



Yorkshire and the Humber

Equality Ambitions

(Single Equality Scheme 2010- 2012)

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Foreword

As a Strategic Health Authority (SHA), NHS Yorkshire and the Humber has an important role to play in seeking assurance from healthcare commissioners (Primary Care Trusts) that providers (e.g. Hospitals; Ambulance Services; etc) of the health services delivered across Yorkshire and the Humber are responsive and appropriate to the diverse range of communities.

This is our Single Equality Scheme (SES) which communicates how the SHA intends to carry out its leadership on Equality and Diversity (E&D), through actions and processes.

The SES is not just about legal compliance. Its main purpose is to ensure that everyone in Yorkshire and the Humber can be confident when accessing health services that their needs have been considered regardless of their race, disability, gender, sexual orientation, religion/belief, age or carer responsibilities.

Through our SES, and delivery of the supporting Equalities Action Plan, we aim to achieve better health outcomes for all and reduce the inequalities experienced by some groups. In doing so the SHA will seek to identify and then address the major steps needed to promote equality and diversity across Yorkshire and the Humber.

Introduction

Historically the SHA had in place separate Race, Disability and Gender Equality Schemes. This SES pulls together the three existing schemes and at the same time incorporates the protected characteristics of age, religion/belief, and sexual orientation.

A SES has been produced as we believe it will help us to maintain a focus on the inequalities experienced by diverse groups and to tackle issues of dual discrimination more effectively, should they occur. However in producing a SES we have been mindful of the current statutory duties in relation to race, disability and gender and as such we will ensure reference to these particular areas is identifiable in what we do and how we do it.

In developing the SES we conducted a scoping exercise which provided us with:-

- An assessment of the SHA's current functions in relation to their relevance to E&D
- A baseline of our current position in terms of integrating equality and diversity into the mainstream business of the organisation.
- A stock-take of the progress we had made under our previous equality schemes

We used this process to identify gaps and determine the objectives we should incorporate into our new Equalities Action Plan (EAP) which will facilitate delivery of our SES. In doing so we also engaged with third sector organisations to help determine where the gaps in services might exist.

As such, this scheme sets out how the SHA will:-

- Promote Equality and Human Rights across the region
- Work to eliminate harassment and unlawful discrimination
- Meet its legal responsibilities for E&D
- Take forward actions to improve performance and outcomes for diverse groups

The SES provides direction to support the mainstreaming of E&D and the sharing of good practice. It will be an evolving scheme which will be reviewed and updated to take account of the forthcoming changes in the structure of the health system and enactment of the provisions of the Equalities Act 2010 in the coming months.

Section 1

The Role of the Strategic Health Authority and the Area We Serve

The SHA was established in July 2006 to act as the regional body for the NHS in Yorkshire and the Humber. We are one of ten Strategic Health Authorities for England that were established on that date. We were formed from the merger of the three former SHAs of West Yorkshire, South Yorkshire, North and East Yorkshire and Northern Lincolnshire.

Our Role

Our corporate strategy for 2010/11 identifies that our role as the system leader for the NHS in the region is to provide:-

➤ **Thought Leadership**

We have the role of ensuring that the best and most creative thinking about health and health care is made available to leaders in the NHS in Yorkshire and the Humber. Also that it is evaluated and then drawn upon in strategic planning and change management. In this role we will also work in collaboration with NHS clinical leaders in Yorkshire and the Humber.

➤ **System Regulation**

This function has two parts: first ensuring safety across the system and second, agreeing the rules and behaviours for how our system in Yorkshire and the Humber will work.

➤ **Accountability and Assurance**

At the heart of our work is holding the NHS in Yorkshire and the Humber to account, on behalf of local communities, the Department of Health (DH), and the Government for effective planning and delivery of care.

➤ **Capacity Building**

Building capacity and providing services on behalf of the NHS in Yorkshire and the Humber where this is a statutory requirement or makes sense for economies of scale.

➤ **Advocacy and Interpretation**

To be the key link between the DH and NHS locally and to provide a strong voice for the NHS in the region to influence national policy and ensure Yorkshire and the Humber is well thought of with national decision makers.

Our Region

Our region has a population of 5.12 million and covers an area of 15,510 square kilometres. The community we serve includes major cities, such as Hull, Leeds, Sheffield, and York as well as a number of large towns and rural areas with scattered populations, especially in North Yorkshire.

Our region has some of the most thriving and some of the most deprived communities in the country. Historically the population across Yorkshire and the Humber has not enjoyed the best of health but this has begun to change, with sustained improvements in life expectancy over the past 20 years.

However health inequalities remain an issue in our region, with people in some areas experiencing poorer health and greater chances of premature death. As such we continue to focus action on reducing health inequalities. The main causes of ill health and premature death are generally cancer, coronary heart disease, and chronic obstructive pulmonary disease, along with, in some areas, stroke, mental and behavioural disorders, and accidents.

Healthy Ambitions, our vision for improving health and healthcare in the region, was published in 2008. The culmination of the work of 150 clinicians from across Yorkshire and the Humber, it identified the challenges of the next decade and an ambitious and wide-ranging set of recommendations to ensure we have an NHS fit for the 21st century. *Delivering Healthy Ambitions*, published in March 2009, identifies how the recommendations will become reality.

Section 2

Demographics of Yorkshire and the Humber

The Public Health report '*The Big Opportunity*' published in March 2010 has clearly identified changes in the demographics of Yorkshire and the Humber.

Communities are Living Longer

Trend analysis based on the 2001 Census indicates that by 2028 the population of Yorkshire and the Humber will have risen by half a million people, from 5.2 million to 5.7 million. Importantly, over this period, the proportion of working-age adults (20-64) will have declined by 3%. The proportion of adults of current retirement age will have increased by 5%. This masks the dramatic rise of 50% in the over 80s population, to a predicted 131,000. If this forecast is accurate, over 1 in 50 will be over the age of 80 by 2028. This trend is not new, but it is becoming more significant. Such a large rise in the older population will present major challenges to the health and social care services of Yorkshire and the Humber, particularly if families are unable to offer as much support to ageing relatives as in previous generations.

Living Longer in Poorer Health

Although people are generally living longer, often many of their later years are accompanied by physical and/or mental impairments that impede or prevent day-to-day activity and their feeling of wellbeing. In other words, they have disabilities. Compared with people in the South East Region, men and women in Yorkshire and the Humber Region can expect to die earlier and experience almost three more years of disability and about two and a half years of poorer health. While health has improved significantly in some parts of the Region, the historic health inequalities gap between Yorkshire and the Humber and the south of the country is still evident and is not narrowing.

