment monitoring is by ethnicity (16 point 2001 census categories), gender, disability and part-time / full time working categories. We will publish the results of that monitoring annually. This will include comparisons between the ethnic profile of the workforce, the labour market and the population served by Dorset HealthCare University NHS Foundation Trust.
- 10.10 In accordance with the programme of health equity audit for the south west region, Dorset HealthCare University NHS Foundation Trust will ensure that focus is given to tackling health inequalities. Data gathered by this means will be used to generate meaningful and relevant data to inform the scheme and the Equality Delivery System action plan as appropriate.

11.0 Communications

- 11.1 A number of methods exist for consulting with our stakeholders. For instance, we have a website, patient prospectus, patient performance indicator forums/LINKS and the annual report, wherein we can discuss new policy developments or good practice initiatives.
- 11.2 We are committed to making our communication methods accessible and regularly evaluate our performance in this area. We are constantly seeking new ways of engaging with our stakeholders and partner organisations which may be affected by our Scheme. We recognise that this may entail some creative thinking as some groups are known to be 'difficult to provide for' or may not be already engaged with us through established methods.

12.0 Dorset HealthCare University NHS Foundation Trust as an Employer

- 12.1 We have a Dignity at Work policy which describes how we aim to treat our staff and what happens if any person should contravene that policy. It links to our formal harassment, disciplinary and grievance policies which are highly relevant to equality. We regularly review our performance on staff equality through the collection and monitoring of data, consultation with staffing unions and professional bodies, and an annual anonymised staff survey.
- 12.2 The actions related to our employment function, for instance the monitoring of our staff, applicants for jobs and the prioritisation of the policies and functions we feel are of particular

importance to equality and diversity issues, are described in more detail within the Scheme Action Plan.

- 12.3 All employees of the Trust, whether full-time, part-time or temporary, are to be treated fairly and with respect. All employees will be encouraged and supported in developing their full potential in line with their individual knowledge and skills framework, so ensuring that the Trust utilises the talents and resources of the workforce fully and in so doing maximise the delivery of quality healthcare.
- 12.4 Staff Survey Results 2014 confirm the progress the Trust is making in comparison to other NHS Trusts Nationally.
- The Trust was in the top 20% for Staff are not experiencing Violence or Harassment at work.
 - The Trust was in the top 20% for Staff believing the trust provides equal opportunities for career progression or promotion.
 - The Trust was in the top 20% for Staff not experiencing discrimination at work in last 12 months

While the figures are very positive every will be made to maintain this level of result in the coming years.

13.0 Reporting on and Enforcing the Equality and Inclusion Implementation Scheme

- 13.1 Under the specific duties of the Equality Act 2010, we have a statutory duty to report annually on our schemes progress. We intend to accomplish this through publishing a summary report on the Trust website. The annual report will make reference to the Equality and Inclusion Implementation Scheme.
- 13.2 Enforcement of the specific duties of the Equality Act 2010 is the responsibility of the Equality and Human Rights Commission (EHRC) which came into force on 1 October 2007 with the merging of the previous equality commissions:
- Commission for Racial Equality (CRE)
 - Disability Rights Commission (DRC)
 - Equal Opportunities Commission (EOC)

