

BARTS AND THE LONDON NHS TRUST

SINGLE EQUALITY SCHEME

2009 - 2012

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BARTS AND THE LONDON NHS TRUST

SINGLE EQUALITY SCHEME 2009 -2012

Barts and the London NHS Trust is proud to serve a diverse population and to employ a diverse workforce. It is fully committed to promoting equality of opportunity, access, dignity and respect in the services it provides and in its workforce strategy and employment practices.

The Trust is pleased to introduce its first Single Equality Scheme (SES) for 2009 – 2012. The Single Equality Scheme replaces the current disability equality scheme (2006 – 2009), incorporates the review and update of the 2005-2008 Race Equality Scheme and meets the Trust's gender equality duties. The Single Equality Scheme outlines the Trust's objectives and actions over the next 3 years and includes its duties in respect of the Race Relations Amendment Act 2000, the Disability Discrimination Act 2005 and the Sex Discrimination Act as amended by the Equality Act 2006, however the Trust will also include progress action on Religion and Belief, Sexual Orientation and Age.

The SES will provide internal strategic direction, challenge attitudes and assumptions, encourage strategic partnerships, widen ownership and demonstrate commitment, particularly from the Trust's leadership.

The scheme has taken on board the contributions of staff and community stakeholders in its development to reflect the priorities and concerns of diverse communities.

By adopting this SES, the Trust Board has clearly acknowledged its support and commitment for the Scheme and the delivery of the action plans.

Charles Gutteridge
Acting Chief Executive

Keith Palmer
Chairman

PART 1

1. Organisational context – Barts and the London NHS Trust

- 1.1. The Trust is one of the largest and busiest acute teaching hospitals in the UK. It employs a workforce of some 7000 staff and together with our 1000 private sector partner staff, provides care for more than 730,000 people every year from East London, the City of London and throughout the UK, a figure expected to rise significantly with the planned increased local population forecast from the Thames Gateway development, and in the build up to the 2012 Olympics. The Trust has three hospitals:
 - The Royal London Hospital in Whitechapel East London
 - St Bartholomew's Hospital in the City of London
 - The London Chest Hospital in Bethnal Green East London
- 1.2. The Trust also delivers services from satellite bases in other NHS premises and in community settings.
- 1.3. The immediate geographical area that the Trust serves is characterised by the diversity of its population and by stark contrasts in health. Tower Hamlets and Hackney are amongst the ten most deprived areas in England, whereas the City of London is amongst the most affluent. International migration of people with widely different backgrounds significantly impacts on health and social care services increasing the challenge to addressing health inequalities. The background of immigrants covers a broad spectrum however in East London there is a greater emphasis on the number of poorer economic migrants, refugee and asylum seekers and the homeless. This is an additional challenge to achieving equal access to health and social care services.
- 1.4. Language and culture, stigma and pride can individually and collectively raise barriers to accessing and developing health and social care services. Infant mortality rates generally across England are 5.4 per 1000 live births. In Hackney the infant mortality rate is 8.1 per 1000 live births. Health surveillance confirms that smoking and associated disease is high in Bangladeshi males and premature death (under age

75) from heart disease and stroke is significantly higher in London than in the rest of England.

- 1.5. The full business case to rebuild the Royal London Hospital and redevelop St Bartholomew's Hospital was approved by the Department of Health in 2006. Significant work has already commenced that will ensure state of the art facilities and leading edge services to the population the Trust serves. This £1 billion plus project contributes significantly to the regeneration of East London and partnership working with the community, our PFI partners, the wider NHS health community in East London, local authorities and voluntary agencies will ensure that the developments are fit for purpose and enablers of reductions in health inequalities.
- 1.6. The Chief Executive and Chairman directly champion the equality and diversity agenda and together with Executive and Non-Executive Director colleagues promote their responsibility to provide leadership, to act as overall champions and to ensure that policy is developed and put into practice.

2. Why a single equality scheme?

- 2.1. The Trust published its second Race Equality Scheme and its first Disability Equality Scheme in 2006. The Gender Equality Scheme was scheduled for April 2007, however, with so many similarities between the duties and the Trust's aspiration to ensure that individual contribution is captured, a decision was made to produce a single scheme that covered all 6 identified strands of equality, i.e. Race, Disability, Gender, Sexual Orientation, Religion and Belief and Age.
- 2.2. Current legislation requires the Trust as a public body to have 'due regard' to the need to eliminate discrimination and to promote equality. The requirements of the equality duties share many similarities, for example to assess and consult on the impact of proposed policies, monitoring of policies and employment practices, and treating people equally. It therefore makes sense to capture the vision and objectives of the Trust in regard to equality and diversity in one document whilst ensuring that the distinctive requirements of individual schemes and individual duties are met. How the Trust ensures that it fully complies with its duties is described in the following pages.

3. The Business case for Equality and Diversity in the workplace

- 3.1. We recognise that every person has characteristics that may influence how he or she is treated at work and our challenge is to ensure the interests of patients and staff are protected and promoted.
- 3.2. We recognise the need to raise standards of patient care by the way we deliver services through our staff. This brings benefits to both patients and our staff, whose diversity we value. Our aim is to put patients at the centre of their health care and to ensure that they have equal access to choose and make decisions regarding their care. To be successful in this we need to educate our workforce and respond to our commissioners to deliver equitable services.

4. An explanation of responsibilities of public sector organisations

- 4.1. The Trust's Single Equality Scheme (SES) sets out the actions that the Trust is taking to develop and progress equality and diversity in service delivery and employment practice. The SES demonstrates the way in which the Trust will:

- meet the implications of the general and specific duties
- continue to involve and consult with appropriate stakeholders
- gather information which is relevant and use it to review the implementation of the scheme's objectives
- assess the impact of current and future service functions and policies on equality and diversity
- implement the actions as stated in the scheme

- 4.2. There are three Acts of legislation that place a duty on public sector organisations to promote and deliver equality in the workplace. These are set out below:

4.3. The Race Equality Duty

- 4.3.1. In 2001, the Race Relations Act was amended to give public authorities a new statutory duty to promote race equality. This duty is commonly referred to as the 'Race Equality Duty'. This is a generic term and refers to the general statutory and the various specific duties that were introduced by way of statutory instruments.