There is a gap of more than seven and six years respectively for men and women living with disabilities in Ryedale and Harrogate and those in Barnsley. Similarly there is an additional five-year burden of living in poor health in Barnsley, compared to Ryedale and Harrogate. Put another way, in the affluent areas of our region people can expect to have around 12 years of poor health and disability, compared to twenty years for people living in the more deprived areas.

We are more Ethnically Diverse

The Office for National Statistics' 2004 mid population estimates confirm just how ethnically diverse the Yorkshire and the Humber Region is.

People from ethnic minority backgrounds represent 8% of our population. However, these projections do not take account of European migration, particularly economic migrants from Eastern Europe, and travellers.

Within the Region there is also wide variation in the non-white and mixed race ethnic background of Local Authority populations. This ranges from less than 2% in Barnsley, Hambleton, Ryedale and Selby, to around 10% in Leeds and Sheffield, 15% in Kirklees and 24% in Bradford. In addition the non-white and mixed race ethnic population comprises of people from differing origins.

These variations are important in understanding particular health needs and differing susceptibilities to certain long-term conditions. For example those from the Indian subcontinent are more prone to developing type 2 diabetes, whereas those of a West Indian origin are more prone to developing hypertension. This, coupled with a link between ethnic minorities and socio-economic deprivation, has an important influence on the health of individuals and populations which we need to prioritise if we are to reduce health inequalities and improve health.

Migration is also a key feature of society today, and migrants are some of the most vulnerable members of our communities. The region is seeing dramatic demographic changes at a local level with a consequent impact on services. Both the health and social care sectors bear significant costs arising from the impacts of migration.

Migrant communities are dynamic, and no single comprehensive source of robust migration data exists. "Ethnicity" is a blunt instrument – it gives no information on spoken or written language, and current coding does not take into account important differences within ethnic categories e.g. "White European Other" is used to describe a white person from any of the 50 countries in Europe; "Black African" covers diverse cultures and socio-economic/political situations.

These umbrella descriptions mask diverse needs. Available data sources describe the national and regional picture but miss local issues. In order to address this lack of migrant intelligence the Yorkshire and the Humber Regional Migration Partnership has commissioned the production of the 'Regional Migrant Databank' – an online resource which assimilates ten different sources of migrant data to give estimates of our migrant population subgroups at a local level.

This information will obviously be important in better understanding our population needs, and consequently commissioning appropriate services to meet those needs.

Section 3

Our Ways of Working

Our Values

We have a set of values which underpin the way we will work. These commit the SHA to be:-

- Ambitious for our communities, for the NHS in the region and for our own organisation
- Open and honest with each other and the field
- Rigorous, analytical and professional
- Fair and consistent
- Creative, innovative and learning
- Respectful and helpful – listen to each other, speak well of each other and co-operate
- Working as one team

Our Structure and Processes

The SHA is made up of a number of directorates. The Single Equality Scheme is set against key functions of SHA resulting in directorates identifying objectives which will support the embedding of Equality and Diversity within the SHA functions. These directorates are as follows:

- **Communications and Public Relations**
The Communications and Public Relations directorate supports SHA objectives by maintaining corporate communication functions and providing communication support to improve patient care, service quality and the health of the population.
- **Performance, Finance and Assurance**
The Directorate's aim is on add the maximum value it can to improving health and health services across the region, focusing on finance, investments, targets and performance.
- **Medical Directorate**
The Medical Director is responsible for providing the overall leadership of the medical workforce in Yorkshire and the Humber, developing clinical networks and ensuring clinical engagement.

- **Yorkshire and the Humber Programme for Information Technology**
Patient care is being improved by the introduction of innovative technology in Yorkshire and the Humber. The Yorkshire and the Humber Programme for IT (Y&HPfIT) is being delivered by NHS Yorkshire and the Humber in conjunction with NHS Connecting for Health.
- **Patient Care and Partnerships**
The Patient Care and Partnerships directorate leads on work to achieve sustainable improvements in services, patient experience and outcomes of care and facilitates six of the *Healthy Ambitions* pathways.
- **Public Health**
The Public Health directorate supports PCTs, NHS trusts and other local organisations in their activities to improve health and wellbeing and reduce health inequalities. It is a joint function, and the team is split between the SHA and the Yorkshire and the Humber Government Office.
- **Strategy and System Reform**
The Strategy and System Reform directorate drives reform, shapes new strategies and brings about innovation and improvement across the region. Key areas of work include the SHA's system management role, taking forward *Healthy Ambitions*, developing world class PCTs and taking a lead role in promoting innovation across the region in line with our new statutory responsibility.
- **Workforce and Education**
The main objective of the Workforce and Education directorate is to develop the existing and future workforce, through effective workforce planning, education and commissioning strategies. It also helps NHS organisations to develop their leadership capacity as well as working to develop the leadership capacity of the SHA.

Section 4

The Legal Context

Our Single Equality Scheme covers the public sector equality duties under the Race Relations (Amendment) Act 2000, the Disability Discrimination Act 1995 (amended by the Disability Discrimination Act 2005), and the Equality Act 2006 (Gender Duty). It also seeks to include the equality strands for which there is emerging legislation.

We acknowledge the implication of the Stephen Lawrence Inquiry and accepts the definition of institutional racism as:-

“The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in the process, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people”¹

This definition of institutional racism can be used as a model for identifying and tackling discrimination in all areas of equality. Our equality agenda is based on valuing diversity, eliminating any form of less favourable treatment (as defined so comprehensively by McPherson) and respect for human rights.

The Race Equality Duty

The Race Relations (Amendment) Act 2000, in updating the previous Race Relations Act of 1976, significantly extended the responsibilities placed upon public bodies such as the SHA. The requirements of the Act were implemented through a set of general and specific duties.

As such, in carrying out their duties public bodies, such as the SHA, should give due regard for the need to:-

- Eliminate unlawful discrimination.
- Promote equality of opportunity.
- Promote good relations between people of different racial groups.

¹ Report of an Inquiry by Sir William McPherson of Cluny

Four principles govern the general duty:-

- It is obligatory for the public bodies to promote race equality
- Public bodies should assess the relevance of its various functions to the promotion of race equality, and make race equality a central part of those functions where it is relevant.
- The weight given to race equality should be proportionate to its relevance.
- The three elements of the duty are complementary and support each other. Public Bodies should consider and deal with all three parts of the general duty.

