Oxfordshire Primary Care Trust’s Equalities Scheme 2009 – 2012

<table>
<thead>
<tr>
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<th>Mary Hardwick, Equality &amp; Diversity Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
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</tr>
<tr>
<td>Date</td>
<td>July 2009</td>
</tr>
</tbody>
</table>
About Us

Oxfordshire Primary Care Trust (PCT) plans and provides local healthcare services in the community and funds hospital treatment for the people of Oxfordshire. Oxfordshire Primary Care Trust controls a budget of about £760m on behalf of the Oxfordshire population. It uses these funds to:

- Commission health related services from a range of providers including local hospital trusts, GPs, dentists, pharmacies, opticians and independent sector organisations.

- Contract primary care from independent contractors, including 82 GP service contracts, 97 community pharmacy service contracts, 113 dental service practice contracts and 65 optometry service contracts.

- Provide a range of health services itself. These include running eight community hospitals (of which 3 have a Minor Injury Unit and 3 have first aid units), delivering adult and children’s nursing, podiatry, speech and language therapy services, physiotherapy services, dietetics, community dental services, services for vulnerable people, health advocacy services, health trainer services, health visiting, contraceptive and sexual health services and out-of-hours urgent care services. We also provide health services to offenders in Bullingdon prison and Huntercombe Young Offenders Institution.

- Work to reduce hospital acquired infections and other communicable diseases, improve immunisation coverage, maintain robust emergency plans and responses including planning for a pandemic flu outbreak.

- Work to improve the health of the population by offering screening programmes, smoking cessation advice, tackling obesity, promoting mental wellbeing and promoting healthy lifestyles.
Acknowledgement

Oxfordshire Primary Care Trust (PCT) would like to thank all the individuals, groups and organisations who gave their time and expertise to contribute to the development of this Scheme, and who continue to help us move further towards full equality for all people in Oxfordshire.

A list of some of the groups involved is included in the Public Engagement report in Appendix 2.

We would also like to thank the North East Strategic Health Authority for sharing their template on which this Scheme is based.
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Foreword

This following Equalities Scheme sets out Oxfordshire Primary Care Trust’s commitment to putting Equality and Human Rights at the heart of everything we do - whether that is commissioning or providing health services in the county, employing people, developing policies, communicating, consulting or involving people in our work.

This scheme provides a clear picture of the significant targets we have set in relation to Equality and Human Rights. It outlines our long-term commitment driven by both Equalities legislation and by the needs and wishes of both local people in Oxfordshire and our staff who were consulted and involved in the preparation of this Scheme.

The Board will monitor progress through the Equality and Diversity Steering Group and we commit to reporting regularly and openly on our progress. Making sure the actions outlined in the Scheme’s Action Plan happen is the responsibility of everyone in our organisation. This has to be planned and supported in an effective way so that everyone concerned can play their part in turning this Scheme into reality.

We welcome the new Equalities Scheme and look forward to the work ahead; ensuring we breathe life into our core values of embracing diversity and championing equality in all that we do.

Andrea Young  Chief Executive
Fred Hucker  Chair of Oxfordshire Primary Care Trust
Stephen Richards  Chair of Clinical Executive Committee
Jonathan McWilliam  Director of Public Health
1. Introduction

The NHS of the 21st Century must be responsive to the needs of different groups and individuals within society and challenge discrimination on the grounds of race, gender, age, ethnicity, religion, disability and sexuality. The NHS will treat patients as individuals, with respect to their dignity. Patients and citizens will have a greater say in the NHS, and the provision of services will be centred on patients’ needs.

Principles that guide the NHS, NHS Constitution 2009

This Equalities Scheme represents Oxfordshire PCT’s Single Equality Scheme and is a public commitment of how we plan to meet the needs and wishes of local people and our staff, the challenge of the NHS constitution, and the duties placed upon us by the following equality legislation:

- The Race Relations (Amendment) Act 2000
- Disability Discrimination Act 2005
- Sex Discrimination Act as amended by the Equality Act 2006

Discrimination on the grounds of race, disability and gender (including transgender) contravenes the law and equality must be positively promoted.

Oxfordshire Primary Care Trust has made a strategic commitment to adopting a single Equalities Scheme approach. This Scheme therefore also includes actions on age, religion and belief and sexual orientation. These additional ‘equality strands’ are included in the Equality Bill which, at the time of writing, is due to go through parliament. The new Equality Duty is designed to stream-line current equality duties.

1 The name was changed from Single Equality Scheme to the Equalities Scheme following consultation
The six equality strands addressed by the Scheme are therefore:
- Race (including nationality & ethnic origin)
- Gender (including Transgender)
- Sexual Orientation
- Age
- Disability
- Religion and belief

The benefits of a single Equalities Scheme include:

- A recognition that inequalities are rarely experienced in isolation, but are often interdependent; a single Equalities Scheme provides us with the opportunity to think more holistically
- A focus on the ‘whole picture’ when planning and delivering services
- Improving patient outcomes for people from all equality target groups
- A commitment to making the most of resources and investment. Many of the systems and processes for the promotion of equality are common to all strands, for example consultation, equality impact assessments and data collection

This scheme sets out how Oxfordshire Primary Care Trust recognises the differences between people, and how we aim to ensure that (as far as possible) any gaps and inequalities are identified and addressed. Consideration of Human Rights is an important factor in the production of this scheme. An appreciation of how the principles of Human Rights apply to Equality is vital to achieving the aims and objectives outlined in this scheme. Human Rights underpin all our aims, objectives and actions towards addressing inequality and valuing diversity.

Oxfordshire Primary Care Trust is also a major employer employing approximately 2,740 people. The needs and aspirations of our staff will vary according to individual circumstances, and we recognise that choices relating to employment with us must not be adversely affected by race, disability, gender, age, religion or belief or by sexual orientation. The
diversity of our workforce enriches us all, and allows us to deliver the best services possible.

This Scheme is a fully ‘live’ document in that it will be regularly reviewed and strengthened. Ongoing work is also taking place to explore how best to allow stakeholders to hold the Trust to account for the commitments made, and to increase involvement in and therefore ownership of this Equalities Scheme.
2. **Our Vision**

2.1 **Our Vision of Equality & Diversity**

Oxfordshire Primary Care Trust aims to be a leading organisation in the promotion of Equality, Diversity and Human Rights. We believe that we need to reflect the communities and people we serve, in both service delivery and employment, and tackle all forms of discrimination. We need to address inequality and ensure that there are no barriers to health and wellbeing.

The following principles underpin our work:

- Support and respect for everyone’s Human Rights as a fundamental basis for our work
- Identifying and removing barriers that prevent the people we serve from being treated equally including making reasonable adjustments to the provision and delivery of services for vulnerable groups
- Treating all people as individuals with their own experiences and needs
- Finding creative, sustainable ways of improving Equality and recognising Diversity
- Working with our service users and staff towards achieving Equality for all
- Learning from what we do – both from what we do well and from where we can improve
- Using everyday language in our work on Equality and Diversity
- Working together to tackle barriers to equality across the Primary Care Trust and its services to local people

2.2 **Our overarching vision: how we plan to deliver**

Oxfordshire Primary Care Trust has a five-year Strategic Plan. This is the document which sets out the Primary Care Trust’s ambitions - or “vision” - for improving health and healthcare in Oxfordshire between 2009 and 2013.
Our Vision

Oxfordshire PCT is ambitious about improving the health and wellbeing of local people. The PCT will work with its partners to deliver a transformation in local health services, so that by 2013 the people of Oxfordshire will:

- Be healthier, particularly if they are vulnerable or live in our most deprived communities
- Be working with the PCT to promote physical and mental well being and prevent ill health
- Be actively supported to manage their health and care needs at home, when this is appropriate
- Have access to high quality, personalised, safe and appropriate health services
- Get excellent value from their local health services
- Have a PCT which is a high performing organisation.

We intend to make sure that equality and diversity values are at the core of everything that we do. We conducted a full Equality Impact Assessment (EIA) during the preparation of our Strategic Plan. The Operational Plan also sets out when an EIA will be completed for each work programme it outlines.

Our vision will be delivered through 5 strategic goals which are summarised below.

Our overarching strategic goals

1. Ensure that the core services purchased from primary and secondary care providers continually improve to meet changing health needs, giving patients optimum access to satisfactory, timely, high quality care that also offers good value for money.
2. Improve health outcomes and promote independence for the following key population groups:
   - older people
   - those with long term conditions
   - people with mental health problems
   - Children and families living in areas of deprivation

3. Improve access to health services by increasing the commissioning of integrated whole care pathways that create a proportionate and appropriate shift of activity from hospital into primary and community care settings.

4. Help more local people of all ages to make sustainable healthy lifestyle choices.

5. Reduce health inequalities in Oxfordshire by improving health outcomes for people living in wards with the highest mortality rates at a greater rate than for the Primary Care Trust population as a whole.

We also approve an Operational Plan every year. This sets out in more detail what we will do to deliver our strategy. It explains how we will be investing taxpayers’ money and the improvements we want to local services and the health of the population.

For more information: see our website:
For strategic or operational plans, go to the “PCT strategy” page:

For Equality Impact Assessment go to “Equality and diversity:”
3. Meeting our Duties

As a public body, we have general duties to promote equal opportunities relating to race, disability and gender and to remove discrimination. The following three pieces of legislation are central to this Scheme:

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

The general and specific duties for each of these, together with their employment duties and guiding principles are summarised in Appendix 5 of this document.

The scheme is also informed by the Equality Bill currently making its way through parliament which will create a new single public sector Equality Duty which will cover race, gender, and disability but will be extended to cover age, sexual orientation, religion or belief, and gender identity.

In addition the following legislation is relevant and has influenced our Equalities Scheme:

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

The Equalities Bill aims to replace all this legislation with a single Act which will streamline the law and so help people to understand their rights and will provide clearer guidance for employers, service providers and public bodies.
In preparing our Action Plan to meet these equality duties, we have identified actions common to the legislation in each area – race, disability and gender – and actions specific to each individual strand.