4.3.2. In order to eliminate unlawful racial discrimination, promote equality of opportunity and promote good relations between persons of different racial groups, the Race Equality Duty requires the Trust to:

- decide which of its services and policies are relevant to the general duty
- assess and monitor its services and policies, including services and policies it is proposing to introduce, to make sure that they do not adversely affect some groups, and that all communities are satisfied with them
- deal with evidence that its services and policies are not in line with the general duty
- consult the general public and particularly involve ethnic minorities at all stages
- deal with complaints about the way it is meeting the duties, or other complaints about racial equality
- publish the results of its assessments, consultations and monitoring
- make sure that everyone, whatever their ethnic background, has access to information about the Trust and its services
- ensure that all its staff understand their responsibilities under the duty
- carry out a review of the scheme

4.3.3. The Act and its accompanying guidance explicitly state that this duty creates an obligation to be proactive and this applies not only to the organisation but also to every individual working for the organisation.

4.4. **The Disability Equality Duty (DED)**

4.4.1. **The social model of disability** - Some disabled people contend that the poverty, disadvantage and social exclusion faced by many disabled people is not the inevitable result of their impairments or medical conditions, but rather stems from attitudinal and environmental barriers. This view is known as the 'social model of disability, in contrast to the 'Traditional' or 'medical' model. For many disabled people, it is considered that these environmental barriers play an even more important role in restricting opportunities than attitudes.

- 4.4.2. These barriers may be unintentional, but their impact is nonetheless significant. Disabled people contend that when buildings, services and employment practices are designed in a way that fails to take into account their particular circumstances, it excludes and disadvantages them. The same applies when budgets are set for a programme without adequately considering the additional needs of disabled people.
- 4.4.3. The Trust supports the 'social model of disability' approach when implementing policies and in our day to day interactions with disabled staff and service users. The Trust shares the view that this model more effectively promotes disability equality.
- 4.4.4. The Disability Discrimination Act 2005 places a duty on all public bodies to promote disability equality and requires all public authorities to actively look at ways of ensuring that disabled people are treated equally. The Disability Equality Duty (DED) came into force on 4th December 2006 in order to promote disability equality across the public sector.
- 4.4.5. The Disability Equality Duty marks a commitment to actively promote equality of opportunity for disabled people. As a *positive duty*, it builds disability equality into the beginning of the process, rather than making adjustments at the end.
- 4.4.6. The duty covers all functions and activities, including budget setting, commissioning, procurement, regulatory functions and setting the framework within which the organisation will deliver services.
- 4.4.7. Disability equality schemes require organisations to consider and include the following:
- active involvement of disabled people in the ongoing development of the scheme
 - methods for impact assessments
 - development of the action plan
 - arrangements for gathering information
- 4.4.8. Arrangements for putting the information gathered to use including:

- review of the effectiveness of the action plan
- preparation of subsequent schemes
- implementing the scheme
- annual reporting
- preparation of subsequent schemes
- publishing the scheme

4.4.9. Public authorities are also subject to specific duties; these support organisations to meet the General Duty. The specific duties set out the requirements to produce a Disability Equality Scheme, which the Trust did in December 2006 and which is now incorporated in the SES.

4.5. The Gender Equality Duty

4.5.1. The Gender Equality Duty, which is part of the Equality Act 2006, came into force in April 2007 and requires that public authorities promote gender equality and eliminate sex discrimination. The duty places a legal responsibility on public authorities to demonstrate that they treat men and women fairly. The duty affects policy making, public services and employment practices such as recruitment and flexible working.

4.5.2. The Gender Equality Duty requires public bodies to:

- eliminate unlawful discrimination; and
- to promote equality of opportunity between women and men

4.5.3. The Gender Equality Duty aims to improve gender equality in the following areas:

- Employment practices such as promotion, equal pay, maternity related discrimination and sexual harassment
- Improved access to services and more focus on the needs of service users
- Improved data collection and monitoring
- More effective targeting of resources

5. Meeting the equality duties through the single equality scheme

- 5.1. The duties detailed above require public bodies to produce equality schemes with an associated three year action plan. Progress on the schemes must be reported annually, with the action plan being reviewed and revised every three years. Some differences exist between the three duties set out above, reflecting different dimensions of equality which need to be addressed in these specific areas.

6. Stakeholder engagement

- 6.1. The Trust wishes to involve its key stakeholders in the ongoing development, refinement and progression of the Single Equality Scheme. Our continued and sustained involvement of people (staff, patients and the community) reflecting the range of communities and all strands of diversity will be ensured through the following channels of involvement:
- Patient and Public Involvement (PPI) initiatives, including consultation events, the Patient and Public Involvement and feedback strategy, patient surveys, patient questionnaires, complaints and compliments, networks and patient/public involvement in specific service development groups e.g. NSF for older people's group.
 - New hospital programme and regeneration initiatives
 - BME Network, Disability Network and broadening of networks to ensure involvement and engagement across all 6 strands
 - Partnership working and networking across the health care community and particularly PCT's and Social Care
 - Specifically organised involvement events including the AGM and multi-cultural week
 - Ensuring that equality and diversity is recognised as an individual responsibility (mainstreaming throughout the workplace)

7. Consultation and involvement

- 7.1. The Trust has a duty to consult regarding new policies, services and strategies that are being developed, to ensure that policy changes/developments appropriately reflect the patient community and workforce needs and experience. However the Trust will always seek to go beyond duty alone.

7.2. The Trust is committed to ensuring that the patient community and workforce actively influence the development, delivery and monitoring of health services. The Trust already has active and effective patient and community involvement and will particularly involve and engage the workforce through its existing consultation arrangements (the Whole Hospitals Consultation and Negotiation Committee, 'HCNC') and through developing further initiatives that ensure on going staff engagement. In addition, it will be the responsibility of all staff to take up the opportunities presented to them through consultation and ensure that they provide relevant feedback that can be channelled into service and policy developments.

7.3. Other specific consultation methods in place include:

- Public meetings;
- Staff Meetings/Road shows;
- Service users consultation groups;
- Focus groups;
- Questionnaires;
- Trust intranet voting buttons

7.4. The most important aspect of any assessment and consultation process will be the outcomes agreed that should ensure the promotion of equality and diversity and the removal of any potential adverse impacts.

7.5. Disabled people were involved in the development of the 2006-2009 disability equality scheme, which has now been incorporated in the Single Equality Scheme. A key objective for 2009 will be to review the disability element of the SES, with the involvement of disabled people (see SES action plan).

8. Arrangements for publishing assessment, consultation and monitoring reports

8.1. The Trust will ensure that feedback and information from public consultation will be used for the purpose it was intended. The Trust response to patient feedback together with improvements made as a result of this feedback will be publicised via:

- Annual Reports and public Trust Board meetings
- Supplements to Annual Health Check Assurances

- Community and Stakeholder Events
- Local Press
- Community networks
- Public notices
- GP Practices and Primary Care establishments
- Local Health Guides
- Private Sector providers

8.2. The Trust is committed to ensuring that local people and service users from all patient and community groups know about the services we provide.