In addition to the 'general' duty, the SHA also has to comply with a series of specific duties including the preparation of an equality scheme which must be reviewed every three years. Such a scheme should include:-

- A list of those functions and policies which the organisation has assessed as being relevant to eliminating racial discrimination, promoting equality of opportunity or promoting good relations between different racial groups.
- The arrangements for assessing and consulting on the likely impact that its future actions and proposed policies may have on race equality, usually known as Equality Impact Assessments (EqIAs).
- The arrangements for monitoring its functions and policies for any adverse impact on race equality.
- The arrangements for publishing the results of EqIA consultations and monitoring.
- The arrangements for ensuring public access to information and services which it provides.
- The arrangements for training staff in connection with these duties.

There is also a specific duty relating to employment. This requires the monitoring of staff in post and applicants for jobs, promotion and training. In addition, public authorities with more than 150 employees must monitor ethnicity and publish annually the results of training, grievances, disciplinary procedures, performance appraisal, and dismissals and other reason for leaving.

The Disability Equality Duty

The Disability Discrimination Act 2005 (which makes significant amendments to Disability Discrimination Act 1995) places general and specific duties on public bodies to promote disability equality.

The general duty provides that in carrying out all our functions, we must:

- Promote equality of opportunity between disabled and other persons
- Eliminate discrimination that is unlawful under the DDA
- Eliminate harassment of disabled persons that is related to their disabilities
- Promote positive attitudes towards disabled people
- Encourage participation in public life
- Take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons.

The specific duty provides that we must publish an Equality Scheme setting out the ways in which we intend to meet our general and specific duties. This scheme should describe:

- The way in which disabled people have been involved in the development of the scheme.
- The methods for assessing the impact of its functions, actions and policies (and proposed functions, actions and policies) on disability equality.
- Steps which the SHA will take towards fulfilling its general duty (the 'action plan').
- The arrangements for gathering information on disabled people in relation to employment and its functions, in particular information on recruitment, development and retention of disabled employees.
- The extent to which it takes account of the needs of disabled persons in delivering its functions.
- The arrangements for putting the information gathered to use, in particular reviewing the effectiveness of the action plan and in preparing subsequent schemes.

The SHA must also publish annually a report containing a summary of the steps taken under the action plan, the results of information gathering, and the use to which it has put the information.

The Gender Equality Duty

Sex discrimination is unlawful in employment, training, education, and the provision of goods, facilities and services. This includes:

- Direct and indirect sex discrimination
- Direct and indirect marriage discrimination

The Equality Act 2006 amends the Sex Discrimination Act 1975 to place positive duties on public bodies, which include general duties to:

- Eliminate unlawful discrimination and harassment (including trans-gender) in employment and vocational training, higher and further education)
- Promote equality of opportunity between men and women

The general duties outlined above are accompanied by a set of specific duties which include the requirement to:

- Publish a gender equality scheme, including an equal pay policies, in consultation with employees and stakeholders monitoring progress and publishing progress reports every three years
- Conduct and publish gender impact assessments on major new initiatives and policies.

These specific duties provide milestones for achieving the general duties, and should be used to form the basis of an action plan.

Summary of Equalities Legislation

In addition to addressing the current statutory duties highlighted above, this SES is also designed to progress action in the areas of religion/belief, sexual orientation, and age. A more detailed summary of the current legislation across these six diversity strands can be found at Appendix A.

The Equalities Act 2010

The Equality Act 2010 will set duties for public bodies in relation to these additional 'protected characteristics' however its provisions are due to come into force over the next two years to allow time for the people and organisations affected by the new

laws to prepare for them. The Act is intended to provide a new cross-cutting legislative framework to protect the rights of individuals and advance equality of opportunity for all. We will review our functions and this scheme in the light of the provisions of the 2010 Act, once they are enacted.

Section 5

Examples of Our Achievements So Far

The SHA has ensured it reflects the views of diverse communities; it has done so through the way it involves communities and builds capacity, some of the programmes are outlined below:

Primary Care Access Project

The Primary Care Access project developed on behalf of the Yorkshire and the Humber Marketing Collaborative tested if social marketing approaches to addressing the regions *Healthy Ambitions* priorities can be implemented more effectively and efficiently on a region-wide basis.

This project is thus concerned not with the whole of Primary Care Access but with those areas in which it is felt that (social) marketing approaches can deliver a beneficial impact.

From an analysis of existing data, a review of previous work done in the area and discussions with key stakeholders we identified public/patient groups that were not fully engaged with General Practice services.

It was found there is a clear correlation between dissatisfaction with access to GP services and propensity to use A&E services amongst deprived young White and Asian groups. The deprived young White groups are to be found across the region with significant volumes present in each PCT area. The deprived young Asian groups exist predominantly in Bradford, Leeds, Kirklees and Sheffield and to a lesser extent in other areas such as Calderdale and Rotherham.

A number of recommendations were made ensuring the findings are built into systems and processes.

Healthy Ambitions for People with Learning Disabilities

In 2007 the SHA, in partnership with the region's Yorkshire and the Humber's Improvement Partnership/Valuing People team, launched a regional programme of work to improve the health and well-being of people with learning disabilities and to tackle any health inequalities they may experience

The learning disability Strategic Health Overview Group was formed to lead the work. It is chaired by the Chief Executive of a local PCT and involves statutory partners from across the region. A regional network of health and social care staff, clinicians, commissioners and representatives from Partnership Boards was also developed. In addition a group of self advocates from across the region, the Health Checking Group, meet regularly to discuss health issues.

A great deal of work has already been done at a regional level to address these inequalities. A Good Practice and Innovation Report drawn from the 2008/2009 Yorkshire and the Humber self assessment exercise highlights good practice and progress being made across the Region to improve the health and well-being of people with learning disabilities

The Pacesetters Programme

In 2007 the document '*Reducing health inequalities in Yorkshire and the Humber: A Systematic Way Forward*' highlighted that compared to the national average Yorkshire and the Humber had a significant number of disadvantage local areas. Also the health profile for the region in June 2008 stated that although the health of people in Yorkshire and the Humber had improved it remains worse than the England average as a whole.

The Pacesetters programme forms a partnership between local communities, supporting work across the region to address health inequalities for those whom experience the greatest disadvantage.