3.1 Duties common across Race, Disability and Gender

In pursuing common duties, Oxfordshire Primary Care Trust will review and build on what is already in place to make sure considerations of equality and diversity inform all our policies, procedures and practices. Actions will include:

- **Publishing a three-year Equalities Scheme and Action Plan setting out what we will do to meet each of the duties**

  This Scheme details how we have met the specific duty to develop and publish a three-year Equalities Scheme and Action Plan. The Action Plan, which will be updated annually, sets out what we will do to meet each of the specific equality duties.

- **Undertaking equality impact assessments to identify and eliminate adverse impacts/outcomes**

  Details of how we carry out impact assessments are outlined in section 6.2.

- **Consulting and involving those affected by Oxfordshire Primary Care Trust’s policies and functions**

  We undertook an extensive consultation and involvement exercise as part of the preparation of this scheme (see appendix 2). Approximately 160 people from charities, voluntary and community organisations were involved in consultation events and meetings at their own organisation or at a location that was convenient to them. We also had 113 responses to our survey and feedback was also received by general email from a few respondents.
Overall, the key issues and themes that were raised were:

- **Quality of service** - Many of the respondents felt that in general the level and quality of local health services currently available in Oxfordshire is good.

- **Understanding needs** - This was a major theme of many respondents from both the survey and the consultation events. A significant number of respondents felt that the understanding of needs across different areas of diversity, and particularly for those in areas of deprivation, should be improved.

- **Attitudes** – Approximately 50% of respondents highlighted that lack of understanding or poor attitudes from PCT staff was the greatest barrier to accessing services. In addition, although attitudes were often well-meaning, they were also sometimes misinformed about certain areas of diversity – this tied in again with the issue of understanding needs.

- **Access** - Access to services/buildings was not seen as a major issue for respondents to the survey. However the face-to-face consultation events did raise the issue of access and highlighted problems for people in rural areas, for older/younger people and also for the visually impaired.

- **Communication** - It was felt that listening skills were the main aspect of communication that needed to be improved as some health professionals and front line healthcare staff did not know how to listen effectively in some areas of diversity. It was also recommended that more relevant communication to the public was needed, in plain English and with no jargon or acronyms.

- **Training** - Training emerged as the biggest theme for suggestions/improvements in equality – particularly to help with understanding needs and to improve attitudes. It was also suggested on a number of occasions that individuals/organisations in certain areas of diversity would like to be involved in the delivery of this training.

This is an on-going process and we are planning further involvement activities throughout the life of the Scheme to ensure that everyone has an opportunity to influence the way we plan and deliver our work.
• **Monitoring and reporting on the Action Plan’s Progress**

Our arrangements for monitoring and reporting annually on our progress against our Action Plans, which will address the concerns identified above, are set out in 6.1.

• **Training staff in relation to equality duties**

Training staff and raising their awareness is essential to ensuring that positive attitudes and practices are embedded throughout our organisation. Training emerged as the biggest theme for suggestions/improvements during our consultation exercise; particularly to help staff with understanding needs and to improve attitudes. The Action Plan includes clear actions for continual improvement and development in the provision of training around Equality and Diversity.

• **Ensuring public access to information about us and our services**

It is an important part of Oxfordshire Primary Care Trust’s role to keep the public informed about our health services, issues and key developments. We are committed to improving and strengthening the quality and delivery of communications and public involvement to support us in all aspects of our work. The Action Plan includes actions to ensure we will continue to provide good public access to information about us and about our services.
4. Oxfordshire’s Profile

The population of Oxfordshire

The population of Oxfordshire as a county is just over 635,000 people. The PCT boundaries are slightly smaller than the county as they exclude Thame and surrounding areas, and Shrivenham. The PCT’s resident population is 607,000. The overall population of the county is projected to grow by 2.8% over the next five years. Oxfordshire is the most rural county in the South East region with over half the population living in settlements of less than 10,000 people. 22% of the County’s population lives in Oxford City.

Age and Gender

63% of the current population of Oxfordshire who are aged 75 years and over are female this rises to 76% of those aged over 90. The percentages on the pyramid below represent the percentage of 'all males' (to the left) and the percentage of 'all females' (to the right) that are in that age group.
The population aged 85 and over is forecast to increase from 13,900 to 25,800 between 2008 and 2029, a percentage change of 85%. The number of people between 65 and 84 is forecast to grow from 82,400 to 121,800 (48 %) as illustrated in the table below.

This growth will not be evenly spread across Oxfordshire and it is expected that West Oxfordshire and the Vale will see highest growth (see table below). This means that much of the percentage growth in the numbers of very elderly people will be in rural areas of the county.

### Population Projections for Older People in Oxfordshire 2004-2029 by District

<table>
<thead>
<tr>
<th>Geographical Area</th>
<th>AGE 65+</th>
<th></th>
<th>AGE 80+</th>
<th></th>
<th>AGE 85+</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pop in 2004 (1,000s)</td>
<td>Pop in 2029 (1,000s)</td>
<td>% age Increase 2004 to 2029</td>
<td>Pop in 2004 (1,000s)</td>
<td>Pop in 2029 (1,000s)</td>
<td>% age Increase 2004 to 2029</td>
</tr>
<tr>
<td>Cherwell</td>
<td>18.8</td>
<td>34.9</td>
<td>85.6%</td>
<td>5.1</td>
<td>11.1</td>
<td>117.6%</td>
</tr>
<tr>
<td>Oxford City</td>
<td>17.2</td>
<td>23.0</td>
<td>33.7%</td>
<td>5.4</td>
<td>7.5</td>
<td>38.9%</td>
</tr>
<tr>
<td>South Oxfordshire</td>
<td>20.5</td>
<td>32.5</td>
<td>58.5%</td>
<td>5.8</td>
<td>11.5</td>
<td>98.3%</td>
</tr>
<tr>
<td>Vale of White Horse</td>
<td>18.8</td>
<td>29.4</td>
<td>56.4%</td>
<td>5.2</td>
<td>10.6</td>
<td>103.8%</td>
</tr>
<tr>
<td>West Oxfordshire</td>
<td>16.2</td>
<td>28.0</td>
<td>72.8%</td>
<td>4.7</td>
<td>10.1</td>
<td>114.9%</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>91.5</td>
<td>147.8</td>
<td>61.5%</td>
<td>26.2</td>
<td>50.8</td>
<td>93.9%</td>
</tr>
</tbody>
</table>
Gender Identity / Transgender

We have no accurate data on the numbers of transgender people in Oxfordshire. However, using incidence calculated for elsewhere in the UK, it could be estimated that there would be roughly 50, with significantly more Transgender women than Transgender men.

Race/ethnicity

In the 2001 census 89.9% of Oxfordshire’s population identified themselves as being White British, with 4.9% identifying themselves as being from non-white groups. 12.8% of the Oxford City population identified themselves as coming from non-white groups.

| Population Ethnicity data for Oxfordshire County and Oxford City District Council (2001 Census) |
|----------------------------------|-----------------|-----------------|-----------------|
|                                  | Oxfordshire     | Oxford City     |
|                                  | Count           | Percentage      | Count           | Percentage      |
| White: British                   | 544,572         | 89.9%           | 103,041         | 76.8%           |
| White: Irish                     | 7,525           | 1.2%            | 2,898           | 2.2%            |
| White: Other White               | 23,947          | 4.0%            | 11,009          | 8.2%            |
| Mixed: White and Black Caribbean | 2,132           | 0.4%            | 1,030           | 0.8%            |
| Mixed: White and Black African   | 807             | 0.1%            | 380             | 0.3%            |
| Mixed: White and Asian           | 2,253           | 0.4%            | 974             | 0.7%            |
| Mixed: Other Mixed               | 1,911           | 0.3%            | 855             | 0.6%            |
| Indian                           | 4,068           | 0.7%            | 2,323           | 1.7%            |
| Pakistani                        | 4,007           | 0.7%            | 2,625           | 2.0%            |
| Bangladeshi                      | 1,184           | 0.2%            | 878             | 0.7%            |
| Other Asian                      | 1,221           | 0.2%            | 645             | 0.5%            |
| Black Caribbean                  | 2,453           | 0.4%            | 1,664           | 1.2%            |
| Black African                    | 2,046           | 0.3%            | 1,408           | 1.0%            |
| Other Black                      | 503             | 0.1%            | 296             | 0.2%            |
| Chinese                          | 3,849           | 0.6%            | 2,460           | 1.8%            |
| Other Ethnic                     | 3,010           | 0.5%            | 1,762           | 1.3%            |
| Total                            | 605,488         | 100.0%          | 134,248         | 100.0%          |

Source: Office for National Statistics: Sub-national population projections based on 2004 mid-year estimates these show what the population will be in the future, given the current trends.
The chart below shows the breakdown of non-white groups in the county.

![Chart showing the breakdown of non-white groups in Oxfordshire](chart.png)

Source: Office of National Statistics

According to experimental forecasts produced by Oxfordshire County Council the ethnic breakdown of Oxfordshire’s population is expected to change.

- The greatest increases are forecast in the ‘mixed’ (an increase of 43%) and Chinese (an increase of 35%) ethnic group in the 10 year period between 2001 and 2011
- The Caribbean Black ethnic group is expected to decline by around 3% in the same period

We will not have more accurate data until the 2011 census but we know that there has been a large increase of EU migrant workers, particularly from Poland, moving to Oxfordshire in the last 5 years. Data relating to use of our interpreting services indicate that Portuguese has been the most requested language over the last year for patients coming mainly from Brazil, East Timor and Portugal.
Disability

Using the Disability Discrimination Act definition of disability, and informed by the social model of disability as oppose to the medical model, it is very difficult, and probably inappropriate, to try to quantify the number of people served by the Primary Care Trust who are disabled. It has been estimated that 1 in 7 of the UK population is disabled.