Part II

PROGRESS SO FAR

8.3. The Trust is proud of its successes to date but recognises that true development is an ongoing process.

9. Employing a workforce that reflects the local community

9.1. The percentage of the workforce from mixed, and black and ethnic minority (BME) backgrounds has increased 11% from 37% in September 2002 to 48% at the beginning of November 2008. The target for Bangladeshi staff continues to be exceeded and currently totals 369 staff. The percentage of BME staff in Medical and Dental is 43%, and in Allied Health Professionals 38%.

Figures for 3rd Nov 2008

All Staff	No of Staff	%
BME	3254	48.20%
White	3299	48.87%
Not Stated	198	2.93%
Grand Total	6751	100.00%
Medical and Dental		
BME	510	42.50%
White	633	52.75%
Not Stated	57	4.75%
Grand Total	1200	100.00%
Allied Health Professionals		
BME	98	38.43%
White	152	59.61%
Not Stated	5	1.96%
Grand Total	255	100.00%

This was achieved in partnership with the *Actions for Community Employment (ACE)* team by creating placement and employment opportunities through partnership working between the Trust's Equality and Diversity Manager, the ACE team, Trust HR staff and the London Borough of Tower Hamlets Human Resources Directorate. This work continues and incorporates the Trust's private providers in respect of the new hospitals programme in the partnership arrangements. This is already expressly required in the contractual arrangements. To take the ACE project forward, a Regeneration and Community Employment Co-ordinator has been recruited.

The Regeneration and Community Employment Coordinator will carry out a key role for the Trust in helping to translate the overall health benefits generated by a major teaching hospital undergoing the biggest NHS redevelopment programme in the UK, into specific community gains and promoting regeneration opportunities.

Under the community scheme project bands 2- 4 jobs will be ring fenced for local residents. The project has developed partnership with various voluntary organisations to recruit people especially from hard to reach and underrepresented groups such as young people, lone parents and people with disabilities. Coordinators also ensure that appropriate training has been arranged to raise awareness in relation to disability issues amongst managers and staff.

Work is also being picked up with the Trust's PFI partners –(CHL, Skanska and Carillion) on developing various initiatives to increase training and employment for local residents.

Under the regeneration scheme project coordinators liaise with the new hospital team to ensure that regeneration benefits are developed for local people from the new hospital and related development. This area also aims to support the development of the local economy by maximising tendering opportunities. The coordinator will develop networking with various voluntary organisations and ensure that they participate in a stakeholder strategy group. It also aims to ensure the Trust meets its corporate citizenship obligation.

10. Feedback from our staff

- 10.1. The Trust has invested in developing and sustaining a flexible, diverse workforce. Action has focused on 4 priority areas identified by Trust staff in addition to national targets. Information from Trust staff is gained in a variety of ways one of

which is by encouraging involvement in the annual NHS Staff Survey. For the 2007 and 2008 surveys the Trust has enabled every member of staff to participate by providing funding so that all staff rather than just a randomly selected sample can complete the survey.

11. Eliminating discrimination

- 11.1. In the meantime the Trust will continue to promote equality networks for both the workforce and service delivery. Currently the Trust has a BME and Disability networks and is seeking to enhance the contribution and value of networks through the consultation and action plans associated with the SES. The Patient Advice and Liaison and the Patient and Public Involvement teams have links and networks to a broad and diverse range of groups in the local community, e.g. The Chinese Association and the Bengali disability awareness project. They seek out and establish links with hard to reach groups in order to increase access to health services, improve information and communication and to gain understanding of their needs and concerns.
- 11.2. Several service initiatives are being implemented in order to minimise inequalities. Examples of these include:
 - 11.2.1. Responding to Feedback – The national survey undertaken in 2006 identified that people from BME groups reported a lower level of satisfaction with our services but make fewer complaints. The complaints monitoring processes and policy have been developed in order to ensure that all complaints about discrimination are reviewed by the Trust equalities lead. The monitoring of complainant demographics will be extended to ensure any equality issues can be identified and addressed.
 - 11.2.2. Care for older people – the Trust is developing a strategy for care of older people that will set out standards to ensure older people receive equality in access to and standards of care. The group has identified and implemented improvements in early stages that improve care to older people and those with disabilities, such as disability awareness training for transport staff and utilising volunteers to befriend older people who are waiting in out-patients for transport home.

- 11.3. The BME Network was launched in 2003 to facilitate personal and professional development through mentorship, coaching and leadership development programmes and to provide a staff consultation group. During 2006, the Network undertook a project identified by the Chief Executive to analyse the current difficulties in recruiting Muslim nurses and midwives. The results and recommendations were presented to the Trust Board and resulting actions assigned to the Director of Nursing and Governance. The project generated significant interest and the Royal College of Nursing requested a copy of the final report.
- 11.4. The Disability Network provides practical support and advice to staff and managers and has sourced equipment loans, job shadowing opportunities and advice on reasonable adjustments to the work place.
- A Disability Network representative is contributing to the design programme of the new hospitals build, e.g. signage and way finding and interior design.
- 11.5. The Trust has linked with *'Business of Faith'* to explore ways of mainstreaming specific understanding of religion and belief. Some guidance is already available to all staff however this is an area under improvement and the Trust is working in partnership with other NHS organisations to assure best practice.
- 11.6. The Agenda for Change *Knowledge and Skills Framework* (KSF) has introduced KSF outlines against each discrete role and these inform annual appraisal and incremental progression through the pay bands. Each outline includes a core competence of equality and diversity that is discussed and measured as a minimum at annual appraisal. This firmly demonstrates that the NHS and therefore the Trust considers equality and diversity to be a fundamental area of employment practice.
- 11.7. Managerial competence is supported and improved by recruitment and selection and appraisal training specifically together with a programme of managerial development and leadership already embedded in the Trust.
- 11.8. The Trust achieved the right to use the 'two ticks' disability symbol from Jobcentre Plus (formerly the Employment Service) in October 2003 and continues to meet the standards required.

This symbol demonstrates the Trust's position as being positive about disabled people working in the organisation.