Over the past two years the SHA has been working with the six NHS organisations involved in the regional programme to apply service improvement methods and to develop, test and implement evidence based local interventions. These are shared with NHS Trusts and PCTs in the region and nationally.

The SHA works with these trusts on core change initiatives covering workforce development, the health of Gypsies & Travellers and the collection and usage of equality data.

In addition, each trust must work on 3 local changes and within NHS Yorkshire and the Humber region, between them the participating trusts must cover all 6 equality strands. Key learning identified through the Pacesetters programmes will be implemented through the SES action plan. Scoping is also being undertaken to embed the Pacesetters programmes and projects within the SHA functions.

The Regional Equality Network

We have developed mechanisms for sharing learning on equality and diversity with NHS organisations in the region. An equality and diversity network has been re-established with membership comprised of Equality and Diversity Leads from NHS organisations in the region, including Foundation Trusts.

E&D capacity and capability within the region is being developed with the sharing of learning and intelligence through quarterly meetings of the group, workshops and a virtual network.

Monitoring the System

The SHA ensures all major changes in service provision proposed by NHS organisations in the region take account of the needs of diverse groups. The SHA Service Change Assurance Process (SCAP) guidance identifies the requirement for all submissions to be supported by an Equality Impact Assessments (EqIA). The submissions are reviewed in the light of the EqIA and feedback provided.

EqIAs were also were also requested and reviewed in relation to World Class Commissioning Plans and Transforming Community Services proposals and feedback was again provided.

The SHA's 2008 review of PCT & Trust E&D compliance provided information on development areas resulting in the SHA organising regional events on:

- Conducting effective Equality Impact Assessments
- Improving data collection on service users
- Supporting the development of new national guidance on diversity data collection for service users
- Approaches to staff E&D awareness training

Section 6

Assessing SHA Functions for Relevance

As already mentioned, the SHA performs a strategic role across the region holding to account the quality of care and health outcomes provided by constituent organisations.

The scoping exercise mentioned in the introduction to this SES was undertaken between January 2009 and March 2009 and assisted NHS Yorkshire and the Humber to identify;

- Progress made against initial Gender, Race and Disability Action Plan
- Key functions of the SHA and their relevance to equality and diversity
- Gaps and actions to support the development of the SES Action Plan

The scoping identified evidence against five key functions, described as 'Strategic Aims' in the previous Race, Disability and Gender action plans. It provided a balanced view of the strengths and development opportunities in relation to legal compliance and best practice.

The findings were published on our website and a copy of the results is provided at Appendix B. The issues and proposed actions were considered in the development of our Equality Action Plan. Where they remained relevant, bearing in mind the changing environment, they have been adapted and incorporated into directorate objectives, as appropriate.

Section 7

Patient and Public Involvement in Developing our Scheme

We recognise that the role of the SHA can significantly impact on the services available to disabled people, black and minority ethnic people, men, women and transgender people, people of different ages, religions or beliefs, and gay people. We do not provide direct services – we have a more remote relationship with the public. This has meant that we have had to establish a variety of ways of involving the public to strengthen our capacity to reflect the views of diverse communities.

We understand that Disability Equality Duty means that we are legally required to **involve** disabled people at all stages of producing this SES. In fact we have tried to ensure we involve people from all the represented equality groups in a number of ways to support us in developing our priorities. As such we have involved people through:-

- The Voluntary and Community Sector Equality and Human Rights Network
- The SHA's Equality and Diversity Group
- The Yorkshire and the Humber Regional E&D Leads network

In developing the SES we facilitated meetings with these groups in order to provide people with an overview of the legislation and an explanation of why their views were sought and how the SHA would use their input.

In terms of wider engagement and consultation on the SES we conducted a stakeholder mapping process which helped to prepare a comprehensive list of regional partners in addition to our staff and the local NHS Providers and Commissioners. Information on our draft Equality and Diversity priorities was subsequently communicated widely requesting for comments and feedback. The responses we received were then used to review and revise the draft before the SES was proposed to our Board for adoption. A list of the stakeholders engaged in this wider consultation exercise is provided at Appendix C. A summary of the feedback received as a result of the consultation is available on our public website.

The SHA is committed to continue to work to improve the effectiveness and durability of its involvement processes so that people from all different communities feel that the SHA has their interests at its heart.

Section 8

The SHA's Priority Objectives and Action Plan

The scoping exercise supported the SHA to develop a clearer understanding of where we were and where we want to be, recognising that delivering the actions would be a challenge and success depended on ownership and contribution from the whole organisation.

The priorities we have identified in our SES are broad and require separate activities and outcomes attached to them at Directorate level. Responsibility for these activities may result in cross-team working within the SHA. The Equalities Action Plan attached at Appendix D sets out these broad priorities.

In the first year of the SES the focus will be to ensure capacity is built in teams and directorates to deliver against the actions, ensuring the priorities are embedded within core activities.

Section 9

Our Governance Arrangements for E&D

Following a review of the governance arrangements for E&D in the SHA our Senior Management Team (SMT) decided to establish a new Executive Equalities Group (EEG), in order to ensure delivery of the SES equalities action plan on behalf of the Board. The EEG will be chaired by an Executive Director and will be comprised of directors and senior staff from relevant parts of the SHA. Others will be co-opted to support the work of the Group as may be necessary from time to time.

The key functions of the Group will be to focus on:-

- Identifying indicators and outcomes relevant to our key priorities
- Monitor and report to the SMT and the Board on progress made against the priorities within each directorate
- Identify any further actions required of directorates based on the changing environment within which we will be operating over the next two years.

As the SHA Board is accountable for the implementation of the scheme, annual and interim reports will be presented to the Board on progress against the scheme action plan, with quarterly reports being presented to the SMT.

Section 10

Our Approach to Equality Impact Assessment

The SHA has in place an Equality Impact Assessment (EqIA) process. A copy of our EqIA template is available in Appendix E.

An EqIA is a systematic way of finding out whether a function, policy or proposed policy has the potential to have a negative or discriminatory impact on existing and potential stakeholders within the 6 diversity strands. It enables the SHA to:

- Take full account of the needs and experiences of everyone affected by the organisations functions and policies
- Identify actual and potential inequalities
- Involve relevant people in devising appropriate responses to any issues identified
- Respond appropriately to any inequalities identified
- Determine the data that should be collected to ensure the actions designed to reduce inequalities are being effective
- Achieve better outcomes.