The following table uses data from the 2001 census and from the Department for Work & Pensions (DWP) and shows how the population served by the PCT compares with the rest of the South East and with the UK as a whole.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Oxfordshire</th>
<th>S.E. Region</th>
<th>National</th>
<th>Wards with highest rates</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limiting long-term illness (LLTI)</td>
<td>13.4%</td>
<td>15.5%</td>
<td>17.9%</td>
<td>Burford (18.3%); Bicester Town (17.91%); Barton &amp; Sandhills (17.9%)</td>
<td>2001 census</td>
</tr>
<tr>
<td>Attendance Allowance Claimants aged 65 +</td>
<td>11.8%</td>
<td>10.7%</td>
<td>14%</td>
<td>Carfax (22.5%); St. Marys (19.4%); Caversfield (19.1%)</td>
<td>DWP 2003</td>
</tr>
<tr>
<td>Disability Living Allowance Claimants</td>
<td>2.3%</td>
<td>2.7%</td>
<td>4.1%</td>
<td>Northfield Brook (5.3%); Blackbird Leys (4.7%); Banbury Ruscote (4.6%)</td>
<td>DWP 2003</td>
</tr>
<tr>
<td>Disabled people requiring mobility assistance</td>
<td>2.4%</td>
<td>3.0%</td>
<td>4.5%</td>
<td>Northfield Brook (5%); Banbury Ruscote (4.9%); Blackbird Leys (4.9%)</td>
<td>DWP 2003</td>
</tr>
<tr>
<td>Incapacity Benefit claimants (estimated rate)</td>
<td>2.8%</td>
<td>3.7%</td>
<td>6.0%</td>
<td>Blackbird Leys (6.7%); Northfield Brook (6.6%); Littlemore (6.4%); Banbury Ruscote (6.4%)</td>
<td>DWP 2003</td>
</tr>
<tr>
<td>People needing care</td>
<td>3.7%</td>
<td>4.0%</td>
<td>5.6%</td>
<td>Bicester Town (6.4%); Littlemore (6.3%); Barton &amp; Sandhills (6.1%)</td>
<td>DWP 2003</td>
</tr>
<tr>
<td>People with special mobility needs</td>
<td>1.5%</td>
<td>2.0%</td>
<td>3.2%</td>
<td>Banbury Ruscote (3.2%); Banbury Neithrop (3%); Barton &amp; Sandhills (3%); Abingdon Caldecott (3%)</td>
<td>DWP 2003</td>
</tr>
<tr>
<td>Severe Disablement Allowance claimants</td>
<td>0.5%</td>
<td>0.6%</td>
<td>0.7%</td>
<td>Cholsey &amp; Wallingford S (1.3%); Banbury Neithrop (1.3%); Hendreds (1.2%)</td>
<td>DWP 2003</td>
</tr>
<tr>
<td>Providers of Unpaid Care</td>
<td>9%</td>
<td>10%</td>
<td>8.8%</td>
<td>2001 census</td>
<td></td>
</tr>
</tbody>
</table>

For all indicators Oxfordshire has a lower rate than the national figure and in addition, for all indicators except Attendance Allowance Claimants aged over 65, has a lower rate than that of the South East region as a whole. Rates for individual wards, however, do show some areas where the rates
are markedly higher than the regional and national average with, for example, 22.5% of the over 65 population of Carfax ward receiving Attendance Allowance compared to a national rate of 14%. The rate in this ward is more than twice the rate for the S.E region as a whole. The rate of people receiving Incapacity Benefit in Oxfordshire is only 2.8% but the rate in Blackbird Leys is 6.7%.

**Religion and Belief**

The 2001 census was the first time information was collected about religion. Results for Oxfordshire show that Christianity is the majority religion (72.5% of the population) with Islam (1.3%) as the second largest. 17.5% of people in Oxfordshire stated that they had no religion (compared with less than 15% in the UK population) and 7.3% did not state their religion.

<table>
<thead>
<tr>
<th>Religion</th>
<th>Percentage of Oxfordshire's population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian</td>
<td>72.5%</td>
</tr>
<tr>
<td>Buddhist</td>
<td>0.3%</td>
</tr>
<tr>
<td>Hindu</td>
<td>0.3%</td>
</tr>
<tr>
<td>Jewish</td>
<td>0.3%</td>
</tr>
<tr>
<td>Muslim</td>
<td>1.3%</td>
</tr>
<tr>
<td>Sikh</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other</td>
<td>0.3%</td>
</tr>
<tr>
<td>No religion</td>
<td>17.5%</td>
</tr>
<tr>
<td>Religion not stated</td>
<td>7.3%</td>
</tr>
</tbody>
</table>

*Source: Office of National Statistics*

**Sexuality**

We have no accurate data relating to sexuality but it is estimated that 6.5% of the UK population is gay, lesbian or bisexual; this would mean approximately 38,100 people in Oxfordshire are gay, lesbian or bisexual.
About the PCT

Workforce and Training

Oxfordshire Primary Care Trust is committed to providing a working environment free from discrimination, victimisation, and harassment, whether on an individual or institutional basis on the grounds of race, disability, gender, age, religion/belief, or sexual orientation or any other grounds that infringe on Human Rights.

We also aim to recruit a representative workforce from all sections of the community in order to provide a healthcare service that respects and responds to the diverse needs of the local population it serves.

Oxfordshire Primary Care Trust is continually striving to achieve three key equality aims which are:

- To recruit, develop and retain a workforce that is able to provide high quality services that are accessible, responsive and appropriate to meet the diverse needs of different groups and individuals.
- To be a model employer achieving equality of opportunity and outcomes in the workplace.
- To use its influence and resources as an employer to make a difference to the life opportunities and the health of its local communities especially those who are disadvantaged.

Monitoring

The Human Resources (HR) Department currently monitors its employment processes by race, disability, gender, age, religion and sexual orientation; although accurate data on employees in post pre October 2007 is not available due to changes in HR data collection systems. A data validation exercise to collect as much of this data is planned for later this year.
Monitoring of our staff in this way enables us to:

- Monitor fairness in recruitment and selection, learning and development opportunities and opportunities for career development.
- Identify under-represented groups so that recruitment drives can be targeted to increase the organisation’s attractiveness to them.
- Identify actual or potential groups of employees where positive action to support people from under-represented groups to apply for jobs or training may be appropriate.
- Fulfil the organisation’s duties as an employer to promote equality and support diversity.

Monitoring takes place as follows:

- Staff in post
- Applicants for employment
- Leavers
- Displaced staff and staff applying for voluntary severance

The PCT recognises that further work is needed on monitoring staff undergoing training and receiving promotion.

We also monitor the levels of staff satisfaction and experience of working at the PCT through an annual staff survey. The survey data is analysed by the six equality strands with resulting actions.
Age Profile (as at 31 March 2009)

The majority of staff employed by the PCT (60%) are between the age of 36 and 55, with 2% being over the age of 66.

Ethnicity

83% of staff employed by the Primary Care Trust have disclosed their ethnicity as ‘being ‘White British’ compared with 89% of the population of Oxfordshire. 5% are from BME backgrounds (compared to 4.9% in Oxfordshire) and 1% have not disclosed their ethnicity.
### Oxfordshire PCT Staff by Ethnic Group

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Headcount</th>
<th>Percentage</th>
<th>Oxfordshire Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A White - British</td>
<td>2,278</td>
<td>83%</td>
<td>89.9%</td>
</tr>
<tr>
<td>B/C White - Other</td>
<td>268</td>
<td>10%</td>
<td>5.2%</td>
</tr>
<tr>
<td>D-G Mixed</td>
<td>22</td>
<td>1%</td>
<td>0.5%</td>
</tr>
<tr>
<td>M Black Caribbean</td>
<td>8</td>
<td>0.3%</td>
<td>0.4%</td>
</tr>
<tr>
<td>N/P Other Black</td>
<td>35</td>
<td>1%</td>
<td>0.3%</td>
</tr>
<tr>
<td>H Indian</td>
<td>40</td>
<td>1%</td>
<td>0.7%</td>
</tr>
<tr>
<td>J Pakistani</td>
<td>4</td>
<td>0.1%</td>
<td>0.7%</td>
</tr>
<tr>
<td>K/L Other Asian</td>
<td>31</td>
<td>1%</td>
<td>0.4%</td>
</tr>
<tr>
<td>R Chinese</td>
<td>9</td>
<td>0.3%</td>
<td>0.6%</td>
</tr>
<tr>
<td>S Other</td>
<td>18</td>
<td>1%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Z Not Stated</td>
<td>34</td>
<td>1%</td>
<td>0.8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,747</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Staff by ethnicity/Band

BME staff are represented at all pay bands with the largest concentration of in Bands 5 and 6 which have the largest numbers of staff.

<table>
<thead>
<tr>
<th>Pay Band</th>
<th>BME</th>
<th>Non-BME</th>
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</thead>
<tbody>
<tr>
<td>Band 1</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Band 2</td>
<td>9</td>
<td>46</td>
</tr>
<tr>
<td>Band 3</td>
<td>66</td>
<td>52</td>
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<td>21</td>
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<tr>
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<tr>
<td>Band 7</td>
<td>87</td>
<td>0</td>
</tr>
<tr>
<td>Band 8a</td>
<td>87</td>
<td>0</td>
</tr>
<tr>
<td>Band 8b</td>
<td>87</td>
<td>0</td>
</tr>
</tbody>
</table>

Oxfordshire PCT Staff as at 31 March 2009 BME and Non-BME
Gender

The Primary Care Trust currently employs 2,747 staff – 91% female and 9% male. The distribution of males is across all salary bands with women outnumbering men at almost every salary band.

Disability

1.13% of staff in the Trust disclosed that they have a disability which is 31 staff in total.

48% in Adult Services
16% in Children’s Services
23% in Workforce and Specialist Services
13% in Commissioning
Religious Belief/Sexual Orientation

The HR department has only been collecting data on new starters since October 2007, consequently we are not yet able to report the religious belief or the sexual orientation of the majority of staff working at the PCT.

Recruitment

Recruitment plays an important role in delivering a diverse workforce. The Recruitment Policy is currently being rewritten to ensure that all the diversity strands are included. For instance we have renewed our commitment to the disability 2 ticks initiative and promise to interview all disabled applicants who meet the essential criteria for a role.

We will be proactive in taking steps to ensure that our workforce is representative of the community it serves and actions around recruitment and retention are outlines in our Action Plan.

We have recently changed our guidelines regarding short listing candidates in line with recent challenges to legislation to invite candidates who require work permits to interview. Appointment of these applicants is still subject to sponsorship being obtained from the Home Office. We are looking to increase the number of work permit applications in respect of nurses in order to fill our vacancies.

We operate the practice of candidates being identified by a unique number only. Recruitment panels are composed of independent people with external representation for some of our more senior posts.