- 11.9. The Trust collects, analyses and publishes statutory equality data, for example, recruitment and selection statistics, disciplinary and grievance data and anonymised information on bullying and harassment. The introduction of the NHS Jobs web site and the majority of applications being submitted through that route has made gathering recruitment data easier. The introduction of an equality and diversity 'dashboard' by the Trust is enabling trend reporting and the identification of areas that may need specific interventions. This data will be routinely presented to the Equality and Diversity Governance Committee, chaired by the Chief Executive and specific actions can be recommended and endorsed with action plans and monitoring of achievements.
- 11.10. With the implementation of the Electronic Staff Record (ESR), the extraction of enhanced data will be possible. For example, information on promotions that is currently extracted manually will be readily available through the ESR systems.
- 11.11. As part of the Race Equality Scheme the Trust introduced Impact Assessments and will move to Equality Impact Assessments.
- 11.12. The Trust is undertaking a programme of redesign that focuses on the patient pathway. A Change Management Tool Kit to support redesign is available to managers and includes Equality Impact Assessments as does the Tool Kit to support the 'Lean' process that is also being implemented in the Trust.
- 11.13. The Trust celebrates diversity annually with a Multi-Cultural week, usually in September each year. Each annual event has a theme and has local events and stalls throughout the Trust and the community.

12. Education and training

- 12.1. Training, education and awareness initiatives to raise understanding and combat discrimination, bullying and harassment and to manage equality and diversity issues are becoming embedded in the Trust. New development

programmes such as enhanced corporate induction, leadership and management development, as well as various customer care initiatives have already been introduced, as has a deaf awareness and basic sign language course. E-learning courses on disability awareness and equality and diversity are available to all staff. Particular energies have been poured in to developing staff in bands 1-4, with new programmes offering Skills for Life, and a specific career development programme. A discrete '*Disability Forum*' hosted by the Trust was instrumental in identifying the need to ensure disability representation on the new hospital programme.

- 12.2. The Trust is enhancing training and education for staff, using an approach of mainstreaming delivery of awareness sessions through a 'train the trainer' programme and ensuring a directorate based training team who routinely deliver sessions by utilising existing meetings and briefings.
- 12.3. The introduction of the Employee Guide and the provision of equality and diversity advisers across the Trust will also enhance general staff awareness.
- 12.4. Cultural competence has been recognised through consultation with the workforce, patients and the community as being crucial to equality in health care and appropriate training is being sourced to deliver training that is fit for purpose.
- 12.5. However we recognise from feedback from staff that more needs to be done in this area and we need to build this into the action planning process.

13. Bullying and harassment

- 13.1. The Trust has a discrete bullying and harassment strategy and a comprehensive Bullying and Harassment Policy. As part of Staff Benefits, the Trust provides a confidential Counselling Service that includes Mediation services.
- 13.2. This strategy seeks to empower and enable staff and workers at ALL levels of the Trust to report all negative behaviours with confidence. It also strengthens the Trust's response to vexatious and/or wilful complaints.

- 13.3. The Trust will work towards a policy of **Zero Tolerance**. For the Trust, this will mean that inappropriate and negative behaviour, and whether or not wilful or on purpose, will be addressed and resolved effectively, more often informally and that it will be a responsibility of every member of staff. It will however be a particular responsibility of managers at all levels in the Trust to ensure that the organisation promotes good behaviour and deals effectively with poor and inappropriate behaviour at the earliest stage.

14. Patient access to information and services

- 14.1. The Trust's Communication and Public Involvement teams continue to ensure that information is easily accessible to the range of communities/populations that the Trust serves and the broader public and partner agency audiences associated with the Trust.
- 14.2. The linguistically diverse population in East London forms a 'customer base' for the trust for whom language support is an essential component of accessible and high quality healthcare.
- 14.3. The current model of advocacy and interpretation service meets the variety of patient and service needs but within the constraints of limited capacity (estimated to meet 50% of need). There is a combination of directorate based advocates in maternity and children's services and in other areas where the service requires e.g. cardiac & renal services; together with a central team to meet varying needs supported by use of temporary staff. This works well and enables effective use of resources.

15. Procurement

- 15.1. The 'NHS Conditions of Contract for the Supply of Services - July 2007' requires that suppliers comply with all current employment legislation and in particular, do not unlawfully discriminate within the meaning of the following acts; the Race Relations Act 1976 (as amended), the Equal Pay Act 1970, the Sex Discrimination Act 1975 (as amended), the Disability Discrimination Act 1995 (as amended), the Part Time Workers (Prevention of Less Favourable Treatment) Regulations 2000, the Fixed Term Employees (Prevention of Less Favourable Treatment) Regulations 2002, the Equality Act 2006, the

Employment Equality (Religion or Belief) Regulations 2003, the Employment Equality (Sexual Orientation) Regulations 2003, the Equality Act (Sexual Orientation) Regulations 2007, the Employment Equality (Sex Discrimination) Regulations 2005, the Employment Equality (Age) Regulations 2006, or any other relevant legislation relating to discrimination in the employment of employees for the purpose of providing the services. It states that the contractor shall take all reasonable steps (at its own expense) to ensure that any employees employed in the provision of the services do not unlawfully discriminate.

- 15.2. The conditions of contract further state *‘the Contractor shall co-operate with the Authority in respect of the Authority’s obligations to comply with statutory equality duties. The Contractor shall take such steps as the Authority considers appropriate to promote equality and diversity, including race equality, equality of opportunity for disabled people, gender equality, and equality relating to religion and belief, sexual orientation and age in the provision of the Services.’*

16. Equality Impact Assessments

- 16.1. An Equality Impact Assessment (EqIA) is a way of examining the main functions and policies of an organisation to see if they have the potential to affect people differently. The purpose is to identify real or potential inequalities resulting from policy and practice. Currently legislation requires the Trust to undertake EqIA in relation to Race, Disability and Gender and as already outlined the intention is that all six equality strands are covered and that EqIA’s are undertaken in relation to each of them.
- 16.2. For new and amended policies to be ratified the Policy Working Group Committee requires all policy authors to complete an EqIA. Ratified policies inclusive of the EqIA are filed in the library for audit purposes along with minutes of the Committee.
- 16.3. EqIA are currently undertaken in relation to Race by using the Race EqIA toolkit and the introduction of the SES will ensure that EqIA are undertaken in relation to all six equality strands as outlined in this document.
- 16.4. The Change Management Tool Kit has been amended to ensure that at the outset of a proposed organisational change an EqIA is undertaken to ensure that any potential inequalities

are identified and appropriate action taken.

- 16.5. In order to strengthen the Trusts ability to undertake EqlA's an updated template and guidance will be developed within the first year of this scheme and all staff responsible for carrying out EqlA's will be provided with opportunities to receive development and support.
- 16.6. The action plans generated by Equality Impact Assessment will form the basis for updating this Scheme's action plan.

Part III

Action Planning and implementation

17. There are distinct areas through which the strategy will be implemented and monitored:

17.1. Recruitment and induction

17.1.1. We need to ensure that we recruit staff who understand the need to be culturally aware. Enhanced organisational fit and individual achievement will result from applicants being made aware of the Trust's values and standards from recruitment literature, contracts of employment, the Trust's web site, enhanced selection techniques of managers and corporate and local induction.