The SHA has communicated widely the importance of undertaking EqIAs before any new functions or policies are developed and for conducting reviews of all existing functions, services or policies. As a result of the EqIA process, particularly where it has been necessary to consult stakeholders, actions to eliminate potential adverse impacts or promote equality will usually be identified.

These actions will be captured and prioritised, the responsibility for discharging these actions fall to the individual Directorate teams but where there are wider issues, or issues that cut across more than one Directorate, these will be collated and combined into the corporate action plan. The SHA Executive Equalities Group oversees progress on the directorate and corporate plans.

Initial Equality Assessments (IEAs) have been undertaken and published on the Human Resources functions. A schedule of full EqIAs has been produced as a result and most of the full EqIAs on HR policies have now been completed and published on the SHAs website. The remainder are due to be completed by March 2011.

Work on initial Screenings for Corporate services and Facilities Management has already been completed and a schedule of full EqIA's has been produced.

Section 11

Data Collection and Monitoring

The SHA Single Equality Scheme Action Plan highlights in various sections the need to collate and use data in order to assess the impact of our policies and functions on our staff and stakeholders.

Employment Duties

A data cleansing exercise was undertaken to improve the information held on the Electronic Staff Records with regard to the six equality strands of ethnicity, disability, gender, age, sexual orientation and religion/belief.

An equality report is produced on an annual basis resulting from the SHA's requirements to meet the employment aspects of Race Relations Amendment Act 2000. However data is collected, monitored and reported on across the six diversity strands covered by this SES, in relation to:

- Staff in post
- Applicants for employment, training and promotion
- Staff receiving training
- Staff who benefit or suffer detriment as a result of performance assessment
- Staff involved in Grievance Procedures
- Staff subject to Disciplinary Procedures
- Staff ceasing employment.

Service Planning and Priorities

The Public Health Report 2010 '*The Big Opportunity*' has undertaken an analysis of ethnicity and has attempted to thread ethnicity within other diversity strands such as age, gender and lifestyle choice, long term condition and communicable diseases in order to provide a richer picture of health inequalities and diversity. The challenge is applying the data to regional health policy and local interventions.

There have been numerous attempts to provide reliable statistics on the number of disabled people in the UK. Most definitions of disability have focused on the medical model '*impairment and limitation of the individual*' rather than the social model '*limitations placed on individuals by society*'. Statistics are limited however the SHA's Single Equality Scheme Action Plan has focused on data gathering, sharing and using it so as to support the development of a better understanding of disability in order to inform future priorities.

In the coming year the Yorkshire and Humber Public Health Observatory will be undertaking a scoping exercise to identify the equalities data already in place and will then determine the actions needed to ensure better data is collected and used in future.

Section 12

Procurement

The SHA plans to review the procurement process as part of meeting our equality duties. It will seek to ensure that:

- contractors are aware of the legal equality requirements placed upon them in the delivery of their contracts for and on behalf of the SHA
- Compliance with the equality legislation is monitored during the tendering process and through the contract delivery stage so that action can be taken to address potential or actual discrimination should it occur.
- Contractors consult and involve diverse patient groups in decision making that will have an impact upon them.
- Contract information provided is in appropriate and accessible formats.
- All groups have access to the services provided under the terms of the contract

Section 13

Publishing and Monitoring

We will publish our Single Equality Scheme and the supporting Equalities Action Plan on the SHAs website.

The Single Equality Scheme will be promoted in the internal staff newsletter as a means of promoting equality and diversity, and raising staff awareness of our ongoing work in this area.

Copies will be sent to all those who supported the development of the Scheme.

Progress will be reported to the Board within the corporate reports.

The SHA will also be reporting to external bodies as and when required.

Hard copies or copies in alternative formats (including easy read) can be requested from the SHA's Equality and Diversity Lead by email: equalityconsultation@yorksandhumber.nhs.uk.

Section 14

Feedback and Complaints

We welcome comments on any aspects of our Single Equality Scheme 2010/12 and the supporting Equalities Action Plan for 2010. Any such comments can be made to our Chief Executive at the following address:-

Chief Executive
NHS Yorkshire & the Humber
Blenheim House
West One
Duncombe Street
LEEDS, LS1 4PL

If complaints arise from the Single Equality Scheme the SHA will aim to resolve such complaints and provide a full response in accordance with Policy for Dealing with Complaints Made against the SHA. The principle aim of the complaints procedure is to satisfy the complainant as fairly and as quickly as possible and to use such reporting mechanisms to continually improve the quality of commissioning and service delivery in the region.

We will acknowledge your complaint within 2 days of receiving it and every effort will be made to provide a full written response within 25 working days. If for some reason the complaint raises complex issues that cannot be dealt with within this time limit, the complainant will be informed in writing of progress.

Complaints could arise from a number of sources, including staff, patients, and carers, MPs or the Equalities and Human Rights Commission. If required by the Equalities and Human Rights Commission, the SHA will provide any information pertinent to the investigation and co-operate fully.

All comments and complaints will be logged to enable any shortcomings to be addressed when reviewing the scheme.

Equality Legislation

The Legal Context for NHS Yorkshire and the Humber's Single Equality Scheme

The Race Relations (Amendment) Act 2000

The Race Relations (Amendment) Act 2000 was the Government's response to the Stephen Lawrence inquiry. That inquiry introduced the concept of 'institutional racism' within public bodies and the detrimental effect that it had on the way that public bodies carried out their functions. The general duty under the Act requires public bodies, such as SHAs, to pay due regard to the need to:

- Eliminate unlawful racial discrimination
- Promote equality of opportunity between persons of different racial groups;
- Promote good relations between persons of different racial groups.

There is also a specific duty on public bodies, such as the SHA, to publish a Race Equality Scheme which sets out how we intend to meet the general duty outlined above and to review the scheme every three years. We have chosen to incorporate this into our Single Equality Scheme. In addition, the Act places specific duties on the SHA including:

- Assessing and consulting on the likely impact of proposed policies on the promotion of race equality
- Monitoring policies for any adverse impact on promoting race equality
- Publishing the results of any assessments, consultations and monitoring
- Ensuring public access to information and services provided;
- Training staff on the Race Equality Duty.

There is also a specific duty in relation to employment issues which requires the SHA to monitor:

- Staff in post;
- Applicants for employment, training and promotion;
- Staff receiving training
- Staff who benefit or suffer detriment as a result of Performance Assessments
- Staff involved in Grievance Procedures
- Staff subject to Disciplinary Procedures; and
- Staff ceasing employment.