Recruitment and Equality and Diversity training is promoted to all managers across the Trust.

Employee Support & Involvement

The PCT is currently supporting the relaunching of its BME Staff Network. Terms of reference for this group are currently being reviewed and staff are encouraged to join in order to influence policy development at the PCT.

We are also working with colleagues across South Central to look at ways of setting up Networks for other strands of Diversity.
Learning & Development

We have made a commitment to the training of all our staff about Equality and Diversity and our equality duties and the impact this has on Human Rights. We will make sure we provide varied methods of training to target all our staff groups recognising that people learn in different ways.
5. The Six Equality Strands

Oxfordshire Primary Care Trust has a legal duty to ensure that, wherever possible, all people can use or receive our services to the same standards regardless of their race, disability, gender (including gender identity), age, religion or belief, or sexual orientation. As an employer we have a legal duty to ensure that all people have equality of opportunity to be considered for employment, training and promotion. We must demonstrate how we will promote equality and human rights and address the inequalities, disadvantages and discrimination that people may face during their lives.

5.1 Race

- **Why is Race Equality important?**

  We know that there are inequalities in access to health services related to race; inequalities in health outcomes related to race and that different Black and Minority Ethnic (BME) Communities experience higher prevalence of some conditions and disease. We also know the advantages of having a workforce which is representative, at all levels, of the population it serves.

- **How can Race Equality make a difference?**

  Through addressing the issues identified by local people, we can develop more responsive services and real choice for service users because they are aware of services and information and how to access these. Addressing Race Equality for staff would ensure a more diverse workforce throughout the organisation that reflects the local population and therefore feels more welcoming to them. BME staff can also help the organisation to better understand the needs of people from BME communities and to develop more appropriate services.
• **What are some of the things that we are currently doing to promote Race Equality?**

✓ We have a team of health advocates working with different BME communities to support access to information and services
✓ We provide an interpreting service in all languages providing both telephone and face to face interpreting 24/7.
✓ We have a team of health trainers specifically working with BME communities to support them in their healthy lifestyle choices
✓ We are implementing the Delivering Race Equality framework for mental health - designed to redress imbalances in service access, quality and experience for BME service users.
✓ We are funding work with new EU migrant communities to help them access appropriate health services

• **What you have told us**

1. Some health professionals do not understand the needs of some BME communities and more cultural awareness is needed
2. All frontline staff should use the interpreting service when necessary
3. BME communities want more targeted health promotion events
4. There should be more BME health professionals employed to reflect the populations they serve

• **What are some of the things that we are planning to do to promote Race Equality?**

✓ Ensure that the health advocacy service is available to all BME communities
✓ Launch a training & awareness raising campaign to ensure the interpreting service is used effectively
✓ Run a series of health promotion events in appropriate BME community settings
✓ Offer more training to frontline staff in cultural awareness
✓ Support the relaunch of the BME staff network
5.2 Disability

- **Why is Disability Equality important?**

We need to take action to identify and address the attitudinal, institutional and physical barriers that disadvantage disabled people when accessing our employment and our services.

There is a requirement to make ‘reasonable adjustments’ to the provision and delivery of services for vulnerable groups, including people with learning disabilities.

It has been estimated that 1 in 7 of the population are disabled.

People with learning disabilities and people with mental health problems are more likely to experience major illness, to develop serious health conditions at an earlier age and to die of them sooner than other people. Yet they are also less likely to receive some important treatments and health checks than others with the same condition. They also face real barriers to accessing services.

- **How can Disability Equality make a difference?**

It helps to promote equality of opportunity for disabled people and aims to break down barriers of discrimination and stigma.

- **What are some of the things that we are currently doing to promote Disability Equality?**

✓ We provide a Deaf interpreting service 24/7
✓ We are working with our partners to develop and implement an Action Plan to meet the recommendations made in Healthcare For All to improve access to healthcare for people with Learning Disabilities.
✓ We have made primary care services more accessible and integrated through the development of purpose built, DDA compliant, health centres in Blackbird Leys and East Oxford built through the government’s NHS LIFT initiative (Local Improvement Finance Trust).
We have developed an End of Life Strategy to increase support available at home, both on a planned and unplanned level, to enable patients to die in their usual place of residence where that is their choice.

- **What you have told us**

1. Health professionals should see the disabled person as an expert in their own care
2. Carers should have what they say taken seriously
3. Some doctors should be willing to talk to a person with learning disabilities rather than about him
4. Involve disabled people in training delivery – they are the experts
5. Communication formats do not take account of differing needs of the visually impaired e.g. audio, Braille, colour of text, colour of background, size of text etc.
6. Less jargon and technical language should be used

- **What are some of the things that we are planning to do to promote Disability Equality?**

- Work with GP practices to ensure they have access to training about working with people with learning disabilities and help them offer annual health checks to people with learning disabilities
- Work with Oxfordshire Association for the Blind to ensure that we provide information in appropriate formats
- Complete an evaluation of our Deaf interpreting service

### 5.3 Gender

- **Why is Gender Equality important?**

Gender equality should mean that women, men and transgender people get services that meet their needs more closely. They should have the same access to job opportunities at the same rate of pay (relative to experience and qualifications), the same access to services
and should not be discriminated against because of their caring responsibilities and have the same opportunities to develop careers and still have a family/home life.

It is important to:

- recognise men, women and transgender people all have different needs in healthcare
- make flexible working real for all parents and carers

**How can Gender Equality make a difference?**

- by achieving equal health outcomes for men and women and transgender people
- by targeting resources to meet the needs of men, women and transgender people as identified by people in our local community

**What are some of the things that we are currently doing to promote Gender Equality?**

✓ We have a flexible working policy to take account of people with childcare and other caring commitments
✓ We are running a series of Men’s Health events in Men’s Health Week

**What you have told us:**

1. There should be more awareness raising and training around the issues impacting on men, women and transgender people - we can only achieve gender equality when we understand the different needs of men, women and transgender people
2. The PCT should fund surgery for people with gender dysphoria

**What are some of the things that we are planning to do to promote Gender Equality?**

✓ We will review our funding policy for people with gender dysphoria following an update on the evidence
✓ We will run training around the different health needs of men, women and transgender people
✓ **We will continue to run targeted Men’s Health events**
5.4 Age

- **Why is Age Equality important?**

Age equality is concerned with responding to differences between people that are linked to age, and with avoiding preventable inequalities between people of different age groups. Ageism, the attitudes of others, and the assumptions they make, can have a dramatic effect on Older People – on their quality of life, access to services and choices, employment, and other opportunities. Older People are more likely to have a range of complex health conditions, and often have less access to informal social support. Young people can also come up across a range of barriers to health services.

- **How can Age Equality make a difference?**

  - By making sure Older People have choices
  - By making sure that services promote and encourage independence
  - By combating Ageism which can act as a major barrier to wellbeing and participation and can lead to stereotyping Older People
  - Young people will not be put off from accessing the help and support they need and will find accessing services easy and affordable.
  - All young people will be listened to and treated with respect and dignity so that they will feel empowered to make choices and decisions about their health and wellbeing.

- **What are some of the things that we are currently doing to promote Age Equality?**

  ✓ We work with the CAB to provide a Benefits in Practice Scheme in 16 GP practices which specifically targets older people
  ✓ Our PCT Strategy recognises the importance of ageing successfully and has made the development of services and care to achieve this as a priority
  ✓ We are investing in services and reviewing the quality of services that are predominantly used by those of retirement age e.g. Stroke care, falls services and Dementia care
  ✓ Oxfordshire has a large pooled budget for adults with physical disabilities and older people between the PCT and Local Authority that ensures integrated delivery of care to older people, and supports integrated services such as intermediate care
We are supporting the formation of a local Youth Parliament and are hosting their meeting

We provide Bodyzone drop in clinics for young people

• **What you have told us:**

1. Take age equality seriously as the impact of age discrimination and ageist practices on our Older People is profound.
2. Age equality needs to be mainstreamed throughout all policies and processes, and staff at all levels need to be aware of its importance.
3. Services need to be more welcoming and accessible for young people.
4. Staff need to take young people seriously, listen to them, and not stereotype them.
5. There needs to be more places and websites where young people can get information anonymously and confidentially

• **What are some of the things that we are planning to do to promote Age Equality?**

✓ A Better Deal for Older People is part of the PCT's Operational Plan for 2009 - 2013
✓ Implement the 'You're Welcome' quality criteria which aims to assure that good quality services are provided to young people that aim to be inclusive and considerate to their needs by focusing on key areas such as accessibility and confidentiality. Participation of young people is key to the audit and service change process

5.5 **Religion and Belief**

• **Why is Religion and Belief Equality important?**

The degree to which we respect Religion and Belief reflects our commitment to delivering patient centred care and how well we respond to our local communities.

Not everyone expresses their spirituality through a particular faith, however, so spiritual care is not only for people of all faiths but those who don't follow a particular tradition. We want to celebrate the diversity of people that make up our population.
If we do not acknowledge a patient’s Religion and Belief, we cannot communicate with the ‘whole’ person, and they cannot participate in their recovery and make informed decisions about their treatment. Different cultures and faiths have a variety of views on health, illness, birth, dying and death, and we need to be aware of the diversity which will affect their path and outcome of treatment.

- **How can Religion and Belief Equality make a difference?**

There is a growing body of knowledge that shows a positive link between spiritual and religious practices and well being. Allowing patients to express or practice their religion or beliefs helps them to overcome the sometimes multiple losses (health, mobility, role, status, self image) which ill health brings.

- **What are some of the things that we are currently doing to promote Religion/faith Equality?**

  - We include a religion/faith component in our Equality & Diversity training
  - We are funding a faith research project working to improve access to services for faith groups across Oxfordshire

- **What you have told us**

  1. Don’t make assumptions – ask the individual about their faith and beliefs
  2. The importance of the social network of the local faith communities – we need to make more use of these links.
  3. We need to rephrase the ‘What is your Religion’ question as some people find it offensive – not everyone has a religion

- **What are some of the things that we are planning to do to promote Religion/faith Equality?**

  - We will use the new PCT intranet site to provide information for staff about different faiths
  - We will look for good practice examples of collecting information about Faith and religion...
5.6 Sexual Orientation

**Why is Equality around Sexual Orientation important?**

A recent report written by Stonewall and the Department of Health, ‘Being the gay one’ (2007), shows that there is still homophobia and discrimination in parts of the NHS.