17.1.2. No-one should join the Trust without understanding and committing to a culture of positive and supportive behaviour. Our action plans will need to reflect this aim.

17.1.3. All employees are required, under the terms of their employment, to behave lawfully and to adopt high standards with regard to the treatment of service users, carers, colleagues and potential employees.

18. Leadership and managerial competence

18.1. Ensuring that organisational culture supports positive behaviours at all times starts from the top and the role of Board and senior management in leading the changes necessary is emphasised. We expect our leaders to be sensitive to the different forms that bullying behaviour takes and to be developed in mediation and conflict resolution to nip problems in the bud.

18.2. The Trust already has a comprehensive leadership and managerial development programme, which includes a new manager induction programme and programmes specifically for staff in bands 5/6, and 7 which include diversity awareness; a team of People Management Coaches and transformational HR services that are designed to give managers increased competence and confidence in dealing with staff related issues.

- 18.3. Policies and procedures will be consistently developed and reviewed to give managers at all levels the confidence and tools to deal with bullying behaviour and to achieve the most effective outcomes for those concerned, including termination of employment where appropriate.
- 18.4. Our action plans need to reflect the need to develop further the awareness of the SES amongst our leaders and ensure that the aims are fulfilled for both staff and patients.

19. Staff training and education

- 19.1. Equality legislation requires the Trust to develop and deliver an effective training programme that will provide staff with a full understanding of their responsibilities and the expectations placed upon them to support equality and diversity throughout the Trust and the services it delivers.
- 19.2. The Trust is committed to enhancing the current training and education initiatives which are:
- Corporate and local induction
 - E-learning packages available in the Trust's e-learning centre
 - Management development and leadership
 - Specific Trust Board training sessions
- 19.3. Planned enhancements built into the SES action plans are:
- Training for all staff in cultural competence
 - Training in equality impact assessments for policy leads/authors
 - E-learning packages available throughout the Trust's intranet network
 - Establishment of Trust in-house directorate-based trainers who will deliver ongoing education and awareness utilising existing Trust meetings and committees
 - Provision of the Employee Guide
 - Specialist training for Bullying and Harassment investigators
 - Discrete appraisal training to measure the core KSF equality and diversity competence

- Accurate recording of training undertaken through OLM or another Learning Management System

20. Supportive framework

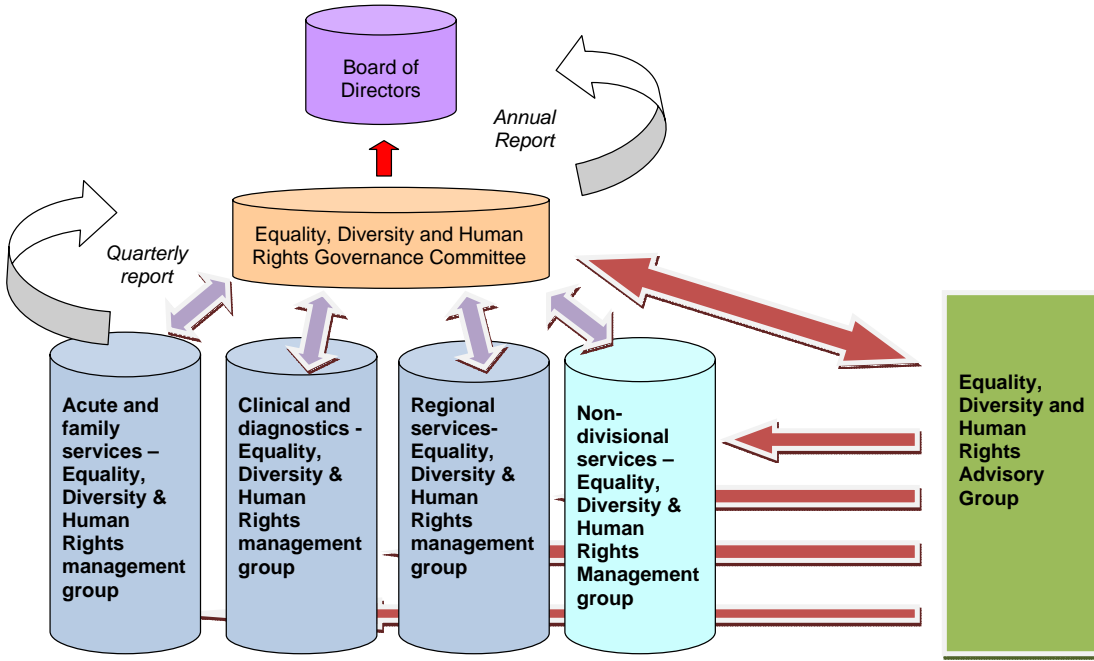
- 20.1. The Trust will recruit and train from the workforce a small team of volunteer Bullying and Harassment Advisers. These Advisers will provide empathetic assistance to staff; explain procedures and resolutions that are open to staff and help establish support for complainants and alleged harassers, including links with the Trust's Staff Counselling Service and Occupational Health advisers.
- 20.2. The advisers will be representative at all levels of the Trust. Their role will be to listen and advise staff of what is available to them. They will not take up a case on someone's behalf or represent the member of staff in any way. All contact with them will be confidential and informal.
- 20.3. Best practice will be followed from the experience of other NHS employers and private industry who have already introduced Bullying and Harassment Advisers.
- 20.4. The Trust will routinely provide to staff and prospective staff an 'Employee Guide' that will describe and remind staff how to deal with bullying behaviour in the workplace.
- 20.5. The Trust will train and sustain a team of specialist Trust investigators who will be able to conduct a timely, effective investigation that supports the complainant, the alleged bully and the witnesses and ensures the least impact on delivery of patient care.
- 20.6. The Staff Counselling Service and associated Mediation Service will support staff and managers on an individual basis and provide real time evidence of the emerging culture and any barriers that are identified. Information gained from the services will be used to inform future strategy.
- 20.7. The Trust will also use the contract for legal services to provide support and training to managers of the Trust in the legal framework and best practice. The contract allows for two training sessions a year and at least one will focus on organisational culture and appropriate behaviour, integrating

with other work on culture change in the Trust.

- 20.8. The Trust has implemented the Employment Equality (Age) Regulations 2006 and has in partnership adopted a Working Beyond Normal Contractual Retirement Age Policy with associated guidance and support for managers in devising their future workforce plans. Additionally the Trust is providing enhanced communications to staff regarding the planned changes to the NHS Pension Scheme and particularly the impact on staff aged 50 and above.

These activities will be monitored through the action planning process.