The Single Equality Scheme will incorporate our general and specific Race Equality Duties into the Single Equality Scheme Action Plan and run from September 2010 to March 2012

Disability Discrimination Act 2005

The Disability Discrimination Act 2005 amends and updates the Disability Discrimination Act 1995, so that there is now a duty on all public authorities, when carrying out their functions, to have due regard to the need to:

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

There is also a specific duty on public bodies to publish a Disability Equality Scheme which sets out how we intend to meet the general duty outlined above and to review the scheme every three years. Our Disability Equality Scheme is integrated within this Single Equality Scheme.

We have set out the following:

- A statement of the way in which we have involved disabled people in the development of the scheme
- Our methods for carrying out impact assessments
- The steps we will take to fulfil our general duty
- Our arrangements for the gathering of information in relation to employment;
- Our plans for effectively utilising the information that has been gathered, in reviewing the effectiveness of our action plan

The Equality Act 2006

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

- Eliminate unlawful discrimination with regard to obligations under the Sex Discrimination Act 1975 and the Equal Pay Act 1970
- Taking steps to ensure compliance with these Acts; and
- Promoting equality of opportunity between men and women and take active steps to promote gender equality when carrying out functions and activities.

There are also specific duties on public bodies to help them meet their obligations under the general duty. The specific duties include:

- Publishing gender equality schemes, including equal pay policies, in consultation with employees and stakeholders monitoring progress and publishing progress reports every three years
- Conducting and publishing gender impact assessments on major new initiatives and policies.

Our Gender Equality Scheme is now part of our Single Equality Scheme.

Equality in Employment Regulations (Religion or belief)

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

Equality in the Provision of Goods, Facilities and Services (Religion or Belief)

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

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

Part 2 of the Equality Act 2006 came into effect in by April 2007.

Equality in Employment Regulations (Sexual Orientation)

These Regulations (also made under the European Communities Act 1972 and which came into force in December 2003) apply to vocational training and all facets of employment, including recruitment, terms and conditions, promotions, transfers, dismissals and training. They make it unlawful on the grounds of sexual orientation to:

- Discriminate directly or indirectly against anyone;
- Subject someone to harassment

- Victimise someone because they have made or intend to make a complaint or allegation or intend to give evidence to a complaint of discrimination on the above grounds
- To discriminate or harass someone in certain circumstances after the working relationship has ended.

Equality in the Provision of Goods, Facilities and Services (Sexual Orientation)

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

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

Section 81 of the Equality Act 2006 came into effect in by April 2007.

Age Equality Regulations October 2006

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

Gender Recognition Act 2004

The Gender Recognition Act 2004 (GRA 2004) provides for the legal recognition of the transsexual person in their acquired gender and their opportunity to acquire a new “birth” certificate for their new gender. This is called a Gender Recognition Certificate (GRC) and this will replace the originating birth certificate in all official documentation. This also creates an offence of unauthorised disclosure in Clause 22 of the Act.

It is now an offence for a person to disclose information acquired in an official capacity about the gender history of the holder of a Gender Recognition Certificate (GRC) as this is “protected information”.

The holder of a GRC is not obliged to inform their employer that they have one, but if they choose to do so this information on their gender history must be clearly established as “protected information”.

It is not possible to hold a GRC until two years “post transition” and even then valid reasons exist for some transsexual people not to apply for legal recognition in their acquired gender. They may be married, for example and not intending to divorce.

Nonetheless, in respect of either situation, it is good practice and in keeping with the letter of the law to regard all those who have transitioned gender identity as if a GRC is held, from the point of social (or presenting) gender change onwards.

Human Rights Act, Article 14

Article 14 refers to the prohibition of discrimination and states that the enjoyment of the rights and freedoms set forth in the Convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

Equality and Human Rights Commission (EHRC)

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

Assessment of SHA Functions

An Equalities Scoping Exercise identified evidence against five key functions, described as Strategic Aims in the previous Race, Disability and Gender action plans. It provided a balanced view of the strengths and development opportunities in relation to legal compliance and best practice. Below we provide a summary of the results of the original assessment which was published on our website.

The issues and proposed actions identified by this exercise were considered in the development of our Equality Action Plan 2010. Where they remained relevant, bearing in mind the changing environment, they have been adapted and incorporated into directorate objectives, as appropriate.

Strategic aim: **Responsibility in Seeking Assurance**

NHS Yorkshire and the Humber has undertaken various activities across the region providing leadership in order to influence organisations to meet equality duties and work towards reducing health inequalities.

Looking to the future we recognise that we need to be more explicit seeking assurance to ensure better data is collected and used to inform planning

Objective	Programme of work and future actions
Develop mechanisms for sharing learning on E&D with Y&H NHS Trusts and PCTs	<p>Regional E&D Network re-established with membership comprised of equality and diversity leads from NHS organisations (including FT's)</p> <p>E&D capacity and capability within the region will be further developed with the sharing of learning and intelligence through quarterly meetings, workshops and a virtual network.</p> <p>Further work to develop capability of network members and share good practice planned for 2010</p>
Support Y&H NHS Trusts/PCTs in fulfilling the Equality Duties	The Healthcare Commission's audit of race equality compliance found some organisations were not compliant on their publishing duties under equality