14.0 Complaints

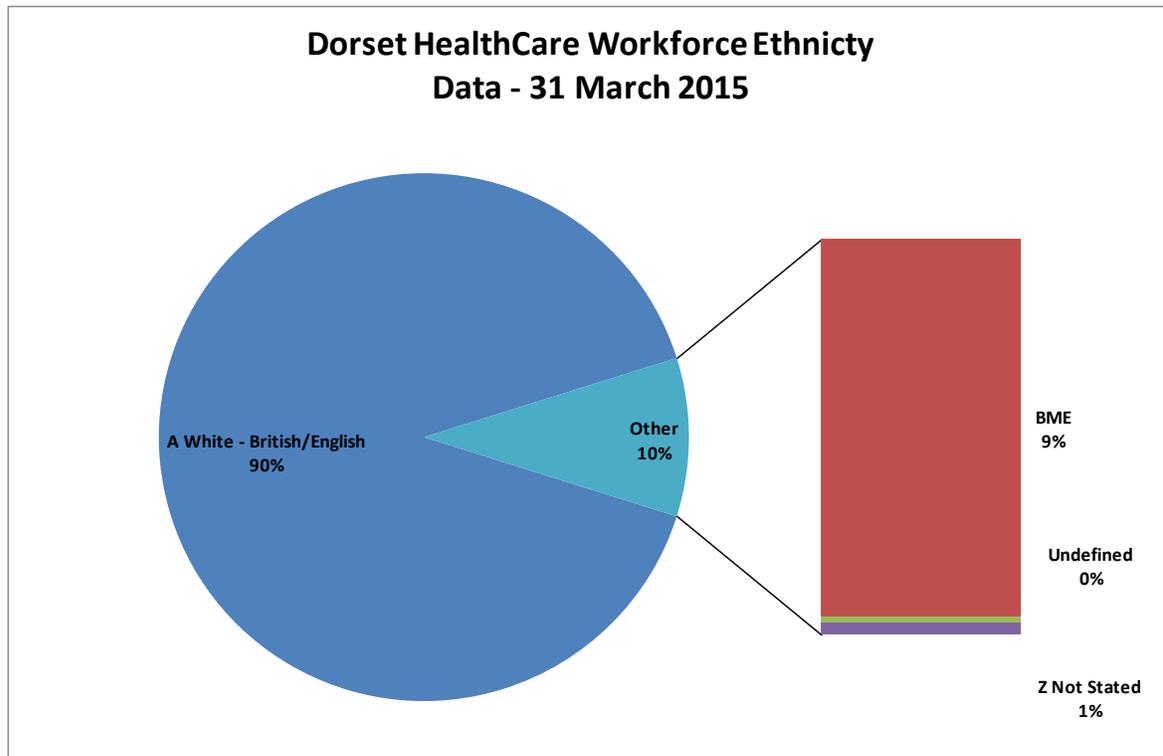
- 14.1 The Trust has a clear complaints procedure which is published on the website. Hard copies are available on request. This guidance covers both external complaints and those made by staff within the Trust. Additionally, in response to the NHS Plan (2000), the Trust has a Patient Advice and Liaison service that can help resolve concerns as they arise and explain the Trust's complaints procedure.
- 14.2 Our complaints procedure aims to maintain public confidence in the Trust through ensuring that public accountability encompasses a fair, proper and constructive response to complaints. Those complaints that are unable to be resolved by the Trust staff or Chief Executive are forwarded to the Healthcare Commission for independent review.

15.0 ANNEX A:

Ethnicity

The Ethnic Diversity of Dorset continues to change and it remains a goal for DHUFT to reflect the Diversity of the Community it serves. Using the Office of National Statistics Mid-Year Estimations for 2011 the BME community of Dorset has increased to approximately 8%, which has sets new challenges of increasing the BME population. Dorset HealthCare workforce is currently just above that estimation at 9%.

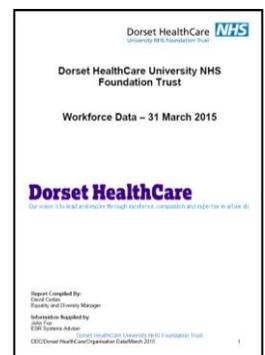
Dorset HealthCare – Entire Workforce by Ethnicity – 31 March 2015



Ethnicity	Total	%
White - British/English	5780	90.93%
BME	591	9.23%
Undefined	10	0.16%
Not Stated	20	0.31%

Dorset HealthCare Equality Data Sets

<http://www.dorsethealthcare.nhs.uk/trust/equality-and-diversity/workforce-data.htm>



TERMS OF REFERENCE

The Equality and Diversity Steering/Strategy Group

1. Purpose

The purpose of the Equality and Diversity Steering Group is to be the voice of Equality to ensure that the Trust complies, promotes and retains its commitment to the overall implementation, monitoring and reviewing of progress achieved under current and future Equality Schemes. It will also deliver the actions as set out in Equality Action Plans.