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

Every day at work and in their personal lives, lesbian, gay and bisexual people are forced to choose between being open and honest about their sexuality, avoiding the issue or lying to their colleagues or friends. This can cause a huge amount of stress to the individual, both at work and in their personal lives.

This is evidenced in the health inequalities suffered by many Lesbian Gay and Bisexual individuals. There is a lower uptake of some health services (e.g. gay and bisexual men are less likely to be registered with a G.P.) and a higher occurrence of various health conditions (e.g. Lesbian Gay and Bisexual people demonstrate significantly higher levels of mental distress, self-harm and suicide when compared to heterosexual people).

**How can Equality around Sexual Orientation make a difference?**

By addressing the issues identified locally we can tackle these health inequalities, developing more responsive services which are appropriate to the needs of Lesbian, Gay and Bisexual individuals.
• **What are some of the things that we are currently doing to promote Sexual Orientation Equality?**

- Oxfordshire PCT helps to fund, and is a member of, the Homophobia Awareness Liaison Team (HALT) in Oxfordshire
- We had a health promotion stall at Oxford’s Gay Pride event
- We commission the Terence Higgins Trust to provide services for gay men

• **What you have told us**

1. Everyone should feel comfortable using any health service, regardless of their sexual orientation and so staff should be trained on Lesbian, Gay and Bisexual issues to be responsive to their needs.
2. We should value our Lesbian Gay and Bisexual staff, and encourage a culture and environment where everyone feels able to be open about their sexuality.

• **What are some of the things that we are planning to do to promote Sexual Orientation Equality?**

- We plan to identify a GLBT champion within the PCT to help us promote good practice
- We plan to offer targeted training to staff about the needs of the Lesbian, Gay and Bisexual community
6. Key Objectives

6.1 Leadership, Corporate Commitment and Governance

Oxfordshire Primary Care Trust has taken into account, and will continue to take into account, the duties placed on it by legislation around race, disability, gender, age, religion or belief and sexual orientation. We are committed to applying good practice to all the equality areas to ensure equity of access to health care, equity of health outcomes and equity of access to employment and career development.

Our Board has appointed a Non Executive Director and an Executive Director to lead on Equality and Diversity issues. The delivery of the Equalities agenda is overseen by the Equality and Diversity Steering group which includes high level representation from all directorates of the Primary Care Trust. An Equality and Diversity specialist provides a coordinating role for this group ensuring implementation of the action plans across the organisation and the provision of appropriate training and support to facilitate this.

We will undertake an annual review of our Action Plan and quarterly monitoring of progress through the Equality & Diversity Steering group. See Action Plan

6.2 Equality Impact Assessments

Oxfordshire Primary Care Trust, in accordance with Equalities legislation, will carry out Equality Impact Assessments (EIAs) on all strategic plans, all service development and redesign proposals and projects identified as part of the business planning process and all proposed, revised or existing policies and protocols. EIAs enable us to identify the impact or effect (either negative or positive) of our policies, procedures and functions on different

2 See appendix 3 for Terms of Reference of this group
sections of the population paying particular regard to the needs of different minority groups. Where negative impacts are identified we will then take steps to deal with this.³

See Action Plan

6.3 Partnership Working

Oxfordshire Primary Care Trust works with partners to improve health and well-being through both informal and formal arrangements. Some of the partnerships cover particular areas of the county – for example there are “local strategic partnerships” in each district area as well as the county-wide Oxfordshire Partnership. This means we can target particular pieces of work in the areas where they are most needed.

Other partnerships cover particular topics, such as the Children’s Trust, the Community Safety Partnership and the Health and Well-Being Partnership which influences decisions on care for adults in Oxfordshire. The working arrangements vary, but our commitment to partnership working is consistent. We work together with other public organisations and voluntary and community sector partners to agree priorities and to formulate and implement plans to improve health across the county.

Our own priorities are reflected in the partnership plans and the work we agree to do is included in our own plans. For example, our commitment to Breaking the Cycle of Deprivation is included in the Oxfordshire Strategy (called Oxfordshire 20:30), our plans to reduce early deaths from preventable diseases are written into the Local Area Agreement and our intention to promote Successful Aging is a priority for the Health and Well-Being Partnership. We know that we need to work with other organisations in our efforts to improve health and well-being. We are committed to the partnership agenda and structures in Oxfordshire and feel there are strong foundations and growing success in working together.

³ See appendix 6 for our Equality Impact Assessment toolkit
6.4 Communications, Consultation and Involvement

It is an important part of our role to involve stakeholders\(^4\) in the development of services and to guide patients, the public and our staff through existing and new arrangements. Oxfordshire Primary Care Trust believes that by working together with patients, carers and the public we can develop services of which the Primary Care Trust can be proud and that people will be happy using. The Communications and Public Involvement strategy aims:

- to ensure that communications and public involvement activities support the Primary Care Trust’s key strategic aims
- to ensure that the views of patients, staff and the public are taken into account in the commissioning, development and provision of services

These are underpinned by the following key principles:

- Communications and public involvement must be embedded in the organisation.
- Communication and public involvement are two-way processes involving listening as well as informing.
- Effective communication and public involvement must support equity and accessibility.
- Good communication and public involvement build and enhance trust.
- Communication and public involvement are learning tools.
- Effective communication and public involvement require planning and preparation.

Communications and public involvement work to a common integrated set of action plans which serve to meet aims to inform, involve and engage with our public. A detailed action plan has been developed to take forward these broad strategic aims.

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\(^4\) Stakeholders:
- A person or group with a direct interest, involvement, or investment in something
- Stakeholders are individuals or organisations that have a direct interest in a service being provided
Audience identification

The PCT has a wide range of stakeholders who we need to involve and communicate in order to achieve our objectives. When designing communication and public involvement strategies for different projects, initiatives and public health campaigns careful consideration will be given to the requirements of our internal and external stakeholders as detailed in the individual plans.

This will include:

- Stakeholder analysis
- Identification of key messages for each identified audience
- Identification of communications opportunities and challenges through SWOT analysis

Adoption of a range of methods for implementation

The PCT will actively employ a wide range of methods for implementing this strategy including:

- Using opportunities for face-to-face discussions with staff, patients, carers, the public and a wide range of identified stakeholders†.
- Producing appropriate, timely and focussed briefings, newsletters and reports for all stakeholders† including staff and the public.
- Using social marketing† tools to improve health and reduce inequalities.
- Using technology, including web-based communication tools, to reach a wide audience including those groups and communities whose voices have traditionally not been heard.

See Action Plan

6.5 Accessibility

Oxfordshire Primary Care Trust has a duty to ensure that all people can access the services and information that we provide.

We must therefore make reasonable adjustments to ensure that we communicate and make information available in a way that is appropriate to the requirement of all our service users. This includes the provision of
interpreting in all languages including Deaf interpreting (usually British Sign Language (BSL) interpreting), and the translation of information as required into different languages and formats (such as Easy Read). It also includes providing advocacy support where this is needed; and ensuring that needs relating to religion or belief are met.

See Action Plan

6.6 Workforce and Training

Oxfordshire Primary Care Trust is committed to providing a working environment free from discrimination, victimisation, and harassment, whether on an individual or institutional basis on the grounds of race, disability, gender, age, religion/belief, or sexual orientation or any other grounds that infringe on Human Rights.

We also aim to recruit a representative workforce from all sections of the community in order to provide a healthcare service that respects and responds to the diverse needs of the local population it serves.

Oxfordshire Primary Care Trust is continually striving to achieve three key equality aims which are:

- To recruit, develop and retain a workforce that is able to provide high quality services that are accessible, responsive and appropriate to meet the diverse needs of different groups and individuals.
- To be a model employer achieving equality of opportunity and outcomes in the workplace.
- To use its influence and resources as an employer to make a difference to the life opportunities and the health of its local communities especially those who are disadvantaged.

We have also made a commitment to the training of all our staff. We will train our staff in Equality and Diversity and our equality duties and the impact this has on Human Rights. We will provide high quality training that
is accessible, appropriate and relevant to all staff. We will make sure we provide varied methods of training to target all our staff groups recognising that people learn in different ways. We will make all relevant training courses available to all staff, in line with their role within the organisation. Any personal developmental training applied for will be considered in an equal and discrimination-free way and we will ensure that staff have access to targeted training opportunities, for example the *Breaking Through* initiative.

**See Action Plan**

### 6.7 Commissioning and Procurement

In our commitment to World Class Commissioning we will work collaboratively with community partners to commission services that optimize health gains and reduce health inequalities and we will proactively build continuous and meaningful engagement with the public and patients to shape services and improve health.

In reviewing and designing services we will carry out Equality Impact Assessments to ensure our plans reflect the needs of all groups and will deliver health outcomes equitably to all parts of the community. We will seek to ensure that we address the six Equality Strands by consulting widely when we review services, engaging meaningfully when we are planning new or replacement services and involving effectively when we are designing and procuring new services.

Oxfordshire Primary Care Trust is required by law to make sure that when we procure services from another organisation to help deliver health outcomes, whether in the statutory or voluntary or independent sector, that organisation will comply with equality legislation. We monitor performance and outcomes to include meaningful data relating to the Equality strands and these will be written into service specifications as part of procurement with provision that they may be reviewed from time to time.

**See Action Plan**
6.8 Monitoring Data, Reporting and Publishing

Our Equality duties include the requirement for monitoring the diversity of the population we serve and the people we employ. The aim of this is to develop appropriate and equitable service delivery for service users and career development opportunities for staff. In particular, we have to demonstrate our compliance with equality and diversity standards set out by the body that monitors the NHS; the Care Quality Commission.

Each year we will produce a report telling people of the progress we have made against our Action Plans. We will make sure this progress report is available on our website and in other formats as required.

We will continue to publish the results of our Equality Impact Assessments, and any action plans or improvements we will be making. We will share our progress on Equality and Human Rights issues with the Strategic Health Authority (SHA) and through their lead with other NHS Trusts in the region so that we are able to share best practice in all our equality work.