	<p>legislation</p> <p>The SHA's 2008 review of PCT & Trust compliance provided information on development areas resulting in regional events on:</p> <ul style="list-style-type: none"> ➤ Conducting effective Equality Impact Assessments ➤ Improving data collection on service users ➤ Supporting the development of national guidance on diversity data collection for service users ➤ Approaches to staff E&D awareness training <p>Ongoing support and leadership provided to PCTs regarding:</p> <ul style="list-style-type: none"> ➤ Implementation of national programmes within the region, such as Race for Health. ➤ Facilitation of a regional workshop. SHA together with the Government Office for Yorkshire and Humber and the Department of Health facilitated a workshop for Primary Care providers and commissioners regarding the use and application of ethnicity data ➤ A further workshop is planned jointly with NHS Bradford with the aim to explore the implications of the proposed Single Equality Bill. <p>The SHA encourages NHS organisations to use the national staff survey results in order to focus on 'inequalities' for staff (e.g. levels of appraisals; development opportunities; etc)</p> <p>The results of the 2010 national compliance audit of SHA's and PCT's by the Equality & Human Rights Commission will be used to inform future development of events and priorities for the network</p>
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<p>The Darzi review outputs to inform policy that reflects the needs of diverse groups</p>	<p>The SHA vision for health services across the region and its intentions for reducing health inequalities are now set out within <i>Healthy Ambitions</i> which is based on the national work by Lord Darzi.</p> <p><i>Delivering Healthy Ambitions</i> is the implementation framework for <i>Healthy Ambitions</i>, the NHS Next Stage Review report in Yorkshire and the Humber.</p> <p><i>Healthy Ambitions</i> prioritised programmes relating to Learning Disability and wider social inclusion agenda</p> <p><i>The Regional Director of Public Health Report for 2010</i> highlights ethnicity within the region and local PCT area to inform commissioning priorities</p> <p>SHA to facilitate a process which will allow it to monitor PCTs on meeting ED duties through the Single Assurance and Accountability Process</p>
<p>Ensure all major changes in service provision proposed by NHS organisations take account of the needs of diverse groups</p>	<p>SHA SCAP guidance identifies requirement for submissions to be supported by an EqIA</p> <p>The SHA E&D lead is included in the SCAP process, and reviews all submissions for evidence disability issues have been taken into account</p> <p>Feedback has been provided on all submissions received so that providers can ensure equalities issues are considered in there plans.</p> <p>SHA to develop an assurance process showing PCTs engagement and consultation is reflective of diverse</p>

	<p>groups and PCT's are holding providers to account to meet Equality and Diversity Duties.</p>
<p>Ensure all PCT World Class Commissioning (WCC) Plans/Commissioning intentions developed as part of the Transforming Community Services take account of the needs of diverse groups</p>	<p>SHA planning guidance identifies requirement for plans to be supported by an EqIA</p> <p>The SHA E&D lead is included in the WCC planning/Commissioning intentions review process, and examines all submissions for evidence equality issues have been taken into account</p> <p>SHA to facilitate an approach regarding seeking assurance through from PCTs on their WCC equality outcomes, and for the SHA to develop assurance arrangements showing progress and outcomes on Equality and Diversity are being met.</p> <p>SHA to develop assurance process showing PCT's are monitoring TCS Equality and Diversity outcomes as identified through EqIAs</p>
<p>Work with public sector colleagues in the region to support efforts to improve employment opportunities for people with mental health issues in line with the national PSA 16 targets</p>	<p>SHA has in place a delivery plan to support the diversity of the current and future workforce and to provide a co-ordinated approach to meeting wider workforce development needs;</p> <ul style="list-style-type: none"> ➤ Health sector Route way and Employability, ➤ Progress towards DH/DWP 25% target ➤ PSA 16 delivery strategy for adults with ➤ Local Employment Partnerships, ➤ Backing Young People, within the region ➤ Future Jobs Fund, <p>The SHA to develop measurable</p>

	outcomes relating to equality and diversity within the above programmes
Develop a process for conducting EqlAs on SHA functions & plans (Based on pilots on SSR & Y&H Extending Lives Plan)	The SHA has in place an Equality Impact Assessment Template, the embedding of the process will be followed up by meetings with Directorate teams and ADs as appropriate

Strategic Aim: **Communication and Information**

Our internal Equality and Diversity Group is the vehicle driving internal and external communication of our Equality and Diversity progress. However there needs to be consistency in the communication of progress and priorities, and also to ensure our information is accessible

Objective	Programme of work and future actions
Equality and Diversity governance systems are comprehensive and adequate	<p>We have in place an Equality and Diversity Group supporting progress and implementation of the agenda</p> <p>A review of the terms of reference and membership will align the groups priorities to the Single Equality Scheme Implementation</p> <p>Terms of reference and membership will be communicated widely across the organisation</p>
Improving Public Awareness of SHA & Access to publications	<p>New SHA website was launched in 2007</p> <p>Equality and Diversity webpage was upgraded October 2009 to reflect the work being undertaken within the SHA</p> <p>The website to be reviewed taking into account the Single Equality Scheme development</p>

Strategic Aim: **Engagement and Involvement**

NHS Yorkshire and the Humber are keen to develop on previous engagement work in order to ensure it is inclusive and robust. It is important improvements are

specifically made on how we engage people in monitoring and challenging our performance in the delivery of the Equality Duties

Objective	Programme of work and future actions
<p>Identify health inequalities which may apply to diverse groups in Y&H and work to reduce them</p>	<p>The Y&H Health Inequalities ‘Engine Room’ Forum is working to develop an improved picture of inequalities for people with disabilities, minority ethnic communities and gender within the region.</p> <p>The SHA will look to develop ways to embed equality and diversity within the function of the Pathways Leadership Board with a view to ensuring:</p> <ul style="list-style-type: none"> ➤ Analysis of information ➤ Explicit reference to equality and diversity data within reports ➤ Equality indicators are included on dashboards where relevant ➤ Representation of clinicians from diverse backgrounds
<p>Consult and involve relevant stakeholders in to inform the SHA’s approach to addressing inequalities identified</p>	<p>Previous attempts to identify and engage relevant stakeholders have proved difficult to sustain</p> <p>Renewed efforts are being made to identify alternative ways of engaging and involving relevant stakeholders more effectively in order to inform the development of our response to the needs of disabled people, ethnic minority groups, men, women and transgender.</p>

Strategic Aim: **Workforce**

Although effort has been made in communicating our principles of equality and fairness within the workforce strategies, the approach through the Single Equality Scheme will result in seeking assurance through measures and outcomes

Objective	Programme of work and future actions
<p>Develop an NHS workforce for Y&H which is representative of the population served</p>	<p>The SHA has produced <i>Workforce Ambitions</i> which is designed to underpin the regional health strategy and provide</p>

	<p>a framework for NHS workforce planning and development in Yorkshire and the Humber.</p> <p>In support of the annual planning process the SHA held a Workforce Planning Forum within each health community where the approach to workforce diversity was one of the issues considered.</p> <p>Work is underway at a regional level to produce information regarding the diversity of staff within organisations. In conjunction with this, work has begun on analysis of the age, gender and ethnicity of the labour market at regional and sub-regional level.</p>
<p>Ensure access to education and training within the Higher Education Institutions takes account of the needs of diverse groups</p>	<p>The Education Commissioning team at the SHA hosts the “Opening Doors” network which aims to bring people together working on the widening participation agenda in HEIs across the region.</p> <p>Work with the Bradford Centre for Diversity and Inclusion (University of Bradford) has produced a methodology for reviewing educational programmes to ensure contribution to inclusive leadership</p>
<p>The Deanery to seek to assure itself that activities covering the recruitment, selection and training of Junior Doctors & Dentists undertaken at trust level are being underpinned by EqlAs where appropriate</p>	<p>The SHA facilitated an approach ensuring each Locality Business Manager requests written confirmation from relevant Trusts that EqlAs have been carried out on local processes</p> <p>Responses have been collated, and where gaps have been identified necessary action has been agreed.</p>

Strategic Aim: **Leadership**

NHS Yorkshire and Humber’s approach in managing diversity involves ensuring it is everyone’s responsibility although the Director of Strategy and System Reform takes a lead on E&D on behalf of our Senior Management Team.