2. Terms of Reference

- 2.1** Dorset HealthCare will ensure robust arrangements are in place for monitoring and managing the quality of services it provides. The Equality and Diversity Steering Group is a steering group which will ensure that the mechanisms are in place or developed to evidence sound people management to enable the Trust Board to go beyond compliance and discharge its statutory and other duties in terms of Equality and Diversity.
- 2.2** The Trust Equality and Diversity Manager will establish and amend, from time to time, the terms of reference of the Equality and Diversity Steering Group.
- 2.3** The Equality and Diversity Steering Group is a Steering group reporting to The Trust Board. The Equality and Diversity Steering Group is the committee which has delegated responsibility for the management, monitoring and oversight of NHS Dorset and NHS Bournemouth & Poole provider organisations.
- 2.4** The scope of the Trust Equality and Diversity Steering Group covers the Dorset HealthCare University Foundation Trust role as an employer and service provider.
- 2.5** The Equality and Diversity Steering Group will work to promote equality of opportunity and respect diversity on issues covered by the 'Protected Characteristics' in the Equality Act 2010 such as race, sex, disability, age, religion or beliefs, sexual orientation, Maternity or Pregnancy, Transgender and Marriage or Civil Partnership.
- 2.6** The Equality and Diversity Steering Group will support the Trust to meet the Goals and Outcomes of the Equality Delivery System (EDS) by collating data, reviewing data, assisting with data analysis, identifying gaps in provision and objective setting.
- 2.7** To champion and promote Dorset HealthCare equalities work to benefit outcomes for employees and service users and make recommendations and identify areas of improvement on the equalities agenda.
- 2.8** To provide the link between corporate equality agenda and the co-ordination of work within different Trust service Directorates, provide feedback and endorse draft equalities guidance.
- 2.9** The Equality and Diversity Steering Group will be a discussion forum to raise awareness of upcoming issues and recommend actions, highlight and share equalities best practice and research from internal and external sources and provide appropriate challenge to existing practice.
- 2.10** The Equality and Diversity Steering Group will be used as a mechanism for holding managers to accountable for their performance on Equality and Diversity.

2.11 The Trust Equality and Diversity Steering Group is the umbrella group and will promote and support the other sub group activities:

- I. Access and Equalities Development Team
- II. Ethnic Minority Group Staff Network
- III. Disability Group
- IV. LGBT Network

2.12 The Equality and Diversity Steering Group will work with the Learning Centre to develop the Trust Level 1 Equality and Diversity training given at Induction for all new staff members, Level 2 for non Clinical Staff and Level 3 for senior managers including EqIA. All additional courses must contain Equality and Diversity elements where possible i.e. race, cultural appropriateness, religion or beliefs, disability access or age.

3. Membership

3.1 The Equality and Diversity Steering Group should comprise of the following members:

Director of Human Resources

Equality and Diversity Manager

A nominated representative from each Trust Locality including Mental and Physical Services.

A nominated representative from the Learning and Development Team

Staff Side Equality and Diversity Representatives and Equality Champions

Community Development Worker (s)

Representatives from the additional Sub Groups.

Specialist Equality post holders

4. Frequency of Meetings

4.1 The Group shall meet as necessary, normally every two months and not less than six times per year.

4.2 The Chief Executive may attend Steering group meetings as Equality Champion.

4.3 Other Staff members who are not members of the Group may be invited to attend for all or part of the discussion, particularly when the Group is discussing areas of risk or operation that are the responsibility of that Staff Member.

4.3 The Group can also invite representatives of partner and stakeholder organisations to attend meetings on an ad hoc or routine basis.

4.4 The Chair and Vice Chair of the Trust Staff Side of Trade Union organisations may attend, fulfilling their link role as described in the Trust's recognition arrangements.

4.5 The Equality and Diversity Manager shall service the Group and ensure minutes of the meeting are taken.

5. Quorum

A quorum shall be three members which must include the Equality and Diversity Manager or the nominated deputy.

6. Reporting

6.1 The Dorset HealthCare Equality and Diversity Steering Group is a Steering group reporting to The Trust Board. Delegated responsibility for the management, monitoring and oversight of Dorset HealthCare provider organisations.

7. Review Date

Reviewed: Apr 2016

Next Review Date: April 2017

EDS2 OBJECTIVES AND OUTCOMES

The analysis of the outcomes must cover each protected group, and be based on comprehensive engagement, using reliable evidence

Objective	Narrative	Outcome
1. Better health outcomes	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities.
		1.2 Individuals people's needs are assessed and met in appropriate and effective ways.
		1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.
		1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreated and abuse.
		1.5 Screening, vaccination and other health promotion services reach and benefit all local communities.
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.
		2.2 People are informed and supported to be as involved as they wish to be in decisions about their care.
		2.3 People report positive experiences of the NHS.
		2.4 Peoples complaints about services are handled respectfully and efficiently.
3.A represented and supported workforce	The NHS should Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.1 Fair NHS Recruitment and selection process lead to a more representative workforce at all levels.
		3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to further fulfil their legal obligations.
		3.3 Training and development opportunities are taken up and positively evaluated by all staff.
		3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source.
		3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
		3.6 Staff report positive experiences of their membership of the workforce.
4. Inclusive leadership	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders demonstrate their commitment to promoting equality within and beyond their organisations.
		4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.
		4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

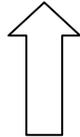
Equality Delivery System Grading Guidance

Grades

As a result of the analysis, the organisations and its local interests will award a grade for each outcome.