See Action Plan

6.9 Complaints

Complaints are an important measure of what problems people may face when accessing our services and so monitoring complaints helps us make sure there is continuing improvement in service provision. Our aim is to respond to any concerns or complaints as speedily, effectively and fairly as possible through both formal and informal processes, within a clear framework and timescales.

Complaints are also an important source of information for monitoring impact on equality and can support the identification of potentially unlawful discrimination and taking action to promote equality.

See Action Plan
Many of the actions planned for the current year relating to Equality and Diversity are included in other Plans produced by Oxfordshire Primary Care Trust. Programmes of work focussed on older people and younger people, for example, are outlined in the Operational Plan; work planned around carers and disabled people is outlined in the Carers Strategy; actions around improving access to services for people with Learning Disabilities is outlined in the Healthcare for All Action Plan, work planned around improving access to mental health services for BME communities is included in the Delivering Race Equality (DRE) in Mental Health plan.

The following Action Plan therefore does NOT outline everything that we intend to do to promote Equality and the Human Rights of the population that we serve, or the people that we employ, but instead concentrates on our 9 key Equality & Diversity objectives:

Objective 1: Leadership, Corporate Commitment and Governance
Objective 2: Equality Impact Assessment
Objective 3: Partnership Working
Objective 4: Communication, Consultation and Involvement
Objective 5: Accessibility
Objective 6: Workforce and Training
Objective 7: Commissioning and Procurement
Objective 8: Monitoring, Data Reporting and Publishing
Objective 9: Complaints

This Action Plan is for the period August 2009 – August 2010 and the actions taken will be regularly reviewed by the Equality and Diversity Steering group and a full report on outcomes will be published in September 2010.
7. Action Plan

Key Objective Area 1: Leadership, Corporate Commitment and Governance

<table>
<thead>
<tr>
<th>Action</th>
<th>Outcome</th>
<th>Lead</th>
<th>Timescale</th>
<th>Measures of Success / Performance Indicator</th>
<th>Equality Strands</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Continue to have a Non Executive &amp; Executive Director Equality and Diversity lead on the PCT Board</td>
<td>Equality and Diversity issues are championed at a Board level</td>
<td>PCT Board</td>
<td>Review every 3 years</td>
<td>Non Executive Director &amp; Executive Director leads Identified</td>
</tr>
<tr>
<td>1.2</td>
<td>Equality and Diversity structures and leadership roles are identified within the organisation with an identified Equality &amp; Diversity lead in each Directorate and for each relevant function</td>
<td>Equality and Diversity is embedded throughout the organisation</td>
<td>Lead E&amp;D Director</td>
<td>Jan 2010</td>
<td>Identifiable structures and roles in place</td>
</tr>
<tr>
<td>1.3</td>
<td>To establish clear Equality and Diversity structures and identify leadership roles within Community Health Oxfordshire</td>
<td>Equality and Diversity is embedded throughout the organisation</td>
<td>CHO E&amp;D lead</td>
<td>June 2010</td>
<td>Identifiable structures and roles in place</td>
</tr>
<tr>
<td>1.4</td>
<td>Equality &amp; Diversity Steering group to meet quarterly</td>
<td>Progress against these Action Plans is monitored and reported on</td>
<td>E&amp;D specialist</td>
<td>Quarterly</td>
<td>Group meets quarterly &amp; reports back to Board</td>
</tr>
<tr>
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<tr>
<td>1.5. Review and update Terms of Reference for Equality &amp; Diversity Steering group</td>
<td>Group has the mandate and the appropriate membership to ensure E&amp;D is mainstreamed in the core business of the PCT</td>
<td>E&amp;D non executive director &amp; Director of Public Health</td>
<td>January 2010</td>
<td>Updated Terms of Reference approved by the Board</td>
<td>ALL</td>
</tr>
<tr>
<td>1.6. Annual report to Board on progress against the Equalities Scheme Action Plan</td>
<td>Board will monitor and influence the progress of the E&amp;D agenda</td>
<td>E&amp;D non executive director &amp; Director of Public Health</td>
<td>Annually in Sept</td>
<td>Annual E&amp;D Progress Report</td>
<td>ALL</td>
</tr>
<tr>
<td>1.7. Annual review of Equalities Scheme and Action Plan</td>
<td>The Scheme will be kept up to date and responsive to contextual changes</td>
<td>E&amp;D specialist</td>
<td>Annually in Sept</td>
<td>Annual revised Scheme</td>
<td>ALL</td>
</tr>
</tbody>
</table>
## Key Objective Area 2: Equality Impact Assessments

<table>
<thead>
<tr>
<th>Action</th>
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<tbody>
<tr>
<td>2.1</td>
<td>Continue to ensure policies, strategies and functions are Equality Impact Assessed as required</td>
<td>Any areas of potential negative impact can be identified and addressed and areas of positive impact can be further promoted</td>
<td>E&amp;D Specialist</td>
<td>Annual Update required</td>
<td>Evidence of completed EIAs (on website &amp; intranet)</td>
</tr>
<tr>
<td>2.2</td>
<td>Ensure that regular EIA training sessions are held</td>
<td>All people needing to undertake EIAs are appropriately trained</td>
<td>E&amp;D Specialist</td>
<td>At least 4 sessions to be held per year</td>
<td>No of sessions held</td>
</tr>
<tr>
<td>2.3</td>
<td>Equality Impact Assessment Policy and Toolkit to be revised and updated to reflect latest guidance</td>
<td>Guidance has been developed and feedback from staff needs to be reflected in the policy</td>
<td>E&amp;D Specialist</td>
<td>July 2010</td>
<td>Policy &amp; Toolkit refreshed and agreed</td>
</tr>
<tr>
<td>2.4</td>
<td>EIAs are included in the PCT’s Planning cycle</td>
<td>To ensure that all new areas of work are impact assessed</td>
<td>Head of Planning &amp; Programmes</td>
<td>Review annually</td>
<td>Timetable of EIAs to be included in the Operational Plan</td>
</tr>
<tr>
<td>2.5</td>
<td>Set up an electronic EIA governance, training and databank system</td>
<td>All EIAs will be systematically recorded; all staff will have access to an EIA e-learning facility. An up to date outline of key legislation will be available online. Records of EIA training will be maintained centrally</td>
<td>E&amp;D specialist</td>
<td>June 2010</td>
<td>Electronic system in place</td>
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</tbody>
</table>
### Key Objective Area 3: Partnerships

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<tr>
<th>Action</th>
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<tbody>
<tr>
<td>3.1 Work with Local Strategic Partnerships (LSPs) in our role as statutory partner to develop action plans that reflect the needs of all equality target groups</td>
<td>Sustainable Communities Plans make specific reference to the 6 strands of diversity and have actions that overcome discrimination and barriers to accessing services</td>
<td>Head of Partnerships</td>
<td>Sept 09</td>
<td>Sustainable Communities Plans will reflect needs of all equality target groups</td>
<td>ALL</td>
</tr>
<tr>
<td>3.2 Work with Local Strategic Partnerships, in our role as statutory partner, to ensure that robust data on the 6 Equality strands is used and managed within the development of sustainable community strategies and LAA targets</td>
<td>LSPs are aware of the needs of the communities they serve and changing demographics are planned for and reacted to</td>
<td>Head of Partnerships</td>
<td>Dec 09</td>
<td>Data protocols are in place across partners that provide access to information about all equality strands</td>
<td>ALL</td>
</tr>
<tr>
<td>3.3 Work with Local Crime and Disorder Partnerships in our role as statutory partner to ensure that the needs of all equality target groups are reflected and that processes are in place to reflect these in the work of action plans</td>
<td>Actions in Crime and Disorder Plans and the Tactical Business Groups reflect the needs of all equality target groups in terms of the higher risks they may face</td>
<td>Head of Partnerships</td>
<td>Sept 09</td>
<td>Crime surveys especially those dealing with fear of crime NI's 21/22</td>
<td>ALL</td>
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<td>3.4</td>
<td>Work with the relevant themed county partnerships to ensure that the third sector is in a strong position to advocate and represent the view of people from all equality target groups</td>
<td>Third Sector is represented on all key partnerships.</td>
<td>Head of Partnerships</td>
<td>Ongoing</td>
<td>NI 6 and 7 performance</td>
</tr>
<tr>
<td>3.4</td>
<td>Work in partnership with other local NHS and local government Equality &amp; Diversity leads to ensure that good practice is shared</td>
<td>Good practice will be shared joint working to improve equality is facilitated</td>
<td>E&amp;D specialist</td>
<td>Ongoing</td>
<td>Meetings organised &amp; attended Evidence of joint working</td>
</tr>
<tr>
<td>3.5</td>
<td>Continue to be involved with local partnerships around different Equality strands (e.g. HALT, Gypsy &amp; Traveller Stakeholder Forum, MANTRA)</td>
<td>Joint working to improve equality is facilitated</td>
<td>E&amp;D Specialist</td>
<td>Ongoing</td>
<td>Meetings attended Evidence of joint working</td>
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## Key Objective Area 4: Communications, Consultation and Involvement