Proposed Governance Arrangements



APPENDIX 1

Equality, Diversity and Human Rights Governance Committee

The role of the Equality, Diversity and Human Rights Governance Committee is to:

- Support the implementation of the Trust's equality, diversity and human rights strategy;
- Make Trust wide decisions, on behalf of the Trust Board, on matters relating to equality, diversity and human rights;
- To provide an annual progress report to the Board;
- Monitor compliance with:
 - i) Legal duties under Race Relations Amendment Act 2000, Disability Discrimination Act 1995, Gender Equality Duty 2007, and the Human Rights Act;
 - ii) Department of Health standards;
 - iii) Other relevant external policy guidance, current and as it emerges;
- consider and approve Equality Impact Assessments (EqIA) for new and revised core policies, strategies, projects and guidelines, on behalf of the Trust Board;
- ensure that all new and revised policies, strategies, projects and guidelines comply with Trust EqIA processes;
- ensure that EqIA's are published and available for internal and external scrutiny;
- to monitor activity on EqIA action plans and flag up concerns to equality, diversity and human rights management groups on failures to meet proposed action plan timelines;
- to support the work of the equality, diversity and human rights advisory group;

- to assist in the coordination of equality, diversity and human rights activity across the Trust;
- Act as a point of referral for areas of concern from staff, patients and the public in relation to equality, diversity and human rights management group activity;
- Ensure the Single Equality Scheme is reviewed and updated annually; and
- Produce the annual equality and diversity report on behalf of the Trust Board for their approval.

Once the Equality, Diversity and Human Rights Governance Committee is set up it will meet quarterly.

21. Mainstreaming equalities and diversity

- 21.1. The Trust is committed to mainstreaming its vision for Equality and Diversity across all services and is confident that, in addition to meeting its statutory duties, this commitment will deliver clear business benefits to the organisation and its patient community. The Trust will continue to build capacity within its workforce through a process of learning, development, education and reflective practice as part of daily service delivery.
- 21.2. The Trust has identified that mainstreaming equality and diversity responsibilities across all Divisions, Departments and Services will ensure measurable progress against the duties set out within this SES and the SES Action Plans (see Appendix). In this respect, each Division's/Service's performance against the SES will also be measured and addressed as a constituent of the Performance Review programme and will be reported to the Trust Board through the Trust's Equality and Diversity Governance Committee.
- 21.3. In all circumstances, local responsibility for compliance with the SES will be with the relevant Divisional Director and CAU leads.

22. Review of the Single Equality Scheme

- 22.1. The Trust's Equality and Diversity Governance Committee will formally review the SES annually. The Committee will evaluate its effectiveness in meeting the Trust's service and statutory duties and make any recommended amendments necessary to ensure continued improvement. The reviewed SES will be presented to the Trust Executive Group (TEG) and the Trust Board.

- 22.2. For further information relating to the Trust's SES, including comments and feedback, please contact The Trust Office:

APPENDIX 2

ASSOCIATED LEGISLATIVE REQUIREMENTS

1. The Equality Act 2006

The Equality Bill was re-introduced in Parliament on the 19 May 2005 and gained royal assent in February 2006. The Act's main provisions include:

- the creation of the Commission for Equality and Human Rights (CEHR) which would give individuals suffering from discrimination easier access to support and provide employers and service providers with improved advice and information in a one-stop-shop. The purpose and functions of the CEHR are defined in the Act
- making discrimination unlawful on the grounds of religion and belief in the provision of goods, facilities and services, education, the use and disposal of premises, and the exercise of public functions
- placing a duty on public authorities to promote equality of opportunity between women and men ("the gender duty"), and prohibit sex discrimination in the exercise of public functions.

The Act also includes a specific duty on public bodies to produce a Gender Equality Scheme.

2. The Employment Equality (Age) Regulations 2006

The Employment Equality (Age) Regulations 2006, which came into effect on 1 October 2006 prohibit age discrimination in employment and vocational training. They apply to individuals of all ages in work, seeking work or access to vocational training.

The legislation is set in the context of a maturing UK population and proportionally fewer school leavers in the available labour market. By 2025, less than 20 years away, half of the adult population will be aged 50 or over. This change in the demographic makeup of our

society is also taking place in other countries and the implications now need to be addressed. NHS Employers work on age diversity in the workforce concentrates on the strategic workforce implications by providing briefings, support materials and information so that healthcare organisations can develop age-friendly policies and practices and ensure that they are complying with the legislation, as well as taking steps locally to enhance their employment practices to meet future requirements.

3. The Disability Discrimination Act 1995

This Act prohibits discrimination against disabled people in the areas of employment, provision of goods, facilities, services and premises, and education; and provides for regulations to improve access to public transport to be made.

4. The Disability Discrimination Act 2005

This Act makes substantial amendments to the Disability Discrimination Act 1995. The 2005 Act places a general duty on public authorities to promote disability equality and to have due regard to eliminate unlawful discrimination. Those listed bodies within the public sector will also be subject to a specific duty of the 2005 Act. The specific duty provides a clear framework for meeting the general duty and includes the requirement to produce a Disability Equality Scheme. The Disability Equality Duty for the Public Sector came into force in December 2006.

5. The Gender Recognition Act 2004

The purpose of this Act is to provide transsexual people with legal recognition in their acquired gender. Legal recognition will follow from the issue of a full gender recognition certificate by a Gender Recognition Panel. In practical terms, legal recognition will have the effect that, for example, a male-to-female transsexual person will be legally recognised as a woman in English law. On the issue of a full gender recognition certificate, the person will be entitled to a new birth certificate reflecting the acquired gender and will be able to marry someone of the opposite gender to his or her acquired gender.

6. The Civil Partnership Act 2004

This Act creates a new legal relationship of civil partnership, which

two people of the same-sex can form by signing a registration document. It also provides same-sex couples who form a civil partnership parity of treatment in a wide range of legal matters with those opposite-sex couples who enter into a civil marriage.

7. Employment Equality (Sexual Orientation) Regulations 2003

These regulations outlaw discrimination (direct discrimination, indirect discrimination, harassment and victimisation) in employment and vocational training on the grounds of sexual orientation. The regulations apply to discrimination on grounds of orientation towards persons of the same sex (lesbians and gay men) and the same and opposite sex (bisexuals).

8. Employment Equality (Religion or Belief) Regulations 2003

In December 2003, the Employment Equality (Religion or Belief) Regulations 2003 were introduced to protect against discrimination on the grounds of religion, religious belief or other philosophical belief in employment and vocational training.