	The Single Equality Scheme action plan to include the SHA role in ensuring PCT commissioners and key SHA Managers are skilled and competent on Equality and Diversity in order to ensure Statutory Duties are discharged.
Equality and Diversity is everyone's responsibility	The Director of Systems and Strategy and Reform will ensure all Directors have in place measurable Equality and Diversity objectives.

Strategic aim: **The SHA as an Employer**

NHS Yorkshire and the Humber will be working towards improving its approach in order to ensure equality of opportunity is promoted, unlawful discrimination and harassment is eliminated and to promote positive attitudes towards and good relations between different people

Objective	Programme of work and future actions
Promote staff awareness of the SHA Equality Duties and the SHAs approach to discharging them	<p>Web-based package is being used for staff awareness training and induction of new staff</p> <p>Scoping of Equality and Diversity training based on Directorate objective will be prioritised in the first 12 months.</p>
Devise an E&D development programme for the SHA Board and staff to build on the training already provided through the mandatory on-line E&D package	<p>Board development session will be planned pending the enactment of the new Equalities Bill</p> <p>SHA Training & HR Manager to scope options for an interactive programme of training on E&D, possibly linked to work on SHA 'core values'</p>
Review SHA HR policies to ensure they reflect the statutory equality duties	<p>"Two Ticks" accreditation has been renewed and the SHA ensures that those who state they have a disability and meet the minimum requirements for the post are short listed.</p> <p>Monitoring of applicants received, short listing and appointments is underway.</p>

	Reporting of information to commence.
Ensure compliance with the requirements of the SHA as an employer	<p>The SHA has refreshed the Race Equality Scheme and Disability Equality Scheme</p> <p>Initial Equality Assessments (IEAs) undertaken and published on Human Resources functions</p> <p>Schedule of full EqIAs has been produced, Most full EqIA's on HR policies have been completed</p> <p>Schedule for full EqIAs is to be produced in the next 6 months</p> <p>Work on initial Screenings for Corporate Services and Facilities Management has been completed, Schedule for full EqIA's has been produced, work on full EqIA's to be completed by May 2010</p> <p>The SHA has provided data on workforce composition , starters and leavers for the E&D Annual Report 2008/09, E&D Annual Report for 2008/09 produced and published on website</p> <p>Report on Recruitment & Promotions in 2008/09 has now been published.</p> <p>Analysis of employee relations issues (Grievance & Discipline; Dismissals & Leavers including dismissals) completed.</p> <p>Results of 2009 Staff Opinion Survey have been used to provide an analysis of access to appraisals and training & development by diverse groups.</p> <p>Corporate level issues will be included in the SES Action Plan</p>
Supporting transgender or transsexual	Equality and Diversity web based

<p>staff at work</p>	<p>package communicates Gender Equality</p> <p>Further work on development of Transgender Policy has been planned for the next 12 months</p>
<p>Promote pay equality for men and women</p>	<p>Agenda for change supports equal pay and job evaluation in the workplace</p> <p>Members of staff are paid relating to the work they do and not because of their gender</p>

Appendix C

Single Equality Scheme Consultation Exercise 2010

Below is a list of the bodies and organisations engaged as part of our wider consultation exercise. A summary of the responses received and the action we took as a result is available on our public website.

Government Office for Yorkshire and Humber
NHS organisation within Yorkshire and the Humber
University of Leeds
The National College, Leadership for Schools and Children's Services
Children's England, Charities working with Children and families
Skills Active, More People, Better skilled, Better Qualified
Skills for Health
Life Long Learning UK
Skills for Justice
NHS Y&H Specialised Commissioning Group
Yorkshire and the Humber Regional Forum
Humberside Learning Consortium
North Yorkshire Forum for Voluntary and Community Organisations,
South Yorkshire Open Forum
Charities Information Bureau
Yorkshire and Humber Regional Migration Partnership
Yorkshire Forward
Jobcentre Plus
Advice UK
Future Years Yorkshire and Humber Regional Forum on Ageing

Equality Impact Assessment Template

Name of Function/Policy				
Directorate				
Name/Contact Details of Person Completing the Assessment				
1. What is the main purpose of the function/policy?				
2. Who is intended to benefit from the function/policy?				
3. List the procedures that will support delivery of the function/policy:				
4. Is responsibility for the function shared with another authority, organization or department? If so, what responsibility and which bodies?				
5. Do you know of any evidence or concerns from communities, service users or staff that any of the following groups have been or could be differentially impacted in any way, by the aims, objectives or implementation of this function/policy?				
Please also state if the differential impact is positive or negative.				
Group	Yes	No	Positive	Negative
Age				
Disability				
Gender				
Race/Ethnicity				
Religion or belief				
Sexual Orientation				

6. If there is evidence what is it and what is it suggesting in terms of potential differential impact.

Could the differential impact be justifiable or proportionate in meeting a legitimate aim? E.g. on grounds of promoting equality of opportunity for one group?

Would this differential impact be legal? (E.g. Positive Action; Genuine Occupational requirement)

What practical steps might be taken to reduce any potential adverse impact?

7. If there is little or no evidence, state what you intend to do to change this situation.

8. Provide details of any engagement that has already taken place which is relevant to the function or policy.

9. If engagement has not yet been undertaken describe how you intend to test out your findings and proposed actions with the relevant groups.

10. What monitoring processes have been or will be established to measure the actual impact of the function or policy and to support the review process

Next Steps

Outline the actions that have been identified through out this assessment process to either use this function or policy to promote equality or to eliminate or at least minimise the potential for adverse impact.

(An Action Plan template is available at Appendix C of the SHA EqIA Guide)

Completed by (Name): _____

Contact Details: _____

Date: _____