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<tr>
<td>4.1</td>
<td>The PCT will develop a Communications and Public Involvement Strategy, which includes the communication requirements of equality target groups.</td>
<td>Communication needs of equality target groups will be met when disseminating information, consulting, arranging public events. Thus health needs information will be more accurate and complete.</td>
<td>Head of Communications and Public Involvement</td>
<td>December 2009</td>
<td>Communications Strategy including reference to disabilities in place</td>
</tr>
<tr>
<td>4.2</td>
<td>The PCT will consult and involve our patients/service users, carers, staff and the public from all equality groups using a variety of methods relevant to groups being consulted including the use of social networking sites (e.g. Facebook) when appropriate</td>
<td>Local people and staff from all equality groups have an opportunity to influence service planning and development and feedback on their experiences</td>
<td>Head of Communications and Public Involvement</td>
<td>July 2010</td>
<td>Annual report to E&amp;D Steering group (&amp; published on PCT website) demonstrating the ways in which equality groups have been involved in service planning and development</td>
</tr>
<tr>
<td>4.3</td>
<td>Develop a database of contact details of voluntary organisations, community groups and representatives of all diversity strands</td>
<td>Facilitate consultation, involvement and dissemination of information</td>
<td>Head of Communications and Public Involvement</td>
<td>July 2010</td>
<td>Up-to-date database of voluntary and community groups</td>
</tr>
<tr>
<td>Action</td>
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</table>
| 4.4 Establish a process for PCT staff consultation & involvement on different E&D strands | Regular staff consultations will take place on key issues feeding into the Equalities Scheme Action Planning process | HR Equality lead & E&D specialist                    | July 2010 (2 strands minimum) | Outcomes of consultations fed into action plans  
Copies of questionnaires          | ALL                                                                         |
| 4.5 Support the relaunch and development of the PCT’s BME staff Network | BME staff are supported and able to influence the PCT’s planning processes | HR Equality lead & E&D specialist                    | March 2010         | Terms of Reference agreed  
Network meets regularly               | RACE                                                                        |
| 4.6 Identify and support a GLBT champion for the PCT                   | PCT is able to draw on the expertise and knowledge of our staff to help ensure our organisation & our services is GLBT friendly & aware | HR Equality lead & E&D specialist                    | January 2010       | Champion identified & support mechanisms agreed                                   | GENDER & SEXUALITY |
| 4.7 All PCT information, including consultation material, is made available in different formats, including Easy Read on request to meet individual need | People have access to information in formats they can understand, that is relevant to them, and they can use. People can understand the purpose of different services and know how to access them | Head of Communications and Public Involvement        | Sept 2010           | Information supplied in different formats. Feedback from consultations            | DISABILITY RACE AGE |
### Key Objective Area 5: Accessibility

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<tr>
<td>5.1 Interpreting service (comprising Face to Face, telephony and Deaf interpreting) is promoted throughout the organisation and training offered to all front line staff</td>
<td>People whose first language is not English can access an interpreter &amp; staff are confident in using the service</td>
<td>E&amp;D specialist</td>
<td>July 2010 &amp; monitor annually</td>
<td>Numbers of staff attending training Numbers of staff/teams using the service</td>
<td>DISABILITY RACE</td>
</tr>
<tr>
<td>5.2 The interpreting service is recommissioned following the expiry of the current contract</td>
<td>Service continues to be provided in a cost effective and accessible way</td>
<td>E&amp;D specialist &amp; contracts team</td>
<td>June 2010</td>
<td>There is no break in provision of services</td>
<td>DISABILITY RACE</td>
</tr>
<tr>
<td>5.3 Ensure DDA audits of the Trust’s buildings are carried out</td>
<td>All people can access all buildings of the Trust</td>
<td>Estates</td>
<td>Annual Update required</td>
<td>Up to date access audits have been completed and acted upon</td>
<td>DISABILITY</td>
</tr>
<tr>
<td>5.4 Ensure major incidents plans (including pandemic flu) take into account specific access requirements of disabled and BME groups</td>
<td>Major incident plans take account of the needs of those with a disability and those from different cultural, language or faith backgrounds</td>
<td>Director of Public Health</td>
<td>July 2010</td>
<td>Review of major incident plans</td>
<td>DISABILITY RACE</td>
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<td>RELIGION / BELIEF</td>
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<tr>
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<tr>
<td>5.5</td>
<td>Ensure information materials including health promotion, health advisory and health guidance are available in a range of media and formats and are culturally appropriate</td>
<td>Improved access to health promotion material</td>
<td>Health Improvement Lead</td>
<td>July 2010</td>
<td>All materials are reviewed and available in different formats</td>
</tr>
<tr>
<td>5.6</td>
<td>Provide guidance for staff on the communication and access needs of all people including those who may have sensory impairments, have learning disabilities or any other disability and those from BME groups</td>
<td>Staff are clear about how to meet the communication and access needs of all people for meetings, consultations, printed matter, websites etc.</td>
<td>E&amp;D specialist</td>
<td>July 2010</td>
<td>Guidance is in place and available to all staff via the intranet</td>
</tr>
<tr>
<td>5.7</td>
<td>Ensure that the PCT's website is accessible to people with disabilities and key information accessible in other languages</td>
<td>People with disabilities will find it easier to access the PCT website and obtain information about health services and participate in consultation exercises</td>
<td>Head of Communications / E&amp;D Specialist</td>
<td>January 2010</td>
<td>Website modified</td>
</tr>
<tr>
<td>5.8</td>
<td>Ensure that information relating to all equality strands is available to staff on the Equality &amp; Diversity pages of the PCT intranet</td>
<td>Staff have access to relevant information and know their rights and responsibilities relating to Equality &amp; Diversity</td>
<td>E&amp;D specialist</td>
<td>January 2010 &amp; ongoing</td>
<td>Relevant &amp; up-to-date information is available on intranet</td>
</tr>
<tr>
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<tr>
<td>5.9</td>
<td>Organise relevant Health Promotion sessions at BME &amp; older peoples’ community groups</td>
<td>Different communities are able to access the information they require to improve their health</td>
<td>E&amp;D specialist</td>
<td>6 to be held by July 2010</td>
<td>Numbers of sessions held Numbers of Venues Numbers of topics</td>
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<td></td>
<td>RACE AGE</td>
</tr>
<tr>
<td>5.10</td>
<td>Start to implement the ‘You’re Welcome’ quality criteria to make PCT services more accessible to young people</td>
<td>PCT services will be more accessible and responsive to the needs of young people</td>
<td>Health Improvement Principal</td>
<td>1st phase in place by July 2010</td>
<td>Action Plan agreed Services signed up to quality criteria</td>
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<td>AGE</td>
</tr>
<tr>
<td>5.11</td>
<td>Ensure that work supporting EU migrant workers is developed throughout the County</td>
<td>EU migrants are able to access health services appropriately</td>
<td>E&amp;D specialist</td>
<td>Ongoing</td>
<td>Numbers of LifeGuides distributed Number of information sessions held</td>
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<td>RACE</td>
</tr>
<tr>
<td>5.12</td>
<td>Monitor GP practices on the number of Health checks undertaken with patients with Learning Disabilities</td>
<td>All patients with Learning Disabilities have an annual health check</td>
<td>Service Commissioning Manager</td>
<td>Review April 2010</td>
<td>Number of Health checks done % of people registered as Learning Disabled having a health check</td>
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<td></td>
<td>DISABILITY</td>
</tr>
<tr>
<td>5.13</td>
<td>Work with Oxfordshire Association for the Blind to ensure that we provide information in appropriate formats</td>
<td>Information provided by the PCT will be accessible to people with visual impairments</td>
<td>E&amp;D specialist Communication Manager</td>
<td>January 2010</td>
<td>Record of meetings Availability of information in appropriate formats</td>
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<td>DISABILITY AGE</td>
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</table>
### Key Objective Area 6: Workforce and Training

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<tbody>
<tr>
<td>6.1</td>
<td>Rewrite the recruitment policy to ensure procedures are inclusive of all of the diversity strands.</td>
<td>The PCT is able to recruit from all sections of the population</td>
<td>HR E&amp;D lead</td>
<td>July 2010</td>
<td>Recruitment Policy is revised</td>
</tr>
<tr>
<td>6.2</td>
<td>Develop targeted recruitment campaigns to address the aging workforce targeting BME communities, &amp; people with disabilities</td>
<td>The PCT is able to recruit more BME staff and disabled staff</td>
<td>HR E&amp;D lead</td>
<td>July 2010</td>
<td>% of BME staff &amp; disabled staff increases</td>
</tr>
<tr>
<td>6.3</td>
<td>Equality, Diversity and Human Rights continues to be incorporated into all Induction training</td>
<td>All new staff are informed about their duties and responsibilities around equality and diversity</td>
<td>Equality &amp; Diversity specialist</td>
<td>Review &amp; update every 6 months</td>
<td>Corporate Induction programmes include Equality and Diversity and Human rights</td>
</tr>
<tr>
<td>6.4</td>
<td>Equality and Diversity training is made mandatory and all staff to have received Equality and Diversity training within the last 3 years</td>
<td>All staff are aware of their duties and responsibilities around equality and diversity</td>
<td>Equality &amp; Diversity Specialist Head of Learning &amp; Development</td>
<td>Review annually</td>
<td>PCT can demonstrate that all staff have received E&amp;D training within last 3 years</td>
</tr>
<tr>
<td>6.5</td>
<td>Identify the specific E&amp;D needs of different staff groups in the annual training plan</td>
<td>E&amp;D training is targeted appropriately and effectively</td>
<td>Equality &amp; Diversity Specialist</td>
<td>Annually</td>
<td>E&amp;D training needs for different staff groups are identified in the annual training plan</td>
</tr>
<tr>
<td>Action</td>
<td>Outcome</td>
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<tr>
<td>6.6</td>
<td>Training is provided around different aspects of equality using appropriate members of equality groups</td>
<td>Staff are able to access training from people with the appropriate knowledge and experience</td>
<td>E&amp;D specialist Head of Learning &amp; Development</td>
<td>6 sessions to be held by Sept 2010</td>
<td>ALL</td>
</tr>
<tr>
<td>6.7</td>
<td>The PCT Board receive annual Equality and Diversity training</td>
<td>The PCT Board are aware of their duties and responsibilities around equality and diversity</td>
<td>E&amp;D lead non-executive Director E&amp;D Specialist</td>
<td>Annually</td>
<td>ALL</td>
</tr>
<tr>
<td>6.8</td>
<td>All HR policies to undergo an Equality Impact Assessment</td>
<td>Employment practices and policy do not unfairly discriminate</td>
<td>HR</td>
<td>Reviewed at a minimum of every three years</td>
<td>ALL</td>
</tr>
<tr>
<td>6.9</td>
<td>Continue to promote the Disability Award (2 tick symbol)</td>
<td>More disabled people apply for jobs with the Trust</td>
<td>HR</td>
<td>Annual Update required</td>
<td>DISABILITY</td>
</tr>
<tr>
<td>6.10</td>
<td>The PCT will publish on an annual basis, a breakdown of its workforce by gender, age, ethnicity and disability (see 7.1)</td>
<td>The PCT can monitor if its workforce is representative of the communities it serves</td>
<td>HR</td>
<td>Annually</td>
<td>RACE GENDER AGE DISABILITY</td>
</tr>
<tr>
<td>6.11</td>
<td>The PCT has policies in place to support staff who feel bullied, harassed or stressed</td>
<td>Mechanisms are in place to support staff</td>
<td>HR</td>
<td>Ongoing</td>
<td>ALL</td>
</tr>
<tr>
<td>Action</td>
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<tr>
<td>6.12</td>
<td>A recruitment drive is carried out targeting nursing staff from BME communities, including those requiring work permits, to fill nursing vacancies in community hospitals. Staff recruited are appropriately supported</td>
<td>We use the skills available in BME communities to ensure our community hospitals are fully staffed &amp; BME staff are appropriately supported</td>
<td>HR E&amp;D lead</td>
<td>July 2010</td>
<td>Recruitment drive carried out Support measures in place for BME staff</td>
</tr>
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</table>
## Key Objective Area 7: Commissioning and Procurement