9. Sex Discrimination (Gender Reassignment) Regulations 1999

These regulations are a measure to prevent discrimination against transsexual people on the grounds of sex in pay and treatment in employment and vocational training. They effectively insert into the Sex Discrimination Act a provision to extend the Act, insofar as it refers to employment and vocational training, to include discrimination on gender reassignment on gender grounds.

10. The Human Rights Act 1998

The Human Rights Act came fully into force on 2 October 2000. It gives further effect in the UK to rights contained in the European Convention of Human Rights. The Act:

- makes it unlawful for a public authority to breach Convention rights; unless an Act of Parliament meant it could not have acted differently;
- means that cases can be dealt with in a UK court or tribunal; and says that all UK legislation must be given a meaning that fits with Convention rights, if that is possible.

11. The Race Relations Act 1976 (as amended by the Race Relations (Amendment) Act 2000)

The Race Relations Act (RRA) makes it unlawful to treat a person less favourably than another on racial grounds. These cover grounds of race, colour, nationality (including citizenship), and national or ethnic origin.

The Race Relations (Amendment) Act outlawed discrimination (direct and indirect) and victimisation in all public authority functions not previously covered by the RRA, with only limited exceptions. It also placed a general duty on specified public authorities to promote race equality and good race relations. There are also specific duties for listed organisations including the production of Race Equality Schemes.

12. The Sex Discrimination Act (as amended) 1975

This Act (which applies to women and men of any age, including children) prohibits sex discrimination against individuals in the areas of employment, education, and in the provision of goods, facilities and services and in the disposal or management of premises.

13. The Equal Pay Act (as amended) 1970

This Act gives an individual a right to the same contractual pay and benefits as a person of the opposite sex in the same employment, where the man and the woman are doing: like work; or work related as equivalent under an analytical job evaluation study; or work that is proved to be of equal value.

14. The Rehabilitation of Offenders Act 1974

Under the terms of the Act a conviction becomes 'spent' after a period of time has elapsed. The length of time that a conviction will be considered 'spent' depends on the nature of the conviction. The time periods are detailed in the legislation. Once a conviction is spent the Act allows for candidates to be considered as though the conviction had not occurred. However, there is a long list of jobs and professions that are excluded under the Act and this includes many to be found in the NHS. This means that it is lawful to ask questions at interview about 'spent' convictions and reject applicants on the grounds of a spent conviction.

15. The Data Protection Act 1998

The Data Protection Act (DPA) lays down rules concerning the processing of personal data and which includes any information where an employee can be identified. The Act embraces all forms of personal data whether held on computer or in a relevant filing system. The Act ensures that data controllers (employer) handle information correctly and in an appropriate manner as defined by the Act. Those about whom the information is processed (data subjects) are given rights in order that they can ascertain certain information about them and in what ways it is processed in some circumstances.

16. Work and Families Act 2006

The main provisions of the Work and Families Act came into effect in April 2007. The Act extended the right to request flexible working for those with caring responsibilities for adults, statutory maternity pay was extended and additional paternity leave was introduced.

APPENDIX 3

**Equality and Diversity Action Plans
For the Trust's Single Equality Scheme [SES]
2009 - 2012**

Objective	Key Tasks	Lead Responsibility for Delivery	Timescale for Delivery
Leadership To provide demonstrable leadership in equality and diversity issues	1. Ensure appropriate conduct and behaviours of Board members and Senior Managers, through knowledge, reflection and feedback	1 Chief Executive	1. Review Dec 2010
	2. Provide Trust leaders with equality and diversity development as a minimum once every 2 years	2 Director of Human Resources	2 Review Dec 10
	3. Set an annual equality and diversity objective, linked to the Trust's high level objectives, to each Trust Executive Group member	3 Chief Executive	3 April 10
	4. Work in partnership locally, regionally and nationally to promote equality and respond to any guidance from the	4 Chief Executive	4 Review as part of annual

Commission for Equality and Human Rights

review Dec 10

5. Actively participate in internal and external events and forums and provide feedback to colleagues

5. Chief Executive

5 Review Dec 10

6. To improve the level of diversity in senior positions in the Trust to more accurately reflect the diversity of the Trust workforce overall

6 Director of Human Resources

6 Review Dec 10

7 To provide effective monitoring by leadership and membership of the Equality and Diversity Governance Committee

7 Chief Executive

7 Review Dec 10

Objective	Key Tasks	Lead Responsibility for Delivery	Timescale for Delivery		
Involvement and Consultation To ensure the active and effective involvement of patients, service users, the local community and staff so that inequalities are minimised	1. Effectively involve patients in the delivery of services (equal choice and access) 2. Effectively involve staff in the design and delivery of Trust services by a variety of means, including focus groups, questionnaires, 'walk abouts', intranet voting buttons, HCNC and consultation on change and redesign 3. Consult effectively with patients, carers, relatives and service users reflective of the local community, to understand delivery of current services and any proposed changes	1 Head of PPI 2. Deputy Director of Human Resources 3 Head of PPI	1 Review Dec 10 2. Review Dec 10 3 review Dec 10		

	<p>4. Promote the annual Staff Survey to ensure maximum participation, publish results and action plans and ensure effective monitoring</p>	<p>4 Assistant Director of Human Resources</p>	<p>4 Review Dec 10</p>		
	<p>5. Ensure appropriate access to information and provision of a variety of communication tools</p>	<p>5. Director of Communications</p>	<p>5 Review Dec 10</p>		
	<p>6. Support appropriate and effective special interest networks and forums that can provide information and experience on which to build future plans</p>	<p>6 Head of PPI, Deputy Director of Human Resources</p>	<p>6. Review Dec 10</p>		

Objective	Key Tasks	Lead Responsibility for Delivery	Timescale for Delivery		
<p>Workforce To ensure that the Trust's workforce is developed through diversity and equality of opportunity, where staff have a sense of pride and community and where services are delivered that aim to be tailored to individual need</p>	<p>1. To ensure that employment policies, procedures and practices are effective, fair and equitable and make a positive contribution to the continued development of a diverse workforce</p> <p>2. To provide effective management development and ongoing support and improvement to managerial competence and confidence with a focus on cultural competence to ensure fair, equitable and consistent management and development of staff</p> <p>3. To provide appropriate education, training and development through a variety of means starting from recruitment and continuing through an individual's career with the Trust and for that development to be appropriately recorded and monitored</p>	<p>1 Director of Human Resources</p> <p>2 Director of Human Resources</p> <p>3 Head of Learning and Development</p>	<p>1 Review Dec 10</p> <p>2 Review Dec 10</p> <p>3 Review Dec 10</p>		