There are four grades, and a related RAG rating, to choose from:

- Excelling – Purple
- Achieving - Green
- Developing – Amber
- Undeveloped - Red



Each grade for each outcome will be described in sufficient detail so that different organisations, with their local interests, can apply them consistently at any one time and over time. (Note: the grading will be developed at a series of EDC workshops.)

First and foremost the grades will be designed to reflect the delivery of outcomes, with particular regard to the QIPP challenge, for protected groups and meeting the Equality Act duty. This approach means that:

- The better the delivery of outcomes, supported by evidence, the better the grade.
- The more that quality, innovation and prevention and cost-effectiveness can be proven in the delivery of these outcomes, the better the grade.
- The more, for example, the NHS fosters good relations between groups and communities, and can produce supporting evidence, the better the grade.

While the grades emphasise outcomes as experienced by patients, communities and staff, two processes are also reflected in the grades. The better the use of evidence from JSNAs and other sources, the better the grade. Likewise, the better the engagement of local interests, the better the grade. Lastly, the completeness and take up of issues raised by Equality Impact Assessments will also be a key factor in the award of grades.

In summary, local grades must reflect the extent to which, for protected groups:

- Good outcomes are delivered
- The QIPP challenge is met
- The Equality Act duty is met, including the fostering of good relations
- The NHS Constitution is delivered
- Effective use is made of JSNAs and other evidence
- Local interests are empowered, supported and actually take part.

The grades will also reflect to extent to which organisations use the social model of disability, which focuses on how a person's environment can limit their activities of daily living.

The design of the grades also takes account of NHS good practice, including EPIT, and the Equality Framework for Local Government,

The grading system of the EDS will be critical in supporting organisations to gauge their current position and the continuous progress they need to make in order to embed equality into mainstream business.

Agreed Objectives for 2016 – 2017

1. Better health outcomes

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

Current Grade: **Green**

2. Improved patient access and experience

- 2.2 Peoples are informed and supported to be as involved as they wish to be in decisions about their care or primary care and should not be denied access on unreasonable grounds.

Current Grade: **Green**

3. A representative and supported workforce

- 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source.

Current Grade: **Green**

4. Inclusive leadership

- 4.3 Middle managers and other line manager support their staff to work in culturally competent ways within a work environment free from discrimination.

Current Grade: **Green**

Following Staff and Community Engagement surveys Dorset HealthCare are in a position to confirm the Equality Delivery System Objectives for 2016 - 17.

The evidence of community engagement with local interest groups, staff, service users and carers is extensive and these links will be used to further engage and feedback on progress towards meeting the agreed objectives.

Every effort will be made to produce information for Staff and Community Groups in a timely and transparent way. Allowing opportunities for dialogue and questions.

These Objectives will be a key measure of identifying the organisational progress in meeting the Public Sector Equality Duty (PSED) in the Equality Act 2010.

The Action Plans at Annex F should be incorporated into all Directorate Plans for 2016-17.

EDS 2 Action Plan Evidence

Goal: Better Health Outcomes	Reference Number: 1.4
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Outcome: When people use NHS Services their safety is prioritised and they are free from mistakes, mistreatment and abuse.

Approach:

Grading	Underdeveloped	Developing	Achieving	Excelling
	People from all protected groups fare poorly compared with people compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall

Sources of evidence for grading will include: JSNAs; Quality Accounts; Healthwatch and PALS; Friends & Family Test; Serious Incident reports

This outcome supports the delivery of the following national policies and initiatives:

- NHS Outcomes Framework: Goal 4 “Ensuring people have a positive experience of care”
- NHS Constitution pledge: “The NHS also commits to make the transition as smooth as possible when you are referred between services and to put you, your family and carers at the centre of decisions that affect you or them”.
- CQC’s key inspection questions: Are services effective? Are services responsive to people’s needs?

Other groups: We may also wish to assess how well other disadvantaged groups, including “Inclusion Health” groups, fare compared with people overall, where there is local evidence that indicates the need to do so.

Goal: Improved patient access and experience

Reference Number: 2.2

Outcome: Peoples are informed and supported to be as involved as they wish to be in decisions about their care or primary care and should not be denied access on unreasonable grounds.

Approach:

Grading	Underdeveloped	Developing	Achieving	Excelling
	People from all protected groups fare poorly compared with people compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall

Sources of evidence for grading will include: JSNAs; NHS Patient surveys; GP patient surveys; Quality Accounts; Healthwatch and PALS

This outcome supports the delivery of the following national policies and initiatives:

- NHS Constitution right: “You have the right to have any complaint you make about NHS services acknowledged within three working days and to have it properly investigated”
- NHS Constitution pledge: “The NHS also commits to ensure that you are treated with courtesy and you receive appropriate support throughout the handling of a complaint, and the fact you have complained will not adversely affect your future treatment”
- CQC’s key inspection questions: Are services effective? Are services caring? Are services responsive to people’s needs?