<table>
<thead>
<tr>
<th>Action</th>
<th>Outcome</th>
<th>Lead</th>
<th>Timescale</th>
<th>Measures of Success / Performance Indicator</th>
<th>Equality Strands</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1. Ensure all existing and future contracts and SLAs contain clauses and performance measures relating to duties and responsibilities under equality and human rights legislation in accordance with Dept. of Health guidelines and with reference to the Mosaic programme</td>
<td>Service providers are fully aware of their duties and responsibilities around equality and human rights</td>
<td>Head of Contracts</td>
<td>March 2010</td>
<td>Contracts and SLAs contain E&amp;D clauses and performance measures and an equality statement that contractors are expected to sign up to</td>
<td>ALL</td>
</tr>
<tr>
<td>7.2. Ensure that contract monitoring processes take into account equality and diversity issues to ensure compliance with E&amp;D legislation</td>
<td>Service providers will demonstrate their compliance with equality and human rights legislation</td>
<td>Head of Contracts</td>
<td>March 2010</td>
<td>Contract Monitoring Processes monitor compliance to E&amp;D legislation</td>
<td>ALL</td>
</tr>
<tr>
<td>7.3. Provide E&amp;D training for all staff involved in procurement &amp; commissioning outlining the legal framework</td>
<td>Staff will know what they need to do to ensure compliance with legislation and to promote equality &amp; respect diversity</td>
<td>Head of contracts / Commissioning Director &amp; E&amp;D specialist</td>
<td>March 2010</td>
<td>Record of training</td>
<td>ALL</td>
</tr>
<tr>
<td>7.4. Service reviews, consultation and redesign will take into account equality and diversity issues to ensure compliance to E&amp;D legislation</td>
<td>Service Redesign will produce services that address health inequalities by involving all parts of the community in review, planning, service design and procurement</td>
<td>Director of Service Redesign</td>
<td>March 2010</td>
<td>Equality Impact Assessments Patient/service user engagement exercises</td>
<td>ALL</td>
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</tbody>
</table>
### Key Objective Area 8: Monitoring Data, Reporting and Publishing

<table>
<thead>
<tr>
<th>Action</th>
<th>Outcome</th>
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<th>Timescale</th>
<th>Measures of Success / Performance Indicator</th>
<th>Equality Strands</th>
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</thead>
<tbody>
<tr>
<td>8.1</td>
<td>Carry out a Staff Audit to obtain more accurate data on the 6 strands of equality</td>
<td>A fuller staff profile will be obtained facilitating appropriate monitoring &amp; support to ensure we are not discriminating</td>
<td>HR E&amp;D lead &amp; E&amp;D specialist</td>
<td>July 2010</td>
<td>We will have a fuller staff profile</td>
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<tr>
<td>8.2</td>
<td>Publish a demographic breakdown of the workforce by equality strand including applicants for posts, successful applicants, applicants for training, training recipients, promotions and staff leaving the organisation.</td>
<td>Any areas of under or over representation can be identified and addressed where necessary through positive action</td>
<td>HR E&amp;D lead</td>
<td>July 2010 &amp; Annually</td>
<td>Up to date workforce statistics are published annually</td>
</tr>
<tr>
<td>8.3</td>
<td>Ensure the outcomes of all Equality Impact Assessments are published on the PCT website</td>
<td>The PCT can demonstrate that EIAs are being completed and outcomes from EIAs can be shared</td>
<td>E&amp;D specialist</td>
<td>Ongoing Review quarterly</td>
<td>All EIAs published on the PCT website</td>
</tr>
<tr>
<td>8.4</td>
<td>Publish on an annual basis a report which sets out our progress in implementing this scheme</td>
<td>Staff, and the public are informed of the PCT’s work and progress on the area of equality and diversity</td>
<td>E&amp;D specialist</td>
<td>July 2010 &amp; annually</td>
<td>Report published annually</td>
</tr>
<tr>
<td>8.5</td>
<td>Put systems in place to analyse ethnicity &amp; language information collected by GP practices</td>
<td>The PCT will be able to assess the needs of GP practice populations and to address inequalities in access and health outcomes for BME patients.</td>
<td>Decision Support</td>
<td>July 2010</td>
<td>Information collated and analysed</td>
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<tr>
<td>Action</td>
<td>Outcome</td>
<td>Lead</td>
<td>Timescale</td>
<td>Measures of Success / Performance Indicator</td>
<td>Equality Strands</td>
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<tr>
<td>8.6</td>
<td>Ensure systems are in place to monitor PCT service usage by equality strand</td>
<td>Any areas of under representation can be identified and addressed &amp; health equity audits facilitated</td>
<td>Decision Support</td>
<td>July 2010</td>
<td>ALL</td>
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<td></td>
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<td></td>
<td>Information collated and analysed</td>
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<td>8.7</td>
<td>Ensure that the Joint Strategic Needs Assessment (JSNA) takes equality target groups into account</td>
<td>Relevant information will be accessible to all planning services Needs of equality target groups will be addressed in our planning process</td>
<td>Health &amp; Wellbeing Partnership Officer</td>
<td>July 2010</td>
<td>ALL</td>
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<td></td>
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<td></td>
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<td>Information is available on all equality strands</td>
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### Key Objective Area 9: Complaints

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<th>Action</th>
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<th>Timescale</th>
<th>Measures of Success / Performance Indicator</th>
<th>Equality Strands</th>
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<tbody>
<tr>
<td>9.1</td>
<td>Collect data about race, disability, gender and age for all formal complaints and include in reports on complaints.</td>
<td>Trends in complaints can be monitored &amp; additional information obtained can inform future actions around equality strands</td>
<td>Head of Quality &amp; Clinical Standards</td>
<td>Jan 2010</td>
<td>Complaints reports are broken down by different equality strands</td>
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<tr>
<td>9.2</td>
<td>Explore good practice around collection of religion/belief and sexual orientation information in complaints monitoring.</td>
<td>Trends in complaints can be monitored &amp; additional information obtained can inform future actions around equality strands</td>
<td>Head of Quality &amp; Clinical Standards</td>
<td>July 2010</td>
<td>Complaints reports are broken down by different equality strands</td>
</tr>
<tr>
<td>9.3</td>
<td>Ensure that reports of all PALS complaints are broken down by Race; Disability; Gender; and Age</td>
<td>Trends in complaints can be monitored</td>
<td>Head of Quality &amp; Clinical Standards</td>
<td>Jan 2010</td>
<td>PALS Complaints reports are broken down by each equality strand</td>
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<tr>
<td>Term</td>
<td>What it means</td>
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<tr>
<td>Black and Minority Ethnic (BME)</td>
<td>Term currently used to describe range of minority ethnic communities and groups in the UK – can be used to mean the main Black and Asian and Mixed racial minority communities or it can be used to include all minority communities, including white minority communities.</td>
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<tr>
<td>CHO</td>
<td>Community Health Oxfordshire – the provider arm of the PCT</td>
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<tr>
<td>Commissioning</td>
<td>The process of specifying, purchasing and monitoring services to meet the needs of the local population.</td>
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<tr>
<td>Direct Discrimination</td>
<td>Treating one person less favourably than another on the grounds of race / disability / gender / age / religion or belief / sexual orientation or other grounds.</td>
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<tr>
<td>Disability</td>
<td>The Disability Discrimination Act 1995 defines disability as ‘a physical or mental impairment that has a substantial and long term adverse effect on a person’s ability to carry out normal day-to-day activities’.</td>
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<tr>
<td>Term</td>
<td>What it means</td>
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<tr>
<td>Monitoring</td>
<td>The process of collecting and analysing information about people’s gender/racial or ethnic origins/disability status/sexual orientation/religion or belief/age to see whether all groups are fairly represented.</td>
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<td>Positive Action</td>
<td>Activity intended to improve the representation in a workforce where monitoring has shown a particular group to be under-represented, either in proportion to the profile of the total workforce or of the local population. Positive action permitted by the anti-discrimination legislation allows a person to:</td>
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<td></td>
<td>- provide facilities to meet the special needs of people from particular groups in relation to their training, education or welfare, and</td>
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<td></td>
<td>- target job training at people from groups that are under-represented in a particular area of work, or encourage them to apply for such work. Positive action is not the same as positive discrimination.</td>
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<tr>
<td>Procurement</td>
<td>Procurement can be defined as the responsibility for obtaining (whether by purchasing, lease, hire or other legal means) the services, equipment, materials or supplies required by an organisation so it can effectively meet its business objectives.</td>
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<td>SES</td>
<td>Single Equality Scheme</td>
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<tr>
<td>Sexuality</td>
<td>This term refers to the general sexual preferences of people i.e. both lesbian and gay and heterosexual. It is often a preferable term to use to that of sexual orientation.</td>
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<td>SLAs</td>
<td>Service Level Agreement is a form of contract between two parties.</td>
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<tr>
<td>Social Model of Disability</td>
<td>A model created and endorsed by People with Disabilities internationally, this emphasises the barriers and structures which exclude People with Disabilities, rather than their disabilities.</td>
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<tr>
<td>Transsexual / Transgender People</td>
<td>Transgender, transsexual or trans person describes a person who appears as, wishes to be considered as, or has undergone or is undergoing surgery to become a member of the opposite sex.</td>
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<td>Victimisation</td>
<td>Treating people less favourably because they have made a complaint or intend to make a complaint about discrimination or harassment.</td>
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