	<p>4. To promote, provide and support staff gaining better English language skills where English is not the first language and so ensure integration and acceptance and the delivery of safe working practices</p> <p>5. To improve access to jobs in the Trust for people from the local community, particularly those from the Bangladeshi community and people with disability, who are under represented in the Trust</p> <p>6. To ensure a working environment which is free from bullying and harassment and which welcomes diversity on the grounds of age, race, colour or nationality, disability (including HIV or AIDS status), sex or marital status, sexual orientation, religion or belief, gender and gender reassignment, which values individual contribution and provides evidence through its organisational culture, behaviours, values, practices and service delivery</p>	<p>4 Deputy Director of Human Resources and Staffside Chair</p> <p>5 Assistant Director of Human Resources</p> <p>6 Deputy Director of Human Resources</p>	<p>4 Review Dec 10</p> <p>5 Review Dec 10</p> <p>6 Review Dec 10</p>		
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	<p>7. To enhance recruitment and selection practices and skills to ensure new starters display appropriate values that enhance the development of the workforce overall</p> <p>8. To ensure that the Trust's partner organisation for the new hospitals programme, Capital Hospitals Ltd complies with the strategic objectives and action plans</p> <p>9. To ensure that the Trust's other partner organisations, and specifically City University and the Medical School comply with the strategic objectives and action plans, where appropriate</p> <p>10. Ensure that the Trust maintains the Two Ticks disability symbol and therefore encourages applications from disabled candidates with appropriate monitoring to understand outcomes and feedback</p>	<p>7 Assistant Director of Human Resources</p> <p>8 Deputy Director of Human Resources</p> <p>9 Deputy Director of Human Resources</p> <p>10 Assistant Director of Human Resources</p>	<p>7 Review Dec 10</p> <p>8 Review Dec 10</p> <p>9 Review Dec 10</p> <p>10 Review Dec 10</p>		
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Objective	Key Tasks	Lead Responsibility for Delivery	Timescale for Delivery	M	
<p>Equality Impact Assessments</p> <p>To ensure that the Trust's Statutory Obligations are fulfilled in undertaking and publishing Equality Impact Assessments and that their purpose is achieved in ensuring that inequalities are minimised</p>	<p>1. To provide appropriate training and tools to enable the effective undertaking of impact assessments</p> <p>2. To ensure Equality Impact Assessments are undertaken on all HR Policies, Procedures and Practices to meet the Trust's statutory obligations</p>	<p>1 Deputy Director of Human Resources/Head of Learning and Development</p> <p>2 Deputy Director of Human Resources/PWG</p>	<p>1 April 10</p> <p>2 Review Dec 10</p>	<p>1 t s</p> <p>2 c c</p>	

Objective	Key Tasks	Lead Responsibility for Delivery	Timescale for Delivery	M	
<p>Strategy and Services</p> <p>To ensure that the Trust considers, without exception, equality issues within strategic planning and development and ensures equal access to healthcare and employment thus minimising inequalities</p>	<p>1 Implement new EDHR governance and coordinating arrangements into new organisational structure</p> <p>2 Development of divisional EDHR objectives</p>	<p>1 Director of Strategy and Director of Nursing and Governance</p> <p>2 Divisional heads</p>	<p>1 April 10</p> <p>2 April 10</p>	<p>1 a ii</p> <p>2 E</p>	

Objective	Key Tasks	Lead Responsibility for Delivery	Timescale for Delivery	M	
<p>Communication To provide communications that are relevant, timely, accessible and fit for purpose for the patient and staff community and that promote a positive image of the different communities and people that the Trust embraces</p>	<p>1. Review Communications strategy and associated action plans to ensure that they cover both workforce and service issues. The review must involve disabled people and to ensure that the communications strategy promotes a positive image of disabled people</p>	<p>1 Director of Communications</p>	<p>1 April 10</p>	<p>1 c s</p>	

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Objective	Key Tasks	Lead Responsibility for Delivery	Timescale for Delivery	M	
<p>Monitoring To ensure that the Trust's statutory obligations are met in full and that the benefits of valuing equality and diversity are realised in full</p>	<p>1. Collecting, analysing and publishing employment data in line with statutory obligations</p> <p>2. Include an equality and diversity report in the Annual Plan to ensure public access and understanding</p> <p>3. Gathering, analysing and publishing Equality Impact Assessment information</p> <p>4. Effective leadership of the Equality and Diversity Governance Committee ensuring that monitoring is effective and that recommendations for improvement are carried out</p>	<p>1 Deputy Director of Human Resources</p> <p>2 Director of Communications</p> <p>3 Head of PPI</p> <p>4 Chief Executive</p>	<p>1 Review Dec 10</p> <p>2 Dec 10</p> <p>3 Review Dec 10</p> <p>4 Review Dec 10</p>	<p>1 p e</p> <p>2 : e</p> <p>3 A i f T</p> <p>4 C e f c n</p>	

	5. Working in partnership to monitor outcomes through formal arrangements, i.e. HCNC	5 Deputy Director of Human Resources/ Staffside Chair	5 Review Dec 10	5 n e	
Objective	Key Tasks	Lead Responsibility for Delivery	Timescale for Delivery	M	
Promoting Disability Equality To ensure that the Trust's statutory obligations are met in full in terms of its general and specific disability equality duties	<p>1. Conduct an access audit to identify priorities for action</p> <p>2. Ensure easy access toilet facilities are kept in good order</p> <p>3. Ensure public meetings are held in accessible venues</p>	<p>1 TBC</p> <p>2 TBC</p> <p>3 TBC</p>	<p>1</p> <p>2 Review Dec 09</p> <p>3 Review Dec 09</p>	<p>1 c e f</p> <p>2 e fi</p> <p>3 i r c c</p>	

	<p>4. Maintain and extend partnership with the following groups in order to encourage participation</p> <ul style="list-style-type: none"> • staff • trade unions • patient groups • community organisations • health and social care partners 	4 TBC	4 Review Dec 09	4 c i r c	
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Objective	Key Tasks	Lead Responsibility for Delivery	Timescale for Delivery	M	
<p>Promoting Gender Equality To ensure that the Trust's statutory obligations are met in full in terms of its gender equality duties</p>	<p>1. Conduct an equal pay audit to:</p> <p>a. Establish the causes of any significant pay gaps.</p> <p>b. Review the starting salaries of those returning from maternity leave and career breaks to analyse the impact on their salary progression</p>	1 Director of Human Resources	1 Dec 10	a a c f b v u fr ii	

	<p>c. Identify the glass ceilings and reasons for occupational segregation.</p> <p>d. Review the quality and quantity of information recorded.</p> <p>e. Develop an action plan to address any significant gaps.</p>		<p>c a r c c p e s c e e t p i</p>	
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