Other groups: We may also wish to assess how well other disadvantaged groups, including “Inclusion Health” groups, fare compared with people overall, where there is local evidence that indicates the need to do so.

Goal: A representative and supported workforce	Reference Number: 3.4
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Outcome: When at work, staff are free from abuse, harassment, bullying and violence from any source.

Approach:

Grading	Underdeveloped	Developing	Achieving	Excelling
	Staff members from all protected groups fare poorly compared with people compared with people overall OR evidence is not available	Staff members from only some protected groups fare as well as the overall workforce	Staff members from most protected groups fare as well as the overall workforce	Staff members from all protected groups fare as well as the overall workforce

Sources of evidence for grading will include: NHS Staff Survey; local NHS workforce data and surveys; the monitoring of local grievance and disciplinary procedures; NHS workforce race equality standard (WRES); Staff engagement events

This outcome supports the delivery of the following national policies and initiatives:

- NHS Constitution right: “The rights are there to help ensure that staff have healthy and safe working conditions free from harassment, bullying and violence”
- CQC’s key inspection question: Are services well led?
- The principles, objectives and requirements of the Human Resources Transition Framework (2011)

Other groups: We may also wish to assess how well other disadvantaged groups, including “Inclusion Health” groups, fare compared with people overall, where there is local evidence that indicates the need to do so.

Goal: Inclusive Leadership	Reference Number: 4.3
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Outcome: Middle managers and other line manager support their staff to work in culturally competent ways within a work environment free from discrimination.

Approach:

Grading	Underdeveloped	Developing	Achieving	Excelling
	There is no evidence of a strong and sustained commitment	Only some of the examples show a strong and sustained commitment	Many of the examples show a strong and sustained commitment	All of the examples show a strong and sustained commitment

Sources of evidence for grading will include: speeches given by Board members and senior leaders to various audiences; reports presented by Board members and senior leaders to various audiences; participation in Board Leadership Programmes for equality; and active promotion of equality-based initiatives for services and the workforce including local mentoring schemes

This outcome supports the delivery of the following national policies and initiatives:

- NHS Constitution principle: “The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status”
- CQC’s key inspection question: Are services well led?
- *EDS2* outcomes in Goals 1 to 3

Other groups: We may also wish to assess how well other disadvantaged groups, including “Inclusion Health” groups, fare compared with people overall, where there is local evidence that indicates the need to do so.

Dorset HealthCare University NHS Foundation Trust (DHUFT)

BME

Black and other Minority Ethnic groups

EDS

Equality Delivery System

Current Equality Legislation

Civil Partnerships Act 2004

Provides legal recognition and parity of treatment for same-sex couples and married couples, including employment benefits and pension rights.

Gender Recognition Act 2004

The purpose of the Act is to provide transsexual people with legal recognition in their acquired gender. Legal recognition follows from the issue of a full gender recognition certificate by a gender recognition panel.

The Employment Equality (Sex Discrimination) Regulations 2005

Introduces new definitions of indirect discrimination and harassment, explicitly prohibits discrimination on the grounds of pregnancy or maternity leave, and sets out the extent to which it is discriminatory to pay a woman less than she would otherwise have been paid due to pregnancy or maternity issues.

Disability Discrimination Amendment Act 2005

Introduces a positive duty on public bodies to promote equality for disabled people.

Racial and Religious Hatred Act 2006

The Act seeks to stop people from intentionally using threatening words or behaviour to stir up hatred against somebody because of what they believe.

Employment Equality (Age) Regulation 2006

The Regulations protect against discrimination on grounds of age in employment and vocational training, prohibit direct and indirect discrimination, victimisation, harassment and instructions to discriminate.

Equality Act 2006

Establishes a single Commission for Equality and Human Rights by 2007 that replaces the three existing commissions. Introduces a positive duty on public sector bodies to promote equality of opportunity between women and men and eliminate sex discrimination in the workplace. The Act also made unlawful discrimination on the grounds of religion, faith or belief and sexual orientation in the provision of goods, facilities and services, the management of premises, education and the exercise of public functions.

Equality Act 2010

Combines the three existing equality schemes into a single scheme but also includes age, sexual orientation and religion or belief, pregnancy or maternity, marriage or civil partnerships and gender reassignment. It also extends protection grounds of age to goods, services and facilities.